

## **CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH**

**Venue: Town Hall,  
Moorgate Street,  
Rotherham S60 2TH**

**Date: Monday, 22nd September, 2014**

**Time: 10.00 a.m.**

### **A G E N D A**

1. To determine if the following matters are to be considered under the categories suggested, in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence
4. Declarations of Interest
5. Minutes of the previous meeting held on 21st July, 2014 (Pages 1 - 6)
6. Adult Services Revenue Budget Monitoring Report 2014/15 (Pages 7 - 12)
7. Care Act Stocktake (Pages 13 - 36)
8. Pharmaceutical Needs Assessment (PNA) and Consultation Plan (Pages 37 - 135)
9. Adult Social Care Year End Performance (Pages 136 - 147)
10. Exclusion of the Press and Public  
Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any person (including the Council)).
11. Places for People Floating Support Service for Refugees (Pages 148 - 163)

12. Request for a waiver of Standing Orders - Rothercare Monitoring Platform (Jontek) (Pages 164 - 167)

**CABINET MEMBER FOR ADULT SOCIAL CARE  
21st July, 2014**

Present:- Councillor Doyle (in the Chair); Councillors Andrews and Pitchley.

**H13.       DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**H14.       MINUTES OF PREVIOUS MEETING**

Consideration was given to the minutes of the meeting held on 16<sup>th</sup> June, 2014.

Resolved:- (1) That the minutes of the meeting held on 16<sup>th</sup> June, 2014, be approved as a correct record.

(2) That a report be submitted to the Cabinet Member for Adult Social Care concerning the termination of the lease for the Carers' Centre, Effingham Square, Rotherham.

**H15.       HEALTH AND WELLBEING BOARD**

The minutes of the meetings of the Health and Wellbeing Board held on 4<sup>th</sup> June 2014 and on 2nd July, 2014, were noted.

**H16.       ADULT SERVICES REVENUE BUDGET MONITORING**

Consideration was given to a report presented by Mark Scarrott, Finance Manager (Neighbourhoods and Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to 31st March, 2015, based on actual income and expenditure to the end of May, 2014.

It was reported that the forecast for the financial year 2014/15 was an overspend of £1.412m against an approved net revenue budget of £69.683m. The main budget pressures related to budget savings from previous years not fully achieved in respect of additional Continuing Health Care Funding plus recurrent pressures on demand for Direct Payments.

Management actions were being developed with the aim of containing expenditure within the approved cash limited budget by the end of the financial year.

The first financial forecast showed there remained a number of underlying budget pressures. The main variations against approved budget for each Service area were as follows:-

#### Adults General

- This area included the cross cutting budgets of Workforce planning and training and corporate charges and was forecasting a balanced budget at present

#### Older People

- Recurrent budget pressure on Direct Payments over budget. Client numbers had increased since April together with an increase in the amount of a number of care packages
- Forecast underspend on Enabling Care and Sitting Service based on current level of Service was offsetting an overspend within Independent Sector Home Care which had experienced a slight increase in demand since April
- Overspend on Independent Residential and Nursing Care due to delays in achieving the savings target for additional continuing health care (CHC) income. Additional income from property changes was reducing the overall overspend
- Planned delays on recruitment to vacant posts within Assessment and Care Management plus additional income from health resulting in an overall underspent
- Overall underspend on Rothercare due to savings on maintenance contracts on the new community alarm units
- Underspends in respect of vacancies within Community Support and Carers

#### Learning Disabilities

- Independent sector Residential Care budgets forecasting an underspend due to additional Health funding. Work continued on reviewing all CHC applications and high cost placements
- Forecast overspend within Day Care Services due to recurrent budget pressure on external transport plus three transitional placements from Children's Services. This was being reduced slightly due to staff turnover higher than forecast
- Overspend in Independent Sector Home Care due to increase in demand
- New transitional placements from Children's Services into Supported Living reduced by one-off grant income plus additional demand for Shared Lives resulting in an overall forecast overspend
- Delays in meeting approved budget saving on Contracted Services for Employment and Leisure Services due to extended consultation
- Staff turnover lower than forecast within In-house Residential Care

#### Mental Health

- Projected underspend on Residential Care budget due to a reduction of three placements since April 2014
- Underspend in Community Support due to delays in clients moving from residential care
- Pressures on employee budgets due to lower than expected staff turnover plus review of night cover arrangements. Reduced by

underspend on Direct Payments due to a review of a number of care packages

#### Physical and Sensory Disabilities

- Further increase in demand for Direct Payments in addition to a recurrent budget pressure and forecasting an overspend
- Additional CHC contributions and a reduction in average spend on Domiciliary Care resulting in a forecast underspend
- Minor underspend on residential and nursing care due to a net reduction in placements since April 2014, plus minor savings on independent day care contract

#### Safeguarding

- Including Safeguarding Assessment and Social Work Teams together with Domestic Violence and Court of Protection forecasting a balanced budget

#### Supporting People

- Efficiency savings on supplies and services budget

Total expenditure on Agency staff for Adult Services to the end of May, 2014, was £5,544 (no off contract) compared with actual expenditure of £106,930 (no off contract) for the same period last year. The main areas of spend were within Assessment and Care Management Social Work Teams. There had been no expenditure on consultancy to date.

There had been £14,480 spent up to the end of May, 2014, on non-contractual overtime for Adult Services compared with expenditure of £59,115 for the same period last year.

Careful scrutiny of expenditure and income and close budget monitoring remained essential to ensure equity of Service provision for adults across the Borough within existing budgets particularly where the demand and spend was difficult to predict in a volatile social care market. A potential risk was the future number and cost of transitional placements from Children's Services into Learning Disability Services together with any future reductions in Continuing Health Care funding.

Regional benchmarking within the Yorkshire and Humberside region for the final quarter of 2012/13, showed that Rotherham remained below average on spend per head in respect of Continuing Health Care.

Discussion took place on the budget pressures affecting direct payments and mental health services.

Resolved:- That the latest financial projection against budget for 2014/15, as now reported, be noted.

**H17. DOMESTIC ABUSE PERFORMANCE MANAGEMENT FRAMEWORK AND ACTION PLAN**

Sue Wilson, Performance and Quality Manager presented the Performance Management Framework and Action Plan, Annual Report for Domestic Abuse for 2013/14.

The Domestic Abuse Performance Management Framework had been in place since April, 2013 and comprised the action plan against the Strategy: Violence Against Women and Girls, other key developments from the recent Scrutiny Review, an HMIC review of Domestic Abuse and also actions from Domestic Homicide Reviews.

Some highlights in progress during the year included:-

- Awareness raising had been very successful particularly around the changes following the change in definition of Domestic Abuse to include 16 and 17 year olds
- Champion identified as part of the Scrutiny Review and the subsequent merger of the Domestic Abuse Forum and Domestic Priority Group
- Domestic Abuse would be an element of the Multi-Agency Safeguarding Hub (MASH) through the IDVAs being located in the MASH, which was currently planned for early August, 2014
- There had been an increase in the number of reports of domestic abuse incidents that were classified as a crime
- The number of domestic abuse incidents reported to South Yorkshire Police had exceeded its target of 6,000 increasing from 5,555 to 6,401
- Increase in the number of referrals to IDVA from 420 to 565

The DAPG had been trialling the management of Domestic Abuse repeat offenders through a range of partnership interventions which were pre-Court. This had been achieved by a problem solving approach, working offenders and victims to establish the most appropriate partnership services to assist in reducing re-offending and to protect the victims. Work with high risk offenders in December, 2013, had resulted in the management of 17 offenders and none re-offending. Work was now focussed on medium risk offenders which had seen a 90% reduction in re-offending.

The work was continuing and the number of offenders being managed has increased to 25. South Yorkshire Police were conducting a full evaluation of the work to identify learning for sharing.

It had been recognised that the Framework had fulfilled its original intention to look at activity and key priorities for the first 12 months. However, a full review of both the action plan the Performance Framework was currently underway to ensure that all actions and measures were outcome focussed and fit for purpose to underpin the Strategy moving forward.

Resolved:- (1) That the Performance Management Framework and Action Plan annual report 2013/14 be noted.

(2) That the actions taken, improvements made and the performance monitoring taking place against the key measures around Prevent, Protect and Pursue and the under-pinning Violence against Women and Girls Strategy be noted.

(3) That the excellent work carried out around the Perpetrator Programme by trialling work on Domestic Abuse repeat offenders through a range of partnership interventions which were pre-Court and had led to a reduction of re-offending of over 90%, be noted.

(4) That the minutes of the meetings of the Domestic Abuse Priority Group be submitted to future meetings of the Cabinet Member and Advisers for Adult Social Care.

(5) That the annual outturn report for 2014/15 be submitted to a future meeting of the Cabinet Member and Advisers for Adult Social Care.

#### **H18. REPRESENTATION ON OUTSIDE BODIES/WORKING GROUPS**

Resolved:- (1) That the following appointments be approved for the 2014/15 Municipal Year:-

Rotherham Foundation Trust – Council of Governors  
Partner Governor – Councillor Andrews

RDaSH Partner Governor – Councillor Pitchley

Local Government Yorkshire and the Humber – Health and Wellbeing Group  
Councillor Doyle

Clinical Commissioning Group - Councillor Doyle

(2) That the following appointment of Champions be approved for the 2014/15 Municipal Year:-

Domestic Abuse and Safeguarding Adults – Councillor Doyle

Older People – Councillor Roche

Physical Disability – Councillor Dalton

Sensory Deprivation – Councillor Currie

(3) That the following appointments be referred for consideration by the Cabinet Member for Education and Public Health:-

Obesity Strategy Group

Rotherham Heart Town

Tobacco Control Alliance

Self-Harm and Suicide Prevention Group



<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
<b>2</b>	<b>Date:</b>	<b>Monday 22nd September 2014</b>
<b>3</b>	<b>Title:</b>	<b>Adult Services Revenue Budget Monitoring Report 2014/15</b>
<b>4</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Social Services</b>

## **5 Summary**

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2015 based on actual income and expenditure for the period ending August 2014.

The latest forecast for the financial year 2014/15 shows an overall overspend of £1.270m, against an approved net revenue budget of £69.290m. The main budget pressure relates to budget savings from previous years not fully achieved in respect of additional continuing health care (CHC) funding, recurrent pressures and increasing demand for Direct Payments plus delays on achieving budget savings proposals within Learning Disability Services.

Management actions are being developed with the aim of containing expenditure within the approved cash limited budget by the end of the financial year.

## **6 Recommendations**

**That the Cabinet Member receives and notes the latest financial projection against budget for 2014/15.**

## 7 Proposals and Details

### 7.1 The Current Position

The approved net revenue budget for Adult Services for 2014/15 is £69.638m. The approved budget includes budget savings of (£4.472m) identified through the 2014/15 budget setting process with no investments for demographic pressures including transitional placements from Children's services.

7.1.1 The table below summarises the latest forecast outturn against approved budgets:-

<b>Division of Service</b>	<b>Net Budget</b>	<b>Forecast Outturn</b>	<b>Variation</b>	<b>Variation</b>
	£000	£000	£000	%
Adults General	1,810	1,779	-31	-1.71
Older People	27,992	28,476	+484	+1.73
Learning Disabilities	22,135	22,948	+813	+3.67
Mental Health	4,761	4,550	-211	-4.43
Physical & Sensory Disabilities	5,376	5,643	+267	+4.97
Safeguarding	550	550	0	0
Supporting People	6,666	6,614	-52	-0.78
<b>Total Adult Services</b>	<b>69,290</b>	<b>70,560</b>	<b>+1,270</b>	<b>+1.83</b>

7.1.2 The latest financial forecast shows there remains a number of underlying budget pressures. The main pressures being in respect of continued increase in demand for Direct Payments and unachieved budget savings within Older People's independent sector residential and nursing care. In addition budget pressures remain within Learning Disability Services on external transport provision together with delayed implementation on the de-commissioning of employment and leisure services plus pressures on supported living schemes. These pressures are being reduced by a number of forecast non recurrent under spends including additional one off grant funding.

The main variations against approved budget for each service area can be summarised as follows:

#### **Adults General (-£31k)**

This area includes the cross cutting budgets (Workforce planning and training, and corporate charges) are forecasting an underspend due to higher than anticipated staff turnover within the Contract and Reviewing Officers team.

### **Older People (+£484k)**

- Recurrent budget pressure on Direct Payments over budget (+£418k). Client numbers have increased (+13) since April together with an increase in the average cost of care packages.
- Forecast under spend on Enabling Care and sitting service (-£93k) based on current level of service together with an under spend within Independent sector home care (-£29k), which has experienced a slight reduction in demand (-13 clients) as at the end of August.
- An over spend on independent residential and nursing care (+£764k) due to delays in achieving the savings target for additional Continuing healthcare income. Additional income from property charges is reducing the overall overspend.
- Planned delay's on recruitment to vacant posts within Assessment & Care Management plus additional income from Health is resulting in an overall underspend (-£191k).
- Overall under spend on Rothercare (-£111k) due to savings on maintenance contracts on the new community alarm units and supplies and services.
- Other under spends in respect of vacancies with Community Support, and Carers (-£54k).
- The forecasts now include one off Winter Pressures funding from the CCG of £220k which were agreed on 23rd July 2014 to increase social work capacity and prevent delayed discharges from hospital.

### **Learning Disabilities (+£813k)**

- Independent sector residential care budgets is forecasting an underspend (-£101k) due to additional health funding. Work continues on reviewing all CHC applications and high cost placements as part of budget savings target.
- Forecast overspend within Day Care Services (+£365k) due to a recurrent budget pressure on external transport plus provision for 7 specialist transitional placements from Children's Services. This is being reduced slightly due to staff turnover higher than forecast.
- Overspend in independent sector home care (+£29k) due to increase in demand over and above approved budget.
- New transitional placements from Children's Services into Supported Living, plus additional demand for Shared Lives is being offset by additional CHC and one off funding resulting in an overall forecast underspend (-£113k).
- Delays in meeting approved budget saving on contracted services for employment and leisure services has increased the overspend (+£222k) due to extended consultation to the end of the financial year.
- Forecast pressure on changing the provision of residential care to delivering of Supported Living by RDASH (+£365k).
- Staff turnover lower than forecast within In House Residential Care (+£63k) reduced by saving on RDASH administration support (-£17k).

### **Mental Health (-£211k)**

- A projected under spend on residential care budget (-£160k) due to a reduction of 4 placements since April plus additional Public Health funding for substance misuse.
- Pressures on employee budgets due to lower than expected staff turnover plus review of night cover arrangements (+£30k) reduced by underspend on Direct Payments (-£81k) due to a review of a number of care packages plus additional Public Health funding.

### **Physical & Sensory Disabilities (+£267k)**

- Further increase in demand for Direct Payments (+ 55 clients since April) in addition to a recurrent budget pressure is forecasting a overspend (+£439k).
- Savings from the closure of respite care provision at Grafton House (-£117k) plus minor underspend on residential and nursing care due to a net reduction in placements since April (-£37k).
- Efficiency savings on contracts for advice and information (-£18k).

### **Safeguarding (Balanced)**

- Includes Safeguarding Assessment and Social work teams together with Domestic Violence and Court of Protection is forecasting a balanced budget at this early stage. At present additional pressures for the increase in demand for assessments under Deprivation of Liberty Safeguards (112 to date compared to a total of 56 in 2013/14) is being contained within existing budgets.

### **Supporting People (-£52k)**

- Efficiency savings on supplies and services budgets.

#### **7.1.3 Agency and Consultancy**

Actual spend on agency costs to end August 2014 was £70,192 (no off contract), this is a significant reduction compared with actual expenditure of £216,978 (no off contract) for the same period last financial year. The main areas of spend is within Residential Care and Assessment & Care Management Social work Teams.

There has been no expenditure on consultancy to-date.

#### **7.1.4 Non contractual Overtime**

Actual expenditure in respect of non contractual overtime to the end of August 2014 was £77,167 compared with £162,845 for the same period last year.

The actual costs of both Agency and non contractual overtime are included within the financial forecasts.

## **7.2 Current Action**

To mitigate any further financial pressures within the service, budget meetings and budget clinics are held with Service Directors and managers on a regular basis to monitor financial performance and further examine significant variations against the approved budget to ensure expenditure remains within the cash limited budget by the end of the financial year.

## **8. Finance**

Finance details including main reasons for variance from budget are included in section 7 above.

## **9. Risks and Uncertainties**

Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets particularly where the demand and spend is difficult to predict in such a volatile social care market.

One potential risk is the future number and cost of transitional placements from children's services into Learning Disability services which has not been funded for transitions in 2014/15. To-date there has been 28 transitional placements from Children's to Adult Social care services.

In addition, any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care. Regional Benchmarking within the Yorkshire and Humber region for the third quarter of 2013/14 shows that Rotherham remains below average in terms of activity in respect of continuing health care (16<sup>th</sup> out of the total 23 CCG's).

## **10. Policy and Performance Agenda Implications**

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

## **11. Background Papers and Consultation**

- Report to Cabinet on 26th February 2014 –Proposed Revenue Budget and Council Tax for 2014/15.
- The Council's Medium Term Financial Strategy (MTFS).

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services, the Director of Health and Well Being and the Director of Financial Services.

**Contact Name:** Mark Scarrott – Finance Manager (Neighbourhoods and Adult Services), *Financial Services x 22007, email [Mark.Scarrott@rotherham.gov.uk](mailto:Mark.Scarrott@rotherham.gov.uk)*.



Department  
of Health



## Care Act Stocktake 2

### Autumn 2014

Thank you for taking the time to complete this stocktake. The results will be used to inform the LGA's understanding of councils' concerns, if any, about the implementation of the Care Act in 2015/16. We would be grateful if you would complete the stocktake at the earliest opportunity and by Tuesday 23rd September at the latest.

Please be assured that all responses will be treated confidentially. Information will be aggregated for use in our on-going discussions with ADASS and the Department of Health. However, no individual or authority will be identified in any publications, or discussions with Department of Health, without consent. Identifiable information may be used, but only internally within the LGA and with ADASS.

You can navigate through the questions using the arrows at the bottom of each page. Use the back arrow if you wish to amend your response to an earlier question. If you would like to stop and later return to the survey, you can return to this introductory page by using the link supplied in your email. To ensure your answers have been saved, click on the 'page forward' arrow at the bottom of the page that you were working on before exiting.

You will only be able to progress through the stocktake once you have provided the information required on each page. If you would like to see an overview of the stocktake questions, please click on the link provided in your email invitation.

The stocktake is relatively quick to complete, although additional time may be required for sourcing cost and service use estimates, if your council has these available. It will be crucial in completing the stocktake that you engage with key workstream leads within your council.

If you have any queries, please contact [rebekah.wilson@local.gov.uk](mailto:rebekah.wilson@local.gov.uk) (020 7664 3190).

Many thanks for your help

*Local Government Association*

*Association of Directors of Adult Social Services*

*Department of Health*

## Your Details

Please amend/complete as appropriate:	
Name of person submitting the data:	<b>Tom Cray</b>
Role of person submitting data:	Director of Neighbourhoods and Adults Services
Name of council:	Rotherham Metropolitan Borough Council
Contact email in case of queries:	Tom.cray@rotherham.gov.uk

## A) Programme Management and Governance

*The Care Act is a significant stepping stone to wider reform of care and support, and underlines the importance for councils to promote wellbeing, prevention and independence. It also introduces a new national eligibility threshold and new rights for carers and children in transition to adult services. Councils will want to establish a robust programme management system to oversee the effective implementation of the Act.*

**Q1) Overall, in your opinion, would you say your council is on track with its plans to deliver the necessary changes resulting from the Care Act in 2015/16?**

Please tick one box:	
Yes, we are currently on track	<b>x</b>
No, we are slightly behind	
No, we are very behind	
We don't have a plan	
Don't know	

**Q2) When, if at all, will the risks associated with your council's plan be included within your council's corporate risk management systems?**

Please tick one box:	
We have already included the risks in our council's corporate risk management systems	<b>x</b>
By November 2014	
By January 2015	
By April 2015	
Later than 2015	
There are no current plans for the risks to be included	
Don't know	

**Q3) In your council, how aware are the following people/groups about the challenges, risks and progress associated with delivering the Care Act?**

Please tick one box on each row:		Very aware	Fairly aware	Not very aware	Not at all aware	Don't know
Chief Executive	<b>x</b>					
Executive Board or Cabinet	<b>x</b>					
Council Leader	<b>x</b>					
Other Council Members	<b>x</b>					
Corporate Leadership Team	<b>x</b>					
Health and Wellbeing Board	<b>x</b>					



Council Adult Social Care Staff	x				
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## B) People

### B1) Mapping self-funders

From April 2016, the Care Act will introduce a cap on the costs an individual will need to pay towards meeting their eligible needs for care and support. This means that those who are currently fully-funding their own care, and therefore have no contact with the council, may start to get in touch so that the costs of their eligible care and support can begin to count towards the cap. Having a good understanding of the volume of self-funders well in advance will underpin the planning and preparation for large parts of the Act including early assessments, as well as inform an understanding of the overall costs of implementation locally.

The Act also introduces a duty to provide information and advice from April 2015 to help those receiving care and their carers, as well as those planning for future care needs, to make informed choices with regard to care and support.

#### Q4) When does your council expect to have a working estimate of the number of self-funders (both homecare and residential), and the number of self-funders who will present themselves, in your area?

<i>Please tick one box on each row:</i>	We already have a working estimate	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
Total number of self-funders	x					
Number of self-funders who will present themselves	x					

#### Q5) Which model, method or calculation is your council using to identify the likely number of self-funders in your area:

<i>Please tick all that apply:</i>	
Historic data	x
In-house mapping	x
Partnership working (e.g. asking providers)	x
Specific calculation (please specify)	Lincolnshire model
Other (please specify)	

**Q6) If possible, please specify the number of self-funders (both homecare and residential) you estimate in your area for 2015/2016:**

*Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.*

1067

**Q7) What assumptions are your council using to forecast the number of people who may present themselves for a needs and means assessment in 2015/16 to start their care account?**

*Enter 'DK' if assumptions are unknown at this time.*

Lincolnshire model completed. Planning to undertake Birmingham model in September

**Q8) If possible, please specify the total number of self-funders in your area who you estimate will present themselves for a needs and means assessment in 2015/16 to start their care account:**

*Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.*

667

**B2) Meeting Duties for Carers' Assessment**

*Under the Care Act, carers will be recognised in law in the same way as those for whom they care, regardless of whether that person has eligible care needs, or not. From April 2015, councils will have a new duty to carry out assessments for all carers. Carers will no longer have to be providing substantial care on a regular basis to be eligible for an assessment and, as such, more carers will qualify for an assessment and for more support than at present.*

**Q9) When does your council expect to have a working estimate of the increase in likely requests for carers' assessment in your area?**

*Please tick one box:*

We already have a working estimate	x
By November 2014	
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

**Q10) Which model, method or calculation is your council using to estimate the number of requests for a carer's assessment?**

*Please tick all that apply:*

Census data	x
Carers' organisations (e.g. Carers' Centre)	x

Current assessments and requests	x
Joint Strategic Needs Assessment	x
Lincolnshire model	x
Local Carer's Allowance/benefits data	x
Local demographic data/national indicators and trends	
Referrals, Assessments and Packages of care (RAP) data	x
Voluntary sector agencies' data	
Other (please specify)	
<b>Q11) If possible, please indicate how many requests for carers' assessments your council estimates it will receive in 2015/16:</b>	
<i>Please write the answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.</i>	
5357	

<b>Q12) When does your council expect to make a decision about how it will meet increased demand for carers' assessments (e.g. in-house, or via an external provider, online self-assessment, enhanced information and advice, or a mixed approach)?</b>	
<i>Please tick one box:</i>	
We have already agreed the delivery model	
By November 2014	
By January 2015	x
By April 2015	
Later than April 2015	
Don't know	

### B3) Preventing Needs for Care and Support

*The Care Act makes clear in law that, from April 2015, councils must provide or arrange the provision of preventative services which help prevent or delay the development of care and support needs for individuals and carers, or help to reduce existing care and support needs.*

<b>Q13) When will your council have arrangements in place to identify and support people who would benefit from preventative services?</b>						
<i>Please tick one box per row:</i>	We already have arrangements in place	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
Identify people who would benefit from preventative services	x					
Support people who would benefit from preventative services	x					

**Q14) What are the main preventative services/schemes that will be available in your area from April 2015 that will meet the new duties within the Care Act?**

*Please name up to three services/schemes, and specify if these are existing, existing but extended or new:*

Name of service/scheme	Existing	Existing but extended	New service
<b>Connect to Rotherham</b>	<b>x</b>		
Enabling Service	x		
Intermediate Care Service	x		

**B4) Provision of Information and Advice and Advocacy**

*From April 2015, councils will be required to ensure that there is comprehensive information and advice about care and support services in their area and guarantee the provision of independent advocates to support people to be involved in key processes, such as assessment and care planning, where the person would otherwise be unable to be involved. Good information and advice services are critical to managing demand, meeting people's needs and joining up the range of services available locally.*

**Q15) In your council, when will the following take place in relation to changes to information, and advice and advocacy, for implementation of the Care Act in 2015?**

<i>Please tick one box on each row:</i>	Already complete	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know	N/A
Setting-up a comprehensive universal information and advice service that includes the wider aspects of care and support			<b>x</b>				
Setting-up an online information and advice service	x						
Setting-up signposts to independent financial advice to help people plan their future care and support	x						
Setting-up an appropriate level of local advocacy				<b>x</b>			

services							
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### **B5) Prisoners**

*From April 2015 adult prisoners and people residing in approved premises (which includes bail accommodation) will be entitled to have a needs assessment and access to services from the local authority in which they reside. This puts prisoners on an equal footing with the adult population within a locality. The reforms only affect local authorities where prisons or other approved premises are located.*

#### **Q16) Are there any prisons, or other approved accommodation, located within your council?**

*Please tick one box:*

Yes (please go to Q16a)	
No (please go to Q17)	x
Don't know (please go to Q17)	

#### **Q16a) When does your council expect to have a working estimate of the number of prisoners who are likely to request assessments, reviews and/or services?**

*Please tick one box:*

We already have a working estimate	
By November 2014	
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

#### **Q16b) If possible, please specify how many prisoners your council estimates it will receive in 2015/16 for assessments, reviews and/or services?**

*Please write the answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.*

--

**Q16c) When will the following arrangements take place in relation to assessments, reviews and services for prisoners for implementation of the Care Act in 2015?**

<i>Please tick one box on each row:</i>	We already have arrangements in place	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
Contact made by your council with prisons/approved premises senior management						
Joint working arrangements made by your council with prisons, probation services and NHS England to share information to inform the commissioning of appropriate services						
A referral and assessment process made within your council for prisoners, and approved premises residents, that takes account of security constraints						
Agreement within your council on the model or approach to deliver care and support services in prisons and approved premises						

**C) Money****C1) Cost modelling**

*Councils have a wide range of new duties under the Care Act that will, to varying degrees, impact upon local financial arrangements. Understanding the costs associated with the changes under the Act will be critical to enabling councils to plan for changes including IT and workforce from April 2015.*

**Q17) When does your council anticipate having an estimate of the total likely costs of implementing the Care Act in 2015/16?**

<i>Please tick one box:</i>	
We already have a working estimate	<b>x</b>
By November 2014	
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

**Q18) Which model, method or calculation is your council using to identify the cost of implementation of the Care Act in 2015/16?**

Please tick all that apply:

Projections	x
Benchmarking	x
Lincolnshire model	x
Other (please specify)	

**Q19) For your council, please specify the cost of implementing the Care Act in 2015/16 in the following areas:**

Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than £1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if cost is unknown or N/A if not applicable:

Care Act Reform	Estimated cost (£)
Additional assessments and reviews (including carers and early assessment of those people progressing towards the cap)	<b>727000</b>
New duties relating to prisoners (if applicable)	0
Additional deferred payments	DK
Training and development	24000
Information and advice	132000
Additional carers' services	120000
Other 1 (please specify)	
Other 1 (please specify)	
Other 1 (please specify)	
<b>Total</b>	

**Q20a) If possible, please specify the total cost of implementing the Care Act in 2015/16 in your council (that is, the additional costs incurred due to the Act including the amounts given in the previous question):**

Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than £1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if cost is unknown.

