ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: **Town Hall, Moorgate Street, Rotherham.**

Date: **Thursday, 1 June 2006**

Time: **9.30 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.

2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.

3. Apologies for Absence.

4. Declarations of Interest.

5. Questions from members of the public and the press.

ITEMS FOR DECISION

6. Adult Services and Health Scrutiny Panel - Remit and Draft Work Programme 2006/2007 (report attached) (Pages 1 - 5)

7. Review of Representatives on Panels 2006/2007 (report attached) (Page 6)

8. Reducing Social Isolation in Older People - Review Recommendations (report attached) (Pages 7 - 10)

9. Adult Services and Health Scrutiny Panel - Co-opted Members and Pilot Mentoring Scheme (report attached) (Pages 11 - 13)

ITEMS FOR MONITORING

10. Direct Payments (report attached) (Pages 14 - 16)

11. Domestic Violence Review - Progress (report attached) (Pages 17 - 20)

12. Equality Impact Assessment - Progress 2005/2006 (report attached) (Pages 21 - 22)

13. Forward Plan of Key Decisions - May to August 2006 (copy attached) (Page 23)

ITEMS FOR INFORMATION

14. Adult Services - Service Business Plan 2006 to 2009 (copy attached) (Pages 24 - 74)

15. Rotherham Intermediate Care Strategy 2005 to 2008 - Draft Action Plan (copy attached) (Pages 75 - 79)

16. Draft Strategy for Older People in Rotherham (report attached) (Pages 80 - 101)

17. South Yorkshire Health Scrutiny - ISTC (Chairman to report)

18. Rotherham Borough Council and Rotherham Primary Care Trust - Time Out and Proposed Action Plan and Reporting Structure (report attached) (Pages 102 - 103)

19. PPI Forums - Proposed Future Work Areas (report attached) (Page 104)

MINUTES OF PREVIOUS MEETINGS

20. Minutes of previous meetings of the Adult Services and Health Scrutiny Panel held on:- (Pages 105 - 123)
    (a) 2nd March 2006 and (b) 13th April, 2006 (copies attached)

21. Minutes of a meeting of the Performance and Scrutiny Overview Committee (herewith) held as follows:- (Pages 124 - 170)
    (a) 3rd, 13th and 17th February, 2006
    (b) 10th and 24th March, 2006
    (c) 7th, 21st and 28th April, 2006

Date of Next Meeting:-
Thursday, 29 June 2006

Membership:-

Chairman – Councillor Doyle
Vice-Chairman – Jack
Councillors:- Billington, Burke, Burton, Clarke, Jackson, Turner and The Mayor (Councillor Wootton)

Co-opted Members

Sandra Bann (PPI Forum Rotherham PCT), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Mr. G. Hewitt (Rotherham Carers' Forum), Val Lindsay (Patient Public Involvement Forum), Ms. J. Mullins (Disability Network), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.), Parveen Qureshi (R.E.M.A.), Gladys Sherratt (Patient Public Involvement Forum) and Lizzie Williams (S.Y. Ambulance Service PPI)

Agenda Item 6

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**ADULT SERVICES AND HEALTH SCRUTINY PANEL**
2.	**Date:**	**1 June 2006**
3.	**Title:**	**Panel Terms of Reference and Draft Work Programme for 2006/07**
4.	**Programme Area:**	**Chief Executive's**

5. Summary

This report reminds the Panel of its terms of reference and suggests an outline work programme for the 2006/07 municipal year. For effective scrutiny of Adult Services and Health issues, the Panel must plan its work programme. This report suggests a draft work programme that includes the key matters for scrutiny known to date and incorporates those areas identified by the Panel at its meeting on 2 March 2006.

6. Recommendations

That

a. The Adult Services and Health Scrutiny Panel Terms of Reference be noted.

b. The Panel discusses the draft work programme and discuss its priorities for the coming year

c. The work programme be monitored and reappraised on a quarterly basis.

7. Proposals and Details

7.1 The role of scrutiny is to:

- Review or scrutinise decisions made in relation to the relevant Council function;
- Hold detailed reviews and make recommendations to the Cabinet or full Council;
- Assist the Council and the Executive in developing the budget;
- Conduct in-depth analysis of policy issues and assist in policy development;
- Consider plans and strategies (including the Council Forward Plan of Key Decisions) prior to their implementation;
- Question members of the Executive and Boards and Chief Officers about their views on issues and proposals affecting the borough;
- Review performance;
- Liaise with external organisations.

7.2 The work of the Panel includes scrutiny of:

- Strategic Partnerships linked to the Lifelong Learning agenda and governance
- Public Health Strategy
- Substantial changes to local health provision
- Adult Social Services and Health
- Older People's Strategy
- Housing Adaptations & Supporting People.

7.3 An outline work programme is given at Appendix A.

8. Finance

All scrutiny work will be met from within existing Scrutiny and Democratic Services budgets.

9. Risks and Uncertainties

Although Scrutiny has a proactive role to play in the way that the Council operates, it must also be able to respond to issues that arise during the municipal year. The draft work programme has allowed for some 'spare' capacity in order to fulfil its reactive role, but nonetheless, the programme will require periodic revision in order to accommodate the key work in a timely way.

10. Policy and Performance Agenda Implications

Policy review work is being co-ordinated by Performance and Overview Scrutiny Committee, which may delegate work to individual scrutiny panels, including Adult Services and Health.

11. Background Papers and Consultation

Suggested items for inclusion in the Panel's work programme were discussed at the meeting of the Panel held on 2 March 2006.

Contact: *Delia Watts, Scrutiny Adviser, direct line: (01709) 822778*
e-mail: delia.watts@rotherham.gov.uk

Appendix A

ASH Panel Draft Work Programme 2006/07 as at 24 May 2006

	Adult Services	Health	Other
29 June (monitoring meeting)	• Annual Complaints Monitoring • Learning & Development Plan • BV Review of Community-based care & support services • Extra Care Housing • Assessment backlog • Budget 2005/06 out-turn	• Final Public Health Strategy • Out of hours Dental Service • Proposed move of Oakwood Rehabilitation Centre • Worrygoose Lane Surgery • Changes to Patient and Public Involvement • Care Premises – update and overview of Practice and PCT led developments	• Work Programme for Safe and Alive theme partnerships • LD Electoral DVD • Nomination – Base Budget Review Team • Social Isolation – final report
27 July		• Water Fluoridation	
August – no meeting			
7 September (monitoring meeting)	• Budget • Forward Plan of Key Decisions • LD Employment Review – progress • Recruitment and retention of qualified staff	• SY Health Scrutiny Update • Our Health, Our Care, Our Say	• Panel work programme • LAA Healthier Communities and Older People Block – stretch targets
5 October (one-day review)	• Impact of increased care charges and Fare Access to Care criteria		
2 November			
30 November (budget/monitoring meeting)	• 2007/08 Budget priorities • Budget monitoring • Forward Plan of Key Decisions • Direct Payments	• Set up Annual Health Check Working Group • Care Premises – update and overview of Practice and PCT led developments	• Panel work programme
4 January	• 2007/08 Budget detail		
1 February (one-day review)[1]			

[1] Possibly follow up after operations in non-NHS facilities – depending on nos. or other review (see bullet points at end)

Appendix A

1 March (monitoring meeting)	• Forward Plan of Key Decisions • Budget • BV Review of Community-based care & support services • Reconfiguration of front-of-house services	• Annual Health Check responses • PCT-led practice-based commissioning	• Panel work programme • LAA Healthier Communities and Older People Block – stretch targets
12 April (one-day review)		• NHS Dental Services – review of contract one year on	

Other Possible Areas:

- Decommissioning of Care Homes
- Provision of Respite Care and support for carers
- Agenda for Change – impact on staff
- Partnerships – e.g. LD Service & Mental Health or Health Trusts and Older People's Services (note: one Our Future group is looking at partnerships)

Rotherham Metropolitan Borough Council

Adult Services and Health Scrutiny Panel – Thursday 1 June 2006

Nomination of Representatives on Panels, Groups, Outside Bodies etc.

The Scrutiny Panel is asked to review nominations for the 2006/2007 Municipal Year:-

(i) CfPS Self Assessment of Scrutiny Workshop

(ii) Looked After Children Scrutiny Sub-Panel (new this year)

(iii) Supporting Living/Home Care Charges Appeal Panel

Two Members, currently Councillors Darby and Wootton

(iv) Domestic Violence Forum

Vice-Chair and one other Member, currently Councillor Darby
One substitute, currently Councillor G. A. Russell

(v) Members Consultation Advisory Group

One Member, currently Councillor Jackson
One substitute, currently Councillor Burton

(vi) Health, Welfare and Safety Panel

One Member, currently Councillor Jackson
One substitute, currently Councillor Havenhand

(vii) Visits of Inspection to Adult Services Establishments

All Members of the Scrutiny Panel are invited to attend

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**ADULT SERVICES AND HEALTH SCRUTINY PANEL**
2.	**Date:**	**1 June 2006**
3.	**Title:**	**Reducing Social Isolation in Older People – Draft recommendations arising from the review**
4.	**Programme Area:**	**Chief Executive's**

5. Summary

This report suggests a number of recommendations arising from the scrutiny review undertaken by the Panel on 13 April 2006.

6. Recommendations

That

a. Members consider the suggested recommendations and put forward any additional ones that they wish to see included in the final review report.

7. Proposals and Details

7.1 On 13 April, the Panel held a themed meeting to look at 'Reducing Social Isolation in Older People'. It heard evidence from a range of witnesses, from the following organisations: WRVS, Age Concern, Rotherham PCT, Rotherham Ethnic Minority Alliance, Archway Foundation (Rotherham) and 2010 Rotherham Ltd.

The following recommendations are suggested:

7.2 Improved ways of working

7.2.1 Encourage collaboration between voluntary sector organisations when contracting with the Council to provide services and also publicising the services that are on offer;

7.2.2 Encourage voluntary organisations wishing to provide services in Rotherham to tap into existing networks, such as the Adult Services Network;

7.2.3 Look at ways of linking community transport with social activities provided by the voluntary sector;

7.2.4 Encourage a partnership approach between REMA and service providers when considering the needs of older people from the BME communities;

7.2.5 Encourage communication between 2010 Rotherham Ltd and the voluntary and community sector to set up groups to encourage activities suitable for older people.

7.3 Capacity Building

7.3.1 Support the Rotherham Advice and Information Network's bid for additional funding to expand its service provision[1];

7.3.2 Recognise the value of the low level help and support provided to older people by the Archway Foundation (Rotherham) and support the extension of current Council funding[2] for a further 6 months (?) to allow it to bid for funding from other sources whilst continuing to provide services;

7.3.3 Consider extending the Rothercare service to include other technological developments (e.g. video communications, regular information updates, continuous monitoring of individuals etc.) as and when they become available, whilst acknowledging that although technology has a role to play in reducing social isolation, it is not a substitute for face-to-face human contact.

[1] Councillor Frank Hodgkiss, Older People's Champion is already supporting this
[2] Currently planned to stop at the end of June 2006

7.4 Promotion of available services

7.4.1 Produce a list of places where information on services for older people can be advertised (e.g. libraries, doctors' surgeries etc.);

7.4.2 Provide health professionals that see older people (e.g. Community Nurses) with information on services offered by voluntary sector providers;

7.4.3 Develop closer links between REMA and RAIN, to share information on how to access the services that are on offer to older people from the BME[3] communities.

