CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH

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

Date: **Monday, 20th October, 2014**

Time: **1.00 p.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 (Pages 1 - 8)

6. Workplace Health Programme (Pages 9 - 48)

7. Rotherham Regional Independent Peer Performance Assessment 2014 - Adult Social Care Outcomes Framework (Pages 49 - 60)

8. The Gate New Registrations- Screening Pilot Proposal (Pages 61 - 64)

9. Supporting People Floating Support Services Commissioning Intentions (Pages 65 - 73)

10. Scrutiny Review: Access to GPs (Pages 74 - 87)

11. Date of Next Meeting
    Monday, 17th November, 2014, commencing at 9.30 a.m.

ADULT SOCIAL CARE AND HEALTH
Monday, 22nd September, 2014

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

H1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H2. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 21st July, 2014.

Resolved:- That the minutes of the meeting held on 21st July, 2014, be approved as a correct record.

H3. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2014/15

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 for the period ending August, 2014.

It was reported that the forecast for the financial year 2014/15 was an overspend of £1.270m against an approved net revenue budget of £69.290m. 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 and increasing demand for Direct Payments. There were also delays on achieving budget savings proposals within Learning Disability Services.

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 an underspend due to higher than anticipated staff turnover within the Contract and Reviewing Officers Team

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 together with an underspend within Independent Sector Home Care which had experienced a slight reduction in demand as at the end of August
- 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 charges 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 and supplies and services
- Underspends in respect of vacancies within Community Support and Carers
- The forecast now included one-off Winter Pressures funding from the CCG to increase Social Worker capacity and prevent delayed discharges from hospital

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 a recurrent budget pressure on external transport plus provision for 7 specialist 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 plus additional demand for Shared Lives was being offset by additional CHC and one-off funding resulting in an overall forecast underspend
- Delays in meeting approved budget savings on Contracted Services for Employment and Leisure Services had increased 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
- Staff turnover lower than forecast within In-house Residential Care reduced by saving on RDaSH administration support

Mental Health

- Projected underspend on Residential Care budget due to a reduction of 4 placements since April 2014 plus additional Public Health funding for substance misuse

- Pressures on employee budgets due to lower than expected staff turnover together with review of night cover arrangements reduced by underspend on Direct Payments plus additional Public Health funding

Physical and Sensory Disabilities

- Further increase in demand for Direct Payments in addition to a recurrent budget pressure and forecasting an overspend
- Savings from closure of respite care provision at Grafton House plus minor underspend on residential and nursing care due to a net reduction in placements since April
- Efficiency savings on contracts for advice and information

Safeguarding

- Includes Safeguarding Assessment and Social Work Teams together with Domestic Violence and Court of Protection forecasting a balanced budget
- At present additional pressures for the increase in demand for assessments under Deprivation of Liberty Safeguards being contained within existing budgets

Supporting People

- Efficiency savings on supplies and services budget

Total expenditure on Agency staff for Adult Services to the end of August, 2014, was £70,192 (no off contract) compared with actual expenditure of £216,978 (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 £77,167 spent up to the end of August, 2014, on non-contractual overtime for Adult Services compared with expenditure of £162,845 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 with the following issues raised and clarified:-

- The Physical and Sensory Disabilities Services was now being provided by the independent sector
- A performance clinic was to be held on Direct Payments on processes

to track them as the client moved through the various Services
- The CCG was addressing the staffing resource issues with regard to CHC assessments

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

H4. CARE ACT STOCKTAKE

Nigel Parr, Team Manager, presented a report on the stocktake that had been completed as part of the Local Government Association's national audit of progress in implementation of the Care Act. The results of the stocktake of all local authorities would be used to inform the Local Government Association's understanding of Councils' concerns, if any, with regard to the implementation of the Care Act in 2015/16.

The initial estimate on the impact of additional demand for early assessments and carers assessments had been completed using a model developed by Lincolnshire County Council as requested by the Department of Health and ADASS.

The Government had 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 £292,000 and £370,000 in 2015/16 compared to what was illustrated in the December 2013 financial settlement. It was expected that there would be an increase in carer's assessments and staff time in carrying out assessments.

It was forecast that the estimated cost to the Council of implementing the Care Act would be £727,000 together with a further estimated cost associated with demographic and inflationary pressures of £2M for 2015/16.

Once the national criteria was known, consideration would be given to the training and supporting of staff. There would be need for enhanced work with other agencies.

Resolved:- (1) That the Council continue to consult and work with all partners to ensure that there was successful implementation of the Care Act with the resource implications of the Act to be assessed and planned for.

(2) That the Cabinet Member be kept informed of any developments or pressures arising.

H5. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) AND

CONSULTATION PLAN

Consideration was given to a report presented by Dr. John Radford, Director of Public Health, on the Pharmaceutical Needs Assessment (PNA).

A PNA was a legal document used to make decisions about a range of services which needed to be provided by local community pharmacies (chemists), internet pharmacies and dispensing appliance contractors. These were part of local health care and Public Health Services and affected budgets. Such an Assessment was used when deciding if new pharmacy services and shops were needed. Applications were made by independent pharmacy owners and large pharmacy companies to NHS England.

The Health and Wellbeing Board must publish its PNA by 1st April, 2015, have 60 days of public consultation had been signed off by the Board.

The Assessment was valid for 3 years unless any major changes occurred locally.

Discussion ensued with the following issues raised/clarified:-

- Medication management in care homes was an issue that needed further work
- Provision of a 100 hour pharmacy in the Town Centre once the Walk-in Centre moved to its new location

Resolved:- (1) That the draft Pharmaceutical Needs Assessment be approved for the 60 day consultation period.

(2) That the document be submitted to the Health Select Commission as part of the consultation.

H6. ADULT SOCIAL CARE YEAR END PERFORMANCE

Consideration was given to a report by Scott Clayton, Performance Improvement Officer, which outlined the 2013/14 key Performance Indicator results for the Adult Social Care elements of the Directorate together with current performance and new reporting requirements for 2014/15.

Rotherham had seen continued improvements across the range of 19 national Adult Social Area 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 the last 2 year period since 2011/12.

The improvement has also been reflected in regional comparisons as Rotherham now had 7 measures in the regional top 3 and only 1 (Mental

Health employment) in the bottom 3. A similar positive comparison was seen when judged against its 'nearest neighbours IPF model with 5 measures in the top 3 and only 1 (Re-ablement – offered) in the bottom 3.

Full details of all Yorkshire and Humberside regional rankings of the ASCOF measures were listed in Appendix A.

Performance highlights in 2013/14 included:-

- Customer satisfaction levels of Adult Social Care were the best regionally and in the top 10 nationally
- 6,871 customers had been reviewed, 59 more than 2012/13
- Almost 5,360 clients receiving Services had had the opportunity to access services of their choice via a personal budget, best in region
- Reduced admission of older people to 24 hour care by 21 than in 2012/13 and 179 less than the 2011/12 rate. Supporting more people to achieve their wish of remaining to live at home.
- 100% performance in acting quickly to report safeguarding concerns helping to keep people safe
- All 8 Council registered CQC services 100% compliant, providing high quality safe personal care

Areas for improvement in 2014/15 included:-

- People supported in Mental Health Employment had fallen from a 3 year high, and placed Rotherham in bottom 3 regionally. Work was taking place with partners to find ways to improve performance
- Plan to improve how many people could benefit from the Re-ablement Service by increasing the number of people who, when discharged from hospital were 'offered' the successful Service

The national reporting requirements had seen major changes in 2014/15 with longstanding annual statistical returns ceasing and a transition to reporting new more short and long term outcome based range of returns following implementation of the zero based reviews. Data capture recording of the new returns had commenced as from April and performance reporting would be phased in over the 2014/15 reporting year. A combination of 16 ASCOF or local initial measures were able to be reported either as at Quarter 1 or July data. These were currently showing 88% either on or slight variation to target with 2 Delayed Transfers of Care measures currently being rated as off target.

The current Adult Social Care KPI suite for 2014/15 was under final review following consideration of national benchmarking and publication of the ASCOF technical guidance.

Resolved:- (1) That the year end performance results and the 2014/15 performance requirements be noted.

(2) That a precise of the report be prepared for the Cabinet Member for

circulation to Members.

(3) That the Cabinet Member's appreciation be placed on record for the efforts of those involved in the performance figures.

H7. 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)).

H8. PLACES FOR PEOPLE FLOATING SUPPORT SERVICE FOR REFUGEES

Consideration was given to a report presented by Claire Smith, Operational Commissioner, on the analysis of the current floating support provision for refugees. The purpose had been to identify the current needs of clients and assess the impact of the expiry of the contract in March, 2015. Subsequently an Equality Assessment had been completed.

The review of the provision had established that, although the Service was running at capacity, in general the needs of the clients accessing the Service could be picked up by other floating support services funded through Supporting People (Housing Related Support Services) or the existing local voluntary sector.

It was proposed that the contract not be extended past 31st March, 2015. Services users would be supported to access alternative support services through the voluntary and community sector within the last 6 months of the contract (September, 2014-March, 2015).

Resolved:- (1) That the current Service provider be given 6 months' notice that the Service would not be extended or re-commissioned post 31st March, 2015.

(2) That the provider and commissioners works to ensure that current Service users were signposted to alternative services that could meet their needs.

(3) That the report be referred to the Health Select Commission for information.

H9. REQUEST FOR A WAIVER OF STANDING ORDERS - ROTHERCARE MONITORING PLATFORM (JONTEK)

Consideration was given to a report presented by Sarah Farragher, Contact and Enablement Service Manager, seeking approval for exemption of Standing Orders and an extension to the Rothercare monitoring platform for a further 2 years.

The current contract was due to expire in October, 2014, however, Rothercare call handling had increased in size since 2011/12 and continued to do so as assistive technology developed as a method of providing oversight support. Work was in progress to look at the future options of such Service provision. Given the changes, it was difficult to accurately specify what the future requirements for a monitoring platform would be, therefore, it was proposed that the current contract be extended with some minor adjustments to improve the workability of the current system.

Resolved:- That Standing Orders be waived and that the contract be awarded to Jontek for a further 2 years.

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH

1.	**Meeting:**	**Cabinet Member Meeting**
2.	**Date:**	**20 October 2014**
3.	**Title:**	**Workplace Health Programme**
4.	**Directorate:**	**Public Health**

5. Summary

Supporting health during a person's working life is a key part of the life course approach to health and the Health and Wellbeing priority of early intervention and prevention.

In June 2014 Public Health England launched a new workplace health initiative; 'The Workplace Wellbeing Charter'. The Charter is a national framework for local Health and Wellbeing Boards to use as part of their work to address the health and wellbeing of adults, utilising the national framework will allow us to engage businesses and local chambers of commerce into making Rotherham's workforce healthier. The Charter will contribute to improving the health and wellbeing of working age people through promoting the positive links between health and work and helping more people with health conditions to stay in or return to employment.

6. Recommendations:

That Rotherham Borough Council:

1. **Signs up to the Workplace Wellbeing Charter.**
2. **Supports Rotherham Employers to deliver the Workplace Wellbeing Charter as part of the Rotherham Public Health Workplace Health Service.**

7. Proposals and Details:

The Charter is a tool used by public health teams to encourage organisations to invest in the health and wellbeing of their staff, and is used as a management tool to audit, plan for improvements, and gain external recognition for the participating organisations.

Signing up to deliver the Charter in Rotherham will further demonstrate the council's commitment to the health and wellbeing of the people of Rotherham. It will send a strong message to employers and employees across Rotherham that RMBC is committed to reducing health inequalities and that the workplace provides a real opportunity to protect and improve the health and wellbeing of staff and to positively improve health behaviours.

The Charter will support and reward local businesses of all sizes for their commitment to their employees' health and wellbeing. The Charter provides a clear set of wellbeing standards, covering physical and mental health and health improvement.

Good health is now increasingly recognised as everyone's business. Making Every Contact Count (MECC) is a way of drawing on the potential of employers in the private and public and third sectors to help tackle health inequalities through the influence they have over health in the workplace. The Charter standards complement the MECC framework.