**DK**

**Q20b) If possible, please specify the total estimated cost associated with demographic and other inflationary pressures in 2015/16, excluding new burdens arising from the Care Act (that is, the estimated increase in cost your council would have incurred even without the implementation of the Care Act):**

Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than £1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if cost is unknown.

**2000000**

**Q21a) The government is consulting on distribution formulae for the £283.5m new burdens grant and has published exemplifications of allocations, which are in some cases substantially different from those illustrated in the December 2013 settlement. In your financial planning for 2015/16, how much reliance had you placed on the December 2013 figures?**

*Please tick one box:*

Great reliance	x
Moderate reliance	
Small amount of reliance	
No reliance	
We had not started financial planning for 2015/16	
Don't know	

**Q21a) Please use the box below to tell us anything further about the allocations proposed in the government's consultation on the new burdens grant:**

**The proposed allocations will result in a potential loss of revenue to Rotherham of between £292000 and £370000**

**Q22a) How much of your Better Care Fund has been locally agreed to be spent in 2015/16 on the following?**

*Please write the answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than £1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if amount is unknown.*

Area	Amount (£)
Protection of adult social care services	<b>1151000</b>
Carer specific support	500000
Implementation of Care Act reforms	200000

**Q22b) As a result of policy changes to the £1bn performance pot, by what amount, if any, has your council's budget changed compared to your council's previous April 2014 Better Care Fund plan (that is, the amount by which it has increased or decreased)?**

*Write in amount of change.*

£ 0

**Q22c) Is this an increase or a decrease, compared to previous April 2014 BCF plan?**

*Please tick one box.*

Increase	
Decrease	
No change	x



**C2) Deferred Payments Agreements (DPA)**

From April 2015, under the Care Act, councils will be required to offer a deferred payment agreement to those people at risk of being forced to sell their home to pay for their care. Regulations will set out the eligibility criteria people will have to meet. Councils will have wide-ranging discretion to offer deferred payment agreements to anybody who needs residential care, regardless of whether they meet the eligibility criteria, or not. This is an extension of the discretionary powers under the Health and Social Care Act 2001.

**Q23) When does your council expect to have a working estimate of the likely increase in number of requests for deferred payments?**

Please tick one box:

We already have a working estimate	
By November 2014	
By January 2015	x
By April 2015	
Later than April 2015	
Don't know	

**Q24) If possible, please specify the estimated number of additional requests for deferred payments in your council in the following years:**

Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.

	Estimated number
2014/15	22
2015/16	22

**Q25) When does your council expect to have the necessary back-office support in place to manage the increased number of deferred payments?**

Please tick one box:

We already have the necessary back office support	
By November 2014	
By January 2015	
By April 2015	X
Later than April 2015	
Don't know	

**D) Systems****D1) IT and financial systems**

Every council with a responsibility for social care will have IT systems in place to manage their case and financial records. The Care Act will necessitate a reconfiguration of these systems. Having in place the right information systems to support the reforms is critical to successful implementation and, as there is no intention for central government to develop centralised national IT systems for case records, it will be each council's responsibility to work with their suppliers to ensure their systems will meet the requirements of the care and support reforms.

**Q26) How confident are you that your council's financial and IT systems will be adequate to manage the statutory duties from 2015?***Please tick one box:*

Very confident	
Fairly confident	x
Not very confident	
Not at all confident	
Don't know	

**Q27) Who is your council's case records management IT system supplier?***Please tick all that apply:*

Carefirst	
CoreLogic	
Frameworki	
Northgate	x
Protocol	
Raise	
Swift	
Other (please specify)	

**Q28) Which version of software is your council currently using to manage its case records?***Enter 'DK' if version is unknown.*

AIS V 28.2

**Q29) Has your council recently retendered, or does it plan to retender, its case records management IT system with a new supplier?***Please tick one box:*

Yes, we recently retendered	X
Yes, we plan to retender this financial year	
No	
Don't know	

**Q30) When will the following take place in relation to changes to case records management IT systems for implementation of the Care Act?**

<i>Please tick one box on each row:</i>	Already complete	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
<b>2015 Changes</b>						
Suppliers engaged with for changes in 2015	X					
Systems put in place to handle anticipated volume of Deferred Payment Agreements (DPAs), including compound interest calculations				X		
System put in place to cope with anticipated increase in carers assessments and support planning				X		
Resources scheduled for reconfiguring systems		X				
<b>2016 Changes</b>						
Changes scoped for case management systems for 2016			X			
Suppliers engaged with for changes in 2016			X			

**D2) Workforce**

*The introduction of the Care Act will have a number of implications for the workforce in order to meet new practice and legal expectations, from April 2015. Councils will need to ensure the whole social care workforce – including those not directly employed by the council – has the capacity, skills and knowledge to implement the Care Act effectively.*

**Q31) How confident are you that your council's workforce (both in-house and external within providers) will be sufficiently prepared for implementation of the Care Act in 2015?**

<i>Please tick one box on each row:</i>	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Workforce win the council	X				
Workforce within providers		X			

**Q32) How confident are you that any workforce changes made by your council will be adequate to manage the statutory duties in 2015?**

<i>Please tick one box:</i>	
Very confident	X
Fairly confident	
Not very confident	
Not at all confident	
Don't know	

**Q33) When will the following changes take place in relation to changes to workforce capacity and training for implementation of the Care Act in 2015?**

<i>Please tick one box on each row:</i>	Already complete	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
Analysis of the implications of the Care Act for the workforce	X					
Analysis of the gaps in workforce capacity (both council and external providers)		X				
Reallocation or recruitment of the workforce to meet new duties			X			
Analysis of which parts of the workforce require training and/or development	X					

### E) Communications Strategy and Planning

*Communications plays a crucial role in supporting the implementation of the Care Act, in ensuring that service users, carers, the general public and the council workforce understand what is changing, why and what action needs to be taken and by when. It is crucial that health and care providers, local politicians and NHS partners are fully engaged and understand the implications of the Care Act. While not an explicit duty within the Act, councils will want to assure themselves that partners are fully engaged and have a plan in place to meet these communication requirements.*

**Q34) By when will your council have communicated the implications of the Care Act to key external partners (including NHS, third sector and health and care providers)?**

<i>Please tick one box:</i>	
We have already made arrangements	X
By November 2014	
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

**Q35) In your opinion, how confident are you that your local partners understand the impact the Care Act will have on them?**

<i>Please tick one box on each row:</i>	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Voluntary and community sector		X			
Care service providers		X			
Clinical Commissioning Groups		X			
NHS Providers			X		
NHS Area Teams					X
Prisons and probation services					

**Q36) In your opinion, how confident are you that the following people/groups are sufficiently aware of the impact the Care Act reforms will have on them?**

<i>Please tick one box on each row:</i>	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Service users (current)		X			
Service users (future)		X			
Carers (current)		X			
General public		X			
Local MP	X				

**Q37) Which methods and channels of communication, if any, are being used to inform residents about the impact the Care Act reforms will have on them?**

<i>Please tick all that apply:</i>	Service users (current)	Service users (future)	Carers (current)	General public	Local MP
<b>Methods</b>					
Targeted letters or leaflet drops					X
Information emails or e-bulletins					
Drop-in sessions					
Posters					
Website	X	X	X	X	
Other (please specify)					
<b>Channels</b>					
Via GPs and health partners	X	X	X	X	
Via local carers' and support networks	X	X	X	X	
Via community groups	X	X	X	X	
At area forums	X	X	X	X	
Face-to-face briefings					
Other (please specify)					

## F) Market Shaping and Commissioning

### F1) Commissioning

*Councils have a critical role in developing the quality and range of services that local people want and need, including by integrating care and support with health and housing where this delivers better care and promotes well-being. Integrated commissioning is essential not only for improving user outcomes but also to ensure quality and value for money. Councils will want to work closely through their local Health and Wellbeing Boards to ensure plans across the system are aligned, including through the Better Care Fund.*

**Q38) When does your council estimate it will have a strategic commissioning plan in place to deliver the duties in the Act and ensure effective provision of care and support for the future (aligned with NHS providers and commissioners)?**

*Please tick one box:*

We have already have a commissioning strategy in place	<b>X</b>
November 2014	
By January 2015	
By April 2015	
By September 2015	
Later than September 2015	
Don't know	

### F2) Market shaping

*From April 2015, councils will be required to support and promote a market which delivers a wide range of sustainable high-quality care and support services that will be available to their communities. Section 5 of the Care Act covers commissioning responsibilities including understanding demand, promoting a diverse and vibrant market, ensuring sustainability and fostering continuous improvement in quality. By setting out future and current demand trends and existing provision, and explaining the desired outcomes of the council, market position statements play an important role in enabling and maintaining high-quality, diverse care markets.*

**Q39) When will your council have published a market position statement/s or equivalent that covers all service users and commissioned services?**

*Please tick one box:*

We have already published a market position statement/s	
By November 2014	
By January 2015	<b>X</b>
By April 2015	
Later than April 2015	
Don't know	

**Q40) How confident are you that your council's market-shaping and commissioning function will enable it to deliver the following duties within the Care Act from April 2015?**

<i>Please tick one box on each row:</i>	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Improved outcomes and well-being of the local population	X				
Sustainable services for the future		X			
Provision of choice to local people	X				
Integrated care and support with health and other key services locally	X				

## G) Support

### G1) Self-assessment on current position

In response to the first stocktake results, and following feedback from local areas, there have been a number of support materials developed to assist with implementation locally. There are also a number of support tools in development. It is crucial that local areas are confident that they have the necessary support available to implement the Care Act from April 2015, and where appropriate the Joint Programme Office will commission support to respond to needs.

**Q41) Overall, how much progress has your council made in preparing for the implementation of the Care Act?**

<i>Please tick one box:</i>	
Completed	
Advanced progress	
Moderate progress	X
Early progress	
Not yet started	
Don't know	

**Q42) At this time, how confident are you that your council will be able to deliver the Care Act reforms required from April 2015?**

<i>Please tick one box:</i>	
Very confident	X
Fairly confident	
Not very confident	
Not at all confident	
Don't know	

**Q43) In your opinion, what are the main risks associated with delivering the Care Act reforms for your council?**

<i>Please tick all that apply:</i>	
Uncertainty about additional demand from self-funders	
Uncertainty about additional demand from carers	X
Managing additional assessments	X
Impact on local provider market	
New national eligibility threshold	X
Total implementation costs for 2015/16	X
Total implementation costs for 2016/17	X
Uncertainty over key national policy decisions	
Public expectation (including legal challenges)	X
Engagement from key partners locally	
Deferred payment agreements	
Lack of funding to commission or maintain preventative services	X
Other 1 (please specify)	
Other 2 (please specify)	
Other 3 (please specify)	

**Q44) Of the risks you identified, which is the greatest for your council?**

<i>Please tick one box:</i>	
Uncertainty about additional demand from self-funders	
Uncertainty about additional demand from carers	X
Managing additional assessments	
Impact on local provider market	
New national eligibility threshold	
Total implementation costs for 2015/16	
Total implementation costs for 2016/17	
Uncertainty over key national policy decisions	
Public expectation (including legal challenges)	
Engagement from key partners locally	
Deferred payment agreements	
Lack of funding to commission or maintain preventative services	
Other 1 (please specify)	
Other 2 (please specify)	
Other 3 (please specify)	

**Q45) Are you aware of the implementation support tools that have been, or are being developed, nationally?**

<i>Please tick one box:</i>		
Yes	X	Please go to Q45a
No		A link to the Care Act implementation support webpages will be provided upon submission of your stocktake. Please go to Q46
Not sure		



**Q45a) Which tools and guidance, if any, have advanced your confidence or preparations to deliver the Care Act reforms locally? (All tools and guidance listed are available via LGA's Care Support reform website unless otherwise stated.)**

*Please tick all that apply:*

**Understanding and planning**

Governance and programme management: must knows	X
Care Act Clause Analysis	X
Department of Health Care Act Factsheets (via Department of Health website)	X
LGA Briefing for Councillors	X
Key contacts in your region	ADASS region
The Care Act and Prisoners – Implications for local authorities	

**Costs**

Understanding the Costs of the Reforms webpages	x
Revised Lincolnshire model for understanding 15/16 costs	x
Birmingham model for understanding 16/17 costs	
Department of Health Impact Assessments (via Department of Health website)	x
LGA Ready Reckoner (via LGA Finance team)	
Updates from ADASS Associate Phil Harding	x
Surrey model	

**Informatics**

Informatics webpages	
ADASS IMG engagement	x
Care Act Informatics FAQs	x
Informatics Specification for Care Act Implementation – Core Systems	x

**Workforce**

Workforce information pages	x
Draft capacity planning model (Skills for Care website)	x

**Communications**

Awareness Campaign – information on planned national activity and local resources	
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**Regulations, guidance and other materials**

Department of Health guidance and information (via Department of Health website)	x
Care Act stocktake	x

**Other**

Other (please specify)	SfC devt sessions
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**Q46) If possible, please briefly outline any specific additional support, guidance or information that would help increase your confidence in, or preparations for, implementing the Care Act:**

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**Q47) If possible, please outline any particular challenges, or areas of concern, in implementation for your council:**

*You may want to include areas not covered by this survey such as assessment, eligibility determination, personal budgets, care planning and means testing.*

**Q48) If possible, please share details of any tools, resources or good practice examples that might benefit other local areas in implementing the Care Act:**

*You only need write a brief description, and we may follow up with you for further information.*

**Q49) If your council is collaborating with other councils in preparing to deliver the Care Act, please give brief details:**

*You only need write a brief description; we may follow up with you for further information.*

Name of council(s)	Details of collaborative work
Yorkshire and Humber Region ADASS	Care Act Lead – Pete Lenehan, leads a regional steering group

H) Feedback and Support

**Q50) Please use the box below to tell us any further relevant information, and to feedback on your experience of completing this survey:**

## Next Steps

<p>a) Email me a copy of my stocktake to review (once reviewed, you will need to re-enter the stocktake to submit your data)</p>	<p>Please click on the 'forward' button below to exit the survey. Once you have reviewed your data, please log-in again using the link provided in your email invitation. You will be able to edit your data if necessary, or use the 'forward' arrows to continue to the submission page.</p> <p>Thank you very much for your time.</p>
<p>b) Continue to submission page (once you submit, you will receive a copy of your submission by email)</p>	<p>Before submitting, it is important that your completed stocktake is seen and agreed by the Director of Adult Social Services in your council. Please tell us, has your stocktake been signed-off by your Director? Yes/No</p> <p>Additionally, please tell us, has your completed stocktake been seen by the following (<i>this is not a requirement</i>):</p> <p>Chief Executive Yes/No Council Leader Yes/No</p>

Thank you for taking part in this stocktake  
Please click on 'OK' to submit your data

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We will use the data to identify ways in which we can support councils over the coming year. We will contact you in the New Year about Round 3

If you have any questions, please contact  
[rebekah.wilson@local.gov.uk](mailto:rebekah.wilson@local.gov.uk) or 020 7664 3190

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER</b>
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1	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
2	<b>Date:</b>	<b>22 September 2014</b>
3	<b>Title:</b>	<b>Care Act Stocktake on behalf of RMBC</b>
4	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

## 5 Summary

The Stocktake has been completed as part of the Local Government Associations national audit of progress in implementation of the Care Act. The results of the stocktake of all Local Authorities will be used to inform the Local Government Association's understanding of councils' concerns, if any, about the implementation of the Care Act in 2015/16.

## 6 Recommendations

- **RMBC will continue to consult and work with all partners to ensure that there is successful implementation of the Care Act. The resource implications of the Act to be assessed and planned for.**

## 7 **Proposals and Details**

RMBC to fully implement the Care Act in 2015/16.

## 8 **Finance**

We have completed the initial estimate on the impact of additional demand for early assessments and carers assessments using a model developed by Lincolnshire County Council as requested by the Department of Health and ADASS. Other models will be used to further estimate and benchmark the likely impact on demand over the next few months.

The Government have recently issued a consultation on the funding formula for the new burdens of implementing the Care Act in 2015/16 in respect of additional assessments, introduction of universal deferred payment agreements and social care in prisons.

- Both proposed options would result in a reduction in funding for Rotherham of between £292k and £370K in 2015/16 compared to what was illustrated in the December 2013 financial settlement.
- It is expected that there will be an increase in carer's assessments, and staff time in carrying out assessments. The term carer will be much broader than the current act. It is expected that approximately 5357 requests for carer's assessments will be received in 2015/16.
- Those people who paid for their own care were classed as self-funders and were not eligible for RMBC support. Under the Care Act they will be eligible for support from RMBC. The expected numbers of self-funders who present themselves for a needs and means will be 667 for 2015/16.
- It is forecast that the estimated cost to RMBC of implementing the Care Act in 2015/16 will be £727,000. There is also a further estimated cost associated with demographic and inflationary pressures of £2000,000 for 2015/16.

## 9 **Risks and Uncertainties**

The resource risk implications for RMBC will be financial and the burden on staff to meet the increased demand for assessments. The Act makes clear that both adults (needs assessment) and carers (carers assessment) should be assessed on the appearance of need and regardless of what the local authority thinks is the level of their need and regardless of their financial resources. The assessment must consider how the person's needs impact on their well-being and the outcomes that they wish to achieve in day-to-day life. The adult's needs assessment must focus on outcomes of the person and the authority must also consult the carer. The definition of a carer has been widened and it is envisaged that there will be an increase in demand for carer's assessment. This will have resource implications for RMBC, particularly for staff to meet the increase in assessments.

## 10 Policy and Performance Agenda Implications

Under the Care Act, local authorities will take on new functions. This is to make sure that people who live in their areas:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- can get the information and advice they need to make good decisions about care and support;
- have a range of high-quality care providers to choose from.

## 11 Conclusion

The 2014 Autumn Care Act Stocktake highlights the very good progress that RMBC is making. The implementation of the Care Act will have considerable resourcing and risk issues for RMBC and other local authorities. The emphasis will be on identifying those with eligible need and on preventative services. Our staff will need to have in-depth knowledge of the care market and focus on enabling and prevention to reduce the numbers of people needing long term care. We are confident that we have the workforce and IT systems in place to meet the demands of the Care Act. Within Rotherham, the independent sector is well placed to provide services to meet the opportunities offered. Whilst there is concern that NHS providers have yet to fully engage with the Act, RMBC has engaged well with partners to ensure that Ideas and best practice is shared and developed both locally and regionally.

## 12 Background Papers and Consultation

The Care Act 2014 DoH.

[www.legislation.gov.uk/ukpga/2014/23/contents/enacted](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)

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<b>ROTHERHAM BOROUGH COUNCIL</b>
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•	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health.</b>
•	<b>Date:</b>	<b>22<sup>nd</sup> September 2014</b>
•	<b>Title:</b>	<b>Pharmaceutical Needs Assessment (PNA) and Consultation Plan.</b>
•	<b>Directorate:</b>	<b>Public Health</b>

**Summary:**

Pharmaceutical Needs Assessments (PNAs) are a legal document used to make decisions about a range of services which need to be provided by local community pharmacies (chemists), internet pharmacies and dispensing appliance contractors (DACs). These are part of local health care and public health services and affect budgets.

PNAs are used when deciding if new pharmacy services and shops are needed; applications are made by independent pharmacy owners and large pharmacy companies. Applications are to NHS England.

Applications can be open to legal challenge by pharmacist and their companies if not handled properly or the PNA regulations are not met.

The HWB must publish its PNA by 1<sup>ST</sup> April 2015. There must be 60 days of public consultation and have board-level sign-off.

**Recommendations:**

**Cabinet Member receives the draft PNA.**

**Cabinet Member approves the PNA for the 60 day consultation period.**

## **Proposals and Details:**

The information in the PNA is used by pharmacies and commissioners to decide if new community pharmacy shops or services are viable. The PNA is valid for three years unless, any major changes occur locally then we must review the content and rewrite it. Small changes, like a new pharmacy opening can be accounted for by a simple Supplementary Statement, which Public Health can issue with delegated powers.

The PNA has been written to cover all the legal regulations and involved a range of key stakeholders in the process. Using the data collected for the PNA, the JSNA and the Director of Public Health's Annual Report some key findings have emerged. The findings identify areas which need further inquiry or, the need to consider extending provision to improve access and greater public choice. Any gaps found can result in pharmacies putting in an application.

The key findings are set out in the Key Findings table in the Summary.

The PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area.
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided, the gaps in provision.
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical service.
- An explanation of how the assessment has been carried out, including how the consultation was carried out.
- Maps of providers of pharmaceutical services.

Some examples of the key findings from the PNA:

A number of localities would benefit from improved access to:

- Weekend opening
- Emergency Hormonal Contraception
- Needle Exchange
- Stop Smoking Services
- Seasonal Flu Vaccinations

Commissioners must ensure all Essential Service contract elements are delivered, such as Public Health Campaigns.

Medicine Management in Care Homes remains an identified gap in service provision.

## **Risks and Uncertainties:**

Decisions on applications to open new pharmacies can be appealed to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and may also be challenged via the courts. It is important that PNAs comply the regulations, due process is followed in their development and that they are kept up-to-date.



Some local agencies have not been able to provide information and/or not engaged in the PNA development process.

A possible risk is information distribution from NHS England. The HWB and Public Health do not hold or process the required information for the majority of services or communications with other commissioning organisations.

Not following the timetable for consultation and publication will mean we do not have a PNA published on time and could be challenged at some point.

**Background Papers and Consultation:**

<http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>.

**Glossary:**

**Dispensing Appliance Contractor (DAC):** Dispensing appliance contractors are not able to supply medicines, but do supply various appliances such as incontinence and stoma products.

**Internet Pharmacy:** Internet, online or mail order pharmacies operate over the internet and send orders to customers through the mail.

**NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU):** A body which deals with disputes between primary care contractors and NHS England. Such appeals generally relate to the proposed opening of a new pharmacy, relocation of an existing pharmacy or the provision of dispensing services by GPs. A key document they use is the PNA.

**Pharmacist:** a person trained and licensed to dispense, formulate, and educate about medications.

**Contact Name:**

*John Radford*  
*Director of Public Health*

*2014/15*

# Rotherham Pharmaceutical Needs Assessment

**Issue Date: RMBC September 2014**

**Review Date:**

## Pharmaceutical Needs Assessment

### EXECUTIVE SUMMARY

#### The Rotherham Pharmaceutical Needs Assessment (PNA)

A PNA has been undertaken across Rotherham to:

- Inform our commissioning plans about future pharmaceutical services that could be provided by community pharmacists and other providers to meet local need.
- Contribute to the overall Joint Strategic Needs Assessment and commissioning strategy to ensure that pharmacy and medicines management services play a key part in the development of health services in Rotherham.
- Ensure that NHS England has robust and relevant information on which to base decisions about applications for market entry for pharmaceutical services.
- Commission high quality pharmaceutical services
- Determine which directed services (Advanced and Enhanced) exempt applications (e.g. 100 hour pharmacies) must provide.

This document outlines the process followed for Rotherham Health and Wellbeing Board to meet its statutory duty in producing and publishing a PNA which fulfils the legal requirements laid down in National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

*The document will undergo a broad consultation process in line with statutory requirements which will last 60 days.*

Pharmaceutical services should complement and contribute to the key strategic health targets for Rotherham. The PNA will facilitate the opportunities for pharmacists to make a significant contribution to the health of the population of Rotherham.

## Key Findings

- Rotherham is a relatively deprived population. It is well provided with community pharmacies. The overall coverage for access to medicines in and out of hours has increased since 2010.
- Across Rotherham the number of pharmacies per 100 thousand population is greater than the national average. There is therefore no requirement for any new premises to provide dispensing services.
- Access to Community Pharmacies across Rotherham is well provided for during core and supplementary opening hours, with access to eight 100-hour pharmacies, one of which is open 365 days a year.
- A number of localities have health needs that would benefit from improved access to existing locally commissioned services, in conjunction with those currently in development. These include:
  - Opening Hours – Weekend availability
  - Emergency Hormonal Contraception
  - Needle Exchange
  - Stop Smoking Service
  - Seasonal Flu Vaccination
- All pharmacies should make full use of NHS Choices to promote their services, to improve communications so patients and carers are aware of the range and availability of all local pharmaceutical services.
- Community Pharmacies not currently providing services should be encouraged to deliver Advanced and Local Commissioned services across the breadth of Rotherham to enable better access and improve choice for patients.
- Medicines Management in Care Homes is an area with an identified gap in service provision. Commissioners of such services need to address this.
- Commissioners need to ensure all elements of contracts are delivered, including Essential services such as Public Health Campaigns.
- Plans for the re-location of the Walk-in centre must address the provision of pharmaceutical services, and ensure the town centre maintains well provided for, regarding both Essential and Locally Commissioned services.

## Rotherham

Rotherham has a total population of approximately 258 thousand people. Most of Rotherham's population live in urban areas but large parts of the borough are rural. The health of people in Rotherham is generally worse than that of the health of England with significant variation in levels of deprivation.

### Pharmaceutical Services in Rotherham

Rotherham is well provided for with respect to dispensing pharmaceutical services. There are 63 community pharmacies in the borough, one appliance contractor, six distance selling/ internet pharmacies and four dispensing doctor practices (NHS England Area Team June 2014). Rotherham has greater than the national average of pharmacies per 100 thousand head of population however has significantly less than the national average of GPs per 100 thousand head of population, with the Rotherham at 58 GPs compared to compared to the national average of 68 as of May 2013 (*Source NHS Health and Social Care Information centre statistics [www.hsci.gov.uk](http://www.hsci.gov.uk)*).

Patient surveys locally and nationally indicate that patients are satisfied with the services they receive from Community Pharmacies.

In 2005 the national framework for community pharmaceutical services identified three levels of pharmaceutical service: essential, advanced and enhanced. The purpose of this PNA, as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework these needs can be addressed.

Rotherham Health and Wellbeing Board wishes to ensure that all the opportunities within the currently funded, Essential and Advanced service elements of the Community Pharmacy Contractual Framework are fully utilised to ensure maximum health gain for our population. Where it is evident that additional pharmaceutical services may be needed, or where opportunities for alternatives in provision may be appropriate, the evidence-base for this is presented so that commissioners can make informed decisions for investment.

### **Essential Pharmaceutical Services**

Community Pharmacies in Rotherham receive approximately £12.4 million of national funding to provide pharmaceutical services, both Essential and Advanced within the national framework. This is based on Rotherham receiving 0.5% of national monies, the total national funding for 2012/13 being £2,486 million (Pharmaceutical Services Negotiating Committee [PSNC])

The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of “Essential services” comprising:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance (including clinical effectiveness programmes)

Across the borough, including areas of high deprivation, there is a good distribution of 40+hour pharmacies and eight 100-hour pharmacies as well as six distance selling (internet/mail-order) pharmacies. The overall improved access to pharmacy services “out-of-hours” reflects the excellent coverage provided by the 100-hour pharmacies, which are contracted to be open at least 100 hours per week (NHS England Pharmacy List June 2014).

Access to ‘Essential’ pharmacy services is therefore good across the borough.

There are, however, potential improvements in service highlighted in this analysis:

1. Improving communications so that patients and carers are aware of the range and availability of all local pharmaceutical services. In particular the use of NHS Choices.
2. Improving access to Emergency Hormonal Contraception (EHC) and Minor Ailments (Pharmacy First) treatment through supporting existing pharmacy contractors who do not currently provide these services to do so.

3. Maximising the opportunities of the current pharmaceutical contractual framework. There are significant opportunities for community pharmacy to improve patient care and experience and reduce health inequalities. In many areas this should be achieved by ensuring the appropriate delivery of services already funded within the pharmaceutical contractual framework.

Rotherham commissioners should work with existing pharmacy contractors in Rotherham, to address the gaps in service which have been identified and to improve access and choice.

### **Advanced Services**

In addition to the Essential services the community pharmacy contractual framework allows for Advanced services which currently include:

- Medicines Use Review (MUR) and prescription intervention services
- New Medicines Service (NMS)
- Stoma Appliance Customisation Service (SAC)
- Appliance Use Review Services (AUR)

Advanced services have nationally agreed specifications and payments. They are funded by the NHS and incur no charges by patients.

Each pharmacy can provide a maximum of 400 MURs a year. Each MUR costs £28, potentially representing approximately £ 773,000 local investment annually. We are keen to ensure that this investment provides significant health gain for our population and is targeted to areas of local need by pharmacists working together with their GP colleagues. In addition there significant funds available for the provision of NMS.