7.5 Befriending

7.5.1 Pilot a scheme that allows older people to indicate whether they would like a visit by showing a printed card in their window (e.g. red diamond if they would like someone to come in or green diamond if they do not);

7.5.2 Further extend the scheme[4] that offers help and support upon discharge from hospital (e.g. cleaning out the fridge, buying in grocery basics, switching on heating etc.), encouraging voluntary sector organisations to work together – perhaps in the form of a joint funding bid from Age Concern and WRVS.

7.6 Health, Exercise and Falls Prevention

7.6.1 Support the extension of chair-based and other exercise classes;

7.6.2 Extend the capacity of the PCT's Falls Prevention Programme by offering the 'train the trainers' programme to staff at care homes and sheltered accommodation;

7.6.3 Investigate the practicability of offering specialised protective clothing to individuals identified as being particularly vulnerable to falling.

7.7 Social Interaction

7.7.1 Prioritise the identification of an alternative site for a town centre based social centre[5];

7.7.2 Publicise the availability of Hellaby Hall[6] as a possible base for providing activities for older people;

7.8 Lobbying/Policy Issues

7.8.1 Lobby the Government to review its policy of preventing carers that receive the State Pension from claiming Carer' Allowance.

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[3] Black and minority ethnic
[4] Currently run by Age Concern
[5] To replace the one formerly based at Crinoline House
[6] Recently refurbished and currently underutilised

8. Finance

The financial implications of the Panel's final recommendations will be considered by Corporate Management Team when the review report is referred to it for its views.

9. Risks and Uncertainties

The report should include those recommendations that have a reasonable chance of being implemented.

10. Policy and Performance Agenda Implications

This scrutiny review supports the Community Strategy's themes of Safe and Alive, as well as the cross-cutting theme of Fairness.

11. Background Papers and Consultation

The draft recommendations arose from suggestions made by Panel members and witnesses who attended the themed meeting on 'Reducing Social Isolation for Older People'.

Once completed, the draft report will be circulated to all contributors to check for factual accuracy. It will then be considered by Performance and Scrutiny Overview Committee before being referred to Corporate Management Team for its comments, followed by Cabinet for its consideration.

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**ADULT SERVICES AND HEALTH SCRUTINY PANEL**
2.	**Date:**	**1 June 2006**
3.	**Title:**	**Co-option onto the Adult Services and Health Scrutiny Panel and pilot mentoring scheme**
4.	**Programme Area:**	**Chief Executive's**

5. Summary

This report confirms the Panel's co-opted members for 2006/08 and asks for elected member volunteers for the pilot mentoring scheme, as agreed at the Panel's recent awayday.

6. Recommendations

That

a. the co-opted members for 2006/08 be noted;

b. Councillors who would like to be mentors for co-opted members put themselves forward for a mentor training workshop;

c. Those co-optees who have indicated that they wish to be part of the mentoring pilot, be invited to attend the relevant parts of the training workshop.

7. Proposals and Details

7.1 The Panel's co-opted members for the 2006/07 and 2007/08 municipal years are as follows:

Sandra Bann	Rotherham Primary Care Trust PPI Forum
Ann Clough	Rotherham Older People's Experience of Services (ROPES)
George Hewitt	Rotherham Carer's Forum
Diana Swanson	Rotherham Carer's Forum (substitute)
Janet Mullins	Rotherham Diversity Forum
Ray Noble	Rotherham Hard of Hearing Society
Victoria Farnsworth	Speak Up
Jonathan Evans	Speak Up (supporter/substitute)
Val Lindsay	Rotherham Hospitals PPI Forum (substitute)
Gladys Sherratt	Rotherham Hospitals PPI Forum
Lizzie Williams	South Yorkshire Ambulance PPI Forum
Taiba Yasseen	Rotherham Ethnic Minority Alliance (REMA)

7.2 At its awayday in March, the Adult Services and Health Scrutiny Panel decided to pilot a new mentoring scheme for all co-optees who would like to be linked up with an elected member from the Panel. This will give co-optees a nominated contact that will be able to answer queries, offer advice and give explanations of how the Council works.

7.3 As at 24 May 2006, five co-optees had asked to be part of the scheme. However, as the deadline for responses is 31 May, others may still add their names to the list.

7.4 To prepare the volunteer elected member mentors, an interactive workshop is being planned for late June or early July. Its aims are to cover:

- The principles of mentoring
- How they can be applied to supporting co-optees
- Developing a mentoring contract
- Any other issues raised by participants.

The suggested format is a three hour session for mentors (9.30am to 12.30 pm), followed by lunch, to which the co-optees will also be invited. After this, there will be a one hour session for both the mentors and co-optees, to jointly develop a mentoring contract, aiming to finish by 2.30 pm.

Once the full list of co-optees and volunteer mentors is known, they will be contacted about the training session, direct.

8. Finance

The workshop costs will be met from within existing Scrutiny and Member Training budgets.

9. Risks and Uncertainties

Unless elected members are prepared for their role as a mentor, the benefits of the mentoring scheme (for both the co-optees and elected members) will not be realised.

10. Policy and Performance Agenda Implications

Building capacity within the Scrutiny Panel supports the theme of Rotherham Learning.

11. Background Papers and Consultation

The idea of piloting a mentoring scheme was suggested and agreed at the Panel's awayday on 3 March 2006.

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ROTHERTHAM METROPOLITAN BOROUGH COUNCIL – REPORT TO MEMBERS

MEETING: Adult Services and Health Scrutiny Panel
DATE: 1st June 2006
REPORT WRITTEN BY: Susan Sumpner – Direct Payments Manger

1. Introduction

1.1 This report will provide the Scrutiny Panel with the total number of Direct Payment users for each service area and compare that with the numbers of people that are eligible for a Direct Payment.

1.2 Additionally it will comment on the work that is currently been undertaken to review commissioning arrangements to take account of the increased demand for direct payments.

2. Current Situation

2.1 The following table represents the current number of service users from each service area that are receiving direct payments and the numbers of people in each service area that are eligible for direct payments.

Service Area	**Direct payment Users (Currently as at 23/5/06**	**Numbers of people eligible**	**% of direct payment users**
Older people (65yrs and over)	64	3,547	1.8%
Physical Disabilities	64	427	15%
Learning Disabilities	36	463	7.7%
Mental Health	89	740	12%
Disabled Children	52	106	49.5%
Carers	35	577	6%
HIV/Aids	3	60	5%
Total	**393**	**5,920**	**6.6%**

N.B Although the above table indicates the numbers of people eligible for social care services and therefore direct payments, it does not reflect the numbers of people that could decline direct payments.

2.2 The level of spend for the year 2005/06 on Direct Payments is £1,310,244 and this can be broken down into the following service areas:

Service Area	**Total spend 2005/06**
Older People services	£402,000
Physical Disabilities	£610,000
Learning Disabilities	£101,000
Mental Health	£94,500
Disabled Children	£66,144
Carers	£29,600
HIV/Aids	£7,000
TOTAL	**£1,310,244**

2.2 In addition to what was spent in 2005/06 the budget for 2006/07 Direct Payments has been uplifted to take into account the estimated increase in Direct Payment users by a total of £700,000 this can be broken down into service areas allocation as follows:

Older people	£ 200,000
Physical Disabilities	£ 300,000
Learning Disabilities	£ 57,000
Mental Health	£ 70,000
Support Services	£ 73,000

2.3 The uplift does not include children's services, this is undertaken separately from adult social care services and presently no information is available as to the potential increase in this budget to meet the demand for direct payments for 2006/07.

3. Developments in commissioning

3.1 Currently the work that has been undertaken to look at reviewing the commissioning arrangements in social care as been with the following service areas:

- Mental Health services have de-commissioned carers respite services, freeing up the budget, to allow service users and carers to access Direct payments, this was done after consultation and demand for direct payments from mental health users and carers.

- HIV/Aids services have reduced there spending on social care services provided though a contract to allow people to take up direct payments.

3.2 Ongoing work is been undertaken with mental health to look at reducing the current contracted support services to free up budgets and also to encourage independence of service users by receiving a direct payment as an alternative to in house provision.

3.2 The low numbers of older people and people with a learning disability using direct payments, have had little or no impact on the current way we provide in house services enough to reduce, decommission or re-shape existing services.

3.3 The recent Physical Disabilities strategy does not take account of the impact of direct payments and make any reference to how they might re-shape existing services to meet the demand for direct payments

3.4 However all service areas need to start to revise there local strategies to take account of the changing patterns of demand and also in view of the pressure of budgets and duplicating services.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	Adult Services and Health Scrutiny Panel
2.	**Date:**	1st June 2006
3.	**Title:**	Domestic Violence Update
4.	**Programme Area:**	Neighbourhoods

5. Summary

At its meeting on 11/3/05 The Social and Community Support Scrutiny Panel considered the issue of Domestic Violence. They heard a number of presentations and made certain recommendations to Cabinet.
Domestic Violence is now under the Adult Services and Health Scrutiny Panel And they have asked for an update on the recommendations

6. Recommendations

That members note the progress made.

7. Proposals and Details

a) That all agencies be urged to work together on the provision of a Counselling Service.

i. £4000 was secured from the SRP. It was decided to run a pilot project with clients referred from Domestic Violence Support Services and Sheffield Rape and Sexual Abuse Counselling Service (Who have a waiting list from Rotherham). 5 clients have now completed and the pilot is being evaluated. £3000 has been secured from Safer and Stronger Communities Fund to continue the pilot on a one day a week for 15 weeks.

ii. The Counselling Service was one of the Mayor's Charities for 2005/6 and funds are expected soon.

iii. RMBC Neighbourhoods have promised a Council Property at reasonable rent once the service is ready to go fully operational

iv. A Lottery bid is in preparation and will be submitted soon to fund the full service, hopefully.

v. As an exit strategy the PCT have agreed to look at funding it, if it is successful.

b) That the CMT ensure awareness of the Domestic Violence Policy continues to be raised with all staff, including agency workers, in order that people experiencing domestic violence receive a consistent service from RMBC.
   i. This has been emphasised via Corporate Domestic Violence Group
   ii. Lead officers responsible for posters and updated information being displayed and available in their areas

c) That discussions be initiated with partners to ensure that options for secure funding of Domestic Violence Services are addressed as part of the Domestic Violence Strategy and this Strategy be reported back to a future Scrutiny Panel for consideration
   i. Strategy is being drafted. Target to present to the Safer Rotherham Partnership September 2006

d) That representations are made to the Government to argue for more secure and sustained funding for domestic violence projects in the Borough.
   i. No such representations have been made to my knowledge
   ii. Local Councils have repeatedly made representations to the Government asking them to stop ring fencing funds for this or that purpose and leave decisions more up to local government. It is likely that what is spent on domestic violence will depend more and more on Local Councils.
   iii. Supporting People, the main funders of Rotherham Women's Refuge have taken on fully funding Choices and Options and Apna Haq. Providing there are no significant cuts to Supporting People and the commissioners stay of the same mind, the existing local domestic violence projects funding will be sustained.

e) That work be undertaken to identify the cost of domestic violence to the public voluntary and commercial sectors in Rotherham.
Sylvia Walby made a National Study of the costs of Domestic Violence in 2004. She based it partly on the population aged between 16 and 59 in the 2001 census. Pro rata for Rotherham this gives us

- Criminal Justice System £5 million
- Healthcare £6.5 million
- Social Services £1 million
- Civil/Legal £ 1.5 million

There are also economic human and emotional costs.

f) That options be explored on how services can be provided for women who do not have recourse to public funds.
   i. Rotherham Domestic Violence Forum, among others, lobbied the Home Office to ask that those asking for leave to remain under the domestic violence rule, be exempt from the no recourse to public funds rule.
   The government did not agree to any change.

ii. As a result of ongoing pressure the Home Office issued a letter to all local authorities (Chief Officers and Heads of Social Services) asking them to be “mindful” of their duty under the Children Act and other legislation to assist vulnerable women and children escaping domestic violence and with no recourse to public funds.
iii. Some councils have ignored this letter and still have a general policy of refusal.
iv. Bradford and Leeds have long supported such women – who have been resident in their cities. As a result of the Home Office letter at least one other Yorkshire Authority – Calderdale - are drafting protocols to give assistance to women with children under 18 and those who are vulnerable adults.
v. There has as yet been no response from Rotherham.
vi. Women with no recourse and their children will be addressed in the Domestic Violence Strategy.