Whilst the Framework is designed to assist organisations and individuals, the ultimate beneficiaries are of course people, communities and populations. Making Every Contact Count is a powerful tool to improve the health and wellbeing of the public.

The Charter comes in three levels, each containing different standards to achieve. Each of the three levels will consider issues such as leadership, sickness management, awareness of alcohol and drug misuse, smoking, sexual health, mental health and stress, healthy eating and physical activity.

The assessment contains standards under each of the main areas that an organisation can address to improve the health and wellbeing of their employees. The purpose of the standards are to provide a guide as to what steps can be taken and give an indication of where an organisation may need to improve, or where they are doing well. Under each area, the standards are separated into three categories: Commitment, Achievement and Excellence. These categories are there to provide a general overview as to how an organisation is performing in each area.

Commitment

The organisation has addressed each area and provides employees with the tools to help themselves to improve their health and wellbeing.

Achievement

Having put the building blocks in place, steps are being taken to actively encourage employees to improve their lifestyle and some basic interventions are in place to identify serious health issues.

Excellence
Not only is information easily accessible and well publicised, but the leadership of the organisation is fully engaged in wellbeing and employees have a range of intervention programmes and support mechanisms to help them prevent ill-health, stay in work or return to work as soon as possible.

There will be a requirement for RMBC to register as the commissioning organisation for the Charter so local businesses have one point of contact. This will be supported by a dedicated web page and resources made available via Public Health England. There will be no additional cost to the council for this resource.

The Charter assessments will be delivered by ROHAS. Support for participating businesses would be provided by ROHAS accredited staff and would vary dependant on the business needs. Our early engagement would focus on supporting SMEs and businesses furthest from achieving the standards.

The latest sickness absence data available is for the 3 years 2009-2011 and shows that 2.9% of Rotherham employees had at least one day off in the previous week compared to, 2.2% in England and 2.3% Yorkshire and the Humber. The percentage of working days lost due to sickness absence was 2.3% in Rotherham compared to 1.5% in England and 1.7% in Yorkshire and the Humber. (Source: Labour Force Survey, Office for National Statistics).
According to research by PruHealth with Vitality and Mercer (2014), almost one in five (19%) British workers suffer from a chronic illness, including heart disease, diabetes and high blood pressure. Serious health problems cost employers £58 billion a year, the equivalent of 7.78% of their annual wage bill. Most employees are unaware of issues surrounding their health.

In October 2013 a meeting was held with stakeholders to discuss early proposals for how The Charter could be implemented in Rotherham. Further meetings have taken place with the Chamber and RIDO regarding the introduction of the Workplace Wellbeing Charter in Rotherham. Initial feedback supports the introduction of The Charter. Discussions have also taken place with the RMBC HR Director.

8. Finance:
ROHAS currently has 2 part time members of staff delivering the Workplace Health Programme (1.76 whole time equivalent). The cost of the service including staff on costs is £58,927 per annum.

From October 2014 the Government will be phasing in a Health and Work Service that will be available for people who are off work for up to four weeks. The introduction of this service is likely to result in a gradual reduction in the referrals of those on short-term sick leave to the Primary Care Workplace Health Advice Service currently provided by ROHAS. This will give ROHAS the capacity needed to begin a phased introduction of the Charter to Rotherham business.

Implementation of the Workplace Wellbeing Charter in Rotherham will therefore be able to be delivered within existing budgets.

9. Risks and Uncertainties:

It is uncertain at this stage the number of employers who will sign up to the Workplace Wellbeing Charter.

10. Policy and Performance Agenda Implications:

There are two workplace health related indicators in the Public Health Outcomes Framework:

- sickness absence rate
- employment for those with Long Term health conditions/learning disability

The Workplace Wellbeing Charter is one of the key actions in the Public Health England Business Plan 2014 – 2015; Improving the public's health and wellbeing.

ROHAS's work contributes to the delivery of the Health and Wellbeing Strategy, particularly the themes of prevention and early intervention and poverty.

11. Background Papers and Consultation:

1. Feedback from Liverpool Workplace Wellbeing Charter W:\Public Health\02 Health improvement\WWC_Self_Assessment_Standards_A4_Booklet_Liverpool_2_WEB.pdf
2. Workplace Wellbeing Charter Standards W:\Public Health\02 Health Improvement\H@W Charter feedback liverpool.pdf

Contact Name: *Andy Turner, Workplace Health Advisor, Rotherham Public Health*
Tel: 01709 2558380 Email: andrew.turner@rotherham.gov.uk

Liverpool NHS
Primary Care Trust

health@work
Improving Health in the Workplace

The Workplace Wellbeing Charter

The story so far...

The Charter

The Workplace Wellbeing Charter is an opportunity for employers to demonstrate their commitment to the health and well-being of their workforce.

The Charter provides employers with an easy and clear guide on how to make workplaces a supportive and productive environment in which employees can flourish.

It provides a clear set of wellbeing standards, taking a holistic approach that includes physical and mental health, health promotion and ways to evaluate the services and information you are offering. It also aims to share best practice about health and wellbeing within the workplace.

The Charter focuses on three key areas - leadership, culture and communication - where even small steps can make a big difference to the health of staff, and therefore the profitability of an organisation.

The Workplace Wellbeing Charter is open to all and comes in three levels, each containing different standards that need to be achieved. Some, or all, will be relevant, depending on the size and direction of the organisation.

The support offered in Liverpool consists of:

- An initial meeting with a professional workplace health advisor to discuss the different levels, the organisation's current health and wellbeing activity, and to decide which level to aim for.
- An in-depth consultation to identify gaps in the workplace health strategy and offer advice and support to ensure a holistic approach to health, safety and wellbeing and the achievement of the Charter standards.
- Charter accreditation meeting; a trained consultant will review the collated evidence and talk to staff about their experience of health, safety and wellbeing within their workplace.

The story so far

The development of the Charter was a recommendation from the University of Liverpool's Health is Wealth Commission's final report in 2009.

Liverpool Primary Care Trust identified an opportunity to develop a product that could be used to stimulate positive change among employers and subsequently worked with Health@Work to design, develop and deliver the Charter across Liverpool.

The Workplace Wellbeing Charter was launched in Liverpool in April 2010 as part of the Year of Health and Wellbeing, driven forward by Liverpool PCT and Liverpool City Council.

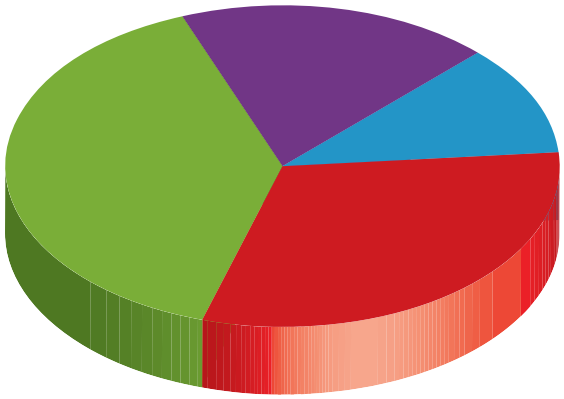
In the first year 56 organisations were accredited

Between April 2011 and March 2012 126 organisations were accredited

Between April 2012 and March 2013 185 organisations will be accredited

Health@Work has also been delivering the Charter in Ashton, Leigh and Wigan on behalf of Active Wigan and the Primary Care Trust, since April 2012. This is the start of a three year programme that will result in 120 organisations being accredited.

Size of Liverpool Charter Organisations



Organisations benefitting from the programme range from small to very large employers:

A Quiet Place, Liverpool Hope University, Alzheimer's Society, Medicash, Abercromby Nursery, Met Quarter, Documents Direct, Merseyside Network for Europe, John Lennon Airport,Symphony Housing Group, Five for Families Trust, KIND, HMP Liverpool, Kuumba Imani Centre, Liverpool City Council, Everton Children and Family Centre, HMRC Queens Dock, GMB, Marriott Hotel, Liverpool Muslim Society, Liverpool Lighthouse, STEC, Liverpool City Council Ethnic Minority & Traveller, City Square Liverpool, Everton Children and Family Centre, Achievement Service, Liverpool Chamber of Commerce, KIND, Gillmoss Medical Centre, St Paschal Baylon's school, Mencap, Westminster MC, Job Centre Plus, Kenyon Fraser and many more.

What the clients have to say...

96% used the Charter to demonstrate their commitment to health

Employers agreed there were very high levels of awareness of the intervention

83% have directly benefitted from the programme

The top benefits identified are:

- Levels of awareness and activity regarding health and wellbeing increased
- Staff morale increased
- Improved policies and procedures

"It has opened management's eyes to happy healthy employees improving their productivity. There's a realisation it is important and it's cheap to implement"

"There have been no real interventions previously in the workplace – it's a new fresh idea"

"Taking part in this initiative has instilled confidence within the team"

"We were able to show that we are committed to the well-being of our staff. The programme also highlighted where we can offer further help to our staff. It has been a worthwhile initiative to complete as an organisation and we are really pleased to show our commitment to our staffs well being."

"Worthwhile programme, found the process easy to follow and well delivered by Health@Work, we are thrilled to have achieved the Charter"

"I found the Charter process really easy to follow and I was really impressed with the support I received from Health@Work, they were really flexible, professional and extremely helpful"

"The process was really quite straight forward; the evidence produced was scrutinised by Health@Work, who helped coach us in the right direction to ensure completion of the Charter."

"Since achieving an 'Excellence' rating, HMP Liverpool have encouraged prison service employees and prisoners to stay fit and well, identify potential health problems, improving staff morale and effectiveness and reducing sickness absence levels"

What the employees have to say...

- 1 in 3 stated the programme had made a great deal or noticeable difference to their health and wellbeing
- Another 1 in 3 felt the programme had made some difference
- That is 20,000 people! Or 17% of the full time employees in Liverpool!

Differences in health and wellbeing most likely to be:

- Increased awareness of health issues
- More healthy eating
- Improved staff morale

Press and media coverage

Medicash health reward

Government sickness absence review

Make working good for you

Good to see sick days are falling

Hotel sets standards

More firms sign up for stress-busting service

Making health a top priority

The heart of the matter

Push to make Bold Street the healthiest in Liverpool

Insurer awarded

It's time to quit

Healthy outlook for businesses

Award for healthy workers

Why do we need workplace health and well-being programmes?

131 million days were lost due to sickness absences in the UK in 2011. [Source: Office of National Statistics Sickness Absence in the Labour Market, April 2012]

For many organisations the cost of absenteeism alone can be huge. Below are some examples based on 2011 from the Chartered Institute of Personal Development's Absence Survey Report.

Public Services

In the public sector the average days lost per employee per year is 9.6 and the average cost per employee per year is £889. An organisation in this sector employing 1000 people will have a cost of absenteeism of around £889,000.

Production and Manufacturing

In the production and manufacturing sector the average days lost per employee per year is 6.5 and the average cost per employee per year is £754. An organisation in this sector employing 250 people will have a cost of absenteeism of around £188,500.

Call Centre

In the call centres the average days lost per employee per year is 12.4 and the average cost per employee per year is £940. An organisation in this sector employing 250 people will have a cost of absenteeism of around £235,000.

Professional Services

In the professional services sector the average days lost per employee per year is 5.1 and the average cost per employee per year is £904. An organisation in this sector employing 50 people will have a cost of absenteeism of around £45,200.

Evidence suggests the cost benefit ratio for programmes targeting absenteeism is between 2.5 and 10.1. [Source: Nice Synopsis of Evidence]

Physical activity programmes at work have been found to reduce absenteeism by up to 20%: Physically active workers take 27% fewer sick days. [Source: Department of Health research July 2011]

Beyond Liverpool

The Workplace Wellbeing Charter, designed and developed in Liverpool, was adopted in its entirety as the national model and endorsed by Dame Carol Black the National Director for Health and Work.

The Charter is now recognised across the UK and is being actively delivered in many areas. Health@Work works alongside partners across Merseyside, Greater Manchester, Lancashire, the South West, Bristol, Coventry, London and the North East. Training, advice and consultancy have been delivered to disseminate the experience Liverpool has in the promotion and implementation of the Workplace Wellbeing Charter.