### **Enhanced and Local Commissioned Services**

Enhanced Services are only those local services directly commissioned by NHS England. Pharmacy contractors are also able to provide services commissioned by Local Authorities and Clinical Commissioning Groups (CCGs). Although these Locally Commissioned Services are not Enhanced services, they reflect the services that could be (and in other parts of the Country are) commissioned by NHS England. Rotherham currently has no Enhanced Services. Therefore they are included within the list of Pharmaceutical Services to provide a comprehensive assessment of service for Rotherham

There are currently 5 such services commissioned from Community Pharmacies in Rotherham. These services include:

- a) Minor Ailments Service Pharmacy First (Rotherham Clinical Commissioning Group (RCCG)
- b) Substance Misuse (RMBC)
  - Supervised Consumption

- Needle Exchange Service
- c) Emergency Hormonal Contraception (RMBC)
- d) Palliative Care Drug Provision (RCCG)

The commissioning organisations are shown in brackets.

Both Rotherham CCG and Rotherham MBC Public Health Teams are developing new Pharmaceutical Services which reflect local need as identified by Rotherham's key health needs.

An Enhanced service is being developed by Rotherham CCG on behalf of NHS England for Emergency Supplies of regular Prescription medications. A joint commissioning project regarding Stop Smoking Advice and supply of Nicotine Replacement products is being supported by Rotherham MBC which will be provided across South Yorkshire and Bassetlaw.

This PNA identifies opportunities in provision of healthcare services which could be provided by pharmacies and pharmacists. It also identifies where pharmacy can be considered as a cost-effective alternative service provider to support service redesign, and/or local implementation of evidence-based care pathways.



## Contents

A: Introduction .....	12
1. Rotherham Overview .....	12
2. Strategic Vision .....	<b>Error! Bookmark not defined.</b>
3. Rotherham Clinical Commissioning Group (CCG).....	15
4. NHS England .....	15
5. Rotherham Health Targets .....	16
6. Pharmaceutical Services .....	17
7. Pharmacy Contractual Framework.....	17
B: PNA Process Summary.....	21
1. Summary of Overall Process.....	21
2. Stakeholder Engagement .....	23
a) Patient Satisfaction .....	23
3. Equality Impact Screening.....	25
4. Data Sources Used.....	22
C: Identified Health Needs.....	26
1. Population and Birth Rate.....	26
2. Transport.....	30
3. Life Expectancy.....	28
4. Deprivation .....	28
5. Lifestyle Risk Factors.....	30
a) Smoking.....	31
b) Drug Misuse .....	31
c) Alcohol Misuse .....	31
d) Physical Activity and Eating Habits.....	32
e) Obesity in Adults and Children.....	33
f) Sexual Behaviour- Teenage Pregnancy and Sexual Transmitted Infection (STI) rates .....	33
6. Older People .....	<b>Error! Bookmark not defined.</b>
7. Mortality.....	<b>Error! Bookmark not defined.</b>
a) Mortality from Coronary Heart Disease (CHD).....	<b>Error! Bookmark not defined.</b>
b) Mortality from Chronic Obstructive Pulmonary Disease (COPD)....	<b>Error! Bookmark not defined.</b>
8. Diabetes .....	<b>Error! Bookmark not defined.</b>

9.	Hypertension.....	<b>Error! Bookmark not defined.</b>
10.	Cancer.....	34
11.	Mental Health.....	34
	a) Depression and Anxiety.....	34
	b) Dementia.....	35
12.	Immunisation.....	35
	a) Childhood Vaccination.....	<b>Error! Bookmark not defined.</b>
	b) Influenza and Pneumococcal Vaccination.....	<b>Error! Bookmark not defined.</b>
	c) H1N1 Swine Influenza Vaccination.....	<b>Error! Bookmark not defined.</b>
13.	Language factors.....	<b>Error! Bookmark not defined.</b>
D: How Pharmacy can meet the Current Needs.....		36
	1. Access.....	<b>Error! Bookmark not defined.</b>
	2. Essential Services.....	<b>Error! Bookmark not defined.</b>
E: Current Provision of Pharmaceutical Services.....		37
	1. Dispensing Pharmacies.....	37
	2. Dispensing Doctors.....	37
	3. Dispensing Appliance Contractors (DACs).....	37
	4. Distance Selling Pharmacies.....	38
	5. Non-Dispensing Pharmacies.....	<b>Error! Bookmark not defined.</b>
	6. Distribution and Access to Community Pharmacies.....	38
	6. Community Pharmacies' Opening and Closing Hours.....	40
	7. Pharmacies Outside Rotherham.....	40
	8. Current 'Advanced' Pharmacy Service provision.....	42
	a) Consultation Room Provision.....	42
	b) Medicines Use Review and Prescription Intervention Service (MUR).....	42
	c) Appliance Use Review (AUR).....	42
	d) New Medicines Service (NMS).....	43
	9. Current 'Enhanced' and Locally Commissioned Services.....	45
	a) Minor Ailments Service (Pharmacy First).....	45
	b) Substance Misuse.....	47
	c) Emergency Hormonal Contraception (EHC).....	50
	d) Palliative Care Drug Provision.....	52
	10. Non-commissioned services provided by Pharmacies.....	54
	a) Home Delivery and Prescription Collection Services.....	<b>Error! Bookmark not defined.</b>
F: Access to and Current Provision of Primary Care Services.....		55

1.	GP and Dispensing Doctor ‘Out-of-Hours’ service provision.....	55
2.	Emergency Planning.....	<b>Error! Bookmark not defined.</b>
3.	Alcohol and Drug Misuse Services.....	56
4.	Obesity Services.....	56
5.	Sexual Health Services.....	57
6.	Palliative Care Services.....	<b>Error! Bookmark not defined.</b>
7.	Prescriber Support Service.....	57
8.	Medication Review Service.....	58
9.	Gluten Free Food Supply Service .....	58
10.	Mental Health Services .....	58
11.	Translation Services.....	59
G: Pharmaceutical Services – Future Provision .....		60
1.	Pharmaceutical Needs- Gaps in Provision.....	60
a)	General Access .....	60
b)	Emergency Planning .....	61
c)	Minor Ailments (Pharmacy First).....	63
d)	Substance Misuse Services.....	63
e)	Sexual Health Services .....	63
f)	Pharmaceutical Advice to Nursing and Residential Homes .....	64
g)	Translation Services.....	<b>Error! Bookmark not defined.</b>
2.	Pharmaceutical Need - Greater Access and Choice .....	62
a)	General Access .....	62
b)	Emergency Planning .....	62
c)	Minor Ailments (Pharmacy First).....	<b>Error! Bookmark not defined.</b>
d)	Sexual Health Services .....	<b>Error! Bookmark not defined.</b>
e)	Palliative Care Drug Provision .....	64
3.	Future Health Needs.....	65
a)	Population.....	65
b)	Waverley Community Project.....	65
4.	Development of Pharmaceutical Services .....	66
a)	Making Every Contact Count .....	66
b)	Chlamydia Screening .....	<b>Error! Bookmark not defined.</b>
c)	Influenza Vaccination for NHS Staff .....	69
H: Conclusions.....		71
I: Sources .....		72

J: Appendices.....	73
Appendix 1 Consultation Reply Form .....	74
Appendix 2 Consultation Report.....	79
Appendix 3 Equality Impact Assessment (EIA) Screening Tool .....	80
Appendix 4: Supplementary Service Provision Map .....	84
Appendix 5: Key for Supplementary map (including Local Commissioned Services by Pharmacy).....	85
Appendix 6: Glossary of Terms .....	86
K: Acknowledgements .....	88

## A: Introduction

The Pharmaceutical Needs Assessment (PNA) is a key tool in the process of achieving high quality accessible pharmaceutical services responsive to local need. The purpose of the PNA is to assess local needs and service provision across Rotherham to identify any unmet needs of the local population, any service gaps, and to identify any services that community pharmacists could provide to address these needs.

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by Local Authorities and Clinical commissioning groups (CCGs). A robust PNA will ensure those who commission services from Pharmacies and Dispensing Appliance Contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

This is not a stand-alone document. It is important that the PNA contributes to and becomes an integral part of the Rotherham Joint Strategic Needs Assessment (JSNA)

### 1. Rotherham Overview

This document provides an overview of the health of Rotherham, encompassing the key messages. Further in-depth needs assessments can be found within the Rotherham Joint Strategic Needs Assessment and other sources listed in section J.

#### ***Rotherham Joint Strategic Needs Assessment***

<http://www.rotherham.gov.uk/jsna/>

Rotherham borough covers an area of 28,278 hectares and has a registered population of nearly 258 thousand. Most of Rotherham's population live in urban areas but large parts of the borough that are rural. (*Census 2011*)

Rotherham is currently the 53rd most deprived borough out of 326 English districts. In 2007 Rotherham ranked 68<sup>th</sup> out of 354. (*Index of Multiple Deprivation (IMD 2010)*) Health and Disability is one of the most challenging domains for Rotherham within the IMD.

## **2. Background and Legislation**

### **a) The Health Act 2009**

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating that each Primary Care Trust (PCT) must in accordance with regulations

- Assess needs for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment

The regulations stated that a Pharmaceutical Needs Assessment (PNA) must be published by each PCT by the 1st February 2011. There was a duty to rewrite the PNA within 3 years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCTs locality. This meant that subsequently revised PNAs were due to be produced by February 2014.

However, the Health and Social Care Act 2012 brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included the abolition of PCTs and the introduction of Clinical Commissioning Groups (CCGs) who now commission the majority of NHS services. Public Health functions however were transferred to the Local Authorities.

[www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england](http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england)

### **b) The Health and Social Care Act 2012**

In order to ensure integrated working and plan how best to meet the needs of any local population and tackle local inequalities in health, the 2012 legislation called for Health and Wellbeing Boards (HWB) to be established and hosted by local authorities. These boards should bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch.

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs. It also made provision for a temporary extension of PCT's PNAs and access to them by NHS England and HWBs.

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

**c) NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013**

Under the revised NHS Pharmaceutical Services regulations, newly established HWB must publish its first pharmaceutical needs assessment by 1st April 2015

The preparation and consultation on the PNA should take account of the HWBs Joint Strategic Needs Assessment (JSNA) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

The PNA, published by the HWB by April 2015, will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

As part of developing the first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners e.g. CCGs.

<http://www.legislation.gov.uk/ukxi/2013/349/regulation/6/made>

### **3. NHS England**

From April 2013, NHS England has taken on many of the functions of the former primary care trusts (PCTs) with regard to the commissioning of primary care health services, as well as some nationally-based functions previously undertaken by the Department of Health.

The new arrangements comprise a single operating model for the commissioning of primary care services, which up until now has been done differently by PCTs and their predecessors.

NHS England has Area Teams to deliver and manage their functions. South Yorkshire and Bassetlaw is one of 27 Area Teams nationally and sits within the North Region.

The Area Teams have many roles, many of which play an important role in Pharmaceutical Services. These include:

- Assess and assure performance.
- Undertake direct commissioning of primary care services (GPs, dental, Pharmacy, optometry).
- Manage and cultivate local partnerships and stakeholder relationships, including membership of Local Health and Wellbeing boards.
- Emergency planning, resilience and response.
- Ensure quality and safety.

### **4. Rotherham Clinical Commissioning Group (CCG)**

The Rotherham Clinical Commissioning Group (CCG) works for the people of Rotherham buying the health services that they need.

There are 36 GP practices in Rotherham, who are all members of the Clinical Commissioning Group. They work very closely with Rotherham Metropolitan Borough Council to make sure that health and social care is linked together whenever possible.

The CCG works with a range of providers to make sure that health services meet the needs of local people.

They have responsibility for a budget of £334 million to improve the health of people in Rotherham and to provide safe, high quality health services.







They are responsible for commissioning community health services, hospital health services, health aspects of social and continuing care, GP prescribing and GP out of hours services that Rotherham people use.



## 5. Joint Health and Wellbeing Strategy

The Rotherham Joint Health and Wellbeing Strategy 2012-2015, sets out the priorities that the local health and wellbeing board will deliver to improve the health of people in the borough. The strategy and its priorities have been developed based on evidence of local need described in the Joint Strategic Needs Assessment.

The six priorities are:

- 
**Priority 1 - Prevention and early intervention**  
 Outcome: Rotherham people will get help early to stay healthy and increase their independence.
- 
**Priority 2 - Expectations and aspirations**  
 Outcome: The expectations and aspirations of Rotherham people will be understood and matched by services that are delivered to borough-wide standards, tailored to an individual's personal circumstances.
- 
**Priority 3 - Dependence to independence**  
 Outcome: Rotherham people will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances.
- 
**Priority 4 - Healthy lifestyles**  
 Outcome: People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.
- 
**Priority 5 – Long term conditions**  
 Outcome: Rotherham people will be able to manage long term conditions so that they are able to enjoy the best quality of life.
- 
**Priority 6 - Poverty**  
 Outcome: Reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

Provision of high quality pharmaceutical services can contribute positively to these outcomes.

## 6. Rotherham Public Health Priorities

Rotherham Council has new Public Health responsibilities to improve health and reduce health inequalities, responsibilities shared with the NHS and Rotherham CCG. The Rotherham Director of Public Health Annual Report 2013-14 sets out to develop a common understanding of the reasons for these inequalities and the interventions needed to address them.

In particular Rotherham needs to focus on

- Cardiovascular disease
- Cancer
- Liver disease
- Respiratory disease
- Mental health

**Rotherham Director of Public Health Annual Report 2013-14**

[http://bit.ly/RPH\\_annualreport\\_2014](http://bit.ly/RPH_annualreport_2014)

## 7. Pharmaceutical Services

Rotherham is well provided with 63 Community Pharmacies which provide a potential resource for delivering existing services to more people or delivering new or innovative services to improve access and reduce inequalities or to help address other local needs. Six Distance Selling/Internet pharmacies are located within Rotherham along with one Appliance Contractor.

## 8. Pharmacy Contractual Framework

NHS England does not hold contracts with pharmacy contractors, unlike for GPs, dentists and optometrists. Instead they provide services under a contractual framework. The terms of service are set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). This currently has three tiers of services – Essential, Advanced and Enhanced.

- **Essential Services**

Essential Services are services which each community pharmacy must provide. All Community and Distance Selling/Internet Pharmacies with NHS contracts provide the full range of essential services. These are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

**Public Health:** Pharmacies are required to deliver up to 6 Public Health campaigns through-out the year to promote Healthy Lifestyles.

**Signposting and Referral:** is the provision of information on other health and social care providers or support organisations to people visiting the pharmacy, which require further support, advice or treatment that cannot be provided by the pharmacy.

It intends to inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations and enable people to contact and/or access further care and support appropriate to their needs.

## Opening Hours

**Core hours:** Each Community Pharmacy is required to be open for 40 hours a week minimum and this is provided as an 'Essential' pharmacy service. There are also a '100 hour' pharmacies. These pharmacies are required to open for at least 100 hours each week.

**Supplementary hours:** These are provided as a voluntary service and are additional to the core hours provided. Supplementary hours can be changed by giving 90 days' notice to NHS England.

NHS Choices advertises 'opening hours' to the public ([www.nhs.uk](http://www.nhs.uk)). Community Pharmacies produce their own information leaflets detailing opening hours, which are available from individual pharmacies.

- **Advanced Services**

Advanced Services are those which can be provided if the pharmacist or specialist Healthcare professional is suitably accredited against a competency framework and the pharmacy premises meets standards that facilitate the provision of these services in a suitable, confidential environment. These services are agreed nationally and monitored by NHS England Area Teams. There are currently 4 Advanced Services.

*97% of pharmacies in Rotherham have consultation rooms (total =61) appropriate for MURs (RMBC data, June 2014)*

## Medicines Use Review and Prescription Intervention Service (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions, such as Diabetes, CHD, and COPD. The MUR process attempts to establish a picture of the patient's use of their medicines - both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to their GP where there is an issue for them to consider.

## Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.

- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

### **Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

### **New Medicines Service (NMS)**

The New Medicine Service (NMS) is the latest nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed.

The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new medicines for Long Term Conditions (LTC) in order to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

Additionally the service will help patients:

- Make informed choices about their care
- Self-manage their LTC
- Adhere to the agreed treatment programme
- Make appropriate lifestyle changes

- **Enhanced and Locally Commissioned Services**

Enhanced services are only those local services directly commissioned by NHS England. Pharmacy contractors are also able to provide services commissioned by Local Authorities and Clinical Commissioning Groups (CCGs). Although these Locally Commissioned Services are not Enhanced services, they reflect the services that could be (and in other parts of the Country are) commissioned by NHS England. Rotherham currently has no Enhanced Services. Therefore they are included within the list of Pharmaceutical Services to provide a comprehensive assessment of service for Rotherham.

There are currently 5 such services commissioned from Community Pharmacies in Rotherham. These services include:

- e) Minor Ailments Service Pharmacy First (Rotherham Clinical Commissioning Group (RCCG))
- f) Substance Misuse (RMBC)
  - Supervised Consumption
  - Needle Exchange Service
- g) Emergency Hormonal Contraception (RMBC)
- h) Palliative Care Drug Provision (RCCG)

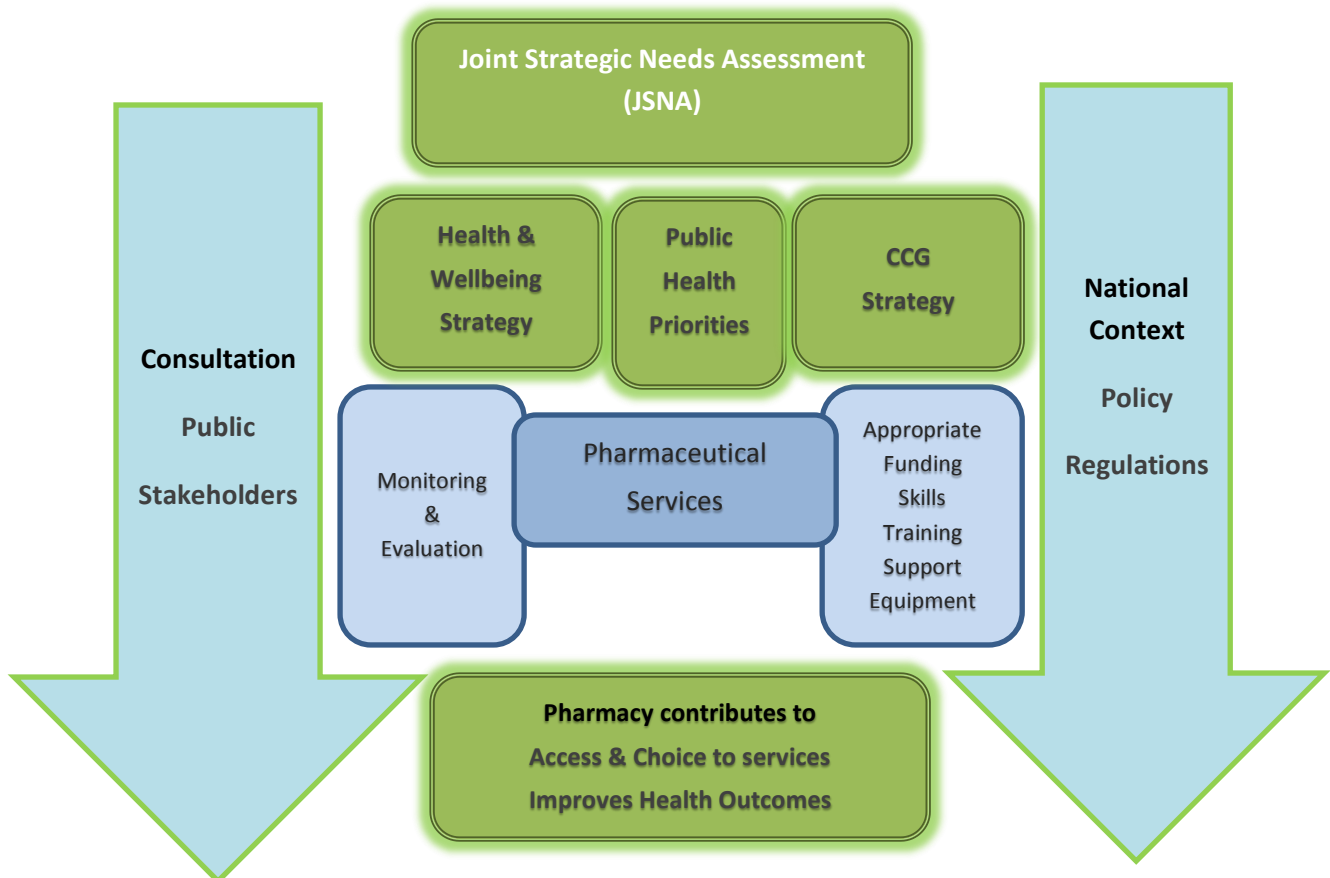
The commissioning organisations are shown in brackets.

## B: PNA Process Summary

### 1. Summary of Overall Process

During the development process Community Pharmacies, Dispensing Doctors and Appliance Contractors were contacted to verify the services provided.

The overall process of developing the PNA was undertaken by a Steering Group under the direction of the HWB.



In developing the PNA, Rotherham is considered as a single area, with needs and provision analysed on both Ward and Lower Super Output Area (LSOA) basis.

Rotherham was not divided into smaller localities for the purpose of this assessment as each of these localities would have a similarly heterogeneous set of needs.

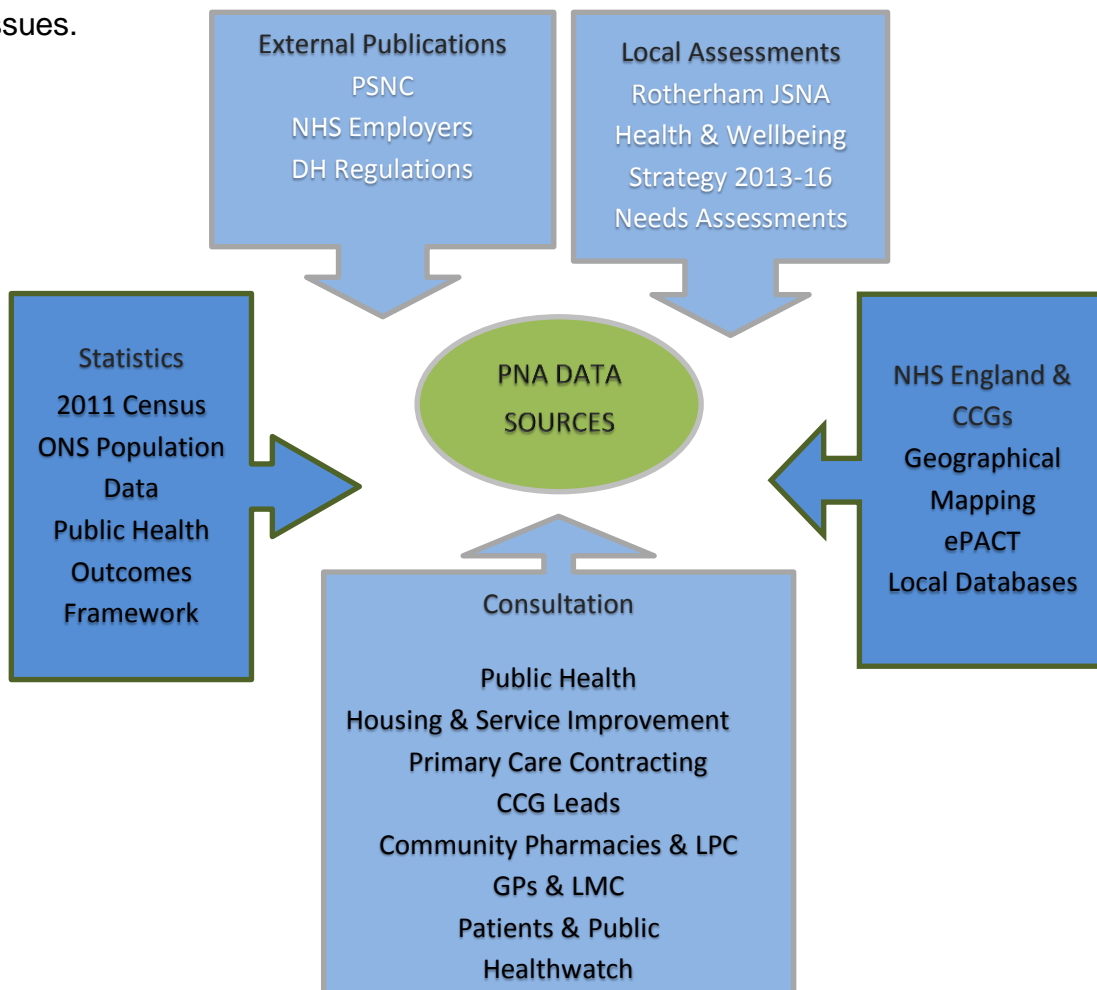
Wards have been used in previous Rotherham's needs assessments'. This enables aggregation into Area Assemblies and link into the JSNA.

During the analysis, data was mapped of specific demographics and overlaid with corresponding services which can address the particular health need. Initially Pharmaceutical services alone were considered against highest needs (including proximity and access times). Distance to access a service was approximated by plotting an average aerial distance of 1 mile for usual access. Where the one mile radius did not include a relevant service, but one was available just outside this area a detailed evaluation took place taking into account road networks, public transport etc.

If a gap was identified, other commissioned health services were considered e.g. Specialist service or General Practices. Finally, services available to Rotherham residents that are provided by bordering boroughs (within a one mile radius as before) were to be considered before a conclusion of a gap in service was determined.

## 2. Data Sources

Rotherham MBC has conducted significant needs and health assessment work, including the JSNA. The PNA draws on this and other complimentary data sources such as The Public Health Outcomes Framework, to highlight Rotherham's key issues.



### 3. Stakeholder Engagement

Rotherham RMBC consulted with key stakeholders including all local providers, the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) NHS England and Rotherham CCG, throughout the development process. Good working relationships and regular communications with local GPs and Community Pharmacies will be essential in developing future services. Furthermore, as part of the quality commissioning process NHS England Area Team will also need to support the performance and quality improvement of Essential and Enhanced services provided.

Patient input is also key, and will be included in greater depth following the formal consultation period.

The formal consultation reply form for collating feedback can be found in Appendix 1.

#### **Patient Satisfaction**

All Pharmacies are required to conduct and publish an Annual Community Pharmacy Patient Questionnaire (formerly referred to as the Patient Satisfaction Questionnaire). The questionnaire allows patients to provide valuable feedback to the pharmacy on the services they provide. Strengths and areas for improvement are identified and actively pursued by the pharmacy.

Pharmacies publish these either by;

- in the pharmacy, as a leaflet or poster;
- on the pharmacy's website or
- on the pharmacy's NHS Choices profile

At the time of writing this draft, a limited number of these are available to RMBC to review, however they will be considered in next draft.

Healthwatch Rotherham, who represent the views of people of Rotherham and support people who make a complaint about services, were able to provide information regarding pharmaceutical services to inform this assessment.

Pharmacy as a whole was very rarely the subject of comments received by Healthwatch Rotherham from October 2012 to June 2014. Out of the 7 comments relating to Community Pharmacy, two were distinctly positive and were regarding efficiency and ease of accessing the services. There were 5 incidents reported where patients were unsatisfied with the service. These related to dispensing and sales of medicines and wanting to see pharmacies provide additional services. Specifically the supply of Hearing aid batteries was raised.



In addition the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) provides patients with the opportunity to comment on and rate almost any NHS service, including pharmacies. Virtually all of the comments posted about pharmacies in Rotherham are positive and rated them with 5 stars. The comments complement the pharmacists and staff for being polite, helpful and efficient, as well as providing additional services such as deliveries and 'going the extra mile'. The one negative remark was regarding insufficient stock to full the prescription and not being able to order the items.