8. Finance

Estimates are being done regarding the cost of funding women with no recourse (and their children) who have applied for leave to remain under the domestic violence concession.

9. Risks and Uncertainties

It is uncertain whether it will be agreed to fund them.

10. Policy and Performance Agenda Implications

Community Safety Strategy 2005/08

Local Area Agreement 2006/09

Domestic Violence Strategy 2006/09

11. Background Papers and Consultation

Domestic Violence Data.

	Incidents Reported to the police	Arrests	%
2005/6			
Rotherham	3968	652	16%
South Yorkshire	18994	3444	18%
2004/5			
Rotherham	4406	634	14%
South Yorkshire	23550	3697	16%

The number of domestic violence incidents reported to the police went down in 2005/6 from 4406 to 3968. This ends the year on year rise we had seen in previous years. It mirrors a similar reduction across South Yorkshire.

The percentage of perpetrators arrested has continued to rise.14% in 2004/5 to 16% last year. Rotherham is still slightly below the South Yorkshire average on this.

In 2004/5 the percentage of perpetrators charged with a domestic violence related offence in Rotherham was 7.5% There is now a target in the Local Area Agreement to increase this to 35% by 2007/8

The other stretch target is to reduce the percentage of repeat incidents of domestic violence by 5%.
Baseline figure 2004/5 34.1. Target by 2008/9 29.1

Contact Name:
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01709 822038

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	Adult Services and Health Scrutiny Panel
2.	**Date:**	1st June 2006
3.	**Title**	Equality Impact Assessment Progress Report (2005/2006)
4.	**Programme Area:**	Adult Social Services

5. Summary:

RMBC is carrying out Equality Impact Assessments (EIAs) on all its functions, policies and procedures as part of its work on the Equality Standard for Local Government. This includes existing policies, new policies or those which are being changed. This report aims to highlight progress made by Adult Social Services.

The first two phases of the process were carried out last year which listed all functions and policies and then screened them for relevance to race, gender and disability equality.

Service/Business managers had the responsibility of carrying out EIAs to identify whether or not policies, services and procedures had an adverse impact on a particular group of people due to gender, race or disability, or in the case of new or changing policies a potential adverse impact. Additionally EIAs considered any potential positive impacts or any ways in which the policy will actively promote equality or good community relations.

The results of EIAs for Adult Social Services' Year 1 (High Priority) are indicated as below:

Total no. of policies identified	N/A*	Fully Impact Assessed	Partially completed
28	8	19	1

*Policies are not applicable to Adult Social Services (see section 7 for further information)

6. Recommendations

Members receive and note the positive progress made.

7. Proposals and Details

Adult Social Services is carrying out EIAs on all its functions, policies and procedures (which include existing, new or those policies which are changed) over two years. The first two phases of the process were carried out last year which listed all functions and policies and then screened them for relevance to race, gender and disability equality.

Twenty-eight policies had been identified of which, two are Corporate responsibility and two are guidance documents. Of the total twenty four policies identified, four have either been subsumed or superseded which has left a total of twenty policies that needed to be Equality Impact Assessed. Only one policy remains to be fully completed and has been delayed due to an internal restructure and long term staff sickness.

Monitoring progress against equality targets is integrated into Adult Social Services Equalities and Diversity Action Plan, Service and Team Plans. This will help ensure a consistent approach across the Programme Area, oversee the implementation of the various plans and result in a clear system of accountability. Policies may need amending or updating in the light of the results of the EIAs and EIA Action Plans need to be monitored and implemented.

8. Finance

There are no specific financial implications identified for Adult Social Services as they are part of mainstream service delivery costs.

9. Risk and Uncertainties

- If all Equality Impact Assessments are not undertaken by the proposed timetable, there is the risk of ignoring adverse impacts of Adult Social Services policies / functions; and
- Rotherham MBC will not achieve the levels required of the Equality Standard for Local Government;
- Achievement of the Equality Standard is critical to CPA and other audit/inspection frameworks.

10. Policy and Performance Agenda Implications

The results of the EIA have been used to set equality objectives in service business and team plans and will lead to improvements in services and employment practices.

Mainstreaming equality will contribute to achieving sustainable social, economic and environmental improvements for Rotherham Borough and supports the cross cutting theme of Fairness.

11. Background and Consultation

The Equalities Standard for Local Government is being used as the framework for meeting our duties under the Race Relations (Amendment) Act 2000 which established a compulsory, legal duty to carry out race equality impact assessments.

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ROTHERHAM METROPOLITAN BOROUGH COUNCIL

SOCIAL SERVICES PROGRAMME AREA

FORWARD PLAN

KEY DECISIONS BETWEEN 31 MAY 2006 AND 31 AUGUST 2006 – HEAD OF ADULT OPERATIONAL SOCIAL SERVICES					
Matter subject of key decision	**Proposed date of key decision**	**Proposed consultees**	**Method of consultation**	**Steps for making and date by which representations must be received**	**Documents to be considered by decision-maker and date expected to be available**
MAY 2006					
JUNE 2006					
Adult Social Services, Learning and Development Plan – 2006/2007	22nd May, 2006	Cabinet Member	Learning and Development Plan will have been approved by Adult Social Services Senior Management Team	To Adult Social Services Management Team or Originator	Covering report and plan.
JULY 2006					
AUGUST 2006					

Adult Social Services

Adult Social Services Service Plan

2006 / 2009

Enabling independence, wellbeing and choice

Rotherham Metropolitan Borough Council

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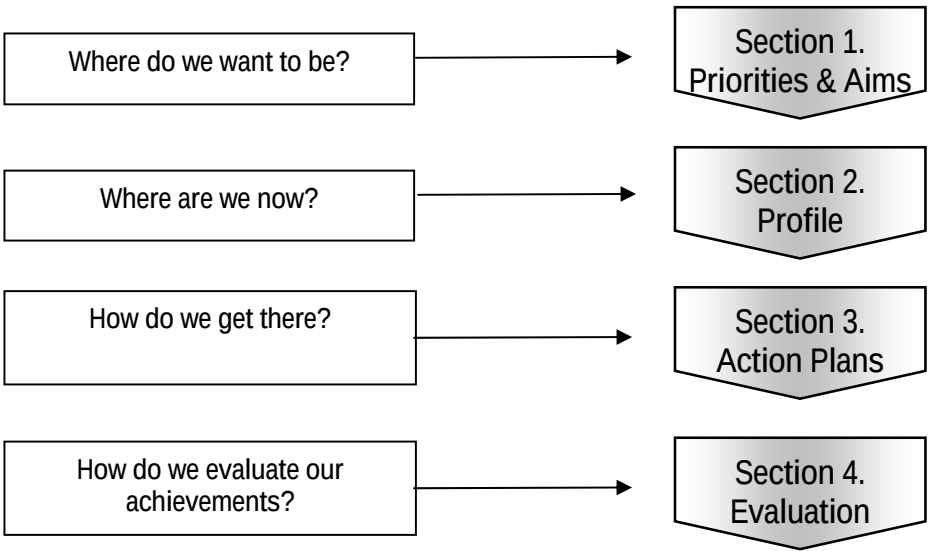
Introduction

Content of the Plan

This Service Plan is based around four key questions:



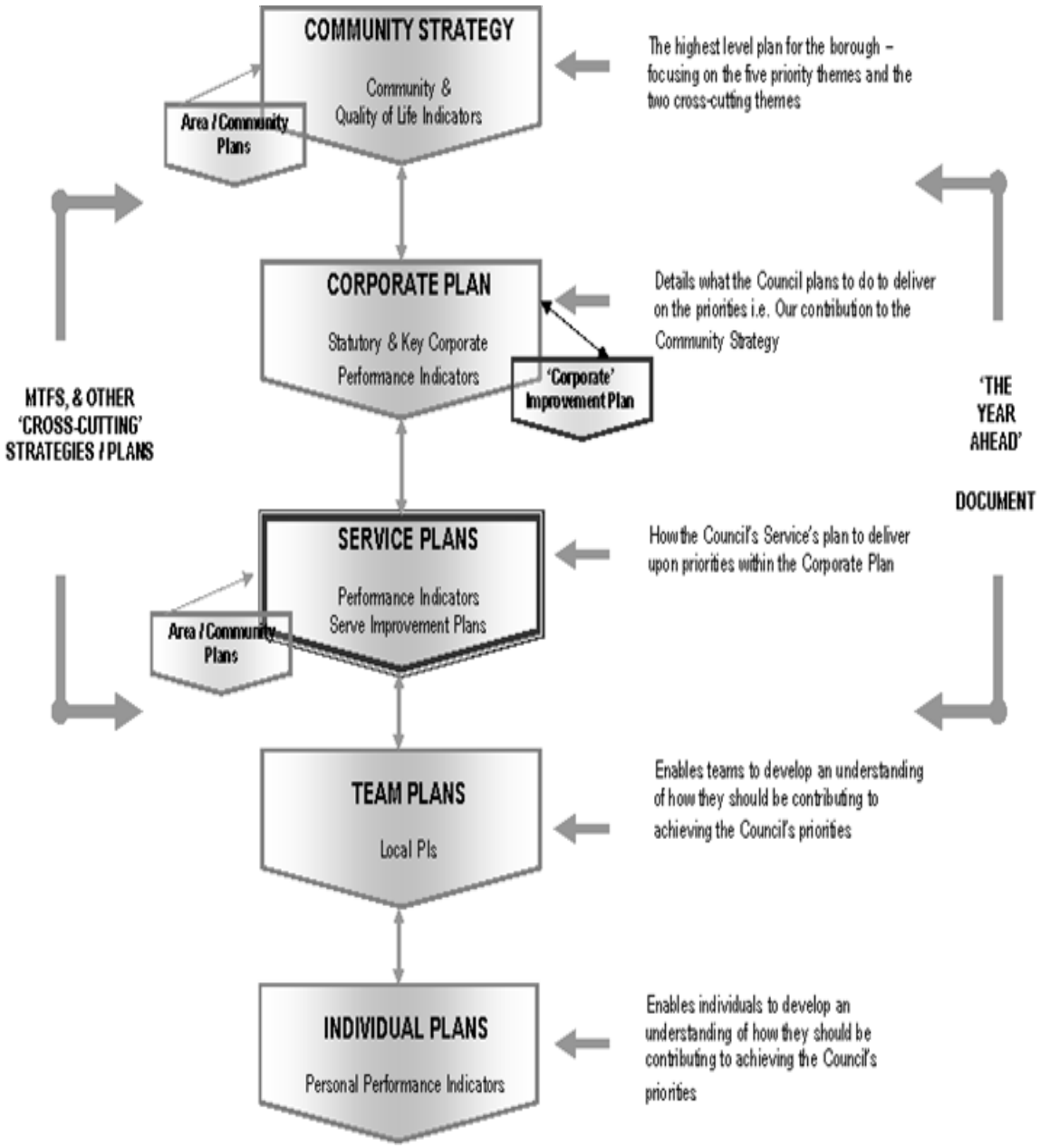
It is intended that the Service Plan is a working document that is developed with, and understood by, Adult Social Services' staff. The Plan is a vital part of RMBC's performance management framework which links community and corporate priorities through to individual performance plans.