Liverpool NHS
Primary Care Trust

health@work
Improving Health in the Workplace

www.healthatworkcentre.org.uk

GROUND FLOOR ORLEANS HOUSE
EDMUND STREET LIVERPOOL L3 9NG
T | 0151 236 6608 F | 0151 236 6625
E | info@healthatworkcentre.org.uk

Liverpool City Council

health@work
Improving Health in the Workplace

THE WORKPLACE WELLBEING CHARTER

NATIONAL AWARD for ENGLAND

Funded in Liverpool by Liverpool City Council
Delivered by Health@Work

Self Assessment STANDARDS

www.wellbeingcharter.org.uk

This pack contains an overview of the Workplace Wellbeing Charter, including the Charter Framework, the Assessment Standards and other useful information.

For additional information on the standards, the assessment process and to find local providers please visit:

www.wellbeingcharter.org.uk

On the site you will also find an online self–assessment tool in addition to useful and practical resources to help employers achieve the standards and improve the health and wellbeing of staff.

THE WORKPLACE
WELLBEING CHARTER
NATIONAL AWARD for ENGLAND

Welcome…

The Workplace Wellbeing Charter is an opportunity for employers to demonstrate their commitment to the health and well-being of their workforce. The positive impact that employment can have on health and wellbeing is now well documented. There is also strong evidence to show how having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy.

The Workplace Wellbeing Charter provides employers with an easy and clear guide on how to make workplaces a supportive and productive environment in which employees can flourish.

Organisations of all sizes can use the Charter standards. The entry level has been developed as a baseline for all businesses to achieve and acts as a useful checklist for smaller organisations to ensure legal obligations are met. The criteria for small businesses should not involve significant financial investments, and there are lots of free resources and guidance on the website as well as support from your local provider.

Employers who volunteer to sign up will find help and support available through the website. This will include a network of providers who can offer employers the services and advice they need to meet the Charter, and help them to build the healthy workforce that business needs for the future.

I urge all employers to consider signing up to the Charter, so they can take advantage of what it has to offer both them and their employees.

Professor Dame Carol Black
Expert Adviser on Health and Work to the Department of Health, England

WHAT IS THE WORKPLACE WELLBEING CHARTER AND WHAT DOES IT OFFER?

The Workplace Wellbeing Charter is a statement of intent, showing your commitment to the health of the people who work for you.

Organisations using the Charter, benefit in many ways including:

- **The ability to Audit and Benchmark against an established and independent set of standards** – identifying what the organisation already has in place and what gaps there may be in the health, safety and wellbeing of your employees.

- **Developing strategies and plans** – The Charter provides a clear structure that organisations can use to develop health, safety & wellbeing strategies and plans

- **National recognition** – The Charter award process is robust and evidence based. With over 1,000 organisations across England holding the award, The Workplace Wellbeing Charter is now widely recognised as *the* business standard for health, safety & wellbeing across England. The award helps to strengthen the organisation's brand & reputation and supports in sales and marketing activities.

The Standards and the supporting toolkit materials and topic guides have been funded by Public Health England, and are free for all organisations to use on the website. The aim is to support local health and wellbeing partnerships and employers to maximise the potential of their staff, and to make small changes that have large impacts on staff health and wellbeing'.

Employers that sign up to any of the Public Health Responsibility Deal pledges concerning Health at Work, can use the Charter standards as a road map to fulfil the commitments made in the pledge. Similarly, employers that are taking action under the Workplace Wellbeing Charter may also wish to sign-up to the Health at Work pledges under the Public Health Responsibility Deal, in order to demonstrate their commitment in this area.

HOW DOES THE WORKPLACE WELLBEING CHARTER WORK?

Employers can sign up to it using our online self-assessment tool, and find out what they are already doing right, and where they need to improve.

It is relevant to all businesses, no matter how big or small they are, as long as they employ staff and can demonstrate their commitment to the health and wellbeing of those staff. It is open to all public, private and third sector organisations.

The Charter focuses on three key areas – leadership, culture and communication – where even small steps can make a big difference to the health of your staff, and therefore the health of your organisation.

The Workplace Wellbeing Charter comes in three levels, each containing different standards that need to be achieved. Some, or all, will be relevant to you depending on the size and direction of your organisation. The three levels are Commitment, Achievement and Excellence. You can find out about each of those three levels, and what is required to attain them, in the wording of the Charter itself and via our online self-assessment tool. You can progress from one to another by achieving all of the necessary standards.

For smaller organisations the Commitment level acts as a useful checklist to ensure legal obligations are met. The criteria for Commitment level should not involve significant financial investments, and there are lots of free resources and guidance on the website as well as support from your local provider.

Each of the three levels will consider, in different ways, issues such as leadership, sickness and absence management, awareness of alcohol and drug abuse, smoking, mental health and stress, healthy eating and physical activity.

If employers wish to be formally assessed against the standards there is a network of providers across England who can provide formal accreditation services. Providers are either Local Authorities or social enterprises commissioned to deliver on behalf of Local Authorities. Over 1,000 organisations have received the award across England, with a strong mix of small, medium and large employers across the private, public and third sectors.

To find a local provider simply logon to
www.wellbeingcharter.org.uk

WHO IS THIS FOR?

The Workplace Wellbeing Charter is a voluntary, self-assessment scheme open to all public, private and voluntary sector organisations based in England. Whatever their size, all organisations and businesses can benefit from working towards Charter standards.

WHY YOU SHOULD TAKE PART?

There is a growing body of evidence to show the financial benefits enjoyed by organisations that implement well-being programmes, including reduced sickness absence, improved productivity and reduced staff turnover.

According to the Office of National Statistics 131 million days were lost due to sickness absences in the UK in 2013.

With employers and employees bearing the burden of sickness absence costs, and the economy losing the output of those who are not in work, it's in everyone's interests to improve the health and well-being of working age people.

The Chartered Institute for Personnel and Development agrees, pointing out that the high costs of absence and 'presenteeism' highlight the value of a strong focus on managing health for all organisations. Effective communications with employees and line managers to identify threats to well-being and a robust understanding of the causes of absence are an essential part of this to ensure effective and timely interventions.

'For many employers, the costs of ill-health, which, given the ageing population and the increase in chronic disease, will only grow in the absence of intervention, is enough to justify a comprehensive wellness scheme'.

PriceWaterhouseCoopers LLP, Building the Case for Wellness (2008).

CHARTER FRAMEWORK

To achieve the maximum benefit and return on employee health and well-being, it is important your organisation has three key elements in place to make your initiatives both successful and sustainable – Leadership, Culture and Communication.

The diagram below shows some examples of what could support each of these areas.

The Three Key Elements of the Charter Framework

THE STANDARDS OF THE WORKPLACE WELLBEING CHARTER

This self-assessment contains standards under each of the main areas that your organisation can address to improve the health and well-being of your employees. The purpose of the standards are to provide a guide as to what steps can be taken and give an indication of where you may need to improve, or where you are doing well.

Under each area, the standards are separated into three categories: Commitment, Achievement and Excellence. These categories are there to provide a general overview as to how you are performing in each area.

COMMITMENT

Your organisation has a set of health, safety and wellbeing policies in place and has addressed each area, providing employees with the tools to help themselves to improve their health and well-being.

ACHIEVEMENT

Having put the building blocks in place, steps are being taken to actively encourage employees to improve their lifestyle and some basic interventions are in place to identify serious health issues.

EXCELLENCE

Not only is information easily accessible and well publicised, but the leadership of the organisation is fully engaged in well-being and employees have a range of intervention programmes and support mechanisms to help them prevent ill-health, stay in work or return to work as soon as possible.

GUIDANCE

In order to progress from one level to another within any one area, e.g. from commitment to achievement within Physical Activity, you must fully meet all of the standards in the lower level.

Against each standard are four options. These indicate where your organisation currently stands on any particular issue:

THE WORKPLACE
WELLBEING CHARTER
NATIONAL AWARD for ENGLAND

Fully Met (FM)

Every aspect of the standard has been met or exceeded. The organisation can evidence this both by documented and practical examples where applicable.

Partially Met (PM)

Some or most of the standard has been met and can be evidenced. This option should be selected if the organisation undertakes activities to meet the standard but cannot evidence it or have not effectively communicated with employees about it.

Not Met (NM)

None or very little of the standard has been met. This option should be selected if activities, procedures or systems are still under development or have not been implemented.

Not Applicable* (NA)

The standard covers an area that does not relate to the organisation due to the nature of its activities, location or other practical reason.

For additional information on the standards, the assessment process and to find local providers please visit:

www.wellbeingcharter.org.uk

On the site you will also find an online self – assessment tool in addition to useful and practical resources to help employers achieve the standards and improve the health and wellbeing of staff.

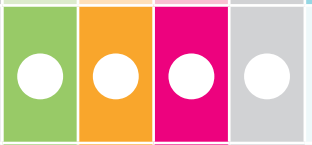
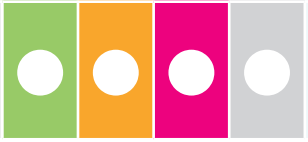
Leadership

Commitment	FM	PM	NM	NA	Notes/Evidence
The organisation has assessed its needs and priorities around health and work.	○	○	○	○	
Management can demonstrate the process for ongoing consultation and communication with staff on relevant workplace health issues. (Where there is a recognised Trade Union, this should be through an appropriate agreement with them.)	○	○	○	○	
Senior Management encourage a consistent and positive approach to employee well-being throughout the organisation.	○	○	○	○	
The organisation is aware of its responsibilities under the Equality Act 2010 and other equality legislation is known and adhered to.	○	○	○	○	
There is an effective communication policy in place.	○	○	○	○	
An effective policy and procedure to tackle bullying and harassment has been implemented.	○	○	○	○	
Flexible working practices and family friendly policies are in place.	○	○	○	○	
An effective policy is in place for whistle-blowing.	○	○	○	○	
Effective policies are in place to manage disciplinary and grievance procedures.	○	○	○	○	

Achievement					
A system is in place that recognises and rewards good work.	●	●	●	●	
Managers understand the main issues that impact on the health and well-being of their team.	●	●	●	●	
Line managers have relevant leadership and management training.	●	●	●	●	
Excellence					
Line managers demonstrate regular joint working and shared decision making with employees and empower employees to work in an independent way.	●	●	●	●	
Line Managers have training in how to have difficult conversations, developing people skills and resolving disputes.	●	●	●	●	
Employees are offered learning and development opportunities to maximise their potential.	●	●	●	●	
Evidence of managing organisational development and change appropriately.	●	●	●	●	
The organisation has a health, work and well-being strategy in place with a detailed action plan.	●	●	●	●	

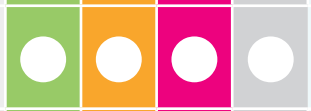
Absence Management

Commitment	FM	PM	NM	NA	Notes/Evidence
A clear attendance management policy is in place and procedures are known to staff.	○	○	○	○	
Contact is maintained with absent employees to provide support and aid return to work.	○	○	○	○	
Documented return to work procedures are in place and followed.	○	○	○	○	
Return to work interviews are conducted and recorded with concerns /appropriate support recorded and provided.	○	○	○	○	
Specific risk assessments for individuals are conducted and take into account a person's health status.	○	○	○	○	
Reasonable adjustments are available to employees in line with recommendations made in a Statement of Fitness for Work.	○	○	○	○	
Achievement					
Absence rates and causes are collected and monitored.	○	○	○	○	
Interventions are undertaken where patterns indicate trends of absence.	○	○	○	○	
Managers have participated in Attendance Management training.	○	○	○	○	

Excellence					
Absence trends are monitored across the organisation and specific programs are designed and implemented to address the issues identified to prevent further absence.					
The organisation's return to work policies are designed to support sustainable rehabilitation and early return to work with adjustments made to accommodate this when necessary.					
The organisation has a proactive system in place to support staff on long term sick to return to work and will raise awareness of and support staff with long term conditions.					