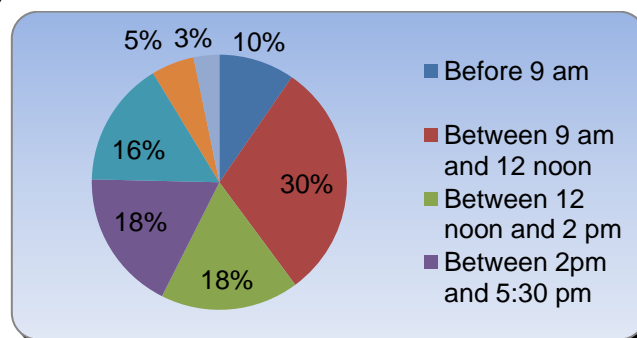
In 2010 NHS Rotherham undertook a Pharmacy Services Survey to actively capture public opinion. The data was collected through high-street and workplace surveys over a period of approximately 5 weeks. Total number of participants was 399. The survey captured a good cross section of population of Rotherham and provided information relating to patient requirements.

### Key Messages of Survey

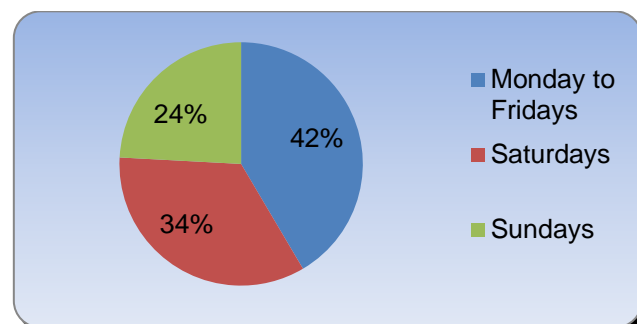
- The majority used pharmacies more than 6 times in a 12 month period.
- There was a slight preference for morning use (*figure a*), also a strong preference (69%) for using pharmacies close to where people live.

*Figure a Preference to visit pharmacies*

- *Times of day*



- *Days of the week*



- 66 % preferred to access pharmacy services between 9 am and 5:30 pm which is consistent with pharmacy core hours.
- Over a quarter would prefer to use a pharmacy before 9am or between 5:30pm and 8pm. These hours are covered well by 100-hour pharmacies and those offering extended supplementary hours.
- Weekend access was preferred by 68% of those surveyed.
- Over 70% used pharmacies more than 3 times a year for dispensed medicines
- Slight under half (45.6%) using the dispensing service on a monthly basis.
- One in 5 people surveyed used a delivery and collection service;

Services people would like pharmacies to provide in the future were:

- |                       |     |
|-----------------------|-----|
| • Health Checks       | 71% |
| • Vaccinations        | 69% |
| • Weight loss support | 59% |

Under 18s demonstrated slightly higher interest than average in all services except Health Checks. This may indicate a potential to offer better access to healthcare services for younger people as an alternative to GP led services.

#### **4. Equality Impact Screening**

The RMBC Equality Impact screening pro-forma was completed (*Appendix 3*). The outcome of which was that a full Equality Impact Assessment was not necessary for the Pharmaceutical Needs Assessment. The process included:

- Evidence to support the decision making process.
- Identifying current research and opportunities for new research / data relevant to the PNA.
- Socio-economic groups as a category for consideration.
- A range of factors indicating that the policy could have a significant positive impact on equality by reducing inequalities that already exist.

### C: Identified Health Needs

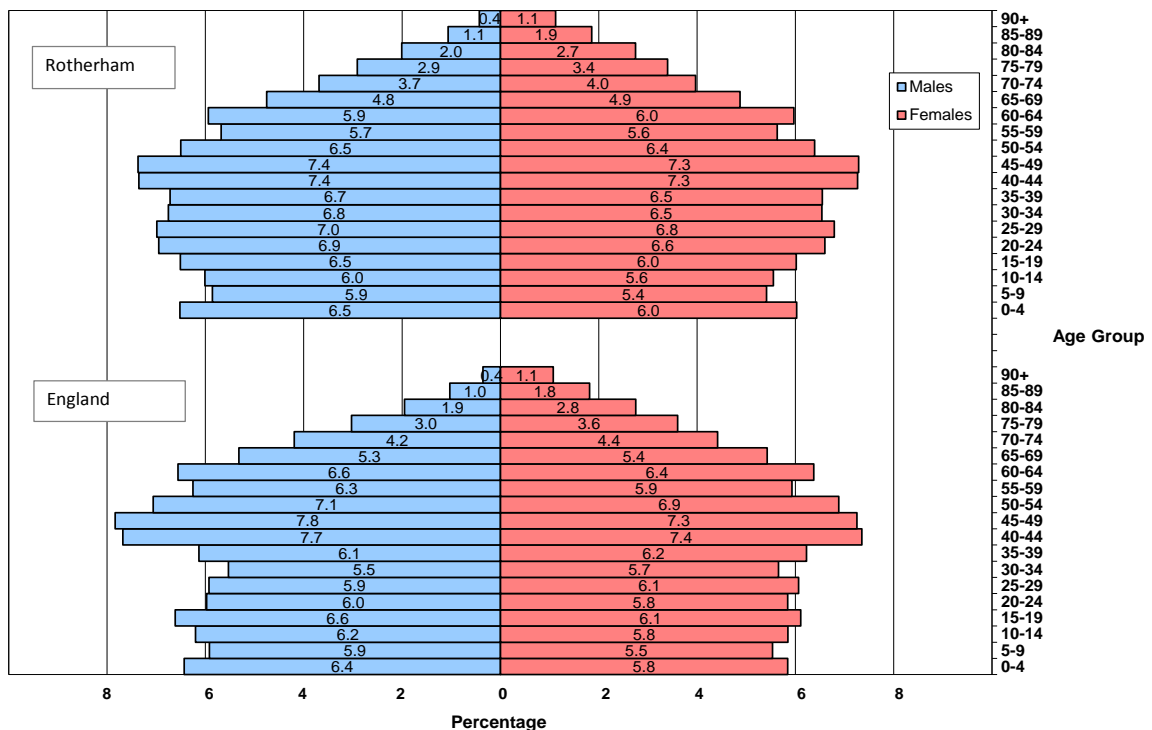
The health of people in Rotherham is generally worse than the England average. Life expectancy, deaths from smoking and early deaths from cancer remain worse than the England average.

#### 1. Population and Birth Rate

Rotherham has a registered population of 256,900 (NHS Health and Social Care Information Centre July 2013). The resident population age/sex structure can be seen below (figure b) and compared to England, Rotherham's age/sex structure reflects to the national profile (Office National Statistics (ONS)).

Rotherham does not experience seasonal trends in populations which may exist in other areas (E.g. Holiday, Higher Education Institutions or seasonal working).

Figure b Rotherham Population Age/Sex Structure 2011



Source: Office For National Statistics.

## 2. Ethnicity and Cultural Identity

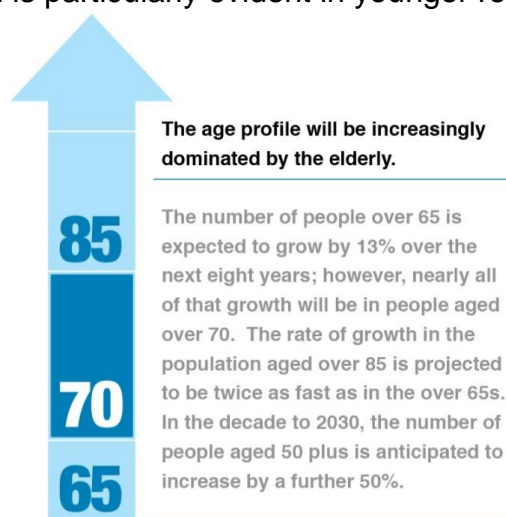
Rotherham's population is not homogenous and people with different cultural identities may have different needs or require different approaches to service provision. The cultural composition of Rotherham has been changing at a fast pace with new communities emerging.

Rotherham had (91.9%) White British and (8.1%) Black and Minority Ethnic (BME) residents in the 2011 Census. The largest BME community is Pakistani & Kashmiri who numbered 7,912 in 2011 (3.1%) of the population, with the second largest group being other white, being Slovak and Czech Roma.

Rotherham's BME population is relatively low compared with the national average of 20.2%.

## 3. Population Projections

The key population changes anticipated in Rotherham are the ageing population and the increase in the non-white population. Rotherham's BME population more than doubled between 2001 and 2011, and is projected to increase by about a third over the next twenty years. The population will continue to change and become more culturally diverse, which is particularly evident in younger residents.



A striking feature of the changing demography of Rotherham is the increasing number of people living alone. Potential consequences of this include lack of capacity to cope at home with illness, loneliness and mental ill-health. Mental ill-health is the biggest cause of illness and incapacity in the Borough.

On average, people in Rotherham will develop long term conditions around 8 years before the new state pension age of 67. (*Rotherham Director of Public Health Annual Report 2013-14*).

#### 4. Life Expectancy

Healthy Life Expectancy at Birth is the average number of years a person would expect to live in good health based on existing local mortality rates and prevalence of self-reported good health.

In Rotherham healthy life expectancy is 58.2 years for men and 59.9 for women. This is at the lower end of healthy life expectancy in England, with the best area in the country having a healthy life expectancy of 70.3 years for men and 72.1 years for women.



Life expectancy for both men and women living in the most deprived areas is nearly 7 years less than for residents living in the least deprived areas (ONS). The link between deprivation and life expectancy can be clearly seen.

Figure c Life Expectancy - Males

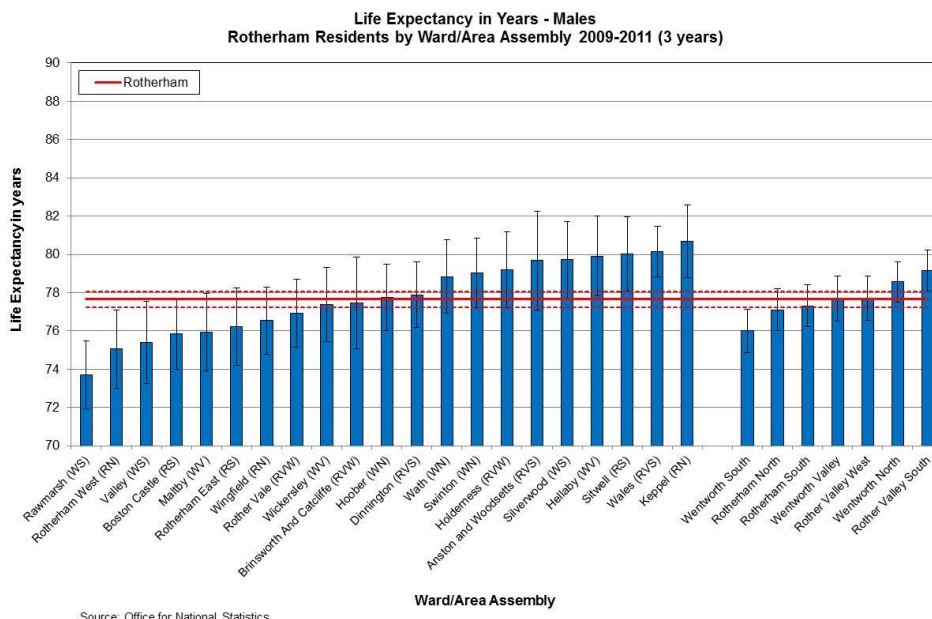
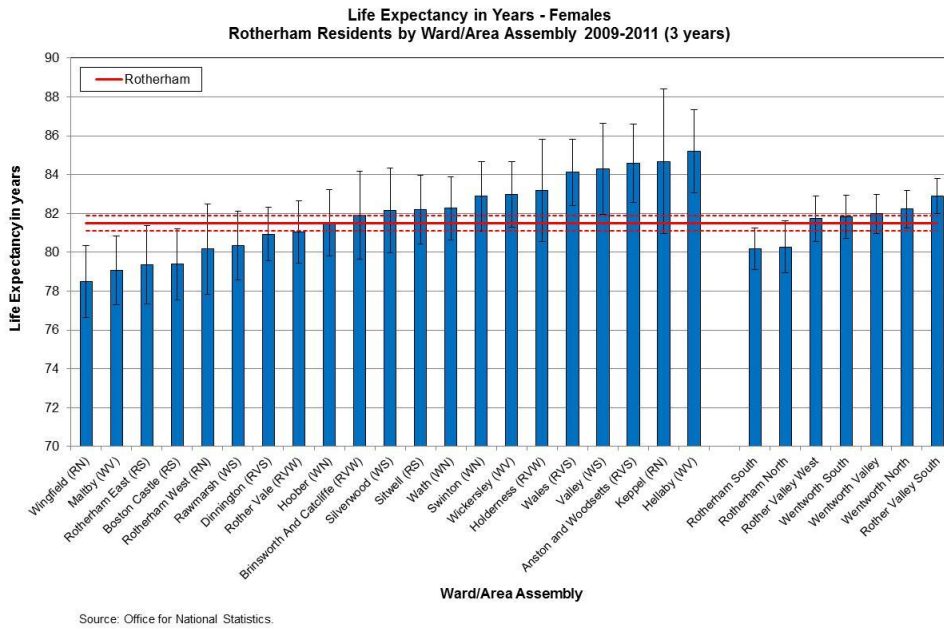


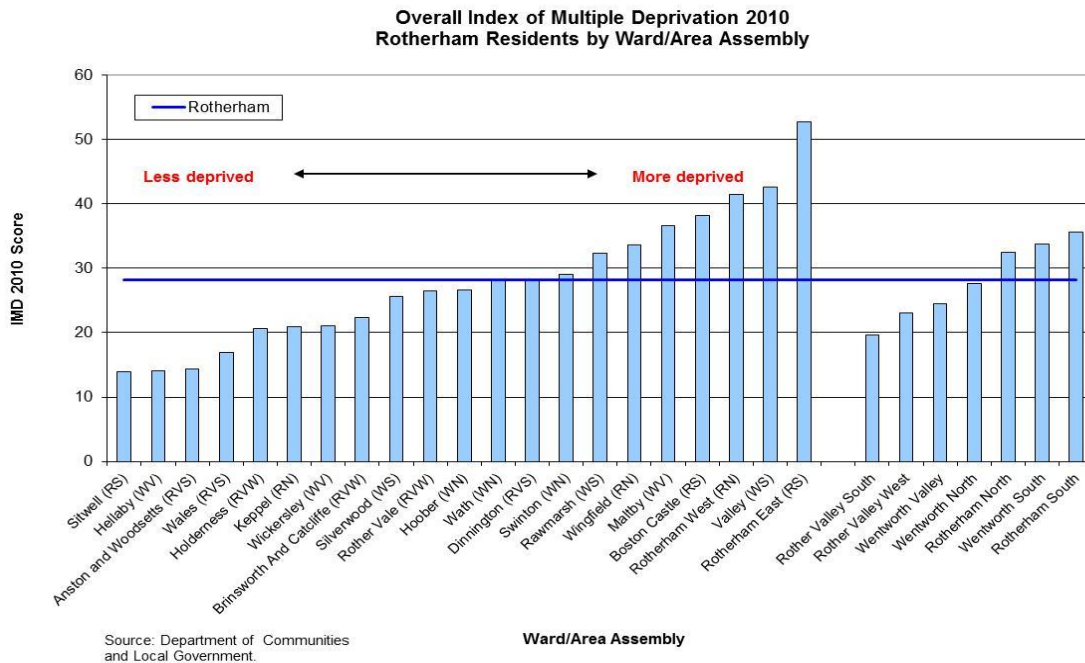
Figure d Life Expectancy- Females



### 5. Deprivation

Deprivation is shown by the Indices of Multiple Deprivation (IMD) 2010, which brings together 37 different indicators that cover specific aspects or dimensions of deprivation (The English Indices of Deprivation 2010).

Figure e Rotherham Deprivation Variations



There is a wide range of deprivation within Rotherham highlighted by IMD 2010 ward scores ranging from 13.9 to 52.7 (Public Health England) and a significant slope of inequality (life expectancy compared to deprivation). Rotherham as a whole however has a high level of deprivation (IMD 2010 of 28.1)

Rotherham is currently the 53rd most deprived borough out of 326 English districts. In 2007 Rotherham ranked 68<sup>th</sup> out of 354. (*IMD 2010*) Health and Disability is one of the most challenging domains for Rotherham within the IMD

## **6. Transport**

There were a total of 123,783 cars or vans available to households in the borough at the time of the Census in 2011. There is just over 1 car per household in Rotherham with 26.6% of households (28,756) having no car. This is above the national average of 25.8% but below the regional average of 27.6% (ONS).

## **7. Wider Determinants for Health**

The number of people in Rotherham depending on out of work benefits (*job seekers' allowance, employment support allowance and other income related benefits*) is well above the national rate.

Although the rate of young adults not in education, employment or training is improving, it is still above average. These issues are strongly linked to levels of disability particularly mental ill health.

Levels of recorded crime have been falling for some years and have levelled out more recently. While violent crime is rare, there has been a recent growth in acquisitive crimes such burglary, vehicle crime and shoplifting. The wider economic situation gives rise to a concern that this trend will continue.

## **8. Lifestyle Risk Factors**

There is a socio-economic gradient in that people living in more deprived areas of the borough are more likely to have unhealthy behaviours. Deprived areas are also more likely to have people with multiple unhealthy factors leading to increased long term illness. Lifestyle factors include:

- a) Smoking
- b) Drug misuse
- c) Alcohol misuse
- d) Physical activity and eating habits
- e) Obesity
- f) Sexual behaviour



**a) Smoking**

Smoking remains the main cause of preventable morbidity and premature death in England, leading to 79,100 deaths in 2011 (Statistics on Smoking, England 2013, NHS National Statistics). Smoking accounts for a third of all cancer disease and a seventh of all cardiovascular disease (CVD) in England.

**b) Drug Misuse**


Substance misuse causes harm not only to the individual but also to other members of the community and wider society. Injecting drug use increases the risk of acquiring blood borne diseases such as viral hepatitis and HIV. The sharing and irresponsible disposal of used needles presents a risk to others. Injecting drug use in Rotherham is higher than the national average, 3.97 compare to 7.59 (*Public Health England Estimates per 100,000 populations 2013*).

Substance misuse is not the norm in Rotherham, although opiate use is higher than the national average 10.3 compared to 7.59 (*Public Health England Estimates per 100,000 populations 2013*).

The trend in substance misuse has remained stable over time and is projected to remain that way.

**PRESCRIPTION ONLY MEDICINE/OVER THE COUNTER MEDICINE (POM/OTC)** Local  National 

People in treatment for prescription-only medicines (POM) or over the counter medicines (OTC), and drug users who have a problem with these as well as illicit drugs are presented below. Health and public health commissioners will want to understand local need in relation to misuse of and dependence on prescription and over-the-counter medicines, so that together they can commission appropriate responses.

Number of adults citing POM/OTC use		Proportion of treatment population		Proportion of treatment population		Proportion of treatment population citing POM/OTC use 
		Local		National		
	Illicit use	88	7%	27,842	14%	
	No illicit use	36	3%	4,603	2%	
	<b>Total</b>	<b>124</b>	<b>9%</b>	<b>32,445</b>	<b>17%</b>	

**c) Alcohol Misuse**

In 2012/13 Rotherham had 591 people in receipt of specialist treatment for alcohol dependency; 77% of those in treatment live with children. In addition many more children have parents with harmful and risky drinking patterns, which mean the number of children impacted by their parents' alcohol dependency is significant. Only a small number of those believed to have problematic drinking are seeking treatment. This may be for a number of reasons including a lack of awareness of the risks



Alcohol is not only important as a cause of liver cirrhosis; it also contributes to deaths from cancer, heart disease, accidents and mental health. National Alcohol Concern<sup>11</sup> calculations based on hospital activity statistics (2009/10) for Rotherham there were 53,689 alcohol related hospital attendances at Rotherham Hospital. Of these, 28,827 were in A&E, 18,275 in outpatients and 6,587 inpatient stays were related to alcohol. The majority of inpatients (2,658) were aged 55-74.

#### d) Physical Activity and Eating Habits

Physical activity and exercise not only benefit physical health but have also been shown to help people with problems such as anxiety and depression and may even reduce the chances of someone developing such problems in the first place.

Based on the Health Survey for England (APHO Profiles), 21.3% of adults in Rotherham eat healthily compared to 28.7% nationally. 10.4% of adults are estimated to be physically active compared to 11.2% nationally. The level of healthy eating is significantly worse than the national levels.

The Active People Survey is a survey of adults aged 16+ living in England, details of the survey can be found at <http://www.sportengland.org>. In 2005/6, Rotherham was ranked in the bottom 25% of all local authorities against the Active People Performance Indicators. In 2010/12 Rotherham participation rate lagged 2.4% behind the national average. If Rotherham was as active as the rest of England, a further 5,000 people aged 16+ would be leading active lives. This strengthens the scope for signposting activity through the Essential Service element of the contractual framework.

*Figure f Active People Survey Summary*

<b>Active People Survey Summary</b>	<b>2005/06</b>	<b>2010/12</b>
At least 3 days a week x 30 minutes moderate participation (all adults) - <b>Rotherham</b>	18.8%	20.0%
At least 3 days a week x 30 minutes moderate participation (all adults) - <b>England</b>	21.3%	22.3%

### e) Obesity in Adults and Children

Modelled data from the Health Survey for England suggests 27.6% of Rotherham adults are obese compared to 24.2% nationally. This means Rotherham has significantly higher obesity levels than England as a whole. There are increasing numbers of adults who are overweight or obese in Rotherham and consequently there is an increasing number of health problems associated with this e.g. Type 2 diabetes, heart disease and cancer.

The data for obesity in children is more detailed than that available for adults because of the comprehensive National Child Measurement Programme, which weighs and measures all children in Reception and Year 6. We know from this information that childhood is an important time in the development of obesity, as levels more than double between Reception (aged 4-5 years) and Year 6 (aged 10-11 years).

#### Healthy weight children in Reception



#### Obese children at Year 6



Obesity in childhood can lead to earlier onset of raised blood pressure, coronary heart disease, Type 2 diabetes and the development of some cancers. Obese children are also more likely to be obese as adults.

### f) Sexual Behaviour- Teenage Pregnancy and Sexual Transmitted Infection (STI) rates

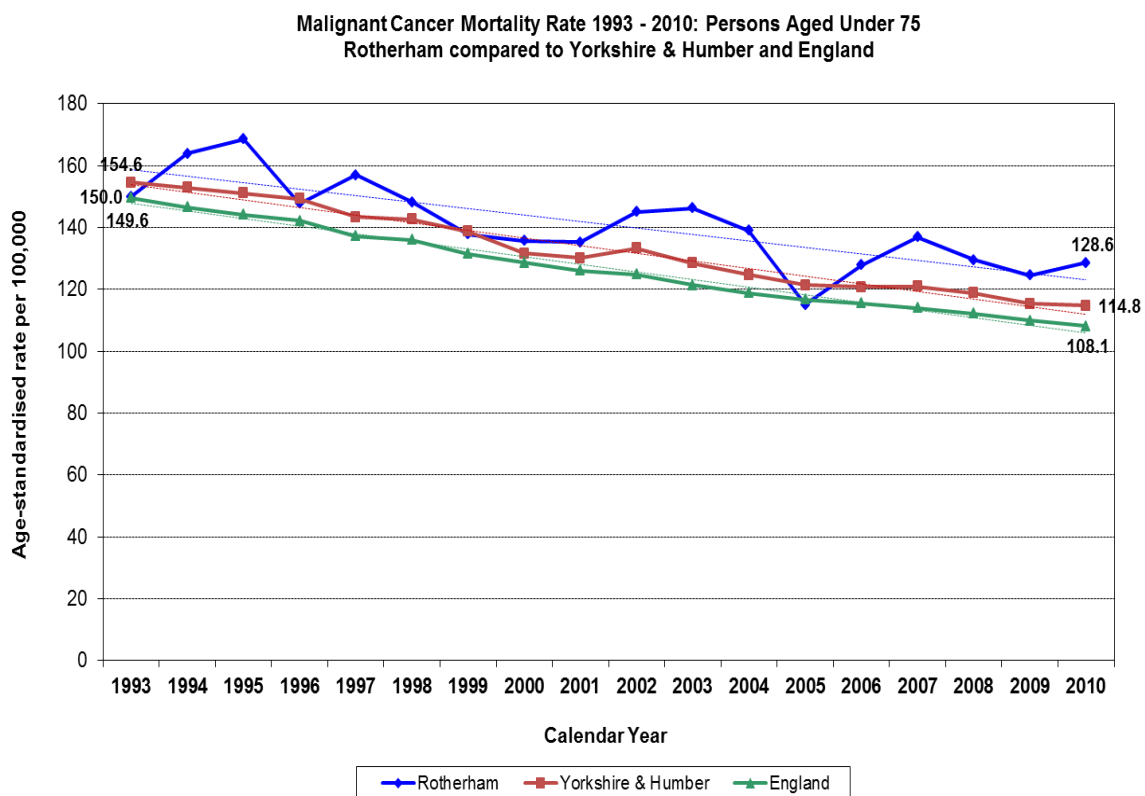
Teenage Pregnancy rates for Rotherham have fluctuated greatly between 1998 and 2011 but overall there was a 27% reduction, with rates falling from 56.6 to 40.9 (per 1,000 15-17 year olds). Rotherham East ward had rates significantly higher than the Rotherham average for 2009-2011 (*RMBC-estimates derived from hospital episodes data*).

Sexually Transmitted Infections: In 2009 there were 793 cases of uncomplicated gonorrhoea and 23 cases of complicated gonorrhoea, including Pelvic Inflammatory Disease and Epididymitis among Rotherham residents (Health Protection Agency data [HPA]).

By March 2010 25% of patients (persons aged 15-24) were screened for Chlamydia thus meeting the national Vital Signs target for 2009 of 25% (based on population of 32,800). Targets for 2010 are to rise to 35%.

## 9. Cancer

Figure g Cancer Mortality rates



## 10. Mental Health

### a) Depression and Anxiety

	Total numbers of patients on Rotherham register					
	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Depression	19,724	20,636	22,852	25,781	27,697	29,854

## b) Dementia

Figure X Rotherham Dementia rate - 2007/08 to 2011/12

	Total numbers of patients on Rotherham register					
	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Dementia	1,135	1,223	1,320	1,455	1,567	1,718

## 11. Immunisation

Influenza (flu) virus can affect a large proportion of the population annually.

The effect of this virus, however, can be more serious for 'older people' in particular those aged over 65 years. The influenza (flu) and pneumococcal vaccine are therefore recommended in at-risk groups i.e. over 65 year olds and those with defined underlying conditions under the age of 65 and pregnant women.

Seasonal Flu uptake for 2012/13 is shown in *figure X*. Locally uptake was around the national average for clinical risk groups and uptake in healthcare staff was well above the national average.

Figure x Seasonal Flu (source: [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk) - Department of Health data collection website)

	Seasonal Flu (National)	Rotherham Data
Those aged 65 and over	73.4% (WHO target 75%)	75.7%
Clinical risk groups under the age of 65 years	51.3%	55.0%
Healthcare Workers	45.6%	75.7%

## D: How Pharmacy can meet the Current Needs

Pharmacists are health professionals who have, and are recognised to have, a specific expertise in the use of medicines. Pharmacies provide a convenient and less formal environment for people to access readily available professional advice and support to deal with everyday health concerns and problems.

- Every year in England, 438 million visits are made to community pharmacy for health related reasons. This is more than any other NHS care setting (*NHS England - Improving Health and Patient Care Through Community Pharmacy December 2013*)
- NHS Rotherham survey data showed that 83.5% of those surveyed visited a pharmacy more than 3 times a year (NHS Rotherham Pharmacy Survey July 2010)

There are 69 dispensing contractors in Rotherham, 63 of which are Community Pharmacies which are accessible and many offer extended opening times. These are often late into the evenings and/or at weekends, to suit patients and consumers. Details are updated and are available on the NHS Choices website <http://www.nhs.uk>. Furthermore most Community Pharmacies (61) have dedicated consultation areas specifically designed for private discussion (RMBC data June 2014).

A number of factors were considered when assessing the distance it was considered reasonable for a Rotherham resident to travel in order to access pharmaceutical services. These included:

- Average walking speeds (3 miles per hour)
- Government Statutory walking distance for schools (8 years and younger)
- Consistency with Rotherham neighbouring HBWs when considering border pharmacy provision
- Access to public transport

A one mile radius from the service sites was used during the mapping exercise.

## **E: Current Provision of Pharmaceutical Services**

### **1. Dispensing Pharmacies**

At the end of June 2014 there were a total of 69 dispensing pharmacies in Rotherham. This represents a 13% increase in less than 4 years (October 2010, total 60). This provides an average of 3.5% per annum.