The Plan is part of a hierarchy of plans, which is illustrated in Figure 1 overleaf. Having such a clear framework enables each person in the council to identify how their actions contribute to the Council's development and improvement. It is a means of translating national objectives and targets and longer-term local priorities into a working document for the financial year in detail and up to three years in outline.

In striving to deliver services that help us meet our vision, Adult Social Services have to work within the budget allocated by Elected Members. We must, therefore, have eligibility criteria for our services. This also means that Adult Social Services must work in partnership with others to meet assessed needs within allocated resources.

The Plan builds on the council's themes for action across the whole of the Adult Social Services and has been developed using corporate planning guidance. Service plans are primarily internal documents, and their audience is our staff, Elected Members, and our partners. The plans will be three year "rolling" plans. However the Plan will be reviewed on an annual basis to take into account any changes in circumstances and ensure that it continues to be relevant and up to date. Over recent years there have been many changes in terms of new legislation, the needs of our local population and their expectations. This has led to a new vision and six service aims for Adult Social Services for the next 3 years.

Figure1: The Planning Framework



Section 1 : Priorities & Aims

Where do we want to be? → 1. Priorities & Aims

Adult Social Services' Vision:

"enable independence, well-being and choice"

Adult Social Services Mission:

"to drive Adult Social Services towards achieving a three star service rating"

1.1 Development of the Service Plan

Service Plans are a vital part of RMBC's performance management framework which links community and corporate priorities through to individual performance plans. Having such a clear framework enables each person in the council to identify how their actions contribute to the Council's development and improvement.

Through a consultation process with staff, taking account of all internal and external factors and influences the service has identified the following service aims in order to turn the vision into reality:

A. To work corporately and in partnership with health, and other agencies, involving and consulting users and carers to ensure the delivery of national priorities, strategic objectives and local aspirations.

B. To promote well-being, independence and choice through support for users and carers that maximises their potential to live safe and fulfilled lives.

C. To ensure service users and their carers are provided with quality, convenient, timely, affordable and responsive services tailored to meet individual need.

D. To provide equality of access to services and ensure appropriateness of provision to meet the diverse needs of the people of Rotherham.

E. To commission and ensure the delivery of cost effective services to clear quality standards.

F. To drive forward improvements in performance through appropriate management and staffing arrangements.

We must excel in delivering each of the service aims if we are to continue to improve our services in the future. **Team Plans, which detail how individual teams will be able to contribute to achieving the council's priorities, will be completed later in the planning cycle.**

1.2 Links to Community Strategy and Corporate Plan Priorities

The Community Strategy is the highest level plan which sets out the main priorities and objectives to deliver improvements for the people of Rotherham. In developing the Service Plan the key priorities within the Community Strategy and the Corporate Plan have been considered to ensure clear alignment. This alignment will continue in the development of team plans across the service. Where appropriate, the Service Aims have been developed specifically to achieve one or more of the priorities identified within the Corporate Plan and Community Strategy. The alignment between the corporate themes and service aims can be seen in Table 1 (see page 8). On a partnership basis, clear links are now being made between the Local Strategic Partnership and we are now working closely with our many partners to achieve the priorities of the Community Strategy.

In assessing the key priorities of the Corporate Plan, it is evident that Adult Social Services has a key part to play in improving the performance of the Council through its contributions to inspections and the Comprehensive Performance Assessment. This service plan firmly reflects the Local Area Agreement (LAA) and has strong linkage with many developments such as the Older People's Strategy, Social Inclusion Framework and the newly emerging Rural Strategy.

1.3 Statutory and Local Commitments

Improving equality of opportunity and choice is a key priority of the Corporate Plan, under 'Fairness'. This priority is mirrored through the Service Aims developed in each Service Plan. Adult Social Services has shown a commitment to contributing to the implementation of the Corporate Equality Strategy with the overall aim of ensuring fairness and equity in service delivery, challenging any forms of discrimination, becoming a better employer, promoting and celebrating equality and diversity. Using the Equality Standard for local Government we aim to mainstream equalities into our everyday service delivery, policy development and our recruitment and employment practices. To operationalise these requirements we have developed a Programme Area Equalities and Diversity Action Plan which will be implemented through the Adult Social Services Equalities and Diversity Steering Group and the Race Equality Scheme Action Plan.

The Council has made a commitment in the last twelve months to develop an overarching Older People's Strategy for Rotherham. Adult Social Services has and will continue to play a lead role in both the development and implementation of the strategy.

Linkages and joint working arrangements with other programme areas continue to strengthen, especially around the Every Child Matters agenda with the newly formed Children and Young People Service. These developments include the implementation of a Transitions Policy and Protocols which assists with joint working arrangements and joint quarterly panel meetings to ensure young people are signposted/allocated to the appropriate adult service.

In improving access to services, Adult Social Services is contributing to the development of Customer Service Centers across the Borough and the development of community based services.

Partnership working and integration of services is key to many developments especially with the Primary Care Trust. This year will see the development of a Joint Commissioning Strategy and in line with government guidelines we will be exploring arrangements for joint service planning in the near future.

Key statutory legislation and frameworks specific to Adult Social Services has also been considered in developing the Service Aims, details of which can be found under Section 2: Profile.

Table 1. PRIORITIES – Deriving Service Aims

Community Strategy and Corporate Plan Priorities	Mandatory Requirements (Legislation & Year Ahead)		Service Aims
Learning		➔	**B**. To promote well-being, independence and choice through for users and carers that maximises their potential to live safe and fulfilled lives.
Achieving		➔	**D**. To provide equality of access to services and ensure appropriateness of provision to meet the diverse needs of the people of Rotherham.
Alive	See Section 2.3	➔	**A**. To work corporately and in partnership with health, and other agencies, involving and consulting users and carers to ensure the delivery of national priorities, strategic objectives and local aspirations. **B**. To promote well-being, independence and choice through for users and carers that maximises their potential to live safe and fulfilled lives. **C**. To ensure service users and their carers are provided with quality, convenient, timely, affordable and responsive services tailored to individual need. **D**. To provide equality of access to services and ensure appropriateness of provision to meet the diverse needs of the people of Rotherham. **E**. To commission and ensure the delivery of cost effective services to clear quality standards.
Safe	See Section 2.3	➔	**B**. To promote well-being, independence and choice through for users and carers that maximises their potential to live safe and fulfilled lives. **C**. To ensure service users and their carers are provided with quality, convenient, timely, affordable and responsive services tailored to individual need.

Community Strategy and Corporate Plan Priorities	Mandatory Requirements (Legislation & Year Ahead)		Service Aims
Proud	See Section 2.3	➔	**A**. To work corporately and in partnership with health, and other agencies, involving and consulting users and carers to ensure the delivery of national priorities, strategic objectives and local aspirations. **B**. To promote well-being, independence and choice through for users and carers that maximises their potential to live safe and fulfilled lives. **C**. To ensure service users and their carers are provided with quality, convenient, timely, affordable and responsive services tailored to individual need. **D**. To provide equality of access to services and ensure appropriateness of provision to meet the diverse needs of the people of Rotherham. **E**. To commission and ensure the delivery of cost effective services to clear quality standards.

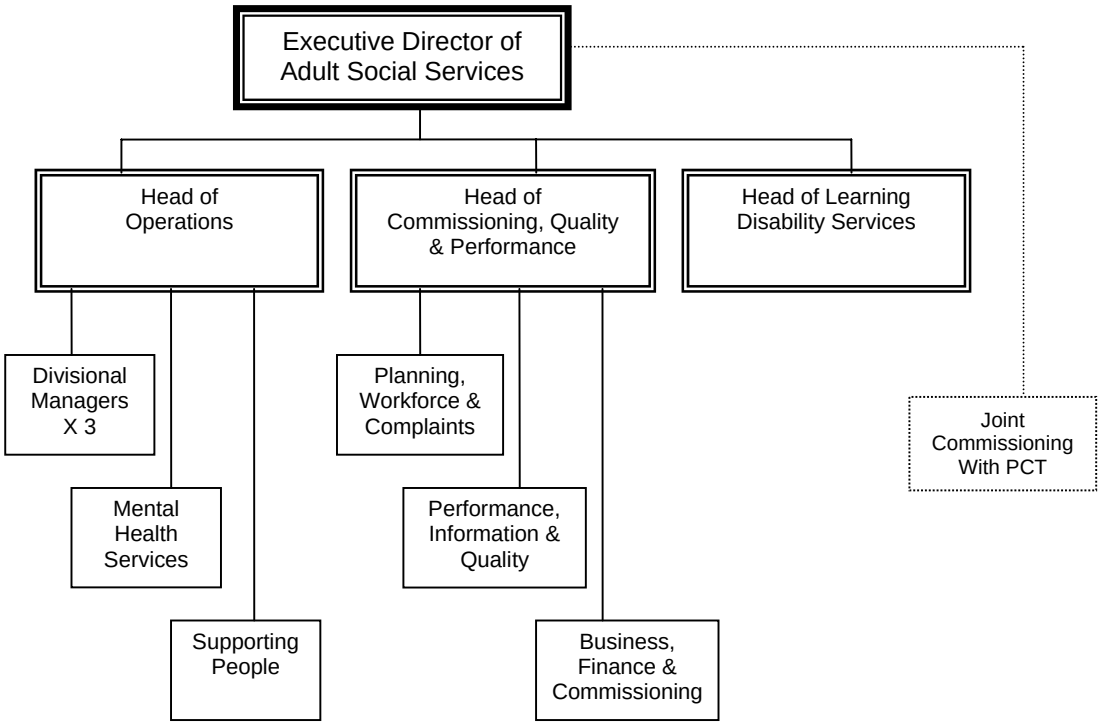
Cross-cutting Priorities

Sustainable Development		➔	**E**. To commission and ensure the delivery of cost effective services to clear quality standards.
Fairness		➔	**D**. To provide equality of access to services and ensure appropriateness of provision to meet the diverse needs of the people of Rotherham.
Excellent Council		➔	**E**. To commission and ensure the delivery of cost effective services to clear quality standards. **F**. To drive forward improvements in performance through appropriate management and staffing arrangements.

Section 2 : Profile

Where are we now ? → 2. Profile

2.1 Adult Social Services' Structure



During the last year there have been significant changes in the structure of social care services. With the establishment of Children and Young People's Service, Adult Social Services has been established as a programme area in its own right with three service areas (Operations, Commissioning, Quality & Performance and Learning Disability). A more detailed structure of Adult Social Services can be found in Appendix 1.

Adult Social Services continue to work in partnership with a wide variety of agencies and managers actively seek opportunities for co-location of staff with appropriate agencies such as health and welfare benefits. In some areas this joint working is advancing with discussions around the development of creating Joint Support Worker positions in a variety of disciplines.

2.2 Service Descriptions

2.2.1 Operational Service Area

2.2.1.1 Divisional Management

Fieldwork resources provide a range of services from a number of sites or access points across Rotherham. There are three Divisional Areas responsible for all Operational Services. Below are brief descriptions of the range of services delivered under the divisional management structure:

a) Assessment & Care Management and Residential Care

Older People

The number of older people in England will rise rapidly over the next two decades, particularly those in the over 85 age group. Developing the range of services required to meet the needs of an ageing population will present a significant challenge for the community Older People Social Work Teams. Services will need to be flexible, responsive and locally based, and in order to meet the assessed needs of individuals and provide support to their main carers.