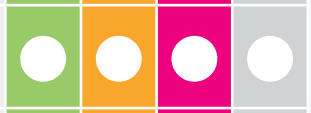
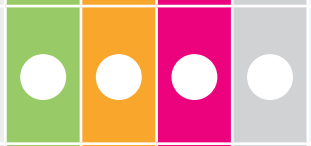
Health and Safety

Commitment	FM	PM	NM	NA	Notes/Evidence
Demonstrate an awareness of legal obligations in relation to health and safety.	○	○	○	○	
Relevant health and safety policies and procedures are in place to demonstrate compliance with health and safety legislation.	○	○	○	○	
A risk assessment programme has been implemented and all staff are informed of the workplace risks that affect them and the controls in place.	○	○	○	○	
The workplace environment is conducive to health and employee welfare should be addressed – drinking water, washing facilities, clean toilets, eating facilities etc.	○	○	○	○	
Health and safety training has been given to all staff.	○	○	○	○	
Achievement					
Systems are in place for staff to raise and resolve health and safety issues.	○	○	○	○	
All health and safety policies and workplace activities are regularly monitored for new hazards and improvements are made.	○	○	○	○	

Excellence					
There are identified health and safety representatives (Trade union and/or company representatives).					
Staff representatives have been involved in the development and/or evaluation of health and safety policies.					
There is a clear emphasis on prevention of ill health across all health and safety policies.					
All managers have received health and safety management training.					
Regular health and safety meetings are held and recorded.					

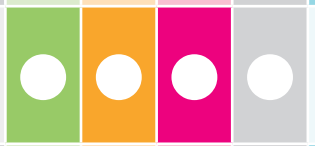
Mental Health

Commitment	FM	PM	NM	NA	Notes/Evidence
Provide information to employees to reduce the stigma around mental ill-health.	○	○	○	○	
Provide information about mental health and well-being, including work-related stress, and additional further information readily available to staff at all levels.	○	○	○	○	
The organisation ensures that employees are made aware of their legal entitlements regarding working conditions.	○	○	○	○	
The organisation has implemented a mental wellbeing policy that follows the principles of the Health and Safety Executives Management Standards for Stress.	○	○	○	○	
Ensure employees are aware that mental health and well-being issues are valid and people seeking to address these issues are fully supported by the organisation at all levels.	○	○	○	○	
Achievement					
Mental health management training is able to be accessed to help managers identify employees with potential issues.	○	○	○	○	
The organisation has an individual performance review system in place. This allows employees to comment on work related and personal issues that affect their performance and enables training needs to be identified.	○	○	○	○	
The organisation has a protocol in place for the use of risk assessments to prevent stress. This is conducted on an individual and organisational level and is regularly reviewed.	○	○	○	○	
Education and development opportunities are routinely available to managers and staff to enhance their skills and knowledge around workplace mental health issues.	○	○	○	○	
The organisation provides appropriate avenues of communication to keep staff at all levels informed of changes.	○	○	○	○	

Excellence					
A mental health and well-being strategy/stress prevention strategy is in place and followed. This should highlight the promotion of mental wellbeing to the organisation and address investment in the mental wellbeing of the workforce.					
Mental health awareness training is available for all employees and it has been delivered to the majority of employees.					
Staff consultations/surveys take place that seek information on the mental wellbeing of staff and also covers working conditions, communication, work life balance, cost of living wage, staff support and work related or other causes of stress, with action plans drawn up to address major issues.					
The organisation provides a confidential support service in-house or externally to individuals who come forward with a problem.					
Ensure organisational and individual change is accompanied by support, information or targeted intervention programmes e.g. retirement, redundancy planning.					
Social support groups, volunteering and out-of-work activities are actively encouraged and supported by the organisation.					

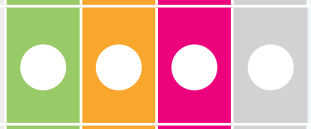
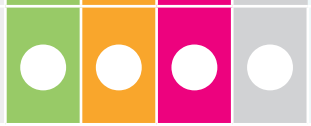
Smoking and Tobacco

Commitment	FM	PM	NM	NA	Notes/Evidence
Management are aware of their duties under smoke-free legislation and are in compliance.	○	○	○	○	
All staff are aware of the smoke-free and tobacco control laws and how they are applied in their workplace.	○	○	○	○	
Sources of further information and support to quit smoking are readily available.	○	○	○	○	
A working smoke-free policy is in place and staff are aware of it.	○	○	○	○	
The smoke-free policy extends to all smoking habits including Electronic-cigarettes.	○	○	○	○	

Achievement					
Building managers, reception staff, ground staff and those operating in communal areas are aware of how to report breaches of the smoke-free policy.					
Excellence					
All open areas (outdoor) are clearly signposted as smoke-free and steps are taken to prevent smoking in these areas.					
Actively promote ‘stop-smoking’ services and allow staff time to attend.					

Physical Activity

Commitment	FM	PM	NM	NA	Notes/Evidence
A physical activity statement is in place and employees are aware of it.	○	○	○	○	
Information is made available on the benefits of physical activity.	○	○	○	○	
The minimum legally required breaks are taken by all staff.	○	○	○	○	
Staff are encouraged to take regular breaks.	○	○	○	○	
Achievement					
Physical activity in the workplace is actively encouraged and supported by the physical environment.	○	○	○	○	
Physical activity opportunities in the local area are actively promoted to staff and supported by the organisation.	○	○	○	○	

Excellence					
Opportunities for physical activity linked to the workplace have been investigated and implemented. These activities are sustained over long periods to become embedded in the organisational culture.					
Tailored programmes to improve understanding and take-up of physical activity are offered.					
The organisation has a travel plan that promotes physically active ways of getting to and from work and travelling between meetings.					

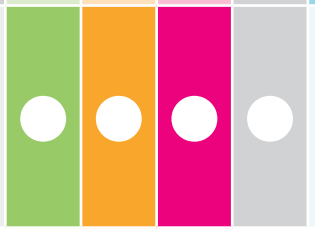
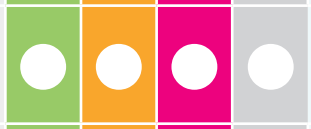
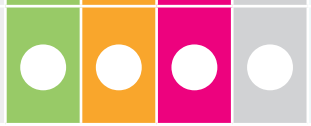
Healthy Eating

Commitment	FM	PM	NM	NA	Notes/Evidence
A healthy eating statement is in place and employees are aware of it.	○	○	○	○	
Appropriate, acceptable and accessible information on healthy eating is provided.	○	○	○	○	
Any kitchen facilities or beverage areas are in good condition and conform to the highest possible standards and requirements of food hygiene.	○	○	○	○	
Wherever possible, eating facilities that are clean and user friendly are provided away from work areas. Use of these facilities is promoted to enable regular breaks away from the work area.	○	○	○	○	
Achievement					
Any on-site catering facilities provide healthier options that are actively promoted.	○	○	○	○	

Excellence					
A corporate healthy eating food plan, guidelines or similar has been produced in consultation with staff that covers: • Corporate hospitality • Catering provision • Local sourcing of food using local providers • Vending/in-house catering pricing strategy to promote healthy options • Local healthy food availability for staff considered as part of facilities management.	●	●	●	○	
Tailored programmes to improve understanding and take-up of healthier diets are offered.	●	●	●	○	
Internal or external support is on offer for those who wish to lose weight.	●	●	●	○	
Rolling schedule of planned events to promote the importance of healthy eating are in place.	●	●	●	○	

Alcohol & Substance Misuse

Commitment	FM	PM	NM	NA	Notes/Evidence
A working Alcohol and Substance Misuse Policy is in place, regarding the use of alcohol and other substances in the workplace, that is clear and consistent.	○	○	○	○	
Employees are provided with information about the effects of alcohol and substance misuse that is appropriate, acceptable and accessible.	○	○	○	○	
Alcohol policy includes guidelines on the use of alcohol at business functions.	○	○	○	○	
Employees are supported in seeking help to treat alcohol or substance misuse issues. This includes providing sources of further information and support that are readily available.	○	○	○	○	
Achievement					
Organisational code of conduct and behaviour in relation to alcohol and substances has been well established and well publicised.	○	○	○	○	
New employees are made aware of how to access relevant policies, information and support services at the point of induction.	○	○	○	○	

Excellence					
Managers at all levels are aware of the link between alcohol, substance misuse and mental health in the workplace and aware of why staff may be reluctant to come forward with related problems. Managers actively promote the use of external help and rehabilitation when approached.					
Employees are aware of link between alcohol, substance misuse and mental health in the workplace.					
Staff representatives from various levels of the organisation are involved in the development or review of the policy which addresses alcohol and other substances.					
Managers have access to information on how to identify the signs of alcohol / substance misuse and are aware of where to obtain support or signpost employees with a problem.					
Employees have access to alcohol awareness training and it has been delivered to the majority of the employees.					

HOW DO I DO THIS?

1. How healthy is your business?

- Health surveys
  – health status of staff and the business
  – awareness of health needs
  – ask them!

2. Is workplace health embedded into your business?

- Identify a workplace health and well-being champion
- Board reports on progress
- Policies and procedures in place

3. Are you engaging with your staff?

- Staff focus-groups
- Suggestion box
- Health, Work and Wellbeing group
- Good communication using appropriate media

4. What will success look like?

- Action plans
- Identify quick wins and longer term goals
- Make local connections to health promotion teams

5. How will you know you have got it right?

- Evaluate your programme
- Record your progress
- What changes in absenteeism have you seen?
- Has it been easier to recruit new staff?
- Has your staff turnover reduced?
- Have you seen an improvement in productivity?
- Has your business reduced costs?
- Is there a change in morale? Make sure you find out staff opinion!
- Is there a change in disciplinary numbers?

FURTHER NOTES/EVIDENCE

Liverpool City Council

health@work
Improving Health in the Workplace

THE WORKPLACE
WELLBEING CHARTER
NATIONAL AWARD for **ENGLAND**

HEALTH@WORK
Ground Floor Orleans House
Edmund Street
Liverpool
L3 9NG

0151 236 6608
info@healthatworkcentre.org.uk

www.wellbeingcharter.org.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1	**Meeting:**	**Cabinet Member for Adult Social Care & Health**
2	**Date:**	**20 October 2014**
3	**Title:**	**Rotherham Regional Independent Peer Performance Assessment 2014 – Adult Social Care Outcomes Framework**
4	**Directorate:**	**Neighbourhoods and Adult Services**

5 **Summary**

This report provides the outcome of Rotherham's Independent Peer Performance Assessment 2014 for the Adult Social Care Outcomes Framework. The assessment is carried out by independent regional ADASS (Association of Directors of Adult Social Services) Standards and Performance officers as part of the Yorkshire and Humberside Sector Led Improvement Model.

This is Rotherham's third independent assessment. It clearly demonstrates a positive picture of Rotherham's direction of travel, how Rotherham compares with others in the region and our statistical neighbourhood, areas of strengths and areas for further investigation. Rotherham has improved in 14 out of 18 national Adult Social Care Outcomes Framework measures over the last 12 months and 16 over the last two years.

6. Recommendations

- **Cabinet Member notes the content of the independent peer performance assessment for Rotherham and the positive picture for Rotherham and the plans to address areas for further investigation.**

7. Proposals and Details

This is Rotherham's third independent peer performance assessment report. This independent assessment, carried out by other local authorities in the region, identifies Rotherham's 'outlier' performance, shows comparison against regional and national comparator groups and demonstrates Rotherham's direction of travel over the last two years. The report signposts us to the best performers in the region so that we can learn from others and put in place supportive buddy arrangements. Performance assessment reports have been subject to a moderation process which includes comments from the relevant local authority DASS which enables performance to be placed within a true context.

The report does provide a clear recognition of Rotherham's strengths and self-awareness. Key strengths highlighted

- Rotherham is best in the region and amongst comparators for the levels of satisfaction amongst service users and the level of satisfaction with information and advice responding to the national annual user survey.
- Eligible community based service users receiving self-directed support is extremely high – best in the region and top of the comparator group.
- Proportion of people who use services who have control over their daily lives. (Best in the region and above average amongst comparators)
- Rotherham provides community based services for a high number of mental health service users – second in the region.
- Delayed transfers of care from hospital attributable to adult social care. (Regionally 3rd)
- Social Care Quality of Life results also put Rotherham as the best in the region.