The National average growth of pharmacy provision for England between March 2012 and March 2013 was 2.3 % (*Source NHS Health and Social Care Information centre statistics [www.hsci.gov.uk](http://www.hsci.gov.uk)*).

Data for Rotherham shows that the average number of pharmacies per 100 thousand population in 2012-13 was well over the National average of 22 at 26 (*Source NHS Health and Social Care Information centre statistics [www.hsci.gov.uk](http://www.hsci.gov.uk)*).

### **2. Dispensing Doctors**

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or where access is restricted. In Rotherham there are 4 dispensing doctor practices (NHS England data June 2014). One practice provides Dispensing Review of the Use of Medicines (DRUMs) which is a similar service to the Pharmacist Medicines Use Review MUR (**see section XX**).

### **3. Dispensing Appliance Contractors (DACs)**

There are 122 dispensing appliance contractors in England ([www.hsci.gov.uk](http://www.hsci.gov.uk)); one is based in Rotherham, South Yorkshire Ostomy Supplies.

Many dispensing appliance contractors provide services above basic dispensing services, such as home delivery, help lines, product customisation (i.e. cutting to fit) and specialist nurse visits.

DACs can dispense against repeatable prescriptions, and are required to participate in systems of clinical governance.

DACs dispensing “specified appliances” such as stoma, catheter or incontinence appliances are required to provide:

- Home delivery services.
- Reasonable supplies of supplementary items such as disposable wipes.
- Access to expert clinical advice.

They may choose whether to offer an Appliance Usage Review (AUR) service.

#### **4. Distance Selling Pharmacies**

Online pharmacies, Internet pharmacies, or Mail Order Pharmacies are pharmacies that operate over the Internet and send orders to customers through the mail or shipping companies. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling pharmacies:

- Must provide the full range of essential services during opening hours to all persons in England presenting prescriptions
- Cannot provide essential services face to face
- Must have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours and
- Must be registered with the General Pharmaceutical Council

Patients have the right to access pharmaceutical services from any community pharmacy including those operating one-line. Rotherham currently has 6 Distance Selling pharmacies.

#### **5. Distribution and Access to Community Pharmacies**

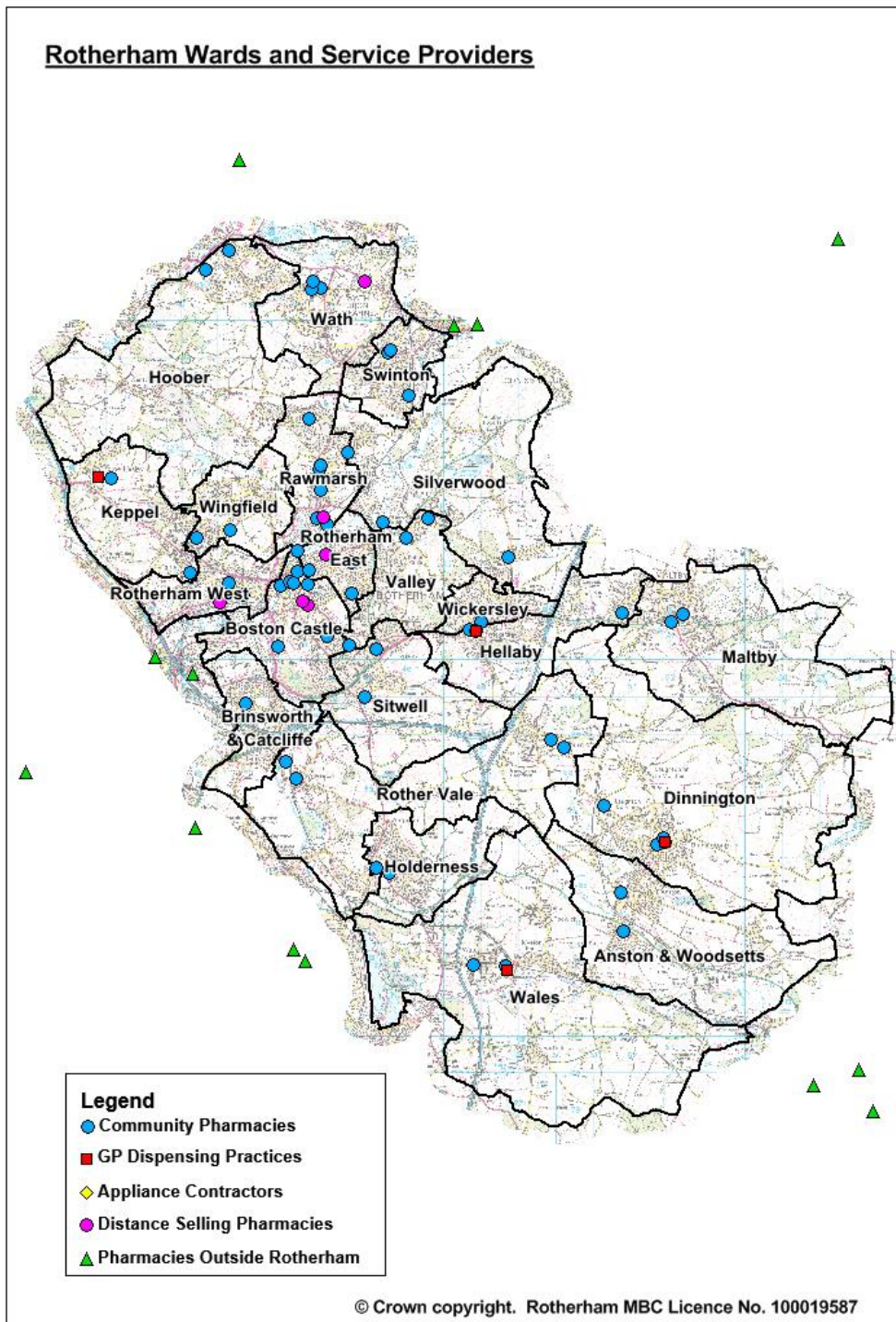
There is a good distribution of 40+ hour community pharmacies across Rotherham, including areas of high deprivation and population. Furthermore there are 8 pharmacies located across the breadth of Rotherham which are contracted to provide 100-hour service (*figure 1*).

As well as identifying the premises at which pharmaceutical services and dispensing services are provided within Rotherham, *figure 1* shows pharmacies that have been identified as services that a significant number of Rotherham patients use in other areas.

An additional map specifically identifying Rotherham Pharmacies is available as Appendix X. Appendix X is a detailed key relating both to Appendix X and *figures 1 to 7* providing information regarding pharmacies and some of the services they provide.



Figure 1 Map identifying the location of pharmaceutical services and dispensing services (Requirement Schedule 1:7 NHS Pharmaceutical & Local Pharmaceutical Services Regulations 2013) based on data verified June 2014)





## 6. Community Pharmacies' Opening and Closing Hours

Access to Community Pharmacies across Rotherham is well provided for during core and supplementary opening hours. There are also eight 100 hour pharmacies in Rotherham. These are located across the breadth of Rotherham and cover the hours of 7am to 11pm Monday to Saturday and 8am to 10pm on Sundays.

Rotherham has one 100-hour pharmacy which operates every day of the year. This pharmacy is open Monday to Friday 7:30am-10pm; Saturday 8am-10pm and Sunday 8:30am to 10pm.

The map shown in *figure 2* shows the distribution of Community Pharmacies and the immediate population they serve. This has been approximated by plotting an average aerial distance of 1 mile for usual day time access.

## 7. Pharmacies Outside Rotherham

Rotherham residents access pharmaceutical services from community pharmacies located within other Health and Wellbeing Board areas. Patients can access Essential and Advanced services, including dispensing from any pharmacy in the UK.

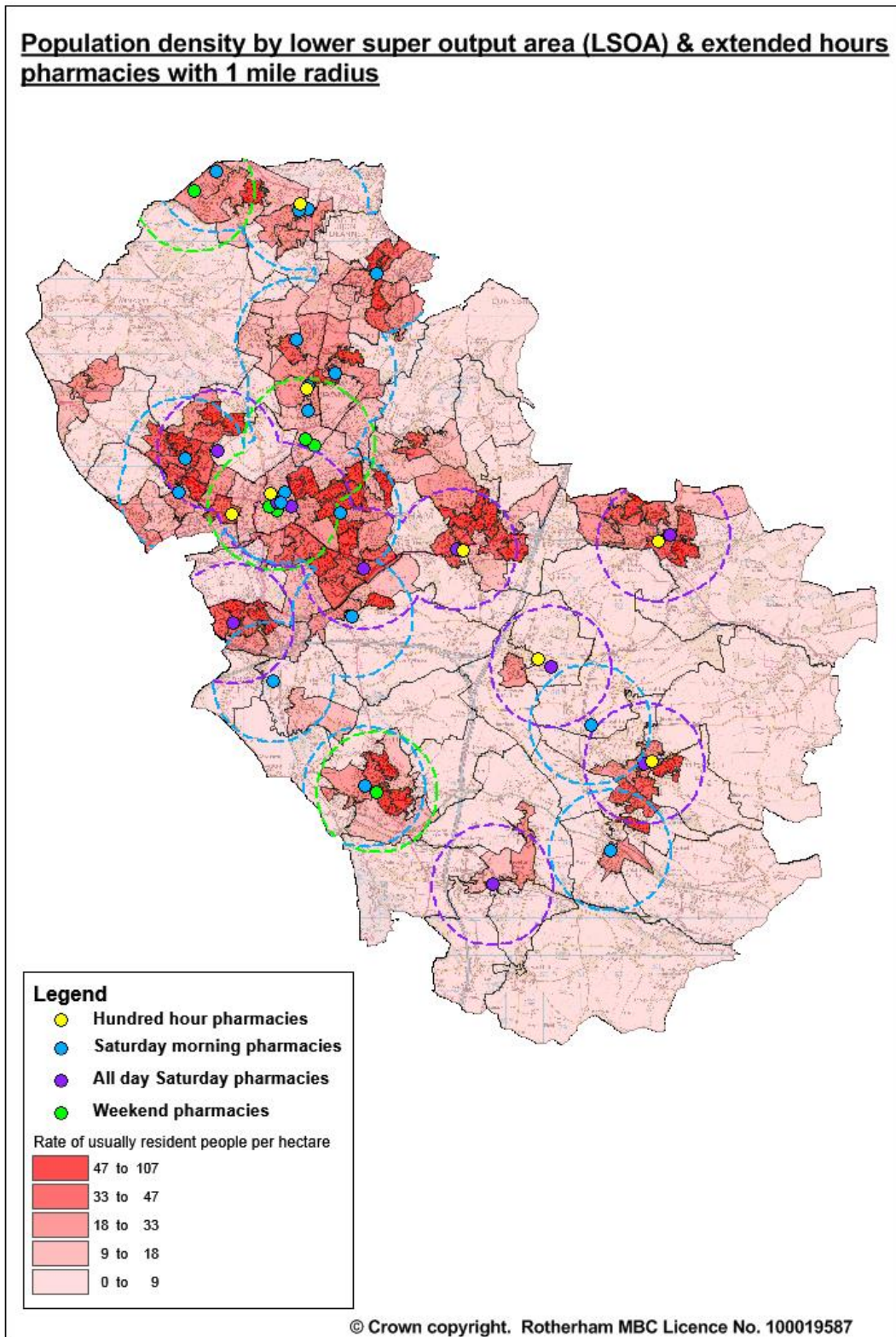
Enhanced or Local Commissioned Services have specific criteria which usually restricts the services to their GP registered population.

Pharmacies that Rotherham residents use for dispensing were identified using ePACT data from April 2013 to March 2014. Pharmacies outside Rotherham whose dispensing quantities appeared in the Top 100 places Rotherham's prescriptions were dispensed were determined significant.

The map shown in *figure 2* identifies those pharmacies in neighbouring HWB areas which provide a significant contribution to the Essential and Advanced pharmaceutical services to Rotherham residents.

Out of the 18 services identified, one is an appliance contractor. This contractor, along with an Internet Pharmacy, is not identified on *figure 2* as it does not fall with the immediate vicinity of the Rotherham boundary.

Figure 2 Opening Hours of Rotherham Community Pharmacies



## **8. Current 'Advanced' Pharmacy Service provision**

### **a) Consultation Room Provision**

Pharmacies are able to provide a number of additional services that include face-to-face consultations, if they are able to provide an appropriate consultation room. Consultation rooms must meet the following national requirements.

- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- The consultation area should be where both the patient and pharmacist can sit down together.
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.

Rotherham has 61 (97%) community pharmacies that have consultation rooms (RMBC data June 2014).

### **b) Medicines Use Review and Prescription Intervention Service (MUR)**

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions, such as Diabetes, CHD, and COPD. The MUR process attempts to establish a picture of the patient's use of their medicines - both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to their GP where there is an issue for them to consider.

Rotherham has 61 (97%) community pharmacies which offer the MUR service.

### **c) Appliance Use Review (AUR)**

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.

- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Rotherham has 5 Community Pharmacies that provide this service. In addition one Distance Selling/internet pharmacy and an Appliance contractor based in Rotherham offer this service.

#### **d) New Medicines Service (NMS)**

The New Medicine Service (NMS) is the latest nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed.

The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new medicines for Long Term Conditions (LTC) in order to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

Additionally the service will help patients:

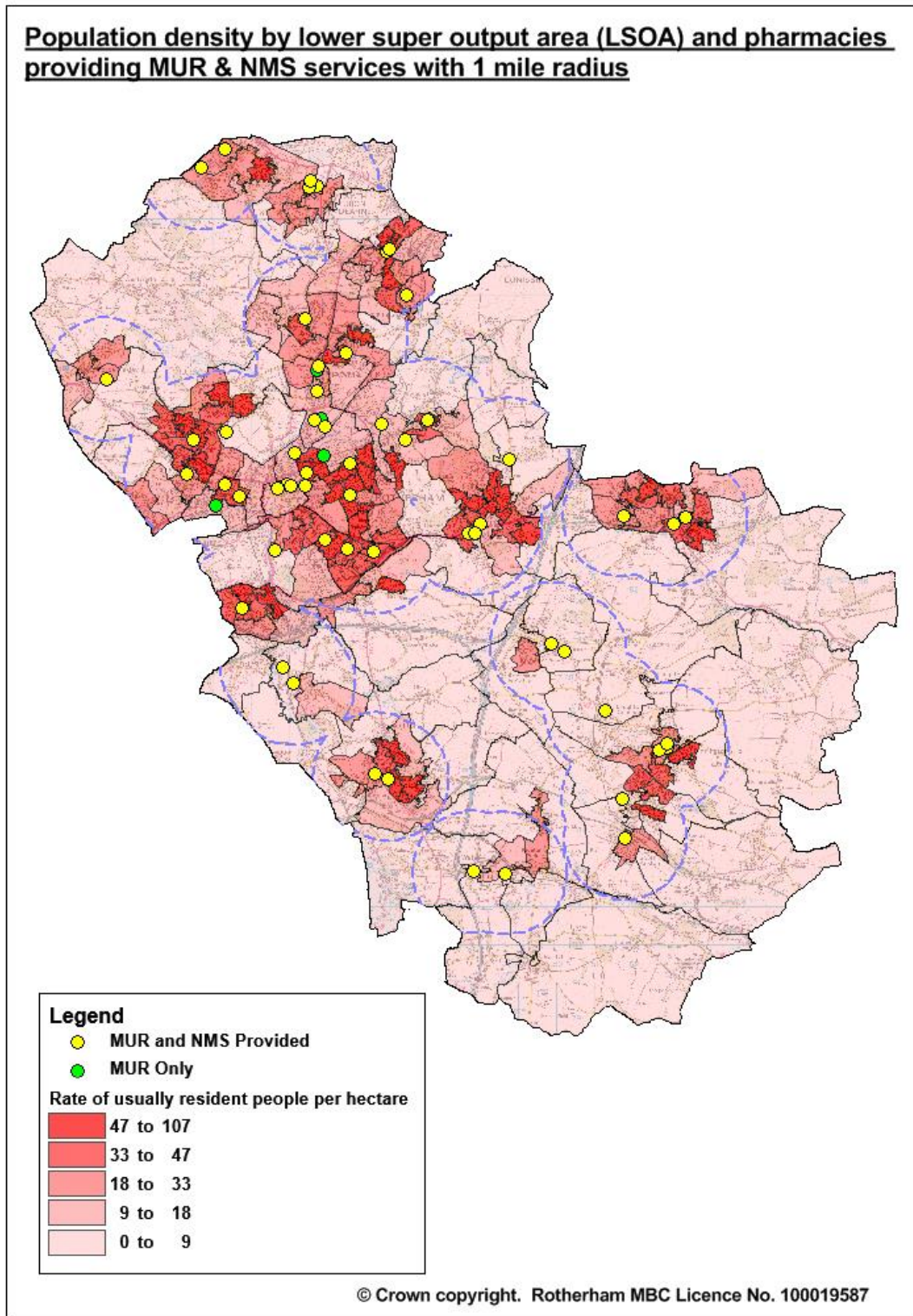
- Make informed choices about their care
- Self-manage their LTC
- Adhere to the agreed treatment programme
- Make appropriate lifestyle changes

Rotherham has 60 (95%) community pharmacies that provide this service (RMBC data June 2014).

The map in *figure 3* shows the distribution of Pharmacies which provide the MUR service and both the MUR and NMS services and the immediate population they serve compared to population density figures (which closely resemble the pattern for Multiple Deprivation Indices. This has been approximated by plotting an average aerial distances of one mile for all pharmacies.



Figure 3 Map showing location of pharmacies providing the MUR and NMS Services



## 9. Locally Commissioned Services

### a) Minor Ailments Service (Pharmacy First)

The Minor Ailments Service in Rotherham is called Pharmacy First.

The aim of this service is to improve access and choice for patients wishing to consult a healthcare professional in relation to a range of minor conditions. The service provides improved access to both advice and treatment for minor conditions and ensures a consistent, evidence-based message is delivered to patients

Patients that don't normally pay NHS prescription charges receive medicine supplied under the Pharmacy First scheme free of charge.

The conditions covered by the scheme are:

- Acute Cough
- Allergic Conjunctivitis
- Allergic Rhinitis (Hay fever)
- Common Warts And Verruca
- Constipation
- Diarrhoea
- Fever in Children
- Head Lice
- Infantile Colic
- Infective Conjunctivitis
- Scabies
- Threadworm
- Vaginal Thrush

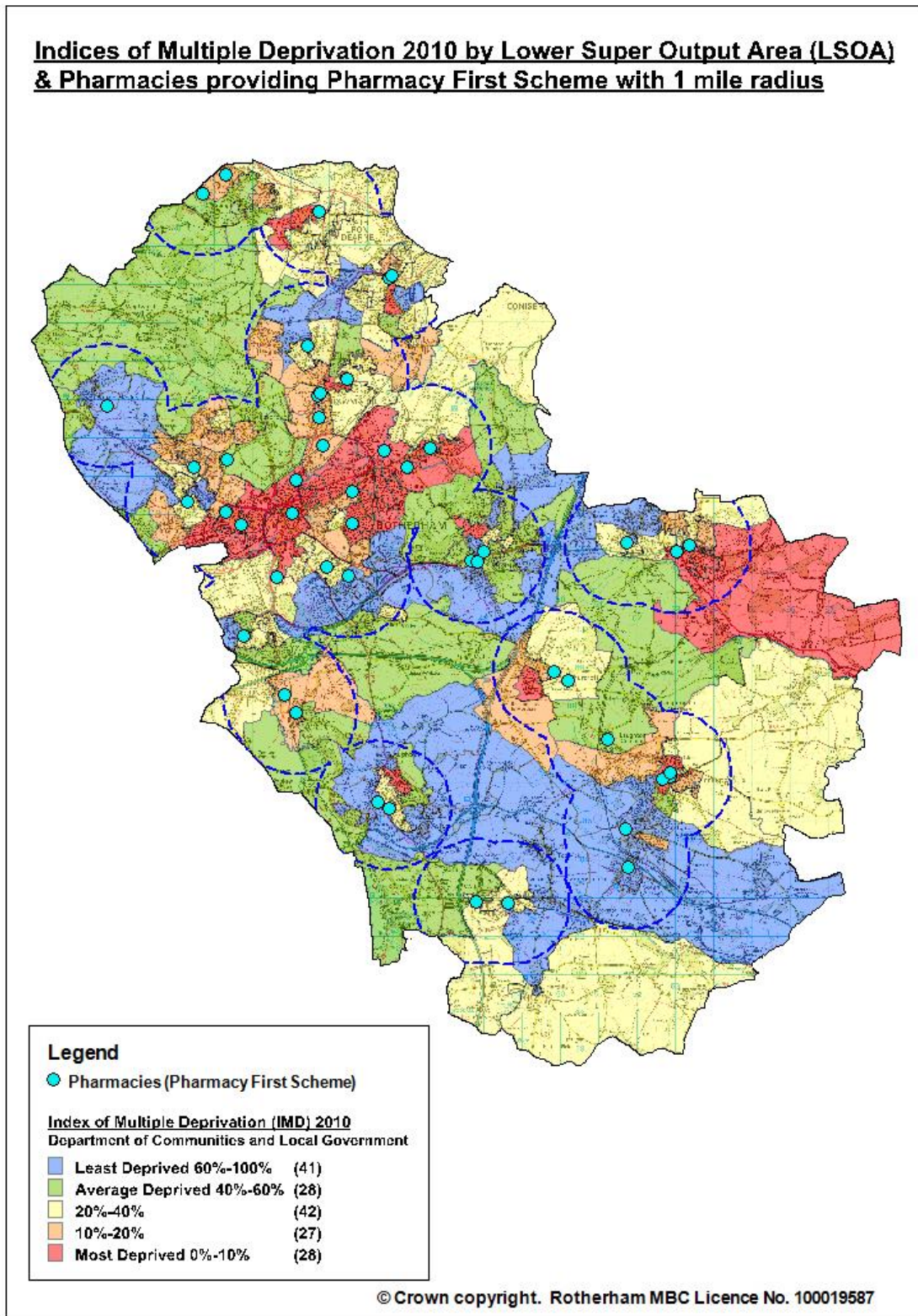
There are 50 (72%) pharmacies providing the Pharmacy First Scheme (RCCG data June 2014).

More details of service and the Pharmacies providing it are available on the Rotherham CCG Rotherham website. This service is commissioned by Rotherham CCG.

<http://www.rotherhamccg.nhs.uk/pharmacy-first.htm>

The map shown in *figure 4* shows the distribution of Pharmacies which provide the Pharmacy First Service and the immediate population they serve compared to the Multiple Deprivation Indices for deprivation (which closely resembles the pattern for population density across Rotherham). This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

Figure 4 Map showing location of pharmacies providing the Pharmacy First Scheme





## **b) Substance Misuse**

### **• Supervised Consumption**

Supervised consumption services support clients by ensuring compliance with agreed treatment plans.

Both methadone and buprenorphine (Subutex®) can be dispensed in specified instalments, where each dose is supervised to ensure the dose is correctly consumed by the service user for whom it was intended. Doses will be dispensed for the service user to take away to cover days when the pharmacy is closed.

Supervised consumption aims to reduce the risk to local communities of:

- Over or under usage of medicines
- Diversion of prescribed medicines onto the illicit drugs market
- Protect vulnerable individuals from pressure to relinquish their medication
- Accidental exposure to the prescribed medicines.

There are 58 Community Pharmacies (92%) providing supervised consumption services in Rotherham. (RMBC data June 2014)

### **• Needle Exchange**

Needle exchange services in Rotherham are now provided almost exclusively by Community Pharmacies. All Pharmacies providing Needle Exchange also provide the Supervised Consumption service.

There are currently 16 (25%) needle exchange pharmacies in Rotherham. (RMBC data June 2014)

Clients use multiple outlets and are able to exercise choice in the services they access. Pharmacies work in conjunction with the Drug Service and are provided with advice, support and have regular visits from the Drug Service Team. One pharmacy, central to Rotherham also hosts drug workers sessions three times each week.

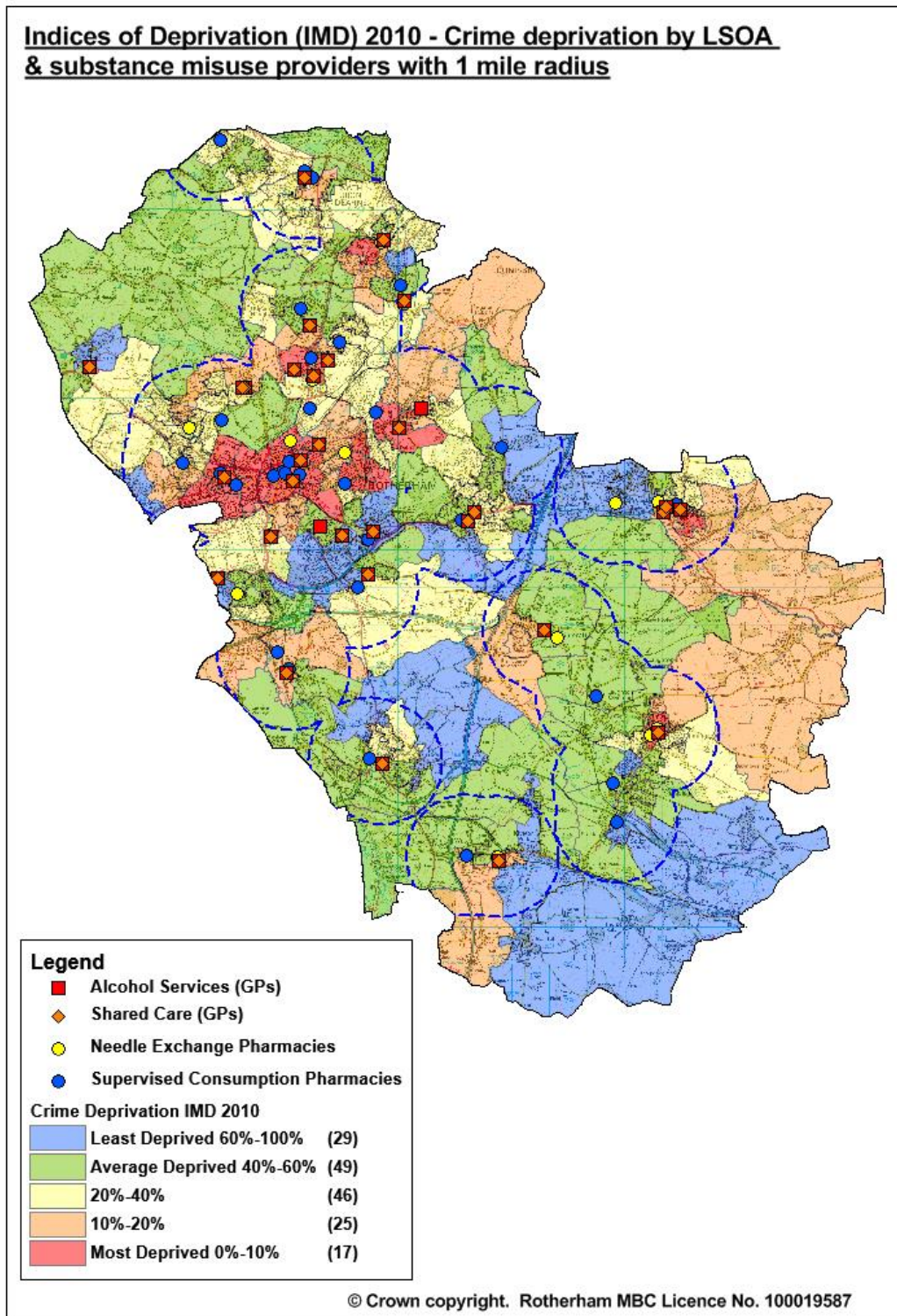
The map shown in *figure 5* shows the distribution of Community Pharmacies which provide both the supervised consumption and needle exchange services and the immediate population they serve. This has been approximated by plotting an average aerial distance of one mile for all pharmacies. The background map shows Crime Deprivation figures from 2010. Substance misuse issues have a strong relationship with areas of high crime rates. (*Public Health England Alcohol and Drugs JSNA Supporter pack Rotherham November 2013*)



In addition related Shared Care services provided by accredited GPs are also depicted to demonstrate the overall coverage of these services.