At the time of the 2001 Census there were 45,285 people (17% of the population) over pension age (i.e. 60+ for women and 65+ for men) living in Rotherham. Some wards (Greasborough, Rawmarsh West and Wath) had over 20% of their population above pension age. A third of Rotherham's households contain someone over pension age.

The numbers of older people suffering from depression, anxiety and alcohol-related illness is predicted to rise by 14% by 2010 (Source: Department of Health review – percentage increase made against 1995 figures), while the number of older people with dementia over the age of 85 years is expected to rise by nearly 300 from an estimated current level of over 800. *(assumes prevalence rate of 20% among OP 85+)*

The Older People Social Work Teams undertake to provide assessment and care management to people in Rotherham aged over 65. The new White Paper Your Health, Your Care, Your Say requires that priority is given to promoting older people's independence, enabling them to remain living at home longer, and to supporting their carers. The Teams assess need in order to determine eligibility for social care services using the Fair Access to Care Services framework. The main outcomes for service users are maximising their independence helping them to remain at home, and improving their quality of life.

A variety of domiciliary care services are provided which range from Home Care through to Night Sitting. Home care is currently provided to approximately 1,700 service users. Sited in the Domiciliary Care section is the Community Rehabilitation Team, this team works with therapists and provides service to approximately 15 users at any one time.

Extra Care Housing provision is being developed in partnership and two schemes are currently being constructed one in the centre and one in the north of the borough. Investigations are taking place to develop a third site and funding is being sort. These developments will provide a range of services enabling people to regain or retain their independence.

Residential and Day Care
The service delivers Residential and Day care services for vulnerable people aged 65 and over in eight residential units across the Borough; within, the context of a care management system to ensure that service user's needs are individually assessed and high quality services are delivered in accordance with an agreed care plan.

The council directly provides 270 residential beds, including 39 beds registered for people who are elderly mentally ill (EMI). There are two Day Care Centres, one of which facilitates rehabilitation as well as Social Day Care in addition to this day care is provided at seven of the residential homes. Over 1000 beds are commissioned from the private sector.

b) Development, Provision and Support Services

Intermediate Care
The Intermediate Care Team work in partnership with health to maximise and maintain people's independence and well being and avoid unnecessary admission to hospital and long term care. This service is time limited and usually lasts no longer than six weeks. The team provides a comprehensive assessment, resulting in the development of an individual care plan including active therapy, treatment or opportunity for recovery. This service has expanded significantly providing more community, day and residential services. We also have 52 beds in 5 establishments.

Central Services
Central Services is made up of a group of services which provide direct service support to vulnerable persons of all ages and disabilities. Central services is comprised of:

- **Transport Services -** provides passenger transport to day care, respite care, and delivery of meals on wheels, luncheon clubs, and laundry as well as many other contacts.

- **Laundry Services –** provides a service weekly or twice weekly for incontinent and infected laundry, collected direct from the service users home. The laundry also holds contracts with several providers such as the Rotherham hospice and residential establishments.

- **Community Meals –** catering for the majority of dietary requirements by providing a choice of hot and frozen meals and delivering both to luncheon clubs and service user's door.

- **Rothercare –** is a community alarm system providing a valuable combination of security, independence and safety 365 days per year. Rothercare also has strong links with the victim support and domestic violence teams and helps to reduce the fear of crime for service users.

- **Community Meals Support –** includes a dedicated administration team to co-ordinate all choice options and produce delivery lists and choice information to both kitchen sites on a daily basis.

c) Physical Disability & Sensory Impairment and Hospital Based Services

Physical Disability and Sensory Impairment

The 2001 Census tells us that 26,151 adults of working age (16-64) in Rotherham consider themselves to be suffering from a limiting long term illness or impairment which limits their daily activities or the work they can do (17.4% of the population, this compares with over 20,070 from the 1991 census (9.6% of the population) – a significant increase which is reflected nationally. It is more accurate to use national statistics, the table below shows the estimated figures for the size of Rotherham's population.

	Estimated (% of Rotherham's population)
Physical Impairment	25,000 (10%)
Deaf or Hard of Hearing	35,000 (14%)
Blind or Partially Sighted	8,750 (3.8%)
Deafblind	100 (0.04%)

Forecasts predict we will have an increasingly elderly population. This will impact greatly on the Visual Impairment services, which expect an increase in visual impairment by approximately 35% by the year 2020. Many older visually impaired people also have other physical impairments.

The Physical Disability and Sensory Impairment Service provides assessment and care management to the people of Rotherham aged 18 to 65. The service is made up of three dedicated Social Work Teams (Deaf Social Work Team, Physical Disability Team, Visual Impairment Team). They provide services to people with a physical or sensory impairment including a young adult transitional service to ensure the smooth transition of care pathways for young people making the transition to Adult Social Services, support to adults who have suffered a traumatic incident or have an acquired head injury, sensory impairment to individuals with a dual sensory loss (deaf/blind) and a range of rehabilitative services.

In addition St Anne's/Grafton House provides a supported living service to 17 tenants on site and approximately 64 community based individuals across the Rotherham Borough via a dedicated team of community support workers. This service provides support to individuals across the whole spectrum of physical and sensory impairment services.

Hospital Social Work

Based within the Rotherham District General Hospital the Hospital Social Work Team facilitates the safe and timely discharge of patients from hospital. They provide advice and assessments to support services. Within the last twelve months there have been 2481 individual patients referred by the hospital wards.

Additionally there is an integrated health and social services community mental health team for older people. The team consists of Social Workers, Community Psychiatric Nurses and Occupational Therapists all working collectively with patients.

2.2.1.2 Service & Professional Development

This team works across all Adult Social Services. Areas of responsibility include: Adult Protection as well as the operational elements of Performance Management, Training and Workforce Development, Policy Development and Communication and IT development.

2.2.1.3 Supporting People

The Supporting People team operates under the guidance of this new central government initiative, which changes the way in which supported housing is commissioned and financed. The team's purpose is to ensure that vulnerable people in Rotherham have fair access to a range of strategically relevant, good quality and efficient services that maintain and promote independence.

2.2.2 Commissioning, Quality and Performance Service Area

2.2.2.1 Business Finance & Commissioning

The Business, Finance & Commissioning Team also works across the whole of Adult Social Services. It provides advice and support to Adult Social Services on issues relating to the management of finance, administration, commissioning and contracting functions, including:.

- Dedicated Budget Support to each specialist service within Adult Social Services
- Centralised processing of payments, financial assessments and income collection for social care services purchased from the Independent Sector
- Administrative support to strategic managers and provision of office support services for the Service Area
- Financial and administrative support to residential and day care establishments
- Procurment of social care services including contract compliance and direct payments

2.2.2.2 Complaints, Workforce & Planning

Comment and Complaints

The Complaints unit is responsible for overall coordination of the Comments and Complaint Procedures for Adult Social Services.

Policy, Planning & Research

The Policy, Planning & Research team have a diverse remit covering a number of disciplines such as developing policies and plans and undertake strategic consultation in partnership with other service areas, programme areas and in partnership with agencies such as the PCT. Additionally the team has lead responsibility for equality and diversity, Carers, risk management and health and safety issues such as service continuity and Emergency Planning.

Workforce Planning, Development and Training

The team is responsible for strategic workforce planning and development, training, and practice learning. Services are provided to employees, teams, and managers in Adult Social Services; other programme areas, health service employees; private or voluntary social care agencies; and social work students.

Strategic responsibility is taken for all areas of workforce planning, development and training as well as leading on NVQ's (through running as Assessment Centre), practice teaching and learning. The team also develops practice teaching and learning for students on social work courses.

2.2.2.3 Performance, Information and Quality

Performance and Quality

The Performance and Quality team works in partnership with operational colleagues to drive the improvement in performance within Adult Social Services, by developing and ensuring the deployment of effective management arrangements and their supporting systems. These arrangements seek to support the achievement of service and council objectives, and ensure conformity with government expectations through centralized management of statutory frameworks and reporting, including national performance indicators.

Information Development Team

The Information Development Team is responsible for the development of Information Systems which enable operational colleagues to effectively deliver and manage services – this includes the implementation and continued development of SWIFT and the Electronic Social Care Record (ESCR). The team also works alongside colleagues in other Programme Areas and partner organizations to establish Information Governance and Information Sharing Protocols as well as fulfilling the Communications/ Public Relations role and carrying out the RBT Client Role for Adult Social Services in relation to Information, Communication and Technology (ICT) Issues.

2.2.3 Learning Disability

The Learning Disability Service is an integrated service comprised of both Health and Social Services staff. It has a pooled budget and a single management structure. The service provides for people with a learning disability over the age of 18. It operates in partnership with the private, independent and voluntary sectors. It aims to provide opportunities for people with a learning disability to achieve independence and full citizenship.

There are 5 major areas of activity:

- Assessment and Care Management
- Residential and Short Break Care
- Advice, Information, Advocacy and Carer Support
- Care in People's Homes
- Day Care, Employment, Leisure and Transport

The service's strengths centre on its staff, its innovative approach to service provision and non-mainstream funding, its knowledge of the people it serves and its relationship with them, and its joint organisation. The major weaknesses centre on its need for more funding to meet assessed need and the level of demand which outstrips the service's capacity to meet it.

2.2.4 Joint Commissioning Team

The Joint Commissioning Team is jointly funded by Health and Social Services. The team works to support the implementation of national and local agendas that affect joint working and the commissioning of services. The team is involved in joint planning for future service provision across the Health and Social Care Community. Currently the team is working on the implementation of the modernisation agenda including the National Service Framework for Older People, incorporating the Single Assessment Process, Intermediate Care, Continuing Health Care and all other joint initiatives.

2.2.5 Mental Health Services

The Mental Health Service is provided through the Doncaster and South Humber Healthcare NHS Trust (DASH) and service are provided on a Clinical Directorate structure, drawing on the strengths and skills from across the whole service.

The Trust specialises in delivering inpatient and community mental health care for adults, older people and children and young people in Doncaster and Rotherham; and drug and alcohol related problems to people across Rotherham, Doncaster and Northern Lincolnshire. These range from professional support for people and their carers living at home, to acute hospital-based care including rehabilitation, respite, and meaningful daytime occupation. Additionally there is a range of preventative services provided in conjunction with primary care for people at risk of developing common mental health problems.

(More detailed information about all of the services/teams above can be found in the Service Directory which as available on the internet.)

2.3 Statutory Frameworks

The strategic direction of this service plan is governed by the local and national work environment. This provides the context in which we operate. Key work drivers are the Government's reforming and modernising agenda and the emphasis on partnership working which includes continuous improvement in services for customers. The work of Adult Social Services is structured by a number of pieces of legislation, including the: National Assistance Act 1948, Mental Health Act (1983), Chronically Sick & Disabled Persons Act 1986, National Health Service and Community Care Act 1990, Delayed Discharge Act 2000, Carers Act 2000, Care Standards Act 2000, The Health and Social Care Act 2001, the White Paper "Valuing People" 2001 and most recently the White Paper Our Health, Our Care, Our Say 2006.

Other factors which impact on the planning and delivery of Adult Social Services include national policies and guidance, council policies and planning frameworks, national and local modernising agendas, local service user/carer needs and their impact on services,

internal service policies and priorities, links with other strategic plans and partnership agendas and the continued demographic increase in older people living in Rotherham.

This service plan will require continual adaptation to incorporate the key agendas facing Adult Social Services and Local Government as they unfold. We will continue to work closely with other parts of the Council, in particular Neighbourhoods, the Rotherham Primary Care Trust, Doncaster and South Humberside Trust (DASH) and other partners.