The report also clearly shows Rotherham has made good progress on all ASCOF measures over the last two years. The report particularly highlights that satisfaction of service users is the highest in the region and our comparator group. This is in recognition of the work over the last three years to learn from customer experience to address and streamline our processes particularly in the way we carry out assessments and review. This has also contributed to a year on year reduction of complaints.

Rotherham improvement journey goes much further than the report demonstrates. Rotherham has shown positive direction of travel on all key national measures over the last four years.

- Customers perception of their quality of life has improved from 2011 to 2014 (19.1 to 19.4), the best in the region

- 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

- Increased the % of people receiving self-directed support from 50.45% (10/11) to 80.3% (13/14), the best in the region

- Increased the % of people receiving direct payments from 9% (10/11) to 16.3 (13/14)

- Supported more people with learning disabilities into employment (4.1% in 10/11 to 6% in 13/14)

- Supported more people with mental health issues into employment (4.2% in 11/12 to 4.8% in 13/14)

- Helped more people with learning disabilities to live independently (72.5% in 10/11 to 79.6% in 13/14)

- Helped more people with mental health issues to live independently (63.4% in 10/11 to 75.5% in 13/14)

- Reduced the % of younger adults in residential care (25.7 in 11/12 to 12.2 in 13/14 – per 100,000)

- Reduced the % of older adults admitted into residential care (953.5 in 11/12 to 694.6 in 13/14 – 100,000)

- Supported more people through re-ablement to be at home 91 days after hospital discharge (85% 10/11 to 87.7% 13/14)

- Offered more people re-ablement (0.8% 10/11 to 1.7% 13/14), of the whole adult social care customer base

- Reduced the numbers of people effected by delayed transfers from hospital (7.1 10/11 to 4.9 13/14)

- Reduced the numbers of people effected by delayed transfers from hospital as a result of social care (2 10/11 to 1 13/14)

- Increased satisfaction with adults social care services (68.7% 10/11 to 74.7% 13/14), best in the region

- Increased satisfaction with information and advice (adult social care) (75.8% 11/12 to 80.9% 13/14), best in the region

- Increased perception of how safe people feel (60.7% 11/12 to 68.8% 13/14) adult social care customers

- Increased the perception of how safe people as a result of social care services (77.8% 11/12 to 82.2% 13/14)

- Increased the % of assessments completed in time (69.35 07/08 to 90.8% 13/14)

- Increased the % of care packages put in place in time (90.9% 08/09 to 98% 13/14)

- Increased the % of annual reviews completed (45.9% 07/08 to 93.2% 13/14)

- Increased the % of safeguarding cases strategies held in target timescales (86.38% 11/12 to 94% 13/14)

- Increased % of services provided to Carers (22.3% 07/08 to 32.5% 13/14)

The assessment is a fair and positive reflection on adult social care performance in Rotherham. As regards to the area highlighted for further investigation this is an area the council is already aware of and have plans in place to make significant improvements. We will work with others from the region, identified in this report, to make further improvements in these areas.

Areas for further investigation:

- Re-ablement Offered

  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'.

Other improvement areas:

- Mental Health Employment

  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.

We feel that the overall Sector Led Improvement process provides us with useful benchmarking information and allows us to take part in improvement activity with other local authorities that are best placed to help us.

We are pleased to accept assistance from buddies in the areas which have been highlighted as needing improvement, especially carers with services provided. This will allow our own internal or partnership improvement plans to be supported by existing good practice in the region. We have already made contact with Sheffield and Barnsley regarding re-ablement and delayed transfers respectively and are in discussions with Doncaster regarding Mental

Health Employment. Over the last 12 months Rotherham has supported York, Hull and Doncaster through the SLI process.

The Yorkshire and Humberside Sector Led Improvement Story (Appendix 1) details the regional approach, case studies from every council and how Rotherham has used SLI to improve its performance.

8 Finance

The programme for Sector Led Improvement has a provisional national budget of £800k. The region has been allocated a budget of £50k to fund improvement activity. The budget sits with the regional Standards and Performance group to allocate to projects that will support sector led improvement across the region.

9 Risks and Uncertainties

- The continuing budget pressures and drivers for efficiencies may have a negative impact on future performance. Each efficiency proposal will set out the impact for customers and performance.
- The Care Bill sets out a number of new requirements over the next 2 years. Guidance is still being developed however the implementation may impact on performance. Performance and Quality are working alongside the Health & Wellbeing service area to mitigate this risk.
- The current issues regarding Child Sexual Exploitation and the Alexis Jay report may have a negative impact in the 2014/15 annual user surveys.

10 Policy and Performance Agenda Implications

- Rotherham has been actively involved in the development of the national state of adult social care report. We are one of five councils nationally to be involved in the analysis and interpretation of national data which will feed into the final report. This is in recognition of our regional work on Sector Led Improvement.
- Rotherham plays a pivotal role in Sector Led Improvement in the region. Tom Cray is chair of the regional Standards and Performance Group and is the regional DASS chair. These groups are responsible for the delivery of the overall Sector Led improvement model for the region.
- Key measures in this report feed into the delivery of the Councils Corporate Plan – Priority 2: *Protecting our most vulnerable people and families, enabling them to maximise their independence*

11 Background Papers and Consultation

- The Yorkshire & Humberside Sector Led Improvement Story
- National NASCIS08 report – Rotherham Council

Contact Name: Dave Roddis
Telephone: (01709) 823781
E-mail: dave.roddis@rotherham.gov.uk

Contact Name: Scott Clayton
Telephone: (01709) 255949
E-mail: scott.clayton@rotherham.gov.uk

Yorkshire and Humberside
Association of Directors of Adult Social Services

Sector Led Improvement

Independent Peer Performance Assessment Report 2014

ASCOF DATA

ROTHERHAM COUNCIL

Introduction

This assessment has been undertaken by the Yorkshire and Humber regional ADASS Performance and Standards group. The review has been undertaken by way of analysis of the NASCIS008 ASCOF document.

This document is the first element of the three stages outlined below

1. Performance headlines and observations against the 4 **ASCOF** domains including areas noted as good practice along with **outlier indicators.** The indicator analysis is based on comparator and regional group averages for ASCOF and provides the direction of travel of the individual council's performance over the last two years.
2. Feedback from the regional **mystery shopping exercise** on access to services
3. Observations of the **Local Account** against the list agreed by the regional Performance and Standards ADASS Group. This includes general professional observations from an independent Review Team as well as a report from a customer's perspective of the Local Account. The observation is regional based support intended to help councils develop their final versions prior to full publication.

The information obtained from the first two stages will inform an assessment to be made relating to the overall delivery of services within the individual council. This assessment is then cross checked with the Local Account which the authority submits to the region and is checked by the Review Team in order to determine the level of self-awareness currently existing within the Council.

The following councils are the top three performers (where there is a tie four councils are listed) regionally for the following ASCOF measures:

- **Social Care Quality of life (1A) –** East Riding, Rotherham, Hull
- **Control over daily life (1B) –** Leeds, Rotherham, North Lincs
- **Self Directed Support (1Ci) –** Rotherham, North East Lincs, Bradford, Hull
- **Receive Direct Payments (1Cii) –** Sheffield, North East Lincs, East Riding
- **LD Employment (1E) –** North East Lincs, Kirklees, York, Calderdale
- **Mental health employment (1F) –** East Riding, North Yorks, York
- **LD Independence (1G) –** Barnsley, Calderdale, Sheffield
- **MH Independence (1H) –** Doncaster, Rotherham, Sheffield, NE Lincs
- **Social Contact (1I) –** Bradford, East Riding, NE Lincs
- **Admissions younger adults (2Ai)** – Bradford, Calderdale, North Yorks
- **Admissions older adults (2Aii) –** North Yorks, Kirklees, Leeds
- **Re-ablement effectiveness from hospital – at home after 91 days (2Bi) –** North East Lincs, Bradford, North Lincs, Leeds
- **Reablement service offered following hospital discharge (2Bii) –** Sheffield, Hull, North Yorks
- **Delayed Transfers (2Ci) –** Barnsley, North Lincs, Bradford
- **Delayed Transfers Social Care (2Cii) –** Barnsley, Hull, Rotherham
- **Satisfaction (3A) –** East Riding, Rotherham, Hull
- **Information and advice (3D) –** NE Lincs, Rotherham, East Riding
- **Feel Safe (4A) –** Bradford, East Riding, North Lincs
- **Feel Safe as a result of services (4B) –** East Riding, NE Lincs, North Lincs

Performance Headlines – ASCOF Domains

The following section contains an assessment of the council against the Adult Social Care Outcomes Framework measures. This assessment provides a picture of direction of travel compared to 2011/12 and 2012/13, areas of strength and areas which require further investigation by the local authority. Included in the assessment are the outliers (regional and comparator group top 3 / bottom 3 performance) taken from public available ASCOF data return.

Rotherham Council – Trend Data

The table below shows the performance for the council on each indicator over the last three years. Direction of travel is against performance in 2012/13 and then a direct comparison against the baseline of 2011/12 (the first year of the Yorkshire & Humber SLI model).

Measure	11/12	12/13	13/14	DOT 12 to 14	DOT 13 to 14	Y & H Ranking
Social Care Quality of life (1A)	19.1	19.2	19.4	▲	▲	1
Control over daily life (1B)	76.7	71.8	84	▲	▲	1
Self Directed Support (1Ci)	77.1	80.2	80.3	▲	▲	1
Receive Direct Payments (1Cii)	10.3	16.1	16.3	▲	▲	9
LD Employment (1E)	4.8	5.9	6	▲	▲	8
Mental health employment (1F)	4.2	6.4	4.8	▲	▼	13
LD Independence (1G)	76.4	76.2	79.6	▲	▲	8
MH Independence (1H)	64.5	78.6	75.5	▲	▼	2
Admissions younger adults (2Ai)	25.7	19.8	12.2	▲	▲	9
Admissions older adults (2Aii)	953.5	764.5	694.6	▲	▲	7
Re-ablement effectiveness from hospital – at home after 91 days (2Bi)	85.5	86.7	87.7	▲	▲	8
Reablement service offered following hospital discharge (2Bii)	1.8	1.7	1.7	▼	▲	8
Delayed Transfers (2Ci)	4.8	4.1	4.9	▼	▼	4
Delayed Transfers Social Care (2Cii)	1.1	0.5	1	▲	▼	3
Satisfaction (3A)	72.5	73.3	74.7	▲	▲	1
Information and advice (3D)	75.8	80.8	80.9	▲	▲	1
Feel Safe (4A)	60.7	67.4	68.8	▲	▲	7
Feel Safe as a result of services (4B)	77.8	81.8	82.2	▲	▲	7