Both the Supervised Consumption and Needle Exchange services are commissioned by RMBC

Figure 5 Map showing location of pharmacies providing the Substance Misuse Services



### **c) Emergency Hormonal Contraception (EHC)**

Community Pharmacy is an important provider of sexual health services to young people in Rotherham. The enhanced service reflects the Department of Health guidance and promotes an integrated approach.

The EHC service incorporates:

- Emergency Hormonal Contraception and related advice.
- Information and signposting.

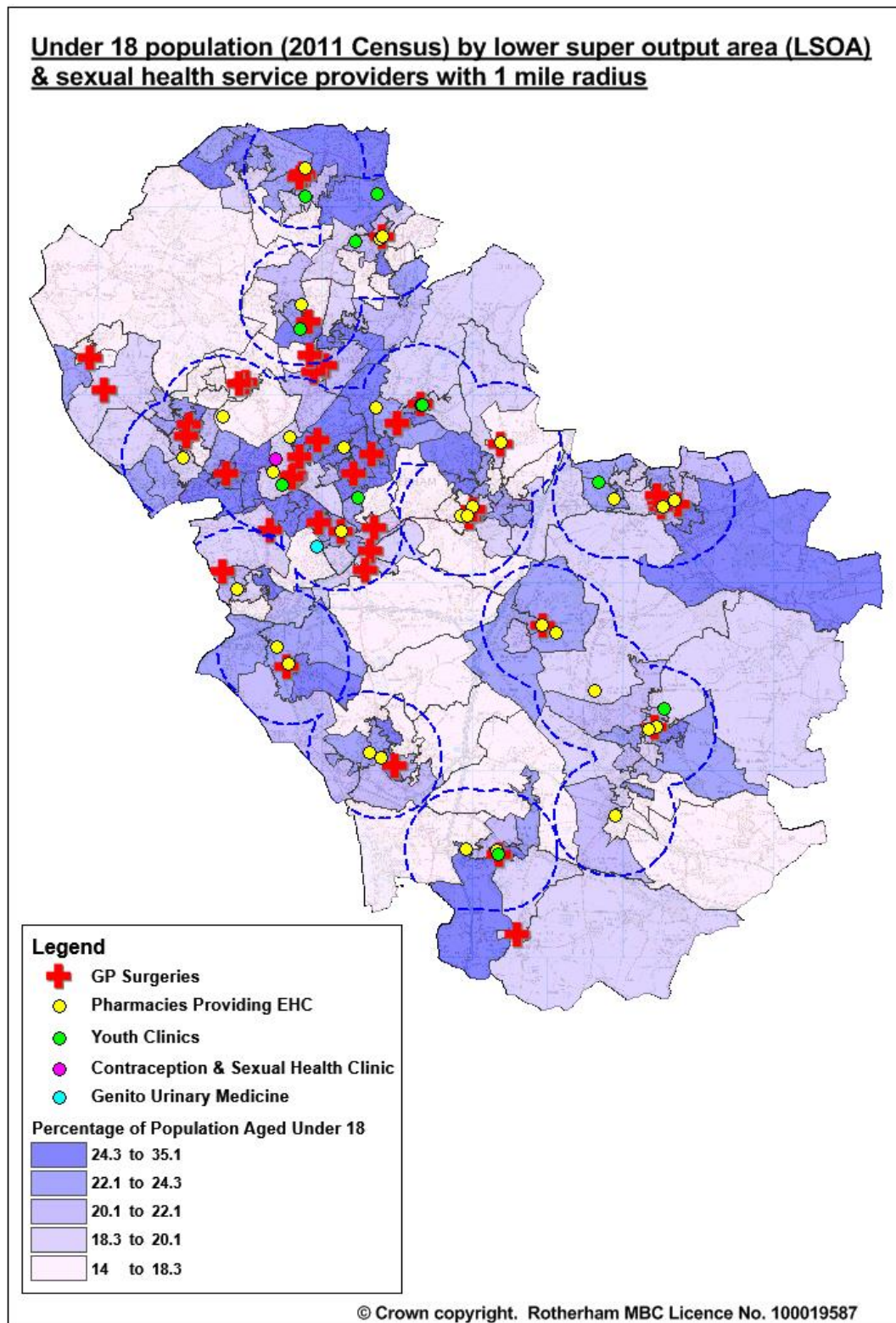
Safer sex messages are crucial in improving the health of sexually active young people in Rotherham and contribute to the multi- agency approach that helps reduce the rate of unwanted conceptions and pregnancies.

There are currently 33 (52%) Community Pharmacists that provide the EHC service (RMBC data June 2014). This service is commissioned by Rotherham MBC.

The map shown in *figure 6* shows the distribution of Community Pharmacies which provide EHC and the immediate population they serve compared to the levels of the population under 18. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

In addition similar services provided by GP practices, Youth Clinics and specialist Clinics are also depicted to demonstrate the overall coverage of these services.

Figure 6 Map showing location of Sexual Health Services



#### **d) Palliative Care Drug Provision**

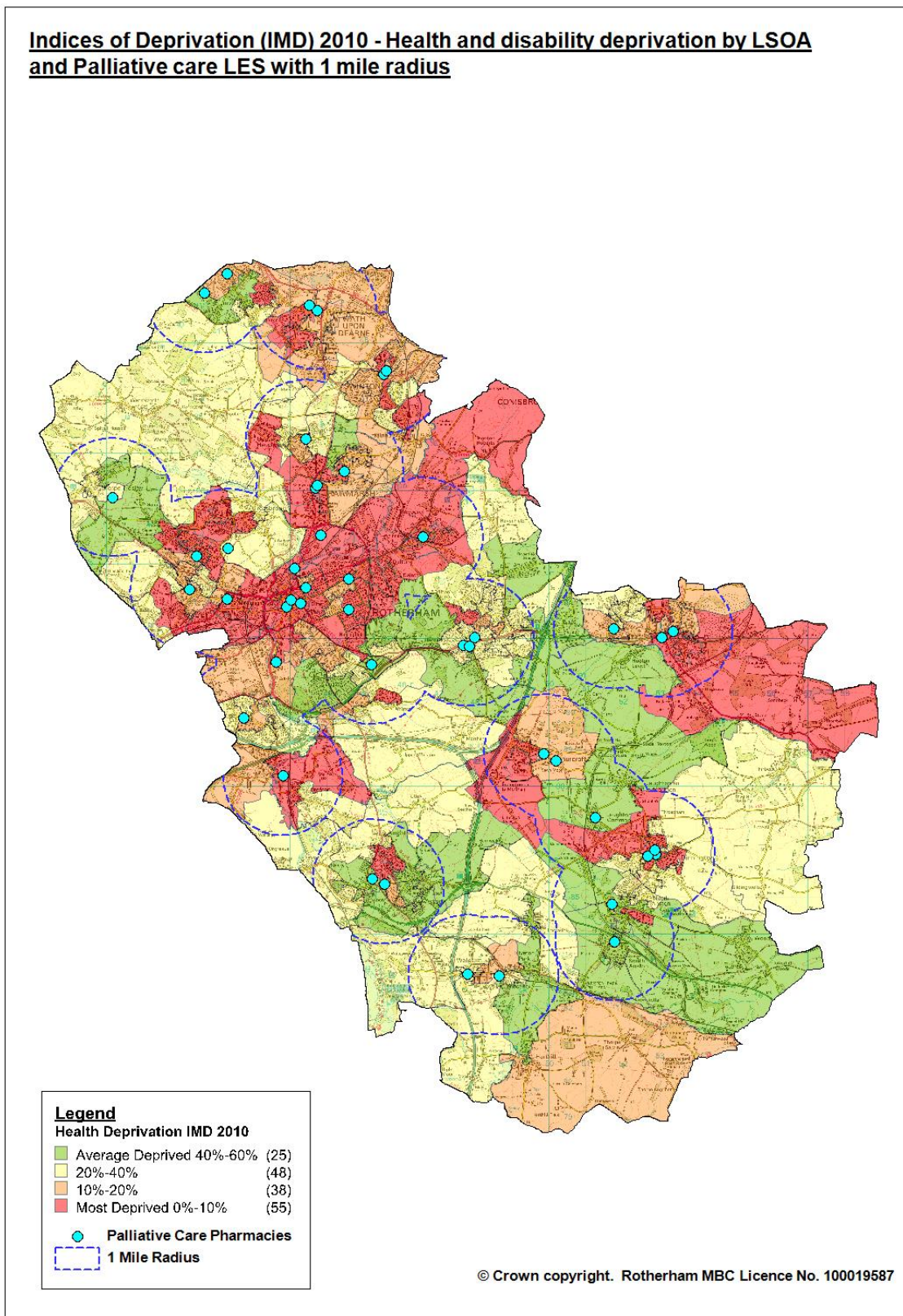
Palliative Care Drugs are specialist medicines that are not routinely available in all community pharmacies. The aim of the palliative care drug provision service is to ensure the availability of palliative care drugs across Rotherham. The service improves access to palliative care medicines for patients, carers and healthcare professionals when they are required, in order to ensure that there is no delay to treatment whilst also providing access and choice. Improved clinical management of end of life care and anticipatory prescribing reduces the need to access palliative care medication out-of-hours.

There are 47 pharmacies (68%) that provide the Palliative Care service (*figure 6*) (Rotherham CCG data June 2014). This service is commissioned by Rotherham CCG.

The map shown in *figure 7* shows the distribution of Pharmacies which provide the Palliative Care Service and the immediate population they serve compared to Health and Disability deprivation levels. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.



Figure 7 Map showing location of Palliative Care services



## 10. Non-commissioned services provided by Pharmacies

Most pharmacies provide additional services, which are either free of charge or provided for a fee depending on the either the service or the level to which patients require advice, products or support.

Pharmacies advertised these services though the pharmacies themselves and or via websites

Each pharmacy will have its own set of criteria for a service and /or to which point a charge may occur. In Rotherham these include:

**Home Delivery and Prescription Collection Services:** Are offered to patients to varying degrees at community pharmacies across Rotherham. Housebound patients and those with large, bulky prescription items are offered this at no charge by the majority of pharmacies.

**Community Dosage Systems:** Pharmacies can provide a variety of aids and advice to patients to support them in making it easier for patients to take medications and remember their medications. This may be undertaken by a formal assessment. Depending on the outcome, a community dosage system (or tablet tray) may be recommended. If it is determined by the pharmacist a dosage system is most appropriate option, medicines will be dispensed this way at no cost to the patient. Some pharmacies offer this service to other patients either free or at a small charge if they simply find this method of dispensing convenient.

**Travel Advice and Medication:** Travel advice and medications for the prevention of travel related illnesses are available in varying degrees across Rotherham. Depending to the individual's requirements, medications to prevent malaria can be purchased. Travel vaccinations such as Yellow fever, may shortly be available in the area through pharmacies.

**Blood Pressure and Healthy Heart Checks:** Pharmacies across Rotherham offer combinations of tests. These can include:

- Blood pressure, blood glucose and cholesterol measurement
- Calculation of Body Mass index (BMI)

In conjunction with lifestyle consultations and medical and family histories, they can provide specific guidance and advice to patients to improve their health or refer patients to the healthcare providers. Weight management support is often available through Rotherham pharmacies.

*(Data: Pharmacy own websites –accessed September 2014)*

## **F: Access to NHS Services**

The following NHS services are deemed to affect the need for Pharmaceutical Services within Rotherham

### **1. GP and Dispensing Doctor 'Out-of-Hours' service provision**

There are 36 GP practices (including 4 Dispensing Doctors surgeries) in Rotherham (NHS England June 2014)

Rotherham has less than the national average of GPs per 100 thousand head of population. Rotherham has approximately 58 GPs compared to the national average of 68 (*Source May 2013: NHS Health and Social Care Information centre statistics [www.hsci.gov.uk](http://www.hsci.gov.uk)*).

Personal administration of items by GPs reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses, saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.

Care UK provide and 'Out-of Hours' GP service specifically for those who have an urgent need, and cannot wait until surgery opening hours. They are open Monday to Friday from 6.30pm to 8.30am, and for 24 hours at weekends and during bank holidays. It is accessed by patients calling their normal GP's normal telephone number. More information is available via:

<http://www.careuk.com/rotherham-out-hours>

### **2. Hospital Pharmacies**

Rotherham is service by one main Hospital, the Rotherham NHS Foundation Trust. The main Rotherham Hospital site is situated two miles south of Rotherham town centre within close proximity to the M1 and M18 motorways. They operate a large number of community services out of other sites across Rotherham including Rotherham Community Health Centre, close to the town centre.

There are two pharmacies located in Rotherham General Hospital who do not hold contracts to dispense regular prescriptions (FP10s). They are registered Pharmacies with the General Pharmaceutical Council (GPhC), the governing body for all pharmacies.

One mainly dispenses out-patient hospital prescriptions; however they do sell a small range of Over the Counter (OTC) medications. They stock specialised



Prescription Only Medications (POM). The other pharmacy provides a wide selection of OTC medicines for the public to purchase and provides advice on medications; therefore reduce the demand for Essential pharmaceutical services.

### **3. Alcohol and Drug Misuse Services**

Rotherham MBC Drug and Alcohol team work in partnership with other key stakeholders including General Practitioners, the criminal justice system, Health Professionals, users and carers.

**Alcohol Misuse:** GPs and specialists alcohol workers employed by RDaSH provide a primary care alcohol service as part of the Rotherham alcohol treatment service. There are 34 GP practices (94%) that are providing the alcohol screening programme via a local commissioned service (RMBC data July 2014)

**Shared Care:** GPs and specialists drug workers employed by RDaSH provide a primary care service as part of the Drug Misusers treatment service. There are 31 GP practices (86%) that are providing the Shared Care via a local commissioned activity (RMBC data July 2014)

There is a comprehensive consultant led specialist service, Clearways which is located in the town centre.

Rotherham's main source of advice, information and resources for young people, their parents/carers and professionals on Alcohol and its associated issues is the Call it a night website

More information on can be found at:

<http://www.callitanight.co.uk/>

### **4. Obesity Services**

Rotherham services are currently under review. At this point in time services available as part of Rotherham's Healthy weight framework. This is a trier approach which addresses various needs of patients. Rotherham residents are provided by Rotherham Institute for Obesity (RIO), Reshape Rotherham the Carnegie Clubs.

More details are available via the RMBC website:

[http://www.rotherham.gov.uk/info/200048/health\\_and\\_wellbeing/599/get\\_help\\_looking\\_after\\_your\\_weight](http://www.rotherham.gov.uk/info/200048/health_and_wellbeing/599/get_help_looking_after_your_weight)

## 5. Healthy Start Vitamins

Healthy Start is a means tested scheme to give families the very best start in life.

Women and children getting Healthy Start food vouchers are also entitled to free vitamin supplements.

Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children. Two bespoke Healthy Start branded products are available; Healthy Start children's vitamin drops and Healthy Start Vitamins for women.

Healthy Start vitamins are offered in the 21 Children's centres across the Rotherham borough. This provides families with the opportunity to collect their vitamins from their local community.

More information on Healthy Start can be found at

<http://www.healthystart.nhs.uk/healthy-start-vouchers/>

## 6. Sexual Health Services

**S Word Rotherham:** Help72 forms part of Rotherham's Sexual Health and Teenage Pregnancy Strategies and is an element of the 'S Word' Services, which are aimed at improving access to EHC with a view to reducing unplanned pregnancies.

The Contraception and Sexual Health services commissioned for Rotherham include a wide variety of Clinics and Out-reach services, which are tailored to specific populations. They include: Youth Start, CASH and Call it a Night

More details are available via the S Word website

<http://www.s-wordrotherham.co.uk/>

## 7. Prescriber Support Service

Rotherham Medicines Management Team (MMT) (currently part Rotherham CCG), support all aspects of Practice Prescribing, offering advice and support to practices. They produce local guidelines in accordance with NICE and other national guidelines working closely with Rotherham Foundation Trust and RDaSH. The team provide medicines information support to GP Practices, Rotherham Health Community Services and on occasion Community Pharmacies.

Rotherham NHS Foundation Trust (RFT or Rotherham Hospital) Pharmacy Department also provide support through their Medicines Information Services to

both primary and secondary care medical teams, nursing, pharmaceutical and other NHS staff as well as patients.

## **8. Medication Review Service**

Rotherham CCG has a Medicines Management Team who provides a range of services. When practices require a medicines review for their patients e.g. In specific therapeutic areas, patient groups or for individual complex or unusual patient need then they are able to provide this service.

## **9. Gluten Free Food Supply Service**

The provision of Gluten Free food products and nutritional supplements (including specialised feeds) to Rotherham residents is provided by the Dietetic service based at The Rotherham Foundation Trust.

Vouchers, similar to prescriptions, are issued by the service. They can be dispensed by any pharmacy, just like a prescription. The service is commissioned by Rotherham CCG.

## **10. Stoma and Continence Services**

In Rotherham most continence and stoma appliances are prescribed by specialist nurses working in a centralised service. This service issues the patient with a regular prescription (FP10) for the necessary products. The prescription is sent to a Dispensing Appliance Contractor (DAC), if the patient requests. The patient has the choice of which dispensing services is used.

## **11. Mental Health Services**

A single point of access is available to the specialist mental health services where referrals are reviewed and allocated according to their need for the most appropriate follow-up from the service.

Rotherham CCGs largest mental health contract is with Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) providing Children and Adolescent Mental Health Services (CAMHS), adults and older people's mental health services.

Other services are provided by Sheffield Care and Social Care Trust (SHSC) and South West Yorkshire Partnership Foundation Trust (SWYPFT) and though the voluntary sector.

## 12. Translation Services

Translation or Interpretation services in Rotherham are commissioned by NHS England from two providers and can be accessed by healthcare professionals.

- Sheffield Community Access and Interpreting Service (SCAIS) for language assistance and interpreters.
- Action on Hearing loss for Sign language and interpreter services.

## **G: Pharmaceutical Services – Future Provision**

### **1. Necessary Pharmaceutical Service - Gaps in Provision**

#### **a) General Access**

Rotherham is well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100 thousand head of population. The availability of community pharmacies across the borough is adequate and necessary to meet need.

NHS Rotherham patients can access supplies of appliances from a range of appliance contractors who are based in Rotherham. Community pharmacies within Rotherham also supply appliances.

The Contractual Framework for Community Pharmacies require them to have monitoring arrangements in respect of compliance with the Disability Discrimination Act 1995 in place (in terms of facilities and patient assessments), thereby pharmacies that do not have wheelchair access have another mechanism of enabling access.

There are no known access problems to pharmacies for patients with disabilities.

Patients choose where they have their prescriptions dispensed. This includes any available registered internet pharmacy. Rotherham has six distance selling pharmacies; however there are other internet pharmacies outside the boundaries of Rotherham which are used by some Rotherham registered patients.

Rotherham residents currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within Rotherham the 63 Community pharmacies are operated by 26 different contractors, and one DAC. Outside of the area residents chose to regularly access a further 18 pharmacies.

Based on the information available at the time of developing this PNA no current gaps in the provision of Essential Services have been identified

#### **b) Weekend and Extended Hours**

Community pharmacies in Rotherham are accessible and offer extended opening times (often late into the evenings or at weekends) to suit patients and consumers, including 100 hour pharmacies that give good geographical cover.

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services outside normal working hours have been identified

**c) Access to Advanced and Enhanced Services**

NHS England may commission these services. There are currently no Enhanced services in Rotherham. Both the MUR and NMS services are provided by most pharmacies in Rotherham. Although very few pharmacies provide either the Advance Services associated with medical appliances, Rotherham has an overarching Stoma and Continence service that encompasses these elements.

Based on the information available at the time of developing this PNA no current gaps in the provision of Advanced or Enhanced Services have been identified

## 2. Improvements and Better Access to Pharmaceutical Services

### a) General Access

The areas of Thorpe Hesley and Thrybergh are less well served than other localities with reduced local access to Essential and Advanced pharmaceutical services. There may be a need for longer opening hours particularly at weekends.

The residents of Todwick, although sit outside a 1 mile aerial radius of any pharmacy and have restricted access to pharmaceutical services, have good transport links, both private and public to nearby health services. A recent pharmacy application for the area, looked in to the needs of the residents in great detail and the application was considered to not to provide better access to pharmaceutical services.

To improve communication to both the public and other Healthcare professionals all pharmacies should make full use of NHS choices to promote their services.

Community pharmacies should be encouraged to ensure that their opening hours reflect the needs of the population and GP practice opening hours.

Based on the information available at the time of developing this PNA there are two towns within Rotherham that pharmaceutical service provision may improve upon for Essential and Advanced Service by existing pharmacies opening over the weekend.

### b) Emergency Planning

Services required in any future event will depend on the nature of the emergency. Rotherham contractors have demonstrated in the past years, that they can respond to the local needs of patients and provide a network of professionals to deliver effective services.

Rotherham MBC have sort expressions of interest from Rotherham Pharmacies and have 30 pharmacies across the borough ready to work with the Public Health team in developing Emergency planning services. It would be useful to for pharmacies to share business continuity plans with commissions, particularly Rotherham MBC for the purposes of inclusion of pharmacies in emergency planning activities.

### **c) Minor Ailments (Pharmacy First)**

There is wide spread coverage of the Pharmacy First service, however, Kilnhurst, does have this service. Although patients can access treatment from other pharmacies and by GP prescription, this area has one of the highest deprivation indices and population rates in Rotherham. There is a pharmacy in Kilnhurst, therefore NHS Rotherham CCG should look to working with the existing contractor improve access to this service.

Kilnhurst is relatively close to the borough of Doncaster however similar neighbouring services may only be accessed by their residents and not Rotherham residents.

### **d) Substance Misuse Services**

- Supervised Consumption

The provision of supervised consumption of methadone and buprenorphine (Subutex®) is widespread across the borough; no additional need for provision has been identified.

- Needle Exchange

Although Rotherham has a more extensive coverage for needle exchange having increased greatly over the last few years, there is one area, Greasbrough that would benefit from the provision of a needle exchange service.

The basis for this recommendation is based on previous audits and represents areas with significant numbers of substance misusers living within them who have to travel outside their area to access the service. RMBC will continue to work with pharmacies in these areas to provide greater choice to clients.

### **e) Sexual Health Services**

Overall the provision on the Emergency Hormonal Contraception Service (EHC) via Community Pharmacies is poor. In Canklow, Thorpe Hesley, Brampton and Kilnhurst, through East Rawmarch to Parkgate, there is very little access to any service. There are Community Pharmacies in all these areas which do not offer an EHC service. Although patients can access treatment from other pharmacies and clinics, these areas have some of the highest under 18 years' populations in Rotherham and high levels of deprivation. RMBC Public Health Team intends to work with existing Community Pharmacy contractors to address these gaps.



Doncaster and Sheffield Community Pharmacies provide a similar service, however neighbouring services may be subject to restrictions. The Rotherham MBC service is available free of charge to *all* age groups.

Subject to the provision of appropriate infrastructures, existing pharmacies not currently providing the EHC service should be encouraged to do so to improve access.

**f) Palliative Care Drug Provision**

Existing pharmacies not currently providing the Palliative Care Service should be encouraged to do so to increase access.

**g) Pharmaceutical Advice to Nursing and Residential Homes**

Older people in Care Homes are at greater risk of medication errors than most other groups. It is important that patients get the medicines they need when they need them and in a safe way. Across Rotherham there are over 70 residential or nursing homes.

The *Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people*".(CHUMS) October 2009 report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in England. The study determined the prevalence of errors in these specific aspects of the medicines system.

Anecdotal information collected during the development of this PNA strong suggests that this is the case for Rotherham residents and that there is considerable scope for improvement in how medicines are dispensed, administered and monitored for patients in residential care and nursing home settings.

The previous 'enhanced service' to support nursing and homes provided by pharmacies, was not continued nor reviewed as recommend in the previous PNA (January 2011) and was identified gap in service provision.

Based on the information available at the time of developing this PNA there is scope for the development of a Locally Commissioned Pharmaceutical service to provide additional Medicines Management Support to Residential and Care Homes

### 3. Future Health Needs

#### a) Population

The key population changes anticipated in Rotherham are the ageing population and the increase in the non-white population. The number of people over 65 is anticipated to increase by approximately 30% by 2025 and the number of over 85s is anticipated to increase by 60%. This will be associated with an increase in people with dementia (50%) and people with social care need (increase of 25% by 2018).

Overall, the target is for 958 new homes to be built in Rotherham each year, however due to market conditions it is more likely that the figure will be in the region of 700.

- **Waverley Community**

An application for approximately 4000 homes and 60,000 square metres of government office accommodation was approved by RMBC Planning Committee in January 2010.

The overall programme at Waverley could take up to 25 years to complete. It is currently estimated that the new Waverley Community will contain up to 3890 new homes, however this could reduce slightly due to the introduction of the High Speed Rail network through the area.

Approximately 180 homes are expected to be to be built each year. The new homes are proving to be very popular and as demand increases, this rate may accelerate to 200-250 per year. As of August 2014, 198 people are currently living at Waverley. It is therefore not anticipated this new community will need additional local health services within the scope of this assessment.

- **Bassingthorpe Farm Communities**

A second new, large-scale community is planned for the Bassingthorpe Farm site. This will be included in the RMBC Core Strategy in September 2014 and if approved, master planning will be carried out over the next 2-3 years. 2,400 homes are planned here at a build rate of 150-200 per year.

Rotherham MBC is unable to estimate the pharmaceutical needs of either of these communities at this early stage.

Based on the information available at the time of developing this PNA no gaps in the need for Essential, Advance or Enhanced Pharmaceutical Services in the specified future have been identified or would they provide improved access and choice.

#### **4. Development of Pharmaceutical Services**

The PNA will be used as a tool in commissioning decisions for new pharmaceutical services, where the clinical resource within community pharmacy can be used to maximum effect in meeting the health needs of the Rotherham population and after a holistic review of service provision from all providers. New services or expansion of current services will be dependent on contractor performance on existing services and Rotherham MBC or Rotherham CCG having sufficient financial resources.

There is scope to design and commission a range of new services to be delivered in a community pharmacy setting such as NHS health checks.

These services could either give greater access, where these types of services are already being delivered by other healthcare professionals, or result in service re-designs to maximise efficiency savings and improve the quality of patient care.

##### **1. Public Health Campaigns**

One of the essential services that all pharmacies provide is the promotion of healthy lifestyle. Pharmacies are required to deliver up to 6 Public Health campaigns through-out the year to promote Healthy Lifestyles, although these campaigns are directed by local NHS England Team, Rotherham HWB would expect them to reflect the Public Health priorities for Rotherham.

- Alcohol
- Smoking
- Obesity
- Dementia
- Mental Health
- Physical Activity

##### **a) Making Every Contact Count**

Making Every Contact Count (MECC) is an evidence based framework that looks at disease prevention and lifestyle behaviour change. A significant difference can be made through directing people to local services, brief interventions for behaviour change and through intensive actions throughout the public sector. MECC creates the potential to put behaviour change at the centre of every customer contact.

The aim of MECC is to use each contact with a customer to offer the appropriate opportunistic brief advice in support of behaviour change. The principles of MECC fit with the Public Health Campaigns and Signposting elements of the Pharmacy Contract.

## **b) Dementia**

Dementia affects everyone differently. No two people with dementia are the same. Anybody can become a Dementia Friend. It's about understanding a bit more about dementia and the small things people can do to help people with the condition.

When a person has dementia it is important that they are encouraged and supported to look after their physical and mental health, for example eating healthily, taking part in physical activity, keeping warm, limiting alcohol consumption, stopping smoking and enjoying hobbies and interests. The same is true for carers of people with dementia.

Pharmacies can:

- Become Dementia friendly pharmacies <http://www.alzheimers.org.uk>
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption and maintaining a healthy weight.
- Providing advice and support to carers, signposting people to services and groups within their community.
- Promote the Seasonal influenza vaccination for people with dementia and their carers.
- Become a Dementia Friend

Dementia Friends learn a little bit about what it's like to live with dementia and turns that understanding into action.