Our drivers derive from the strategic direction of operational Adult Social Services as governed by local and national policies and clarified by the performance reporting processes of the Performance Assessment Framework (PAF) and Comprehensive Performance Assessment (CPA).

The most significant factors which impact on the planning and delivery of the Adult Social Services include:-

The Commission for Social Care Inspection
The Commission for Social Care inspection was set up in April 2004. Its main purpose is to provide a clear, independent assessment of the state of social care services in England. CSCI brings together into one body the social care components of the work of the National Care Standards Commission, the Social Services Inspectorate and the SSI/Audit Commission Joint Review Team. CSCI combines inspection, review, performance, and regulatory functions across the range of social care services in the public and independent sectors.

National Drivers:

- **National Service Framework for Older People (2001)**
  The NSF for older people was published in 2001. It sets new national standards and service models of care across health and social services for all older people, whether they live at home, in residential care or are being looked after in hospital.
- **National Service Framework for Mental Health (1999) and the NHS Act (2000)**
  The NSF for adults of working age with mental health problems was published in Novemebr 1999, and followed closely by the NHS Act in 2000. They set the framework for new national standards and service models of care across health and social services for people with mental health problems, whether they live at home, in supported accommodation, or are being looked after in hospital. Over succeeding years the two papers have influenced the development of integrated and robust crisis services, assertive outreach teams, and early intervention teams, as well as setting an agenda of social inclusion.
- **Fair Access to Care Services (2003)**
  Adult Social Services uses a national framework from the Department of Health to decide eligibility criteria for the adult social care services it provides through its Social Services Department. The framework ensures a greater consistency across the country on how decisions are made about whether people have services or not. Decisions about who should receive social care services are based on an assessment of the risks to both immediate and long term independence.

- **Direct Payments Guidance: Community Care, Services for Carers and Children's Services (Direct Payments) (2003)**
  This guidance outlines that instead of a local council providing certain social care services, they are required, in certain circumstances, to make direct payments to enable a person to obtain for themselves the services that they are assessed as needing.
- **National Service Framework for Long-term Conditions (2005)**
  The NSF aims to transform the way health and social care services support people to live with long-term neurological conditions. Key themes are independent living, care planned around the needs and choices of the individual, easier, timely access to services and joint working across all agencies and disciplines involved.
- **A Sure Start for later Life (2006)**
  The report suggests that the approach of Sure Start in galvanising communities and re-shaping children's services can work just as well for older people, particularly in tackling those most excluded. The Sure Start to later life approach aims to improve access, bringing together services around older people. There are 30 agreed cross-government action points set out in the report around issues such as health and wealth, housing, quality of life, participation and equality and discrimination. Implementation of these actions seek to ensure that the needs of the most excluded older people are addressed
- **Our Health, Our Care, Our Say – a new direction for community services. (2006)**
  The White Paper aims to set out practical steps aimed at turning the vision of the Independence, Well-being and Choice Green Paper into reality. This signals the Government's strategic intention to shift the emphasis of health and social care from acute and intensive interventions, towards community and preventative services. It is also unprecedented in that it addresses these issues across health and social care in the same white paper around the themes of independence, choice, diversity of providers, and wellbeing.
  Expanding independent sector involvement, accessibility of direct payments, developing community care, promoting the rights of people with disabilities and of carers, and securing value for money were all central to the green paper, 'Independence, Well-being and Choice', and the white paper confirms this vision for social care. These themes underpin the direction that social care has taken since the mid-1990s, reinforced by previous legislation. The white paper promises further guidance during the year on a range of issues and the Authority will need to consider and respond to the requirements of the White Paper in due course.

2.4 Performance

Adult Social Services are judged on their performance by the Commission for Social Care Inspection (CSCI), who gather evidence from ongoing contact with the council throughout the year. Their assessment is based on evidence from inspections, reviews and monitoring of performance indicators, to form an overall picture of performance in Rotherham's Adult Social Services, over time, of both qualitative and quantitative aspects of performance. The assessment culminates in a meeting with the council during the summer to discuss the evidence of improved outcomes, review past performance and to consider the priorities for improvement. The most recent performance indicator figures are shown in Table 2 (page

20) and the priorities for improvement are incorporated in the action plans in Section 3 of this plan (pages 22 - 38).

The Adult Social Services outcomes from the above ongoing assessment contributes each year to the councils Comprehensive Performance Assessment (CPA) star rating. In December 2005 Rotherham Council's overall performance rating was given three stars (out of a maximum four), and described as "improving strongly", a marked improvement on the previous year.

2.5 Self Assessment of the Service

Older Peoples Services were inspected by the Commission for Social Care Inspection in May 2005. The outcome of the inspection was that Rotherham was serving **Most People Well with Promising Prospects for Improvement** - the equivalent of a 2* rating. This was an improvement on the previous inspection which took place in 2001.

The most significant area of work carried out during 2005/6 has been concentrated around implementing the Modernisation Strategy. This covers a number of areas, including:

Residential Care Homes – Funding has been secured for 2 new-build residential homes for older people providing care for up to 60 residents in each home. The homes will be located in North and South of the borough.

Extra Care Housing –The Extra Care Housing development at Oak Trees in the Broom Area of Rotherham will be ready for occupation in April 2006. Funding has been secured for a second development in Swinton and work is being undertaken to prepare the site.

Significant progress has been made on implementing the actions outlined in last years Service Plan. Below are a number of the key achievements:

- New arrangements for the joint planning of services for adults and older people were put in place in November 2005. Special provision has been made for users and carers to be involved at all levels.
- A number of significant joint strategies for service improvement have been developed and agreed: Rotherham Intermediate Care Strategy 2005-2008, Rotherham Strategy for the Management of Long-term Conditions 2005-2008, Older People and Mental Health Strategy and the Single Assessment Process Joint Staff Development Strategy.
- CSCI have approved the development Rothwel Residential care home into a 21 bed Intermediate Care unit.
- PDSI services have developed a Transitions Policy and Protocols to ensure the smooth transition of young people from Children & Young People's Services to Adult Social Services.
- The implementation of the Opening Doors PDSI Strategy for 2005/2008 with 33 of the 80 targets achieved in full.
- A three month reduction in the waiting time for an Occupational Therapy Assessment.
- An increase in the number of protection plans of adults at risk of abuse (local PI target met).

- No Delay/reimbursement charges have been attributed to Social Service in the last twelve months in relation to delayed transfers of care from hospital.
- There is an increased number of users accessing Direct Payments especially for mental health users.
- Domiciliary care services had an early CSCI re-inspection of their services which received very positive feedback on the progress they had made.
- Charter Mark has been achieved in Rothercare, Transport and Community Meals. Rothercare has retained the ASAP (1&2) awards and is making progress towards the coveted ASAP (3) award.
- Contracts have been extended to provide transport services to Learning Disabilities Services.
- Contracting arrangements have been revised in line with the Best Value Review Recommendations.
- The service received a successful outcome to the external audit of its statutory performance indicators in 2004-2005. This achievement was assisted by ascribing responsibility for each indicator to a dedicated manager.
- Confirm and challenge events (Performance Clinics) established for areas of concern regarding poor/under performance.
- Published and initial implementation of the Adult Social Services Workforce Development Strategy and Social Services Learning and Development Plan.
- Significant developments have been made updating the Adults Services website including the implementation of a service directory.
- Supporting People have completed a three-year review programme which has identified savings, disinvestment and reinvestment.
- The Learning Disability Service has been awarded Beacon status under the "Valuing People" theme (announced March 2006).
- Implementation of Mental Health Support Time and Recovery Worker role in partnership between internal and external support providers (NSF Policy Implementation Guide – 2004) – 12 workers already in situ including 3 in the Asian Women's Support Service.
- Mental Health Social Care staff have been integrated into the new Early Intervention in Psychosis Service (NSF target) .
- Support Services for mental health carers have been significantly strengthened with 4 Support Time and Recovery Workers appointed and a family interventions programme is now provided.
- Dinnington Women's Mental Health Support Service received the SY PROUD Health and Social Care Award (in the Social Care Category) in April 2005
- Rotherham's Crisis Resolution and Home Treatment Service – a collaborative partnership between Health, Social Care, and Rethink won the National Health and Social Care Award (in the Emergency Care Category) in November 2005

During the year the Council undertook a Base Budget and Value for Money Review. This review looked at the Council's financial priorities and how much it spends compared with Council's similar to Rotherham. At the same time Adult Social Services have experienced significant increases in expenditure due to demographic pressures. As a result a review of the charging policy and eligibility criteria was undertaken. This resulted in an increase in charges and a change in eligibility criteria from moderate high to substantial. These changes should enable services to continue to be provided to those people most in need.

Table 2: Summary of Performance Assessment Indicators - data version published 1st December 2005

	Rotherham							
Adults	Year to Year Good performance values		Blob / banding change from 03-04 & 04-05	Final 04-05 PAF Actual released 1st Dec 05	04-05 blob banding of max available	04-05 England Average	04-05 England Top quartile or PAF Banding	04-05 Met LA's Top quartile or PAF Banding
AO/A6	Lower	Emergency psychiatric re-admissions	none	6.2	5 of 5	10.3	7.6	8.4
AO/A60	Higher	Participation in drug treatment programmes (BVPI 198)	New	18.5	3 of 5	34.0	57.0	45.0
AO/B11	Higher	Intensive home care as a percentage of intensive home and residential care	up 1	27.1	5 of 5	25.2	30.4	30.4
AO/B12		Cost of intensive social care for adults and older people (BVPI 52)	down 1	471.7	2H of 4	478	b313<418	b313<418
AO/B17		Unit cost of home care for adults and older people	none	10.7	4 of 4	13.59	b 9.60-12.80	b 9.60-12.80
AO/C26	Lower	**Admissions of supported residents aged 65 or over to residential/nursing care (KT)**	up 1	92.0	5 of 5	90.5	80.0	89.5
AO/C27	Range 2<3	Admissions of supported residents aged 18-64 to residential/nursing care	none	2.0	5 of 5	2.2	2.6	2.5
AO/C28	Higher	**Intensive home care (BVPI 53) (KT)**	none	14.1	4L of 5	11.5	15.4	17.0
AO/C29	Higher	Adults with physical disabilities helped to live at home	down 2	3.0	2L of 5	4.2	5.0	5.2
AO/C30	Higher	Adults with learning disabilities helped to live at home	up 1	3.3	5 of 5	2.7	3.1	3.4
AO/C31	Higher	Adults with mental health problems helped to live at home	none	5.1	5 of 5	3.7	4.9	4.3
AO/C32	Higher	Older people helped to live at home (BVPI 54)	down 1	92.8	4L of 5	80.2	96.9	113.7
AO/C51	Higher	**Direct payments (BVPI 201) (KT)**	up 1	71.3	3L of 5	56.7	71.8	65.2
AO/C62	Higher	Services for Carers	New n/a	1.1	Unbanded	9.0	11.6	10.1
AO/D37	Higher	Availability of single rooms	none	100.0	5 of 5	94.1	99.5	100.0