Direction of Travel

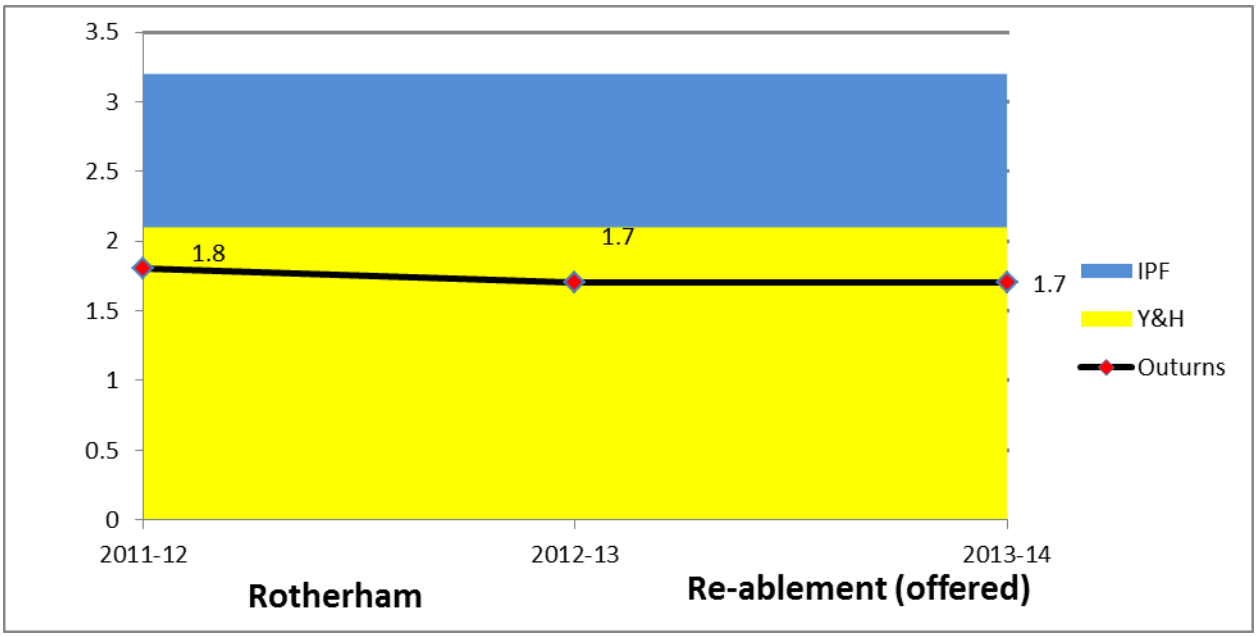
Improvement • **14 out of 18 measures improved since 2012/13** • **16 measures have improved since 2011/12**	**Over the last 12 months:** ○ **Quality of Life** ○ **Control of daily life** ○ **Self Directed Support** ○ **Direct Payments** ○ **LD Employment** ○ **LD Independence** ○ **Admissions (younger adults)** ○ **Admissions (older adults)** ○ **Re-ablement (effectiveness)** ○ **Re-ablement (offered)** ○ **Satisfaction** ○ **Information and Advice** ○ **Feel Safe** ○ **Feel Safe as a result of service**	**Since 2011/12:** ○ **Quality of Life** ○ **Control of daily life** ○ **Self Directed Support** ○ **Direct Payments** ○ **LD Employment** ○ **MH Employment** ○ **LD Independence** ○ **MH Independence** ○ **Admissions (younger adults)** ○ **Admissions (older adults)** ○ **Re-ablement (effectiveness)** ○ **Delayed Transfers (Social Care)** ○ **Satisfaction** ○ **Information and Advice** ○ **Feel Safe** ○ **Feel Safe as a result of service**
Deterioration • **2 measures have declined since 2011/12, 0 measures have deteriorated 2 years running.**	**Over the last 12 months:** • **MH Employment** • **MH Independence** • **Delayed Transfers** • **Delayed Transfers (Social Care)**	**2 years running:**
Top 3 (Region) • **In 2013/14, 7 measures are Top 3 in the region, 2 are best in region (Quality of life, Self Directed Support)**	○ **Quality of Life** ○ **Control over daily life** ○ **Self Directed Support** ○ **MH Independence** ○ **Delayed Transfers (Social Care)** ○ **Satisfaction**	

	○ **Information & Advice**
Bottom 3 (Region) • **In 2013/14, 1 measure in the bottom 3 in the region**	○ **MH Employment**
Top 3 (IPF) • **In 2013/14, 5 measures top 3 in the IPF group**	• **Quality of Life** • **Control over daily life** • **Self Directed Support** • **Re-ablement (effectiveness)** • **Satisfaction**
Bottom 3 (IPF) • **In 2013/14, 1 measures in the bottom 3 in the IPF group**	○ **Re-ablement (offered)**
Areas of Strength (based on improvement and regional and IPF rankings)	○ **Quality of Life** ○ **Control over daily life** ○ **Self Directed Support** ○ **Satisfaction**

Areas for further investigation

Critical areas requiring further Investigation (based on deterioration over 2 years and bottom 3 IPF)	○ **Re-ablement (offered)**

The following graphs show direction of travel over the last 2 years and comparison against the IPF and regional average for each of the measures where it is suggested that the Council undertakes further analysis.



1.	**Meeting**	**Cabinet Member Adult Social Care & Health**
2.	**Date**	**20/10/2014**
3.	**Title**	**The Gate –New Registrations Screening Pilot**
4.	**Directorate**	**Public Health**

5. Summary

A two-year pilot to provide an initial health assessment for vulnerable communities who have not yet registered with a GP. The Gate Surgery specialises in supporting those people who have difficulty accessing mainstream health and social care services. The service will work flexibly and proactively across a range of complex and interlinked issues affecting the adults and families at greater risk of or experiencing poor health, substance misuses or risk of neglect or sexual exploitation. People from some of our most deprived communities have higher levels of TB, blood borne viruses and STI's as well as low uptake of vaccinations and may not be registered with a GP. Drug alcohol and substance misuse as well as high levels of mental health problems pose further risks to these individuals and their families. It is therefore essential that we develop a clear health and safeguarding framework for assessment of this population group and have in place a strategy to limit the spread of these infections and protect the most vulnerable from harm.

Common health problems experienced by vulnerable communities include the following;

PHYSICAL HEALTH
Communicable diseases
e.g. TB, HIV, Hepatitis B and C Measles Syphilis and Gonorrhoea
Chronic diseases
e.g. diabetes, coronary heart disease
Dental disorders
Disability

SAFEGUARDING & SEXUAL HEALTH
Consequences of trafficking/prostitution
Poor uptake of STI screening and contraception services

MENTAL HEALTH
e.g. anxiety, depression

WOMEN'S HEALTH
e.g. poor antenatal care and pregnancy outcomes,

CHILDREN'S HEALTH
e.g. incomplete and uncertain immunisation,
no routine screening

DRUG and ALCOHOL
Risk of exploitation and alcohol misuse

6. Recommendations

That the Cabinet Member:-

- **Approve the establishment of a two-year screening pilot for people not registered with a GP who register at the Gate Surgery**

- **Approve funding of the pilot from non-recurrent savings in the ring fenced public health monies**

7. Proposals and details

A detailed screening proforma has been developed by the Gate which includes aspects of nationally recommended disease screening. This will be held on SystmOne – the GP Computer system. A report will be collated at 12 months and at completion of the pilot.

The proposed assessment would cover:

- Identifying and reporting any safeguarding and social issues (including, but not limited to language and learning needs/disability, risk of domestic abuse)
- Collecting a general medical history
- Baseline observations (height, weight, waist circumference, blood pressure, baseline bloods as required, children's growth pattern initial observation)
- Identification and treatment of any existing long-term conditions requiring ongoing medication
- Bringing childhood immunisations/vaccinations up to UK schedule
- Risk assessment and testing as necessary for blood borne viruses (Hepatitis B, Hepatitis C, HIV), Syphilis and Gonorrhoea
- Tuberculosis testing as required
- Rubella susceptibility testing
- Identifying cervical cytology history/needs
- Contraception/LARC as required
- Onward referral to health services (e.g. health visiting and dental health services) and other support (English language lessons, living in the community training) as necessary
- Onward referral to Social services as appropriate
- Introducing the new arrival to the different health services in Rotherham and appropriate use of them

If the individual has not registered with a GP already, a list of practices near their home would be provided. Confirmation of the assessment and a report would be given to the individual to pass to the general practice where they want to register.

In addition for children screened cross checking with the local authority children's register.

8. Finance

Non-recurrent – (Set up costs) 9,500.00 – recruitment, additional equipment

Recurrent costs Pay - 49,592.84 Non-pay - 600.00

TOTAL COST	£
Year 1	59,692.84
Year 2	50,192.84

9. Risks and uncertainties

- Many people can carry a blood borne virus without symptoms, but the risk of transmission to others remains. *Early detection would reduce the risk of transmission and improve prognosis, reducing both morbidity and mortality as many of the blood borne viruses may result in long term liver disease.*
- Low immunisation coverage and increased mobility increases the risk of diseases being imported that have generally been eradicated in the UK. Failure to identify and correct gaps in the immunisation programme increases the risk of morbidity, disability and mortality. *Opportunity to bring immunisations/ vaccinations up to UK schedule for adults and children*.
- Not all eligible new entrants are currently screened for TB and all those requiring BCG may not be identified. *Screening for TB from areas of high prevalence would detect latent TB which could be managed to reduce the likelihood of reactivation and onward transmission and vaccinate those who are eligible for BCG.*

10. Policy and Performance Agenda Implications

Local intelligence collated from this pilot will provide useful local evidence on safeguarding and other health protection initiatives for people residing in Rotherham.

11. Background Papers and Consultation

JSNA

12. Keywords:

Officer: **John Radford MRCGP GMC No. 2630063**

Director of Public Health

Telephone: **01709 255845**

Email: **john.radford@rotherham.gov.uk**

Web: **www.rotherham.gov.uk/publichealth**

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1. Meeting:	**Cabinet Member for Adult Social Care and Health**
2. Date:	**20th October 2014**
3. Title:	**Supporting People Floating Support Services Commissioning Intentions**
4. Directorate:	**Commissioning (NAS)**

5. Summary:

5.1 14 floating support services were previously commissioned through a competitive tender process in 2010-11. Contract commencement was 1st April 2011 for 3 years with the option to extend for a further year subject to performance and quality.

5.2 These contracts are coming to an end on the 31st March 2015.

5.3 The current overall cost of the 14 floating support services is c. £1,368,000, with a capacity of 2033 at any one time.

5.4 The paper explains the current position of the SP programme, the recent presentation for the internal budget challenge process and details the extension period required to ensure appropriate commissioning actions are taken prior to a tender process for these services.

6. Recommendations

Cabinet Member is asked to:-

6.1 Note the content of the report.

6.2 Approve the extension of contract as detailed in 9.1.

CONFIDENTIAL

7. Background

7.1 14 floating support services were previously commissioned through a competitive tender process in 2010-11. Contract commencement was 1st April 2011 for 3 years with the option to extend for a further year subject to performance and quality.

7.2 The total annual contract values for all contracts prior to the original tender process in 2010-11 were £1,992,000. An overall saving of £321,000 per annum was made (16%). This was achieved whilst improving the level of service to customers;

- All appropriate floating support services are now accessible to 16 and 17 year olds
- All mental health floating support services are now accessible to people with autistic spectrum disorder
- Across all 14 services the total capacity (in units at any one time) has increased from 1995 to 2033. The average number of hours support per week per client ranges from 8 to 4 dependent on need.

7.3 Since 2011 the SP team have worked closely with service providers to continue to make efficiencies as a requirement of the yearly budget matrix exercise, contributing to the councils overall deficit.

7.4 As at 1st April 2014 a further £303,000 savings have been made across the 14 floating support services. With a total spend per annum of £1.368, 000

Summary of Savings

Spend 2010	Spend 2011	Spend 2014	Total savings
£1,992,000	£1,671,000	£1,368,000	£624,000 (31%)

8. Supporting People; Outcomes from Internal Budget Challenge

8.1 Commissioning activity to re-tender the floating support services as is, has been suspended in order to ensure that provision reflects the council's requirements to consider all options for effective, efficient, VfM services, that are strategically relevant and only meet the needs of the most vulnerable.

8.2 In July 2014 the Supporting People programme was presented under the internal budget challenge process; proposals were made to ensure the councils directives above are achieved as well as ensuring services are not duplicated and promote prevention and early intervention.