<https://www.dementiafriends.org.uk>

Rotherham Dementia Action Alliance is already working with a local pharmacy chain to build on this to support patients and carers. They are working alongside organisations to encourage, stimulate and support them to develop dementia related action plans and related activities with the objective of developing a genuinely dementia friendly community. In addition Rotherham Public Health, RMBC are keen to support these processes through all Rotherham pharmacies

<http://www.dementiaaction.org.uk>

### **c) Know Your Limits**

Alcohol has become a normal and accepted part of life, but the amount of alcohol that can be drunk in a day without risking health is less than people might think. Drinkers often cram their drinking into a few sessions, usually on a Friday or Saturday night. However, this way of drinking can not only harm their health, but also put their personal safety and that of others at risk. It can also impact on relationships with family, friends and employers.

XXXXX

<http://www.knowyourlimits.info/>

### **d) Mental Health**

Everyone has mental health like we all have physical health. Wellbeing and good mental health are essential for each of us to reach our full potential. By promoting good mental health and building emotional resilience we can make improvements to peoples physical health, reduce the risk of mental health problems and suicide, promote recovery from mental health problems, reduce risk taking behaviour, improve employment rates and productivity, reduce anti-social behaviour and criminality and increase levels of social interaction and participation.

To promote improved mental health and wellbeing within the general population, a combination of universal approaches which raise awareness and understanding and reduce the stigma around mental illness. There is the need to identify those people within the local population most at risk of developing mental health problems and to develop and target health promoting interventions directly to them.

Pharmacies can:

- Signpost to mental health services and support groups in the community
- Provide advice and support to carers, signposting them to services and groups within their community.
- Promote the Seasonal influenza vaccination for people with mental health problems and carers.
- Sign up to the Time to Change campaign

<http://www.time-to-change.org.uk/>

## **2. Influenza Vaccination**

Influenza vaccine has been recommended in the UK since the late 1960s and had been provided by the NHS to a variety of patient groups in Rotherham through pharmacies since 2010.

During the seasonal influenza vaccination campaign period for 2014-2015, pharmacy staff will identify people who fall within the agreed target groups who are a priority for influenza vaccination and will encourage them to be vaccinated, making that offer during the period from 1st August to 31st March.

The purpose of the Community Pharmacy Seasonal Influenza Vaccination Service is to ensure that patients have choice of where to access flu vaccinations and offer extended range of venues and times available. It is an extension of the GP service.

Patient eligible to receive the service are:

- people over 65 years
- adults aged from 18 – 65 years in a specified risk group
- pregnant women
- carers

Eligible patients who do not have any contra-indications to vaccination will be offered vaccination by a pharmacist at NHS expense.

This service will be commissioned as an Enhanced service by NHS England.

As of August 2014 35 pharmacies in Rotherham have expressed an interest in providing this service.

## **3. Stop Smoking Support**

Stop smoking support in Rotherham is taking on a more holistic approach than in previous years and is currently in roll out.

Pharmacies will be taking part in the comprehensive service by providing evidence based stop smoking support to people who are motivated to quit.

Four tiers of support will be offered. All clients will be assessed and triaged into appropriate treatment programmes. Taking the following factors into account:

- Level of addiction using a recognised assessment tool
- Socio-economic classification
- Previous quitting and medical history
- Key target groups agreed with the commissioners

Where appropriate referral to other public health services such as weight management, health trainers, and NHS health checks will be offered and

documented. Advice on smoke free homes and cars is a key component of every client interaction.

The service is jointing commissioned across South Yorkshire Public Health teams and will be available to Doncaster and Rotherham residents

## **H: Conclusions**

Community pharmacies in Rotherham are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on week days and at the weekend (often until late at night) without the need for an appointment.

Whilst there is no requirement for any new pharmacy premises in Rotherham to provide essential services, there are opportunities available to maximise existing and future Locally Commissioned Services.

Pharmaceutical services which are available need to be advertised more widely and there should be better access to and information about availability of services. By advertising and utilising the skills of community pharmacists significant health improvements can be made to help reduce health inequalities.

There is a need to communicate the range of Essential, Advanced and Locally Commissioned Pharmaceutical Services that each community pharmacy is able to provide.



## J: Sources

All references and web links current as of September 2014

- Association of Public Health Observatories health profiles (PHO)
- Active People Survey <http://www.sportengland.org>
- Cover Data Health Protection Agency [HPA]
- CHUMs Care Home Use of Medicines Study Report  
<http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhcp/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>
- ImmForm - Department of Health data collection website [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk)
- Health and Social Care Information centre <http://www.hscic.gov.uk/>
- Healthwatch Rotherham <http://www.healthwatchrotherham.org.uk/>
- NHS Choices <http://www.nhs.uk/Pages/HomePage.aspx>
- NHS England <http://www.england.nhs.uk>
- NHS England South Yorkshire and Bassetlaw Area Team Pharmaceutical List June 2014
- NHS Prescription Services [http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)
- NHS Rotherham Pharmaceutical Needs Assessment Patient Survey 2010
- NHS Rotherham CCG website <http://www.rotherhamccg.nhs.uk/>
- NHS Primary Care Commissioning <http://www.pcc.nhs.uk>
- Office for National Statistics <http://www.statistics.gov.uk>
- Pharmaceutical Services Negotiating Committee <http://www.psn.org.uk/>
- Rotherham Borough Joint Health and Wellbeing Strategy (2012-2015)  
[http://www.rotherham.gov.uk/info/200048/health\\_and\\_wellbeing/812/health\\_and\\_wellbeing\\_board/5](http://www.rotherham.gov.uk/info/200048/health_and_wellbeing/812/health_and_wellbeing_board/5)
- Rotherham Joint Strategic Needs Assessment 2014  
<http://www.rotherham.gov.uk/jsna>
- Rotherham Metropolitan borough Council Ward profiles  
<http://www.rotherham.gov.uk>
- The English Indices of Deprivation 2010  
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>

## **K: Appendices**

- 1. Consultation Reply Form**
- 2. Consultation Report**
- 3. Equality Impact Assessment (EIA) Screening Tool**
- 4. Supplementary Service Provision Map**
- 5. Key for Supplementary map (including Enhanced Services by Pharmacy)**
- 6. Glossary of Terms**

## Appendix 1 Consultation Reply Form

### Pharmaceutical Needs Assessment Consultation Reply Form

Responses can be completed and sent in online at

**Insert Link**

Alternatively please complete and return to:

Pharmaceutical Needs Assessment  
Public Health Team  
Rotherham MBC

Closing date for responses: **XXXXXXXXXX**

Any responses received after this date will not be included in the response report, but may be taken into consideration when the document is reviewed

Name	
Contact address including postcode	
Organisation representing (if appropriate)	
Email address	
Brief description of organisation (if appropriate)	

#### Freedom of Information

We will manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals with amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated

by your IT system will not, of itself, be regarded as binding on RMBC.  
 RMBC will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to departments within RMBC and / or published in a summary of responses to this consultation.

<b>I do not wish my response to be passed on to other departments within NHS Rotherham</b>	
<b>I do not wish my response to be published in a summary of responses</b>	

### Are you responding?

As a member of the public	
As a health or social care professional	
As a pharmacist / appliance contractor	
On behalf of an organisation	

### Area of work:

NHS		Trade Body	
Social Care		Independent Contractor to NHS	
Private Health		Manufacturer	
Third Sector		Supplier	
Regulatory Body			
Professional Body		Other (please give details)	
Education			
Trade Union			
Local Authority			

### If you are responding on behalf of an organisation, please indicate which type of organisation you represent:

NHS		Trade Body	
Social Care		Independent Contractor to NHS	
Private Health		Manufacturer	
Third Sector		Supplier	
Regulatory Body			
Professional Body		Other (please give details)	
Education			
Trade Union			
Local Authority			

**Consultation Comments and Views**

Rotherham Health and Wellbeing Board welcome comments and views from all interested parties on the draft Pharmaceutical Needs Assessment (PNA)

Q1. Do you feel that the purpose of the PNA has been explained sufficiently?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q2. Do you feel that the information contained within the PNA adequately reflects the current community pharmacy provision within Rotherham?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q3. Do you feel the needs of the population of Rotherham have been adequately reflected?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q4. Are you aware of any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA?

Yes / No      *please circle as appropriate*

If yes, please let us know which services.

Q5. Has the PNA given you adequate information to inform your own future service provision? (*Pharmacies only*)

Yes / No      *please circle as appropriate*

If no, please let us know why.

Q6. Is there any additional information that you feel should be included?

Yes / No      *please circle as appropriate*

If yes, please let us know which organisations should be contacted

Q7. Do you have any other comments?

Yes / No      *please circle as appropriate*

If yes, please let us know

*Thank you for contributing to the consultation process.*

A report of on the consultation will be including in the final document which is due for publication February 2015.

## **Appendix 2 Consultation Report**

A report on the consultation process will be included following its completion in December 2014



## Appendix 3 Equality Impact Assessment (EIA) Screening Tool

<b>Under the Equality Act 2010 Protected characteristics</b> are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity.	
<b>Name of policy, service or function. If a policy, list any associated policies:</b>	Pharmaceutical Needs Assessment (PNA)
<b>Name of service and Directorate</b>	Public Health (NAS) on behalf of the Rotherham HWB.
<b>Lead manager</b>	Sally Jenks
<b>Date of Equality Analysis (EA)</b>	Review date – June 2014
<b>Names of those involved in the EA</b>	Sally Jenks Joanna Hallatt
<p><b>Aim/Scope</b></p> <p>Since April 2013 Local Authorities have assumed responsibility for the production and maintenance of the PNA. The Health Act (2009) states the requirements for Local Authorities to publish the PNA as the basis for determining market entry to NHS Pharmaceutical Service provision. PNAs form the basis of market entry tests for pharmacy contract applications. As there is no “right of appeal” against a PNA, the risks of not following the published Regulations and Guidance could result in the Local Authority being taken to Judicial Review.</p>	
<p><b>What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?</b></p> <p>Information use to inform the production of this document has been sourced from:</p> <ul style="list-style-type: none"> <li>• The JSNA</li> <li>• The Director of Public Health’s Annual Report (2013-2014)</li> <li>• Public Health Rotherham</li> <li>• Pharmaceutical Service Providers</li> <li>• The Census</li> <li>• LPC</li> <li>• LMC</li> <li>• Healthwatch</li> </ul>	
<b>Engagement undertaken with customers. (date and group(s) consulted and key findings)</b>	<p>The following have commented and contributed or, been invited to comment and contribute to the draft consultation via the following meetings:</p> <ul style="list-style-type: none"> <li>• Stakeholder Involvement meeting (13/08/14)</li> <li>• Healthwatch Rotherham</li> <li>• LPC open meetings (00/00/14 - 11/09/14)</li> <li>• LMC open meeting (00/00/14)</li> <li>• RFT</li> <li>• RDaSH</li> <li>• Rotherham CCG</li> <li>• NHS England</li> <li>• Neighbouring HWB – Barnsley, Bassetlaw, NE Derbyshire, Doncaster, Nottinghamshire.</li> </ul> <p>No significant changes made to the draft document as a result of the pre consultation exercise.</p>
<b>Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings)</b>	<p>The draft consultation document has been to the following meetings:</p> <ul style="list-style-type: none"> <li>• Public Health DLT (15/09/14)</li> </ul>

	<ul style="list-style-type: none"> <li>• NAS DLT (16/09/14)</li> <li>• Cabinet Member: Education &amp; Public Health Services (16/09/14)</li> <li>• Health &amp; Wellbeing Board (01/10/14)</li> </ul> <p>No significant changes made to the draft document as a result of the pre consultation exercise.</p>
<b>The Analysis</b>	
<p><b>How do you think the Policy/Service meets the needs of different communities and groups?</b>  The PNA Regulations clearly outline the process for the engagement and consultation process. Healthwatch Rotherham is conducting the community consultation element.</p> <p>The guidance extends to publishing and availability for the consultation, see below:</p> <p><i>(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.</i></p> <p><i>(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation</i></p> <p><i>(6) If a person consulted on a draft under paragraph (2)—</i></p> <p><i>(a) is treated as served with the draft by virtue of paragraph (5); or</i></p> <p><i>(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).</i></p>	
<p><b>Analysis of the actual or likely effect of the Policy or Service:</b></p> <p><b>Does your Policy/Service present any problems or barriers to communities or Group?</b> The assessment will have a neutral impact</p> <p><b>Does the Service/Policy provide any improvements/remove barriers?</b> The PNA forms the basis for determining market entry to NHS Pharmaceutical Service provision, and provides the evidence base for any subsequent changes in local provision.</p> <p><b>What affect will the Policy/Service have on community relations?</b>  The policy will have a neutral impact</p>	

**Website Key Findings Summary:** To meet legislative requirements a summary of the Equality Analysis needs to be completed and published. This document will be an appendix in the published PNA.

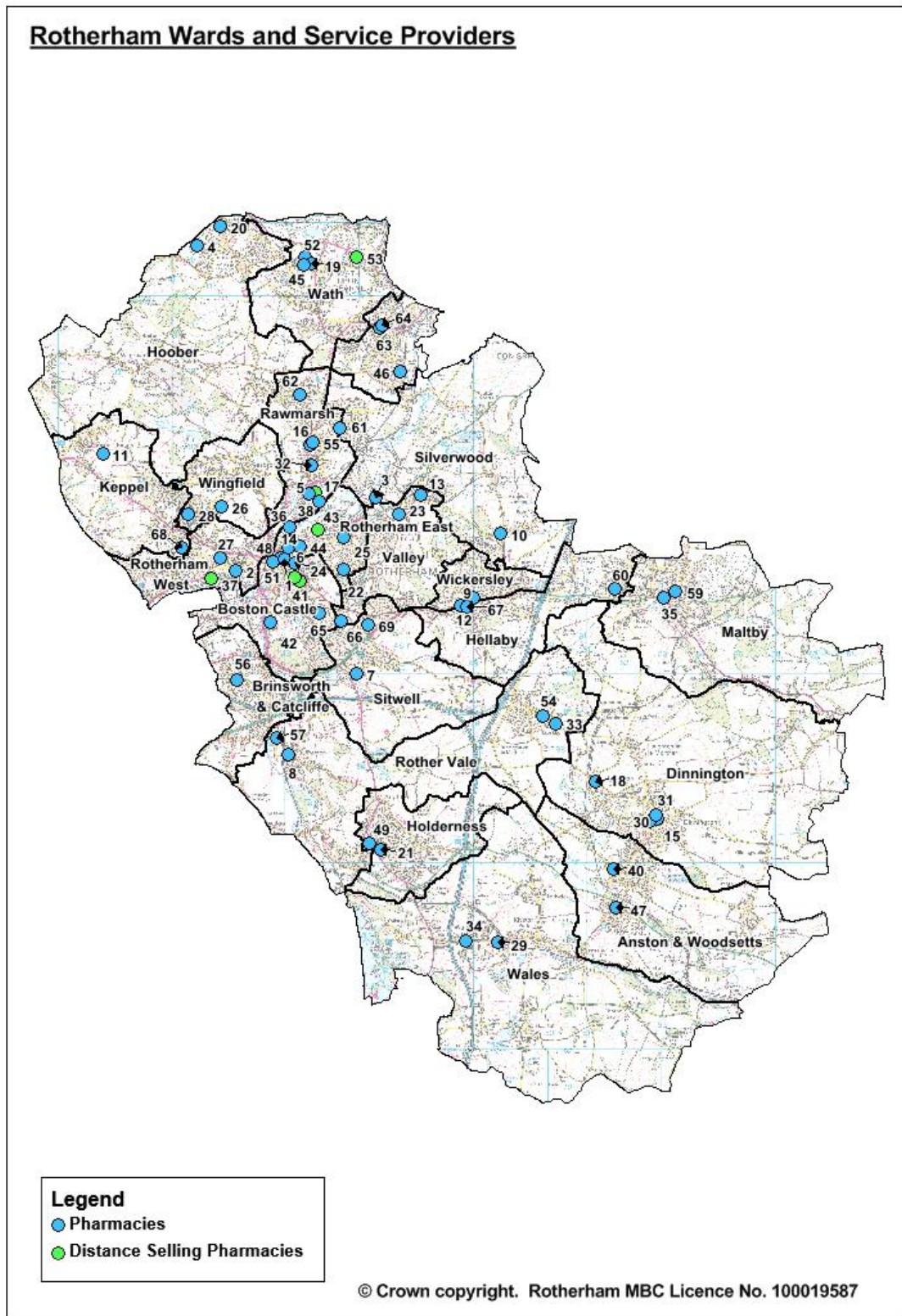


\*A = Age, C= Carers D= Disability, G = Gender, GI Gender Identity, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.

**Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, SLT or Directorate Management Teams**

<b>Completed Equality Analysis</b>	<b>Key findings</b>	<b>Future actions</b>
<p><b>Directorate: Public Health (NAS)</b>.....</p> <p><b>Function, policy or proposal name:</b> Pharmaceutical Needs Assessment</p> <p><b>Function or policy status:</b> New</p> <p><b>Name of lead officer completing the assessment:</b> Sally Jenks</p> <p><b>Date of assessment:</b> June 2014</p>	<p>The PNA development process (including this analysis) has provided :</p> <p>A current assessment of Pharmaceutical Service provision within Rotherham.</p> <p>Identified any potential gaps in provision which require further exploration.</p> <p>Considered the demographic &amp; geographic data held within the JSNA in the Analysis.</p>	<p>Publication of supplementary statements highlighting any changes to pharmaceutical service provision.</p> <p>Re - review should any significant changes occur locally.</p>

### Appendix 4: Supplementary Service Provision Map



**Appendix 5: Key for Supplementary map (including Local Commissioned Services by Pharmacy)**

## **Appendix 6: Glossary of Terms**

### **ePACT**

A service for pharmaceutical and prescribing advisors which allows on-line analysis of the previous sixty months prescribing data held on NHS Prescription Services Prescribing Database.

### **IMD Index or Indices of Multiple Deprivation**

The Index of Multiple Deprivation (IMD) is a measure of multiple deprivations at Super Output Area (SOA) level. The model of multiple deprivation which underpins the IMD is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately.

### **JSNA Joint Service Needs Assessment**

The purpose of JSNA is to pull together in a single, ongoing process all the information which is available on the needs of our local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and to analyse them in detail to identify the major issues to be addressed regarding health and well-being, and the actions that local agencies will take to address those issues.

### **Local Commissioned Service**

Local Commissioned services address a gap in Essential services or deliver higher than specified standards, with the aim of helping reduce demand on secondary care. These services expand the range of services to meet local need, improve convenience and extend choice.

### **LPC Local Pharmaceutical Committee**

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC). The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with Rotherham CCG NHS England, Local Authorities and other healthcare professionals to help plan healthcare services.

### **ONS Office National Statistics**

The Office for National Statistics produces independent information to improve our understanding of the UK's economy and society.

### **The Public Health Outcomes Framework**

The Public Health Outcomes Framework sets out a structure for public health in a way that can be measured locally. The outcomes and the indicators used are important in helping us understand how well public health is being improved and protected in Rotherham. The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how healthy they are at all stages of life.

### **PSNC Pharmaceutical Services Negotiating Committee**

The Pharmaceutical Services Negotiating Committee (PSNC) is recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.



## K: Acknowledgements

### 1. Members of the Development Group

Dr John Radford	Director Public Health RMBC
Sally Jenks	Public Health Specialist RMBC
Elena Hodgson	Research Analyst RMBC
Joanna Hallatt	Independent Pharmaceutical Advisor to RMBC

### 2. Contributors

Melanie Howard	Public Health Specialist RMBC
Debbie Stovin	Adult Treatment System Manager, Drug and Alcohol Public Health Team Rotherham RMBC
Kathy Wakefield	Strategic Lead Clinical Risk, Infection Prevention and Control/ Vaccines & Immunisations NHS Rotherham CCG
Melanie Hall	Manager Healthwatch Rotherham
Helen Wyatt	Patient and Public Engagement Manager NHS Rotherham CCG
Gill Harrison	Public Health Specialist RMBC
Marcus Williamson	
Stuart Lakin	Head of Medicines Management NHS Rotherham CCG
Rebecca Atchinson	Public Health Specialist RMBC
Ruth Fletcher-Brown	Public Health Specialist (Mental Health all ages and domestic abuse) RMBC
Dr Jason Horsley	Locum Consultant in Public Health

						Consultation Room	Pharmacy First Minor Ailments	Emergency Contraception	Palliative Care	Supervised consumption	Needle & Syringe Exchange	Medicines Use Review	New Medicines Service	Appliance Use Review	Stoma Appliance Customisation
	Pharmacy Name	Address		Postcode	Tel no.										
1	Abbey Pharmacy Ltd	19 - 21 Howard Street	Rotherham	S65 1JQ	01709 377421										
2	<b>Archway Pharmacy</b>	<b>Arch 5 Coronation Bridge</b>	<b>Kimberworth</b>	<b>S61 1AA</b>	<b>01709 554232</b>										
3	Asda Pharmacy	Asda Superstore	Aldwarke Lane	S65 1AA	01709 859410										
4	Boots the Chemist	Unit 2	Cortonwood	S73 0TB	01226 341957										
5	Boots the Chemist	Stadium Way	Retail World	S62 6JQ	01709 780597										
6	Boots the Chemist	Howard Street	Rotherham	S65 1JQ	01709 365671										
7	Brookside Pharmacy	2a Turner Lane	Whiston	S60 4HY	01709 368537										
8	Cohens Chemist	10b Station Street	Treeton	S60 5PN	0114 293 9039										
9	Co-operative Pharmacy	Poplar Glade	Wickersley	S66 2JQ	01709 549714										
10	Co-operative Pharmacy	6 Hollings Lane	Ravenfield	S65 4PU	01709 541318										
11	Co-operative Pharmacy	Sough Hall Avenue	Thorpe Hesley	S61 2QJ	0114 257 1557										
12	Co-operative Pharmacy	206 Bawtry Road	Wickersley	S66 1AA	01709 531914										
13	Co-operative Pharmacy	22 Park Lane	Thrybergh	S65 4BT	01709 850214										
14	Cryer A Pharmacy	1 Kenneth Street	Rotherham	S65 1AB	01709 364249										
15	<b>Dinnington Pharmacy</b>	<b>Dinnington Surgery</b>	<b>Dinnington</b>	<b>S25 2EZ</b>	<b>01909 518338</b>										
16	<b>Eightlands Pharmacy</b>	<b>The High Street Surgery</b>	<b>Rawmarch</b>	<b>S62 6LW</b>	<b>01709 522244</b>										
17	<b>Good Measure</b>	<b>Unit 18 Alexander Centre</b>	<b>Parkgate</b>	<b>S62 6JE</b>	<b>01709 780788</b>										
18	Heritage Pharmacy	6 Heritage Court	Dinnington	S25 3SA	01909 808535										
19	J. M. McGill Ltd - Wath	37 High Street	Wath-Upon- Dearne	S63 7QB	01709 872163										





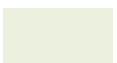












<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
<b>2.</b>	<b>Date:</b>	<b>22<sup>nd</sup> September 2014</b>
<b>3.</b>	<b>Title:</b>	<b>Adult Social Care Year End Performance Report for 2013/14, Quarter 1 2014/15 and revised 2014/15 performance reporting requirements</b>  <b>All Wards Affected</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Neighbourhoods and Adult Services</b>

### **5. Summary**

This report outlines the 2013/14 Key Performance Indicator (KPI) results for the Adult Social Care elements of the Directorate, plus current performance and new reporting requirements for 2014/15.

Rotherham has seen continued improvements across the range of nineteen national Adult Social Care Outcomes Framework (ASCOF) measures reported in 2013/14, with 14 out of 18 comparable measures (78%) recording improvement since 2012/13 and 16 measures (89%) showing improvement over last 2 year period since 2011/12.

These improvements have also been reflected in regional comparisons as Rotherham now has 7 measures in the regional top 3 and only 1 (MH employment) in bottom 3. A similar positive comparison is seen when judged against our 'nearest neighbours IPF' model with 5 measures in top 3 and only 1 (Re-ablement - offered) in bottom 3.

### **6. Recommendations**

**That Cabinet Member is asked to note the year end performance results and the 2014/15 performance requirements.**

## 7. Proposals and Details

**Performance results for 2013/14** have again strongly shown a continued improvement on an upward trend for most measures compared to last year but also over a combination of year on year trends. This has also been reflected in rankings when compared to other councils in their nearest neighbours (IPF) group or other councils in the Y&H region. Full details of all Yorkshire & Humberside regional rankings of the ASCOF measures are listed in the table attached as Appendix A.

### **Performance Highlights 2013/14**

- Customer satisfaction levels for adult social care in Rotherham are the best regionally and in the top 10 nationally.
- We have reviewed 6871 of our customers (93.2%) slightly improving on last year's performance of 93.1%, 59 more people reviewed and beating last year's 'best in the country' score. Again we have maintained being able to do most reviews on a face to face basis and included almost everyone possible who was living in 24 hour residential type care services at the time.
- Of people receiving services from us last year, almost 5360 (up 5,301) were able to do so having had the opportunity to access services of their choice via a personal budget, this increased the proportion to 80.3% and is ranked best in Y&H region. More of these customers are choosing to have their services via a Direct Payments, which has increased the four year trend to 16.3%.
- We have continued to support people wanting to remain at home in their community for as long as possible, reducing admissions of older people to 24 hour care to a total of 324. This is 21 fewer than last year and also 179 fewer admissions than the rate of 415 admissions of 2 years ago.
- The Council maintained its commitment to keeping people safe, achieving 100% performance in 2013/14 in acting quickly to reported safeguarding concerns; all alerts have been assessed within 24 hours.
- All our 8 registered CQC services were 100% compliant as at year end 13/14.

### **Areas for Improvement**

- We have seen a fall in the number of people supported in Mental Health Employment falling back from a 3 year high of 6.4% in 2012/13 to 4.9%. This has placed Rotherham in the bottom 3 within Y&H region. We are working with our partner (RDaSH) to evaluate the reasons and also to identify remedial actions that can ensure we maximise performance in 2014/15. It is worth noting that our direction of travel is similar to the overall regional and national picture
- The re-ablement service part 2 'offered' measure although improved slightly from 1.65% to 1.68%, is in the bottom 3 of our IPF 'nearest neighbours'. We have plans through our Better Care Fund action plan to improve part 1 'efficiency' part of this service, which will also drive actions in our 'offer'.

Below is a summary including significant direction of travel analysis of all ASC key performance measures, detailed under three sections National ASCOF (non-survey measures); key local measures and National ASCOF (survey measures).