AO/D39	Higher	Percentage of people receiving a statement of their needs and how they will be met (BVPI 58)	up 1	86.6	2L of 5	91.1	97.0	97.1
AO/D40	Higher	Clients receiving a review	none	34.7	2L of 3	63.1	72.2	69.7
AO/D41	Lower	Delayed transfers of care	up 1	6.6	5 of 5	33.3	18.4	11.4
AO/D54	Higher	**Percentage of items of equipment and adaptations delivered within 7 working days (BVPI 56) (KT)**	down 1	81.2	4L of 5	81.7	88.9	91.5
AO/D55	Higher	Acceptable waiting times for assessments (BVPI 195)	none	53.1	1L of 5	71.7	77.2	75.3
AO/D55 (pt 1)	Higher	Percentage of contacts where assessments started within 48 hours	n/a	42.1	n/a	73.3	87.8	85.8
AO/D55 (pt 2)	Higher	**Percentage of assessments completed within 4 weeks (KT)**	n/a	64.0	n/a	70.0	78.0	77.0
AO/D56	Higher	**Acceptable waiting times for care packages (BVPI 196) (KT)**	down 1	81.4	4L of 5	84.0	89.7	90.0
AO/E47	Range 1<2	Ethnicity of older people receiving assessment	none	0.7	2L of 3	1.1	1.3	1.1
AO/E48	Range 0.9<1.1	Ethnicity of older people receiving services following an assessment	n/a	1.2	2H of 3	1.0	1.0	1.0
AO/E50	Range	Assessments of adults and older people leading to provision of service	n/a	61.0	Unbanded	45.6	43.4	43.5
MR/D59	Higher	Practice learning	up 1	11.9	4L of 5	10.12	12.22	12.99

Key

Band / Blob rating between 1 and 5 applied to indicate level of performance achieved

Band / Blob 1 = Investigate urgently
Band / Blob 2 = Ask questions about performance
Band / Blob 3 = Acceptable, but possible room for improvement
Band / Blob 4 = Good
Band / Blob 5 = Very good

(KT) KT = Key threshold PI, LA's must achieve certain value criteria or judgement (star rating) will be restricted

Section 3: Action Plans

How do we get there? → 3. Action Plans

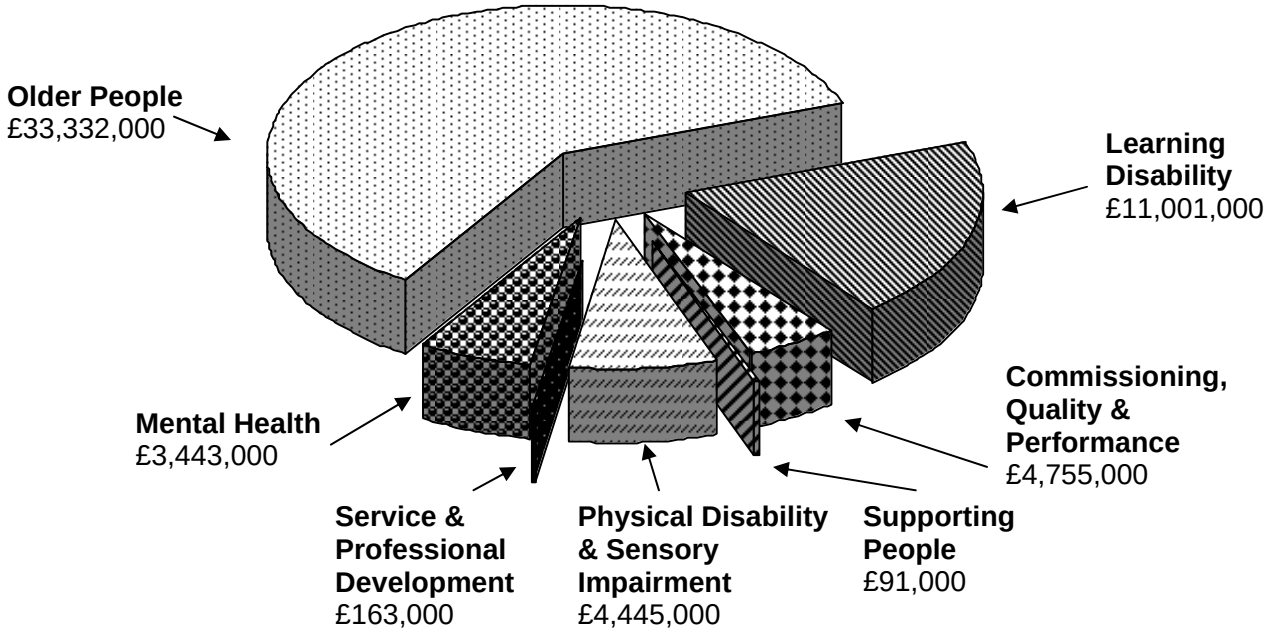
3.1 Resources

Adult Social Services most significant resource is our workforce which currently totals 1951 people. We make a significant investment in workforce training and development utilising Training Support Grant from the Department of Health and Training Revenue budgets. In some areas of the service there are difficulties in the recruitment and retention of staff, a national concern. This issue has been addressed in the new workforce strategy which has recently been developed.

Adult Social Services has an approved net revenue budget for 2006/07 of £57,230,000. This budget is devolved to designated budget holders within each service, Figure 2 below shows how the budget will be proportionally allocated by service area. In addition there are a number of specific grants totaling £7,400,000 which must be spent on the provision of services specified within the grant conditions.

In addition to this we also have approved Capital Expenditure budget for 2006/07 of £7,700,000 which comprises of a number of funding sources including capital programme, Supported Capital Expenditure, capital grants and earmarked capital receipts.

Figure 2 – Revenue Budget allocation for 2006/07



The overall additional £4.5m net increase in the cash limited budget has been allocated to fund the annual pay award, increase in employers superannuation contributions, non pay inflation (£1.7m), funding to maintain existing commitments of the grant funding now transferred into Formula Grant in respect of the Residential Allowance and part of the Preserved Rights grant (£1.3m), additional resources to fund existing 2005/06 revenue budget pressures (£1m) and funding to meet demographic pressures in 2006/07 (£2m). In addition the introduction of the increase in charges

across home care and community based services will generate an additional £900,000 income to offset part of 2005/06 recurrent budget pressures.

However, each service area as part of the budget planning process have been required to identify 2.5% savings (£1.6m) and areas of dis-investment, some of which contribute to the cashable Gershon savings.

3.2 Action Plans

The plans below show the key tasks we will undertake in order to deliver operationally on our six service aims. Resources and responsibilities have also been assigned and monitoring systems are in place in order to evaluate our progress.

There has been a drive this year to involve as many members of staff as possible in the service planning process. Each Team had the opportunity to contribute to the “Self Assessment” of the Service, and members of staff also attended a workshop where the Service Aims and Objectives were agreed.

Service Aim A (Links to Priority Themes: Alive and Proud):

To work corporately and in partnership with health, and other agencies, involving and consulting users and carers to ensure the delivery of national priorities, strategic objectives and local aspirations.

SMART Objective	Actions	Performance Indicators	Targets	Responsibility	Resources	Risks
To undertake an audit of need for adults and older people in Rotherham in line with Corporate requirements by December 2006	- To coordinate a multi-agency needs analysis, jointly with users, carers and the wider community.		Analysis of adults and older people's needs in Rotherham to be published	Kim Curry Head of Commissioning, Quality & Performance	- Funded from existing resources - Staff Time across the authority - Director of Public Health	- Failure to meet national agendas set by the White Paper (Our health, Our Care, Our say)
To increase by 20% the number of users and carers actively involved in the planning and development of adult services in collaboration with health by 2008	- Establish membership of existing user and carer forums - Ensure support is available for users and carers to become active participants in any planning forums - User and carer participation in the Adults Board and Planning and Operational Group. - Joint health & social care user & carer task group to beset up. - Task group strategy and action plan to be developed.	D57 - Service users who said that their views and preferences were always taken in to account D58 - Service users can contact Social Services easily.	2006/7 – 10% inc. 2007/8 – 10% inc. - Related Performance Indicators: D57 D58	Pauline Riley (Adult Planning Lead – RPCT) & Vicky Brown (Principal Policy, Planning & Research Officer)	- Funded from existing resources - Staff Time	- Lack of user and carer involvement in the planning and development of adult services - Lack of agreement amongst agencies
To deliver targets outlined in the Opening Doors Strategy for PDSI services by 2008	- Continue to implement action plan - Monitoring arrangements established and enforced by the Adult Planning Board		Targets within strategy delivered	Craig Jaques-Newton (Divisional Manager)	- From existing resources with realignment of resources from any areas of disinvestment	- Failure to meet NSF requirements - Failure to modernise PDSI services
Implement revised arrangements for the provision of Welfare Benefit Support in order to reduce intrusion into service user's financial affairs and improve/increase access to benefits by June 2006	- Implement Joint Teams with The Pension Service, RBT and Adult Social Services		- Joint Teams in Place - Joint protocols in place - Closer working arrangements between agencies	Doug Parkes (Business Finance and Commissioning Manager)	- Existing staff time - Additional Infrastructure costs may be required, details being clarified with EDS and The Pension Service	- Lower response times - Reduced accuracy of calculations - Higher levels of intrusion into service user's financial affairs - Higher levels of visits being made to service user's - Duplication of effort across agencies

To contribute to the development of a more integrated Intermediate Care Service with single pathway and eligibility criteria by 2008	- Ensure continuation engagement of managers and staff in the implementation of the IC Strategy Action Plan - Collate and review range of eligibility criteria in use within the different elements of Intermediate care, identifying inequities. -Draft revised set of eligibility criteria to ensure an inclusive approach to Intermediate care taking account of national guidance and public health agenda.	A5 – Emergency Admissions C29, C30, C32(LAA stretch target) – Adults helped to live at home D41 – Delayed transfers of care	- Targets within strategy delivered	Sam Newton (Group Manager)	- Existing IC management and Social Work resources and budgets - Existing Joint Health and social care management / social work/therapy/ nursing resources.	- Failure to implement Intermediate care strategy - Failure to improve Intermediate Care performance and to meet national and local priorities
Explore potential for developing social enterprises to deliver service by March 2007	Consider the effect of social enterprise on the voluntary & Community sector Identify appropriate application to in-house direct service provision Report outlining recommendations presented to ASMT, PASMT and CMT.		- Evidence of investigations and report produced	John Harding (Divisional Manager)	- Senior officer time	- Failure of time commitment to complete investigations
Modernise residential and day care services to meet government requirements and standards, retaining their registration by 2008	- Implement Modernisation Strategy by building 2 new 60 place residential homes that are operational January 2008 - Early decommissioning of 2 existing residential homes. - Continue consultation with staff, services users, their families and partner agencies - Maintain stability and quality provision throughout period of change	C26 – Intensive home care C27 – Admissions of supported residents 18-64 to res/nursing care D37 – Availability of single rooms		David Hamilton (Head of Operational Services)	- Staff time - Restructure existing staff and resources	- Slipping timescales and financial/ viability of Direct Provision of Residential Care - Closure of existing provision - Lack of interested partners and problems encountered in securing land - Retention of qualified staff
Develop & implement the Older Peoples Strategy across the borough by March 2007	- Bring together all strategies under one overarching document for older people - Develop a comprehensive action plan for implementation		- Strategy and action plan in place and promoted	David Hamilton (Head of Operational Services)	- Chief Executive office time - Adult Social Services staff time	- Uncoordinated approach to older people

To ensure all relevant Learning Disability service users who are offered Health Action Plans receive a review of their individual plan with their health facilitator by March 2007	- To update existing database to reflect review dates of each individual service user. - To discuss with the community nurses who are currently responsible for maintaining the database of the need to monitor that reviews have happened on time with the health facilitators.		- 100% of service users with completed health action plans receive a review with 6 months of initial implementation of health action plan.	New Post (Head of Learning Disabilities)	- Staff time - Time and support from health facilitators to meet with community nurses to conduct reviews.	- That all services users will not have access to a facilitator to support the reviews of their Health Action Plan.

Service Aim B (Links to Priority Themes: Alive, Learning, Proud and Safe):

To promote well-being, independence and choice through for users and carers that maximises their potential to live safe and fulfilled lives.