CONFIDENTIAL

8.2 Specific proposals were made in relation to the floating support services. In summary;

1. Consider amalgamation of domestic abuse floating support services to create a hub approach that delivers specialist support to meet the needs of the whole population (considering the specialist needs of different cultural groups, women and men).
2. Consider and agree appropriateness of Public Health funding the Supporting People Substance Misuse floating support service.
3. Analyse current provision of floating support across the remaining client groups, considering needs/demand and gaps in provision. Reconfigure/amalgamate services where appropriate based on evidenced need and identified risk mitigation.
4. Achieve savings of c. £100,000 pa across the services

9. Recommendation

9.1 An extension of the current floating support contracts is required for a period of 6 months from 1st April 2015 to 30th September 2015. This is in order to meet the commissioning actions required including;

- Analysis of current provision (need/demand/gaps analysis)
- Consider options for amalgamation of provision – impact and risk.
- Benchmark with other LAs
- Consultation with providers and service users
- Complete Equality Assessment
- DLT and Cabinet Member for agreement to re-commission services based on outcomes of reviews
- Development of service specifications
- Tender process – PQQ, ITT, Evaluations

9.2 The Procurement Service will support the tender process to ensure all EU regulations and Rotherham MBC standing orders and financial regulations (SOFR's) are adhered to, this Tender opportunity has been programmed into the Procurement work Plan. The process we will be following to carry out this piece of work is the Restricted Procedure, this Procedure is a two stage process which includes a Pre-Qualification Questionnaire (PQQ) to predetermine potential provider(s) and the capabilities in providing a quality service to the authority. Successful Providers will then be invited to complete an Invitation to Tender (ITT). The procedure will be evaluated by Commissioning and Procurement to ensure the most economical advantageous tenderers are awarded for this agreement.

9.3 The timescales for this piece of work will be around 12 months; this is required to facilitate a successful conclusion.
A summary of actions and timelines is attached as Appendix 1.

10. Finance

10.1 The current total annual contract values for the floating support services is c. £1,368,000.

CONFIDENTIAL

10.2 31% savings have already been achieved through a previous tender process and negotiation with current providers. However, a further c. £100,000 (full year) savings have been identified from September 2015.

10.3 The achievement of these savings is subject to successful management of risk when reconfiguring services, completion of tasks in a timely manner in and sufficient resources to appropriate execute these tasks.

10.4 There is an indicative savings target of £100,000 from this process across all services, which has been presented following the recent internal budget challenge processes for Supporting People. It is important to note that any savings made will be halved in 2015-16 due to the timetable required and is only an indicative figure at this stage.

11. Risks and Uncertainties

11.1 Failure to appropriately assess service provision, analyse need/demand and suitably manage risk/impact to service users will lead to inappropriate services that bring further cost implications to the council through Adult Social Care, Children and Young People's services and Housing.

11.2 Failure to appropriately procure services will mean Contract standing orders and Financial Regulations will be breached.

12. Policy and Performance Agenda Implications

SP currently delivers on NI 142 which is in the NAS Service Plan.
Alive:

- NI 142, percentage of vulnerable people supported to maintain their independence.

Services contribute to the Corporate Plan:

- Making sure no community is left behind
- Ensuring care and protection are available for those people who need it the most
- Helping to create safe and healthy communities.

They are also linked to the following Council Strategies;

- Health and Wellbeing Strategy
- Community Strategy
- Medium Term Financial Strategy
- Prevention Strategy
- Housing strategy

12. Background Papers and Consultation

Information can be viewed on request;

- Action Plan for Floating Support Service 2014-15

Contact Name: **Claire Smith, Operational Commissioner,**
Telephone: **01709 334041**
Email **claire-ss.smith@rotherham.gov.uk**

Appendix 1

Procurement Time Table – regarding - Domiciliary Care Services – Contract ending 31st March 2015

Objective	Action	Lead Officer	Stakeholders	Resources	Date
Achieve NAS directorate and political approval to extend appropriate floating support contracts for 6 months	Submit a DLT/cabinet paper informing of the necessity to extend prior to procurement/commissioning of the floating support services.	Claire Smith Commissioning Manager	• DLT • Strategic Commissioning Team • Cabinet Members	Officer Time	September to October 2014
Current demand profile, gaps analysis and service activity reviewed. Consideration of remodelling service areas Completion of equality assessments Final decisions on shape of services moving forward	Collect appropriate information from providers/key stakeholders to inform analysis of services. Communicate to existing providers the intention to extend contracts and go to tender on services they are providing. Involve providers in events to inform about personalised outcome focused approach.	Claire Smith Commissioning Manager Supported by Kay Nicholes, Wendy Russell, key stakeholders across service areas and providers.	• Strategic Commissioning Team • Providers Independent Sector/Voluntary and Community Sector • VAR • Procurement Initiative Team • MH/RDASH • Health	Officer time	September to December 2014

Objective	Action	Lead Officer	Stakeholders	Resources	Date
Complete First Stage Tender	Develop Pre-Qualification Questionnaire (PQQ) which covers all floating support services for tender Agree method of tendering	Claire Smith Commissioning Manager Procurement Category Manager	• Strategic Commissioning Team • Procurement Service	Officer time	December 2014
Publish The PQQ document	Publish the PQQ via the YORtender system, open to any suppliers in the EU.	Procurement Category Manager	• Strategic Commissioning Team • Procurement Service	Officer Time	December 2014
Discount potential tenders unlikely to meet requirements	Utilising Pre-Qualification Questionnaire (PQQ), establish the initial suitability of a tenderer and rule out any tenderer unlikely to meet the requirements of the tender. Carry out quality checks Carry out Financial Checks	Claire Smith Commissioning Manager Procurement Category Manager	• Procurement Initiative Team • Financial services • Legal team	YORtender Procurement Service Initiative Team Financial services Officer Time	**Allow minimum of 30 Days** Deadline for submission Complete by end Feb 2015
Objective	**Action**	**Lead Officer**	**Stakeholders**	**Resources**	**Date**
Write Service specification	Write an outcome based service specification for each service area to improve the quality and level of personalisation of service delivery/ the need to produce	Claire Smith Commissioning Manager Supported by Kay Nicholes	• Service users/Carers • Service quality Team • Performance Team	Officer Time	December to Feb 2015

	efficiency gains /the need to achieve value for money consulting with internal/external stakeholders.		• Legal team • Key partners		
Objective	**Action**	**Lead Officer**	**Stakeholders**	**Resources**	**Date**
Write the Invitation to Tender (ITT)	Write the ITT including the method statements, T&Cs and specification.	Procurement Category Manager	• Strategic Commissioning Team • Procurement Service • Legal Team	Officer Time	December to Feb 2015
Objective	**Action**	**Lead Officer**	• **Stakeholders**	**Resources**	**Date**
Invite potential bidders to tender	Issue Tender Documents under restricted tendering arrangements Issue Tender Close Date	Claire Smith Commissioning Manager Procurement Category Manager	• Procurement Service • Legal team	YORtender Initiative Team Officer Time	March 2015 **Allow minimum of 35 days**
Receive Bids	Prepare documents Arrange tender evaluation panel dates/rooms Invite organisations to attend Clarification Meetings	Claire Smith Commissioning Manager Procurement Category Manager	• Procurement Service • Housing • Health • RDASH • Probation • ASC	Initiative Team Officer Time Commissioning Support Officer	End April 2015
Evaluate Bids	Evaluate bids per service	Claire Smith Commissioning	• Service Users/Carers	Initiative Team	Early June 2015

		Manager Procurement Category Manager	• Procurement Service • Financial Services • As above (Kay Partners)	Officer Time Commissioning Support Officer	
Cabinet Members/ Approval	Paper to DLT/Cabinet outlining the decision	Claire Smith Commissioning Manager	• Cabinet Members • NAS DLT	Officer Time	June to July 2015
Feedback to Unsuccessful Bidders	Write detailed de-brief letters to successful and unsuccessful suppliers	Claire Smith Commissioning Manager Procurement Category Manager	• Procurement Service • Strategic Commissioning Team	Initiative Team Officer Time	July 2015
Select Provider	Issue Contract Award notice observing the stand still period.	Claire Smith Commissioning Manager Procurement Category Manager	• Council Members	Initiative Team Officer Time	July 2015 7 days
Due Diligence	Stand still Period	Procurement Category Manager	• Bidders • Procurement Service	Officer Time	**10 DAYS**

Contract commencement	All contracts to be ready and signed	Claire Smith Commissioning Manager Procurement Category Manager	• Providers • Legal Team	Officer time	1st October 2015

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet Member for Adult Social Care and Health**
2.	**Date:**	**20th October2014**
3.	**Title:**	**Scrutiny Review: Access to GPs**
4.	**Directorate:**	**Resources** **All wards**

5. Summary

This report sets out the response of NHS England (NHS E) the GP service commissioner and Rotherham Clinical Commissioning Group (CCG) to the Review. When the review was compiled it was still unclear to what extent the Care Quality Commission (CQC) the GP regulator would consider access under its new inspection regime. It is clear that this now forms a major part of the new inspections.

The CCG and NHS England will be developing a Rotherham based plan to improve healthcare in the Borough. Both NHS England and the CCG recognise the contribution the review will make to informing this “place based plan”.

6. Recommendations

6.1 That Cabinet receives the response to the Scrutiny Review.

6.2 That Cabinet request the Health and Wellbeing Board to ensure responsible Agencies report progress to the Board .

7. Proposals and details

7.1 Following discussion at Health Select Commission meetings a scrutiny review of Access to GPs was agreed as a priority in the work programme for 2013-14 as Members had raised concerns about waiting times for GP appointments on the basis of public feedback.

7.2 The key focus of Members' attention was to identify any anomalies, issues or barriers which impact on patients in Rotherham accessing their GP and in particular in respect of obtaining a convenient appointment within 48 hours.

There were seven aims of the review, which were to:

- establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
- ascertain how NHS England oversees and monitors access to GPs
- identify national and local pressures that impact on access to GPs – current and future
- determine how GP practices manage appointments and promote access for all patients
- identify how NHS England Area Team will be responding to changes nationally
- consider satisfaction data from the GP Patient Survey on a practice by practice basis and to compare Rotherham with the national picture
- identify areas for improvement in current access to GPs (locally and nationally)

7.3 A full scrutiny review was carried out, chaired by Cllr Emma Hoddinott and evidence gathering began in October 2013, concluding in March 2014. This comprised round table discussions and written evidence from health partners, reviewing the National GP Patient Survey data, desktop research and fact finding visits to four GP practices.

7.4 Members recognised the national and local pressures that impact upon access to GPs. On the supply side there is reducing funding, shortages of GPs and nurses, and premises that are not always suitable for the increasing range of services now delivered at GP practices. Patient demographics with a growing and ageing population, coupled with the prevalence of ill health and long term conditions, and local deprivation in some areas, means increasing demand. This needs adequate resourcing to ensure good access to services for all patients.

7.5 Patients' experiences of accessing GPs do vary from practice to practice with some long waiting times reported. Expectations and preferences are changing and it is a question of striking a balance between clinical need, patient expectations and convenient access, with practices needing to work with their patients to develop systems that work well for both. Patient education and information is also important.

7.6 GPs offer a range of appointment booking systems and one size does not fit all given the variations in practice size and practice populations. Members noted some very good practice and willingness to trial new systems but would like all practices to consider opening up some time each day for sit and wait appointments.

7.7 There are 12 recommendations, set out in full in section 7 of the review report and these are summarised below, covering the following areas:

Improving access – ensuring patients' views on access and ways to improve are heard; maintaining access to professional interpretation services; and adopting hybrid and flexible approaches to appointment systems.

Sharing good practice – showcasing best practice and sharing successes on providing good access to patients.

Improving information for patients – maintaining up to date information about each GP practice; the importance of cancelling unneeded appointments; and accessing the right health care service and health care professional at the right time.

Capacity to deliver primary care – mitigating risk to primary care in Rotherham in light of future challenges; encouraging GPs to remain in Rotherham after training; and being proactive about future increases in demand.

8. Finance

NHS Bodies will need to incorporate any financial consequences in their annual planning arrangements.

9. Risks and Uncertainties

It is important that people in all parts of the borough have accessible and high quality primary health care. Due to the demographic profile of Rotherham with an ageing population and high incidence of limiting long term conditions, demand for GP services is likely to increase further over time.

The national review of the Personal Medical Services contracts by NHS England poses a risk of reduced financial resources for the majority of our GP practices and therefore to future services.

10. Policy and Performance Agenda Implications

RMBC Corporate Plan Priorities:
- Helping to create safe and healthy communities.
- Ensuring care and protection are available for those people who need it most.

Health and Wellbeing Strategy
Public Health Outcomes Framework

11. Background Papers and Consultation

See Section 8 of the review report and appendices.