ASCOF Measure Non-Survey	Indicator Title	Direction of Travel	12/13 outturn	13/14 outturn	% improvement	Y&H Regional ranking
<b>ASCOF-1Ci (ex NI 130)</b>	Social care clients in receipt of self direct support	↑	80.2	80.3	0.1%	1st
Increased the number (5360) and % of people receiving self directed support from 50.45% (10/11) to 80.3% (13/14), the best in the region						
<b>ASCOF-1Cii</b>	Proportion of people using social care who receive direct payments.	↑	16.1	16.3	0.2%	9th
Increased the % of people receiving direct payments from 9% (10/11) to 16.3 (13/14)						
<b>ASCOF-1E (ex NI 146)</b>	Customers with a learning disability supported in employment.	↑	5.9	6	0.1%	8th
Supported more people with learning disabilities into employment (4.1% in 10/11 to 6% in 13/14)						
<b>ASCOF-1F (ex NI 150)</b>	Adults in contact with secondary mental health services in employment	↓	6.4	4.8	-1.6%	13th
Supported more people with mental health issues into employment (4.2% in 11/12 to 4.8% in 13/14)						
<b>ASCOF-1G (ex NI145)</b>	Customers with a learning disability supported in settled accommodation	↑	76.2	79.6	3.4%	8th
Helped more people with learning disabilities to live independently (72.5% in 10/11 to 79.6% in 13/14)						
<b>ASCOF-1H (ex NI149)</b>	Adults in contact with secondary mental health services who live independently	↓	78.6	75.5	3.1%	2nd
Helped more people with mental health issues to live independently (63.4% in 10/11 to 75.5% in 13/14)						
<b>ASCOF 2Ai</b>	Permanent admissions under 65 (18-64) per 100,000 population	↑	19.8	12.2	7.6	9th
Reduced the rate of younger adults in residential care (25.7 in 11/12 to 12.2 in 13/14 – per 100,000)						
<b>ASCOF 2Aii</b>	Permanent admissions over 65 per 100,000 population	↑	764.5	694.6	69.9	9th
Reduced the rate of older adults admitted into residential care (953.5 in 11/12 to 694.6 in 13/14 – 100,000)						
<b>ASCOF-2Bi</b>	Proportion of older people (65+) who were still at home 91 days after discharge (effectiveness of the service)	↑	86.7	87.7	1.0%	8th
Supported more people through re-ablement to be at home 91 days after hospital discharge (85% 10/11 to 87.7% 13/14)						

ASCOF Measure Non-Survey	Indicator Title	Direction of Travel	12/13 outturn	13/14 outturn	% improvement	Y&H Regional ranking
ASCOF-2Bii	Proportion of older people (65+) who were still at home 91 days after discharge (offered the service)	↑	1.7 (1.65)	1.7 (1.68)	0% (0.3%)	8th
Offered more people re-ablement (0.8% 10/11 to 1.7% 13/14), of the whole adult social care customer base						
ASCOF-2Ci	All delayed transfers of care from hospital per 100,000 population	↓	4.1	4.9	-0.8%	4th
Reduced the numbers of people affected effected by delayed transfers from hospital (7.1 10/11 to 4.9 13/14)						
ASCOF-2Cii	Delayed transfers of care from hospital which are attributable to social care or both Health and Social Care per 100,000 population	↓	0.5	1	0.5%	3rd
Reduced the numbers of people affected effected by delayed transfers from hospital as a result of social care (2 10/11 to 1 13/14)						
Local Measure	Indicator Title	Direction of Travel	12/13 outturn	13/14 outturn	% improvement	Y&H Regional ranking
NAS1	Percentage of clients receiving a review	↑	93.1	93.2	0.1%	Not ranked
Increased the % of annual reviews completed (45.9% 07/08 to 93.2% 13/14)						
New (ExNI 132)	Social care assessments only – excludes OT activity from 13/14) completed within 28 days from receipt of contact	↑	89.36	90.74	1.38%	Not ranked
Increased the % of assessments completed in time (69.35 07/08 to 90.8% 13/14)						
New (Ex NI 133)	Acceptable waiting times for Social care packages only (excludes OT activity from 13/14)	↑	97.13	97.14	0.01%	Not ranked
Increased the % of care packages put in place in time (90.9% 08/09 to 97.14% 13/14)						
SGA3b	Percentage of social care safeguarding cases held within 10 working days	↑	91.2	96.6	5.4%	Not ranked
Increased the % of safeguarding cases strategies held in target timescales (86.38% 11/12 to 94% 13/14)						
Ex NI135	Carers receiving needs assessment or review and a specific carer service, or advice and information	↓	42	37.75	-4.25%	Not ranked
Increased % of services provided to Carers (22.3% 07/08 to 37.75% 13/14)						

ASCOF survey Measure	Indicator Title	Direction of Travel	12/13 outturn	13/14 outturn	% improvement	Y&H Regional ranking
ASCOF-1A	Social Care - related quality of life	↑	19.2	19.4	1.04%	1st
Customers perception of their quality of life has improved from 2011 to 2014 (19.1 to 19.4), the best in the region						
ASCOF-1B	The proportion of people who use services who have control over their daily Life	↑	81.8	84.0	2.62%	2nd
Customers perception of having control over their daily life has improved from 76.5% (10/11) to 84% (13/14), the best in the region						
ASCOF-3A	Overall satisfaction of people who use service with their care and support	↑	73.3	74.7	1.91%	2nd
Increased satisfaction with adults social care services (68.7% 10/11 to 74.7% 13/14), best in the region						
ASCOF 3D	The proportion of people who use services and carers who find it easy to find information about services	↑	80.8	80.9	0.12%	3rd
Increased satisfaction with information and advice (adult social care) (75.8% 11/12 to 80.9% 13/14), best in the region						
ASCOF-4A	The proportion of people who use services who feel safe	↑	67.4	68.8	2.08%	8th
Increased perception of how safe people feel (60.7% 11/12 to 68.8% 13/14) adult social care customers						
ASCOF 4B	The proportion of people who use services who say that those services have made them feel safe and secure	↑	81.8	82.2	0.49%	7th
Increased the perception of how safe people as a result of social care services (77.8% 11/12 to 82.2% 13/14)						
ASCOF-1L - NEW	Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.	n/a	n/a	43.2	n/a	9 <sup>th</sup>

**7.2** In **2014/15** the national reporting requirements have seen major changes with longstanding annual statistical returns ceasing e.g. RAP (activity) and PSSEX1 (finance) and a transition to reporting new more short and long term outcome based range of returns following implementation of the zero based reviews e.g. SALT

(activity) and ASC-FR (finance). These returns also require all records to use assigned new equalities and classification (EQ-CL) codings.

Data capture recording of the new returns has commenced from April and performance reporting will be phased in over the 14/15 reporting year. A combination of 16 ASCOF or local initial measures are able to be reported either as at Quarter1 or July data and the scorecard is attached as Appendix B. These are showing 88% either on or slight variation to target with 2 Delayed Transfers of Care measures currently being rated off target.

Due to 2014/15 being the transitional year, not all previous measures will be reported, some will be reported using amended definition criteria (requiring new reporting processes to be implemented). Below are details of those currently available to be reported.

The current Adult Social Care KPI suite for 2014/15 is under final review following consideration of national benchmarking and publication of the ASCOF technical guidance. Targets to be confirmed in time for quarter 2 reporting, the commentary analysis uses the provisional targets.

#### **7.2.1 The following measures are rated Green 'on target':**

- ASCOF-1E (ex NI146) Customers with a learning disability supported in employment
- ASCOF-1F (ex NI 150) Adults in contact with secondary mental health services in employment
- ASCOF-1G (ex NI145) Customers with a learning disability supported in settled accommodation
- ASCOF 2Ai Permanent admissions under 65 (18-64) per 100,000 population
- ASCOF 2Aii Permanent admissions over 65 per 100,000

#### **ASC Local measures:**

- NAS1 Percentage of clients receiving a review
- NAS18 Percentage of social care customers in receipt of a statement of need (SON)
- NAS LPI 2.1.1 Reduce repeat incidents of domestic abuse

#### **7.2.2 The following measures are rated Amber 'slight variation from target':**

##### **ASCOF-1Ci (ex NI130) Social care clients in receipt of self direct support (75.28%) 3393 clients—Sarah Farragher**

- 2013/14 (80.3% ) 5360 clients -provisional target 81% TBC
- July 2013 80.44%
- New national definition received for this indicator. P&Q working to 'unpick' difference in calculation and implement changes (estimated Sept - reported in Oct) net effect anticipated to be no performance reduction in real terms.

**ASCOF-1Cii Proportion of people using social care who receive direct payments. (12.99% excluding MH) 868 clients Sarah Farragher**

- 2013/14 (16.32% - 1090/6680) – Provisional Target 17% = 1136 people
- July 2013 12.52%
- Actions required by MH partner (RDASH) to ensure only clients in receipt of Direct Payments only are included.
- New national definition received for this indicator. P&Q working to ‘unpick’ difference in calculation and implement changes (estimated Sept - reported in Oct) plus net effect of anticipated long term actions should deliver improved performance by year end.

**ASCOF-1H (ex NI149) Adults in contact with secondary mental health services who live independently (76.42%) 860 people– Alison Lancaster (RDASH)**

- 2013/14 score 75.5%– Provisional Target 79.7% = 813 people
- July 2013 score 80.36%
- This data is being queried as suspect activity is being under reported.

**New (Ex NI 132) Social care assessments only – excludes OT activity) completed within 28 days from receipt of contact (91%) –Michaela Cox**

- 2013/14 (90.74%) 2686 people -provisional target 92% TBC
- July 2013 91.51%
- Slight reduction but being monitored by P&Q and reported to SMT

**New (Ex NI 133) Acceptable waiting times for Social care packages only (excludes OT activity) (95.6%) – Michaela Cox**

- 2013/14 (97.14%) 1155 people -provisional target 98% TBC
- July 2013 94.34%

**New Nas 43a Percentage of safeguarding alerts allocated to a manager within 24 hours & Percentage of strategies held within 10 working days from receiving the alert. (96%) – Sam Newton**

- Volume of activity accumulates in year incrementally improving to target each quarter.

**7.2.3 The following measures are rated Red ‘not meeting target’:**

**ASCOF-2Ci All delayed transfers of care from hospital per 100,000 population (7.69) based on average of 15.5 delays – Michaela Cox/Sarah Farragher TBC**

- 2013/14 score 4.9 based on average of 10 delays-provisional target 4.5% TBC
- July 2013 score 3.72 based on average of 7.5 delays
- Continued decline in direction of travel – Work to identify reasons and possible remedial actions has commenced with partners, particularly with regards to Mental Health. Formal scheduled performance clinic(s) are taking place.



**ASCOF-2Cii Delayed transfers of care from hospital which are attributable to social care or both Health and Social Care per 100,000 population (1.86) based on average of 3.75 delays – Michaela Cox**

- 2013/14 score 1 based on average of 2 delays -provisional target 0.9% TBC
- July 2013 score 0 (no delays)
- Continued decline in direction of travel – Work to identify reasons and possible remedial actions has commenced with partners, particularly with regards to Mental Health. Formal scheduled performance clinic(s) are taking place.

### **Local Account**

Rotherham's 2014, fourth annual local account "Rotherham people calling the shots" is being compiled and will be published on the council website once finalised November 2014. An easy read version will also be produced by SpeakUp and we will look to expand the accessibility using a range of media channels as well as circulating to all councillors and Rotherham's current MP's. Rotherham's published local accounts continue to be favourably viewed nationally and as part of the regional independent peer assessment undertaken in 2013.

We continue as part of our sector led improvement work, to contribute on the production of local account guidance within Yorkshire and Humber region. Data in this report will feature within the 2014 local account. An independent assessment of the draft local account by other local authorities in the region and customer inspectors will take place in early October.

### **Zero Based Review**

The transition work on implementing the zero based review of social care information is being phased in to our 2014/15 reporting programme, with all new data requirements having being incorporated into new or amended recording processes. Relevant training with front line staff, some initial reporting and quality assurance testing has already been undertaken. Work will continue to ensure that a robust and complete submission of the national returns due in Summer 2015 is achieved.

We are still of the view that the original concept of the Zero Based Review, as set out in the Governments Transparency in Outcomes document, which was to reduce the burden on local authorities with regards to data collection, has not happened

The Zero Based Review has a major impact on the information we report to central government. Locally it will mean changes to our social care and financial reporting systems and the performance measures we report in the ASCOF. Full details of all changes will be confirmed in the annual Health and Social Care "September 2014 letter".

### **8. Finance**

As outlined in previous reports above, the proposals put forward in the zero based review will have implications on the council's finance and social care systems which will be difficult to fully achieve within the proposed timeframes across 14/15 & 15/16.

Some central funding has been provided to support the implementation of the zero based review, but it is unlikely that these will be sufficient to meet all the costs of additional resources and system changes to fully implement. The impact of the Care Act will also further challenge and increase the financial pressures on Adult Services budgets. The 'burden' is still being assessed nationally and we await decisions from consultations.

## **9. Risks and Uncertainties**

The on-going implementation of the zero based review is a risk for existing limited resources within Performance & Quality and Health & Wellbeing teams, as we finalise arrangements for the ways in which data is collected and reported.

## **10. Policy and Performance Agenda Implications**

The 2014/15 suite of indicators has been revised and targets set, but these will need to be confirmed from quarter 2 reporting onwards; as we increase confidence in our system capture and reporting of data. We will also include in future reporting, new ASCOF indicators as detailed in the recently published handbook of definitions and technical guidance.

The Performance & Quality team are currently working with colleagues in Health & Wellbeing to put into place targets and action plans for these measures.

## **11. Background Papers and Consultation**

- The report has been shared with the Director of Health and Wellbeing.
- Appendix A: Yorkshire & Humberside regional rankings and outturn results for all 2013/14 ASCOF measures.
- Appendix B: Rotherham 2014/15 Adult Social Care Services performance measures (Quarter 1 or July data)

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Appendix A : Yorkshire & Humberside regional rankings and outturn results for all 2013/14 ASCOF measures.																			
			Barnsley (204)	Bradford (209)	Calderdale (210)	Doncaster (205)	East Riding (214)	Kingston- upon-Hull (215)	Kirklees (211)	Leeds (212)	North East Linc's (216)	North Linc's (217)	North Yorkshire (218)	Rotherham (206)	Sheffield (207)	Wakefield (213)	York (219)	Yorkshire & Humber Average	National Average
		Source: NASCIS data ASCOF 2013-14																	
ASCOF	1A	Social Care Quality of Life	18.9 - (8)	19.1 - (6)	18.9 - (8)	18.5 - (14)	19.4 - (1)	19.3 - (3)	18.8 - (11)	18.8 - (11)	19.2 - (4)	19.2 - (4)	18.9 - (8)	19.4 - (1)	18.5 - (14)	19.1 - (6)	18.8 - (11)	19	19
ASCOF	1B	Proportion of people who use services who have control over their daily life	76.3 - (12)	78.1 - (10)	78.6 - (8)	75.9 - (13)	79.5 - (7)	79.6 - (5)	78.2 - (9)	80.4 - (3)	77.6 - (11)	80.9 - (2)	75.1 - (14)	84 - (1)	74.2 - (15)	79.6 - (5)	80.3 - (4)	78.6	76.7
ASCOF	1C (1)	Proportion of people using social care who receive self directed support	49.9 - (9)	77.1 - (3)	75.1 - (5)	48.1 - (10)	54.6 - (8)	77.1 - (3)	43.1 - (12)	68.3 - (6)	78.8 - (2)	38.7 - (13)	36.5 - (14)	80.3 - (1)	63.1 - (7)	46.1 - (11)	33.9 - (15)	55.9	62.1
ASCOF	1C (2)	Proportion of people using social care who receive direct payments	10.5 - (12)	18.6 - (5)	15.9 - (10)	9.2 - (14)	26.2 - (3)	17 - (7)	8.4 - (15)	16.8 - (8)	26.5 - (2)	26.1 - (4)	12.3 - (11)	16.3 - (9)	28.7 - (1)	17.2 - (6)	9.4 - (13)	16.7	19.1
ASCOF	1D	Carer reported quality of life																	
ASCOF	1E	Proportion of adults with learning disabilities in paid employment	2.8 - (14)	5.4 - (10)	7.7 - (3)	7.3 - (6)	5.7 - (9)	#N/A	9.4 - (2)	7.4 - (5)	17.6 - (1)	4.5 - (11)	7.2 - (7)	6 - (8)	4.5 - (11)	4.1 - (13)	7.7 - (3)	6.3	6.8
ASCOF	1F	Proportion of adults in contact with secondary mental health services in employment	3.3 - (15)	6.5 - (9)	7.4 - (7)	5.1 - (12)	12.7 - (1)	4.8 - (13)	8 - (6)	10.2 - (4)	6.8 - (8)	9.8 - (5)	10.6 - (2)	4.8 - (13)	5.2 - (11)	6.1 - (10)	10.3 - (3)	7.7	7.1
ASCOF	1G	Proportion of adults with learning disabilities who live in their own home or with their family	86.7 - (1)	83 - (4)	85.4 - (2)	81.2 - (7)	65.1 - (15)	70.4 - (14)	79.4 - (9)	82.4 - (6)	75.8 - (10)	73.7 - (13)	75.7 - (11)	79.6 - (8)	84.7 - (3)	75.2 - (12)	82.6 - (5)	79.2	74.8
ASCOF	1H	Proportion of adults in contact with secondary mental health living independently with/without support	55.4 - (13)	64.5 - (9)	65.3 - (8)	79.1 - (1)	67.1 - (7)	56.7 - (12)	62.3 - (10)	54.1 - (14)	73.5 - (3)	71 - (5)	52 - (15)	75.5 - (2)	73.5 - (3)	59.3 - (11)	68.6 - (6)	63	60.9
ASCOF	1I	Proportion of people who use services who reported they had as much social contact as they would like	40.3 - (15)	49 - (1)	44.6 - (5)	40.6 - (14)	48.5 - (2)	44.5 - (6)	44.5 - (6)	43.9 - (8)	47.8 - (3)	44.8 - (4)	42.3 - (13)	43.2 - (10)	43.1 - (11)	43.9 - (8)	43 - (12)	44.3	44.2
ASCOF	2A (1)	Permanent admissions of younger adults to res/nursing homes per 1000 popn	12.6 - (12)	4.1 - (1)	4.8 - (2)	12.4 - (10)	13.2 - (13)	19.3 - (15)	10.4 - (4)	12.5 - (11)	11.5 - (7)	10.9 - (5)	6.5 - (3)	12.2 - (9)	14.9 - (14)	10.9 - (5)	11.6 - (8)	11	14.4
ASCOF	2A (2)	Permanent admissions of older people to res/nursing homes per 1000 popn	736.5 - (12)	629.9 - (4)	667.8 - (5)	792.5 - (14)	727.9 - (11)	895.5 - (15)	533.6 - (2)	572.6 - (3)	698.8 - (8)	706.9 - (9)	525.4 - (1)	694.6 - (7)	688.8 - (6)	711.7 - (10)	787.2 - (13)	660.5	668.4
ASCOF	2B (1)	Proportion of older people (65+) who were still at home 91 days after discharge (effectiveness of the service)	77.2 - (12)	93.2 - (2)	71.9 - (14)	77 - (13)	88.6 - (6)	88.5 - (7)	89.8 - (5)	90 - (3)	94.4 - (1)	90 - (3)	85.5 - (9)	87.7 - (8)	69 - (15)	82.3 - (10)	80.9 - (11)	81.2	81.9
ASCOF	2B (2)	Proportion of older people (65+) who were still at home 91 days after discharge (offered the service)	2 - (6)	1.5 - (10)	1.1 - (12)	2.1 - (4)	0.8 - (14)	3.3 - (2)	1.7 - (8)	0.6 - (15)	1.2 - (11)	1.9 - (7)	3 - (3)	1.7 - (8)	5.8 - (1)	2.1 - (4)	1.1 - (12)	2.1	3.3
ASCOF	2C (1)	Delayed transfers of care from hospital	1.3 - (1)	3.7 - (3)	18.3 - (15)	6.5 - (6)	5.4 - (5)	7.6 - (7)	10.9 - (11)	8.8 - (10)	7.8 - (9)	3.5 - (2)	7.6 - (7)	4.9 - (4)	15.6 - (12)	16.3 - (13)	17.8 - (14)	9.1	9.7
ASCOF	2C (2)	Delayed transfers of care from hospital attributable to adult social care	0.3 - (1)	1.2 - (5)	1.7 - (9)	2.7 - (11)	1.5 - (6)	0.7 - (2)	1.6 - (8)	2.3 - (10)	3.3 - (13)	1.1 - (4)	3.1 - (12)	1 - (3)	4.9 - (14)	1.5 - (6)	11.3 - (15)	2.5	3.1
ASCOF	3A	Overall satisfaction of people who use services with their care and support	65.2 - (9)	60.5 - (13)	61.1 - (12)	56.8 - (15)	71.3 - (3)	71.9 - (2)	59.7 - (14)	69.1 - (4)	67.2 - (6)	65.2 - (9)	66.8 - (7)	74.7 - (1)	66.3 - (8)	64.5 - (11)	67.4 - (5)	65.8	64.9
ASCOF	3B	Overall satisfaction of carers with social services																	
ASCOF	3C	Proportion of carers who report that they have been included in or consulted in discussion about the person they care for																	
ASCOF	3D	Proportion of people who use services and carers who find it easy to find information and advice	74.5 - (7)	71.6 - (13)	73.3 - (10)	72.9 - (12)	80.9 - (1)	73.2 - (11)	73.8 - (9)	70.1 - (14)	77.3 - (3)	77 - (5)	74.3 - (8)	80.9 - (1)	68.3 - (15)	74.6 - (6)	77.1 - (4)	74.7	74.7
ASCOF	4A	Proportion of people who use services who feel safe	70.6 - (4)	71.5 - (3)	66.9 - (8)	59.8 - (14)	72.4 - (1)	66 - (9)	62.6 - (12)	60.2 - (13)	65.2 - (10)	71.6 - (2)	69.9 - (6)	68.8 - (7)	58.8 - (15)	70.5 - (5)	63.4 - (11)	66.5	66
ASCOF	4B	Proportion of people who use services who say that those services have made them feel safe and secure	81.3 - (8)	73.3 - (13)	80.3 - (9)	78.4 - (11)	90.1 - (1)	86.6 - (4)	66.9 - (14)	83 - (6)	87.9 - (3)	89.2 - (2)	74.5 - (12)	82.2 - (7)	83.9 - (5)	78.7 - (10)	64.5 - (15)	80.1	79.2

**Appendix B: Rotherham 2014/15 Adult Social Care Services performance measures (Quarter 1 or July data)**

**Measure Type Key**

**RAG Key**

**Direction of Travel Key**

N	National	Green	Meeting or exceeding Target	↑	Indicator has improved
C	Corporate Plan	Red	Not meeting target	↔	Indicator shows no change
P	Partnership / Political	Amber	Slight variation from target	↓	Indicator has deteriorated

Indicator Ref	N	C	P	PHOF	Indicator Title	Good Perf	Freq.	2013/14 Performance (March 14)	Performance July 14	2014/15 Target	Direction of travel	Achieving Target RAG	Director	Accountable Officer	Comments / Remedial Actions
ASCOF-1A	✓				Social Care related quality of life	High	Annual	19.4	-	19.4			Shona McFarlane	Michaela Cox	Annual Score collected in ASC User Survey
ASCOF-1B	✓				Proportion of people who use services who have control over their daily life	High	Annual	84	-	84			Shona McFarlane	Michaela Cox	Annual Score collected in ASC User Survey
ASCOF-1C Part 1 (2.2.1)	✓	✓			Proportion of social care users who receive self directed support	High	Monthly	80.24%	75.28%	81.0%	↓	Amber	Shona McFarlane	Sarah Farragher	New national definition received for this indicator. P&Q working to understand difference in calculation and implement changes (estimated Sept - reported in Oct)
ASCOF-1C Part 2 (4.1.1)	✓	✓			Proportion of people using social care who receive direct payments	High	Monthly	16.32%	*12.99%	17.00%	↔	Amber	Shona McFarlane	Sarah Farragher	New national definition received for this indicator. P&Q working to understand difference in calculation and implement changes (estimated Sept - reported in Oct) * 12.99% excludes MH which shows an increase from July 2013 12.1%
ASCOF-1D	✓				Carer Reported Quality of Life	High	Biennial	-	-	n/a			Shona McFarlane	Michaela Cox	Biennial collection from Carer's Survey next scheduled 14/15
ASCOF-1E (ex NI146) (4.1.2)	✓	✓		✓	Adults with learning disabilities in employment	High	Monthly	5.99%	6.25%	7.10%	↔	Green	Shona McFarlane	John Williams	
ASCOF 1F (Ex NI 149) (4.1.3)	✓	✓		✓	Adults receiving secondary mental health services in employment	High	Monthly (Est)	4.90%	6.23%	7.50%	↑	Green	Shona McFarlane	Alison Lancaster	
ASCOF-1G (ex NI145)	✓			✓	Adults with learning disabilities in settled accommodation	High	Monthly	79.63%	78.98%	79.70%	↔	Green	Shona McFarlane	John Williams	
ASCOF 1H (Ex NI 150)	✓			✓	Adults receiving secondary mental health services in settled accommodation	High	Monthly (Est)	78.82%	76.42%	78.90%	↔	Amber	Shona McFarlane	Alison Lancaster	
ASCOF-1I New Indicator 13/14	✓				Proportion of people who use services and their carers, who reported that they had as much social contact as they would like	High	Annual	43.20%	-	43.20%			Shona McFarlane	Michaela Cox	Annual Score collected in ASC User Survey
ASCOF-2A Part 1	✓				Permanent admissions to residential and nursing care homes (18-64)	Low	Monthly	12.2	3.86	13.5	↔	Green	Shona McFarlane	John Williams	
ASCOF-2A Part 2 (2.2.3)	✓	✓			Permanent admissions to residential and nursing care homes (65+)	Low	Monthly	694.6	126.49	650.7	↔	Green	Shona McFarlane	Michaela Cox	
ASCOF-2Bi	✓				Proportion of older people (65+) who were still at home 91 days after discharge (effectiveness of the service)	High	Annual	87.69%	-	90.00%			Shona McFarlane	Sarah Farragher	Annual Score (data collected Oct 14 - Mar-15)
ASCOF-2Bii	✓				Proportion of older people (65+) who were still at home 91 days after discharge (offered the service)	High	Annual	1.70%	-	2.50%			Shona McFarlane	Sarah Farragher	Annual Score (data collected Oct 14 - Mar-15)

Indicator Ref	N	C	P	PHOF	Indicator Title	Good Perf	Freq.	2013/14 Performance (March 14)	Performance July 14	2014/15 Target	Direction of travel	Achieving Target RAG	Director	Accountable Officer	Comments / Remedial Actions
ASCOF-2C Part1 (ex NI131)	✓				Average delayed transfers of care from hospital per 100,000 population	Low	Monthly	4.42	7.69	4	↓	Red	Shona McFarlane	Michaela Cox	Performance clinic to be held to identify reasons for increased recording of delayed transfers of care activity by MH partner
ASCOF-2C-Part2	✓				Average delayed transfers of care from hospital which are attributable to adult social care or both health and adult social care per 100,000 population	Low	Monthly	0.58	1.86	0.45	↓	Red	Shona McFarlane	Michaela Cox	Performance clinic to be held to identify reasons for increased recording of delayed transfers of care activity by MH partner
ASCOF-3A	✓				Overall satisfaction of people who use services with their care and support	High	Annual	74.7	-	74.7			Shona McFarlane	Michaela Cox	Annual Score collected in ASC User Survey
ASCOF-3B	✓				Overall satisfaction of carers with social services	High	Annual	-	-	57			Shona McFarlane	Michaela Cox	Biennial collection from Carer's Survey next scheduled 14/15
ASCOF-3C	✓				The proportion of carers who report that they have been included or consulted in discussions about the person they care for	High	Annual	-	-	82			Shona McFarlane	Michaela Cox	Biennial collection from Carer's Survey next scheduled 14/15
ASCOF-3D	✓				The proportion of people who use services and carers who find it easy to find information about support	High	Annual	80.9	-	81.1			Shona McFarlane	Michaela Cox	Annual Score collected in ASC User Survey
ASCOF-4A	✓				The proportion of people who use services who feel safe	High	Annual	68.8	-	68.8			Shona McFarlane	Sam Newton	Annual Score collected in ASC User Survey
ASCOF-4B	✓				The proportion of people who use services who say that those services have made them feel safe and secure	High	Annual	82.2	-	82.2			Shona McFarlane	Sam Newton	Annual Score collected in ASC User Survey
NAS 1 (2.1.3)		✓			% of customer who have received a review of their support plan during the year	High	Monthly	93.20%	38.54%	93.20%	↑	Green	Shona McFarlane	Michaela Cox	
NAS 18 (PAF D39)			✓		Percentage of people receiving a statement of needs	High	Monthly	97.40%	94.29%	99%	↔	Green	Shona McFarlane	Michaela Cox	
NAS 43a (2.1.2)		✓			Percentage of safeguarding alerts allocated to a manager within 24 hours & Percentage of strategies held within 10 working days from receiving the alert.	High	Monthly	99%	96.00%	99%	↔	Amber	Shona McFarlane	Sam Newton	Volume of activity accumulates in year incrementally improving to target each quarter
NI 132 (2.2.2)		✓			New - Social Care assessments only (excludes OT activity) completed within 28 days from first contact	High	Monthly	90.73%	91.10%	TBC	↑	Amber	Shona McFarlane	Michaela Cox	
NI 133			✓		New - Social Care packages of care only (excludes OT activity) in place within 28 days of assessment (Adults)	High	Monthly	97.10%	95.60%	97.80%	↔	Amber	Shona McFarlane	Michaela Cox	
NI 135			✓		Carers receiving needs assessment or review and a specific carers service, or advice and information	High	Monthly	37.75%	-	43%			Shona McFarlane	Michaela Cox	New recording process introduced in Q1; reporting to recommence during Q2 once validated
NAS LPI (2.1.1)		✓			Reduce repeat incidents of domestic abuse	Low	Quarterly	24%	29% (2014-15 Q1)	28%	↔	Green	Shona McFarlane	Sam Newton	

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of the Local Government Act 1972.

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