12. Author

Janet Spurling, Scrutiny Officer, Resources Ext. 54421
janet.spurling@rotherham.gov.uk

Cabinet's Response to Scrutiny Review Access to GPs

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Agency Responsible**	**Action by** ***(Date)***
1. Patients' experiences of accessing GPs vary from practice to practice; therefore NHS England needs to ensure that patients' views on access are reflected in the forthcoming Personal Medical Services contract re-negotiations and five year commissioning plan.	Accepted	*Context* *Contract negotiations are currently at a National Level for the GP Contract. PMS Contracts are being reviewed and in some practices reduced. Local variation will not be possible by NHS England. Responsibility for overseeing the GP Contract is however proposed to be shared with local management by the CCG and the development of local place based services. Such services would be commissioned separately from the core contract. Each area will be responsible for developing a "place based plan".* *The new CQC inspection regime focusses on patient experience and quality of that experience as part of the regime.* *Access will form a key aspect of CQC inspection of the NHS. All General Practices will be inspected and rated from October* NHS England Response NHS England take seriously the results of the National Patient Survey and include these in our monitoring of all primary care contractors. We agree that the way patients access GPs still vary from	**NHS England Rotherham CCG CQC**	**October 2014 CQC visits begin** **April 2015 Place Based Plan in Place for Rotherham**

Recommendation	Cabinet Decision *(Accepted/ Rejected/ Deferred)*	Cabinet Response *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	Agency Responsible	Action by *(Date)*
		practice to practice. It is important however to recognise that an increasing numbers of practices are offering new innovative ways of contact with patients e.g. electronic prescriptions, text reminders and there is further scope for e-consultations etc. We will be working with CCGs to encourage those practices that have not yet done so, to embrace new technologies. We also recognise that the move to deliver fair equitable funding to all GP practices, through reviewing Personal Medical Services contracts and the impact of the phasing out of Minimum Practice Income Guarantee, with redistribution of resources back into general practice, could have a destabilising effect on some practices. Therefore we are working with Rotherham CCG to develop a coherent place based strategy for improving health care and outcomes for the population of Rotherham. As part of that we aim to reinvest any funding released from one practice into primary care within Rotherham CCG area, ensuring that we secure real improvements in care and outcomes for patients.		

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Agency Responsible**	**Action by** ***(Date)***
2. The continuation of the Patient Participation Directed Enhanced Service in 2014-15 should be used to ensure patients are well informed and empowered through the Patient Participation Groups to challenge poor access and suggest improvements. All practices should be encouraged either to participate in the PPDES or to establish other effective mechanisms for ensuring patient engagement.	Accepted	NHS England agree that patients should be well informed and empowered to challenge poor access and suggest improvements. NHS E continue to encourage practices to work closely with their Patient Participation Groups, and to act upon their suggestions for improving access and services within the Practice. Likewise the Care Quality Commission (CQC) will look for evidence that access to clinicians is sufficient to meet reasonable need, and that patient survey results alongside any complaints are taken addressed. In December 2014 the new Friends & Family Test, which is compulsory, will be introduced to all practices. All patients that attend the Practice on a given day, whether to see a clinician, or pick up a prescription, will be asked two questions: a. Would you recommend this Practice to another person? (mandatory question) b. One other question the Practice want to ask the patient (this could be agreed with the Patient Participation Group) This will provide further stimulus to practices to respond to the views expressed by their patients.	Rotherham CCG NHS England CQC	On-going

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Agency Responsible**	**Action by** ***(Date)***
3. Although recognising the importance of clinical need, the expectations and preferences of patients are changing, and practices should explore more hybrid and flexible approaches to appointments. All GP practices should be encouraged to have a part of each day for sit and wait slots.	Deferred	*Context* *All General Practices should have adequate arrangements to see urgent or same day cases. Appropriate arrangements will vary from practice to practice. These should form part of the new CQC inspections. The Commissioner should be requested to produce a report summarising the adequacy of access on the basis of these reports to the Health and Wellbeing Board in October 2015.* NHS England agree that a flexible approach to appointments and accessing primary care services is helpful and all practices already ensure that they can respond to urgent/ immediate requests for patient appointments that are clinically appropriate. NHS England believe, based on good evidence from other practices that the right approach to improve accessibility and convenience for patients is by practices having flexible electronic booking systems, enabling booking ahead as well as for same day appointments. Furthermore, not all patients want or need a direct face-to-face appointment with a GP but are seeking clinical advice from the practice. Increasingly practices are making better use of telephone triage, emails, IT consultations as well as more flexible opening times. Our vision for the future is to achieve 24/7 access to a range	NHS England Rotherham CCG	October 2015

Recommendation	Cabinet Decision *(Accepted/ Rejected/ Deferred)*	Cabinet Response *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	Agency Responsible	Action by *(Date)*
		of community based diagnostic treatment, care and advice that patients can use to consult with GPs, nurses and importantly with community and hospital based services available in the community. This vision is shared by CCGs. This may well involve practices increasingly working together, in networks or federations, pooling resources and cooperating to offer their patients wider and better access to a greater range of GP and other care services. We, together with Rotherham CCG recognise that this will not occur overnight nor will it be cost neutral. This will be considered as part of our proposed co commissioning arrangements with the CCG and will feature as part of the place based plans I referred to earlier.		
4. NHS England should maintain access to interpretation services for GPs, with an emphasis on professional services, supported by training for GPs and practice staff to increase confidence in using telephone services where appropriate.	Accepted	NHS England agree that for many patients whose first language is not English that being able to access a good interpreting service will enable better understanding of patient needs and ensure a clinically appropriate response for the patient. NHS England at national level is looking to develop either a single framework provider contract or national service specification to secure consistent and reliable access for patients across England. In the meantime, we will continue to work closely with Rotherham CCG, Rotherham MBC Public Health, and the Health and Wellbeing Board, and where appropriate, other stakeholders, to consider how by	NHS England	Immediate

Recommendation	Cabinet Decision *(Accepted/ Rejected/ Deferred)*	Cabinet Response *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	Agency Responsible	Action by *(Date)*
		working together we can ensure people are able to access care services appropriate to their needs and are able to easily navigate such services.		
5. NHS England should review their current interpretation provision to see if economies could be achieved through signing up to Rotherham MBC's framework agreement, which is open to partner agencies. Sharing existing good practice	Doesn't answer question	NHS England agree that best practice should be shared, and we will continue to work with and encourage the CCG and practices to share learning. A number of new national programmes to support General Practice to improve patient access to primary care provision have been established, these include the PM Challenge Fund pilots, which funds 20 areas across England (7 in the North of England) to innovate to improve GP access arrangements. It is hoped that further pilots will be established in the coming year and, if so, we will fully support Rotherham practices to take such an opportunity to not only innovate themselves but to learn from the existing PM Challenge Fund pilots. NHS IQ (Improvement and Quality), also operates a programme to improve the efficiency and effectiveness of GP practices, which we are encouraging practices to participate in. We are also considering whether an e-based learning platform could be developed to further support practices to share and learn from each other. The	**NHS England**	**Immediate**

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Agency Responsible**	**Action by** ***(Date)***
		CCG also facilitates a practice learning event on a regular basis covering a wide range of topics aimed at improving care and outcomes for patients.		
6. GP practices should regularly showcase best practice and share successes on providing good access to patients through existing means such as the practice manager forum and Protected Learning Time events. Improving information for patients	Accepted	Rotherham CCG is building relationships with NHE England so that quality in GP practice can be developed. The practice managers' forum already has designated time for NHS England. 'Sharing of best practice' will become a standard agenda item for future meetings. Sharing of best practices will also become a topic for consideration when planning future PLT events.	Rotherham CCG	Actioned
7. Patient information and education is important, both generic information about local services and specific information about how their surgery works. a. GP practices should ensure their practice leaflets and websites are kept up to date about opening times, closure dates for training and how the out of hours service works. b. NHS England should explore	Accepted	a.NHS England agree that information for patients must be accurate, timely and relevant. It is a contractual requirement for each Practice to maintain a practice leaflet and website, containing up-to-date information for patients with specific information. NHS E continue to monitor practice compliance on a regular basis. b.NHS E will explore this option further, recognising the importance of harnessing new technology, in use by many age groups. c. NHS E would welcome the opportunity to engage with the Health & Wellbeing Board on this matter.	**NHS England Rotherham CCG**	**a.Immediate** **b. Deferred** **c.CCG Winter 2014/15**

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Agency Responsible**	**Action by** ***(Date)***
developing an App with practice information that people with smartphones and tablets can download. c. Health and Wellbeing Board should consider developing a borough wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments. d. GP practices should work with their reception staff, patients and Patient Participation Groups to encourage patients to provide more information to staff when contacting the practice, enabling them to see the right person in the practice team. e. Health and Wellbeing Board should consider revisiting the "Choose Well" campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations.		d. NHS E agree that patients should be encouraged to provide sufficient information to aid their signposting to the most appropriate service/professional. Patients must also have a right to expect that personal information about their health and care is treated confidentiality to give confidence to them to share. e NHS E would welcome the opportunity to engage with the Health &Wellbeing Board on this matter.		**d.e. NHS England**

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Agency Responsible**	**Action by** ***(Date)***
8. In light of the future challenges for Rotherham outlined in the report the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care.	Accepted	In the light of Co-commissioning of Primary care between NHS England and the CCG the Board has agreed to receive a report on GP access for patients and will expect the CCG Commissioning plan to reflect a proactive approach to ensuring Rotherham is an attractive place to undertake General Practice.	Health and Wellbeing Board	April 2015
9. NHS England should consider incentives to attract GPs to start their career in Rotherham following training in the area, to help address the demographic issues of our current GPs.	Accepted non fiducary	NHS England recognise the challenges that practices face in terms of capacity to deliver primary care and the increasing difficulty to recruit to fill practice vacancies, not only GPs but also nurses and other care staff. We are working with Rotherham CCG and Health Education England (HEE) to explore how to minimise recruitment and retention difficulties so as to attract as many more GPs and Nurses as possible. In order to have a sustainable workforce we need to make general practice an attractive place to work for the long term. We are looking at examples where non-traditional GP professionals (Physiotherapists, Pharmacists, etc.) have joined practices and the impact this has had on reducing GP workload. We will continue to work with HEE to promote practices becoming involved in the Advanced Training Practices scheme which aims to generate increasing numbers of	NHS England	On-going

Recommendation	Cabinet Decision *(Accepted/ Rejected/ Deferred)*	Cabinet Response *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	Agency Responsible	Action by *(Date)*
		qualified practice nurses. But it is not just about the practice workforce, we will support CCGs to explore further the scope for attaching community and current hospital based clinical staff to work closer with general practice so as to be able to offer a wider range of care and services close to the patient and enabling general practice to increasingly act as a co-ordinator of care to patients with a number of chronic conditions.		
10. Rotherham CCG should collect and analyse monitoring information to ensure services are resourced to meet peaks in demand during protected learning time at the new Emergency Care Centre from 2015.	Accepted	NHS 111, who now provide the call handling information and Care UK (who provide the OOH) have both been contacted and asked to provide regular activity information. This will be fed into the planning process for the Emergency Care Centre. The System Resilience Group set up by the NHS in all areas of the Country to ensure proper access to emergency care will also consider this matter.	**Rotherham CCG**	**By April 2015**
11. NHS England needs to be more proactive in managing increases in GP demand due to new housing developments, rather than waiting for existing services to reach capacity.	Accepted	NHS England have already established formative links with some of the Local Authority planning departments across South Yorkshire & Bassetlaw and we welcome this reviews recommendations that health partners are invited by the Planning Department to be part of a multi-disciplinary approach to proposed new developments in Rotherham	**NHS England**	**Immediate**

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Agency Responsible**	**Action by** ***(Date)***
12. Rotherham MBC, when considering its response to the scrutiny review of supporting the local economy, should ensure health partners are invited by the Planning Department to be part of the multi-disciplinary approach to proposed new developments.	Accepted	Rotherham MBC Planning fully agree with this.	Rotherham MBC	Immediate