SMART Objective	Actions	Performance Indicators	Targets	Responsibility	Resources	Risks
To ensure the protection of vulnerable adults from abuse by increasing the number of formal multi-agency adult protection plans resulting from a case conference from 10 to 24 cases by 2008	- Wider distribution of annual report. - Meet reporting requirement fully by integrating Adult protection reporting into Swift - Raising profile within executive groups of adult protection issues and need for multi agency funding - Produce new South Yorkshire Adult protection procedures - Continue to implement Adult protection strategy	- Local Indicator	- Local Indicator 2006/7 - 17 cases 2007/8 – 24 cases	Gary Haigh (Service and Professional Development Manager)	- Funded from existing resources - Input from other agencies	- Lack of partner agency commitment to adult protection - Reputation of Adult Social Services - Increase in number of adult protection cases
Pilot assisting the transition of service users from hospital/rehab unit to independent living without homecare support by July 2006	- Establish temporary refocus of Community Rehab Team - Establish action plan and monitoring arrangements		- % of service user in pilot accessing homecare support. - Analysis report produced for SMT	Sam Newton (Group Manager)	- Existing staff time reconfigured	- Not meeting requirements within set timescales - Service user continues to access homecare.
Increase the number of Extra Care Housing placements across Rotherham by March 2009	- Allocate tenancy at first XCH scheme - Implement the approved Project plan for the construction of second XCH scheme.		- number of units available for occupation. 2006/7 - 55 cases 2007/8 – 70 cases 2008/9 - 90 cases	John Harding (Divisional Manager)	- Funding secured (MTFS - £170,000) - Existing staff time - Recruitment of staff	-Construction delayed - Failure in partnership working with Housing Association

To increase by 5% the number of adults helped to live at home independently by 2009	- Provide support and equipment to enable people to live more independently - Increase home care capacity across Adult Social Services - increase number of services users on Direct Payments community based services.	C26 – Intensive home care C28 to C32(LAA stretch target) – Intensive Home care C51 – Direct Payments (LAA stretch target) D54 – Equipment/ adaptations delivered in 7 days (LAA stretch target) D55 – Acceptable waiting time for assessment D56- Acceptable waiting time for care package	Increase baseline (i.e. 93.64) by: 2006/7 – 2.5% inc (95). 2007/8 – 2.5% inc. (96) 2008/9 – 2.5% inc. (97)	Paul Billingsley (Divisional Manager)	- Increased level of funding from existing resources to increase home care capacity - Increased staffing levels from existing resources to meet assessment targets - Increases budget for demograpgic pressures of £200,000	- Increased number of people requiring long term care - In- ability to develop sufficient home care capacity
To increase the delivery and installation of equipment in 7 working days to 89% by March 2007	- New IT system to be installed. - Review efficiency and effectiveness of process & procedures. - Continual monitoring	D54 – Equipment/ adaptations delivered in 7 days (LAA stretch target)	2006/07 – 3.5% inc.	Craig Jaques Newton (Divisional Manager) & Lynn Keirs (OT Manager)	- Staff Time and effective use of existing resources within REWS. - New IT system - One off reserves payment of £175,000	- Complications of IT system installation - Inaccurate transfer of data - Major impact on achieving performance targets and this would effect the Council/Social Services Star Rating
Improve the care pathways for young people making the transition from Children & Young People's Services to Adult Social Services by March 2007	- Ensure young people 14+ and 16+ are signposted to the relevant agencies. - Ensure all young people 14+ & 16+ with a Physical, Sensory, Learning or Mental Health disability/ impairment are presented to the panel within target timescales. - Implement new transition planning protocol - Monitor and Review the transitional arrangements by the panel		Number of cases presented to panel within timescales. Number of young people signposted to appropriate services.	David Stevenson (Group Manager) & Julie Westwood (Head of Planning, Information & Performance, Children & Young People's Services)	- Staff time - From existing resources with realignment of resources from any areas of dis-investment	- Failure would result in delays for the transition of young people between services - Objectives not achieved across the Programme Area would effect the Council/Social Services Star Rating

Increase by 15% the number of assessments which are completed in 28days by 2009	- Increase/reconfigure staffing levels to meet targets. - Improve and refine roles and responsibilities within the business process - Ensure all staff are aware and complying with protocols. - Pilot SWIFT support arrangements. - Improve assessment time for new referrals started within 48 hours	D39 - % of people receiving a statement of their needs D42 – Carer Assessments D55 – Acceptable waiting time for assessment E50 – Assessments of adults & OP leading to provision of service E61- Assessments of new clients over 65	2006/7 – 5% inc. 2007/8 – 5% inc. 2008/9 – 5% inc. - Related Performance Indicators: D39, D42, D55, E50, E61	Paul Billingsley (Divisional Manager)	- Increased staffing levels to meet assessment targets - Existing budgets	- Failure to recruit & retain staff will result in major impact on achieving performance targets and this would effect the Council/Social Services Star Rating
To implement the Rotherham Strategy for the management of Long Term Conditions by 2009	- Formulate and commence implantation of a joint Action Plan. - To interpret and action the new NSF for people with long term conditions as part of the strategy	A5 – Emergency Admissions C26 – Intensive home care C28 to C32 (LAA stretch target) – Intensive Home care D40 – Clients receiving a review D39 - % of people receiving a statement of their needs D55 – Acceptable waiting time for assessment D56 - Acceptable waiting time for care package E61- Assessments of new clients over 65	Action plan approved by the Adult Planning Board	Paul Billingsley (Divisional Manager)	- Staff time - Existing resources of RMBC & RPCT - Training on Dynamic case management/long -term conditions (PCT training budget)	- Failure to undertake could result in inappropriate hospital admissions & increased admissions to 24 hour care. - Inability of PCT to provide information for database - Failure to undertake appropriate training. - Poor communication will hinder any success.

Increase the number of carer assessments and reviews undertaken by 20% by 2008	- Pilot implementation of a new assessment tool - Action plan to be developed to meet this performance target - Annual review schedule to be put in place - Quality audits to be undertaken to ensure targets are met	D40 -Clients receiving a review D39 -% of people receiving a statement of their needs D42 – Carer Assessments C26 – Intensive home care C28 to C32(LAA stretch target) – Intensive Home care	2006/7 – 10% inc. 2007/8 – 10% inc.	Cheryle Cartwright (Group Manager) & Martin Hopkins (Group Manager)	- Staff time (increase / reconfigure staffing levels to meet targets - Produce robust business case for additional funding based on increased participation in the scheme and additional staffing levels to meet increased levels of activity	- Major impact on achieving performance targets and this would effect the Council/Social Services Star Rating
To further develop Residential/ Nursing capacity for Intermediate care by March 2007	- To implement the agreed proposals for a 21 bed residential Intermediate Care Unit at Rothwel. - Identify gaps in service and restrictions to access/ Process Mapping.	D41 – Delayed transfers of care C32(LAA stretch target), C29 – Intensive Home care		Sam Newton (Group Manager)	- Dis-investment from existing resources to re-invest. - Joint commissioning/ Pooled budgets.	- Failure to improve Intermediate Care performance and to meet national and local priorities
To achieve the highest CSCI rating for the number of people using Direct Payments by March 2007	- Implement action plan contained in Direct Payment Strategy - Work with Commissioners to ensure commissioning arrangements take into account the demand for Direct Payments - Encourage partnership working with Independent and Voluntary sectors to both provide and administer services bought by Direct Payments	C51 – Direct Payments (LAA stretch target)	Achieve 2006/07 target of 150 service users	Sue Sumpner (Direct Payments Manager)	- Funded from existing resources - Additional Funding provided within 2006/07 budget settlement MTFS £300,000	- Failure to increase continued usage of Direct Payments in all areas - Failure would seriously effect Council / Social Services Star Rating
To increase the number of people with learning disability helped to live at home by developing 2 supported living schemes by 2008	- Secure funding - Secure accommodation and implement refurbishment - Assess individual need and allocate tenancies	C30 – Intensive Home care	Schemes operational and tenancies occupied	New Post (Head of Learning Disabilities)	- Successful bid in budget setting process in 2007 to enable this to happen	- Delay in refurbishing property - Failure to find appropriate provider - Need to bring in on cost

To continue the process of Day Service Modernisation for people with learning disabilities to ensure better day services are available, as outlined in "Valuing People" by 2007	- Work closely with local employers and Chief Executive's Office to improve employment opportunities for service users. - Develop a service to meet the needs of people with challenging behaviour - Review current use of in-house day activities resources and return people from the private sector by submitting Capital bid for alterations to Oaks and Addison Day Centres to increase capacity. - Close collaboration with carers and families to ensure smooth transition for all service users and improve communication for all - Continue consultation with staff and service users, families / carers and other agencies		- Increase number of people with LD in employment (baseline 200) by 5% - Increase the number of Council employee with LD by 5 people - Increase the number of places offer to people with individual high support needs by 8 people. - Evidenced collaboration & consultation with service users their family and/or carers	New Post (Head of Learning Disabilities)	- Restructuring of existing staff and resources - Obtain capital funding approval for projects - Budget increase MTFS of £54,000	- No capital funding - Lack of resources - Service users falling into "benefits trap" - Possible resistance from and raising the expectations of some stakeholders - Resistance from carers and staff and service users
Develop an integrated care pathway for long term neurological conditions by March 2007.	- Care Pathway to be agreed - Action Plan implemented	A5 – Emergency Admissions C26,C27 & C29 – Intensive home care D57 - Service users who said that their views and preferences were always taken in to account D58 - Service users can contact Social Services easily.	Related Performance Indicators A5, C26,C27,C29, D57,D58	Pauline Riley (Adult Planning Lead – RPCT) Kath Rogers (JC Development Officer)	- Staff Time	- Lack of resources to meet identified care pathway
Develop a joint strategy with Voluntary Action Rotherham clarifying the role of the voluntary and community sector in Rotherham by August 2006	- Assess the impact on the prevention agenda and raised FACS criteria on the voluntary sector - Clarify role of voluntary and community sector Clarify relationship with the council and funding issues		- Strategy in place and endorsed	Gary Haigh (Service and Professional Development Manager)	- Existing staff time	-Multi agency endeavour which requires timely co-operation for each stakeholder.

Service Aim C (Links to Priority Themes: Alive, Proud and Safe):

To ensure service users and their carers are provided with quality, convenient, timely, affordable and responsive services tailored to meet individual need.

SMART Objective	Actions	Performance Indicators	Targets	Responsibility	Resources	Risks
To work with the PCT in changing the urgent care network to meet Government targets at Health and Social Care interface throughout 2006/7.	- Working with A&E and Fast Response to ensure appropriate assessment and timely transfer. - Revise current procedure and protocols. - Joint work with Intermediate Care Services and Community Matrons	A5 – Emergency Admissions D41 - Delayed transfers of care C26 & C32(LAA stretch target) - Intensive home care	- Procedures and protocols revised and operational	Mark Joynes (Group Manager – Hospital)	- Existing Social Work resources. - Skills development within Health and Social Care	- Unnecessary admissions to hospital.
To develop a hospital discharge enabling team by March 2007 to assist in ensuring that 100% of all discharges attributed to Social Services occur on time.	- Develop and expand current service to provide an effective discharge support service from hospital and from IC units. - Implement review findings, current funding and management arrangements - Review skills requirements of front line staff and extend their duties to carry out minor nursing tasks and implement therapy programmes.	A5 – Emergency Admissions D41 - Delayed transfers of care C26 & C32(LAA stretch target) - Intensive home care		Mark Joynes (Group Manager – Hospital)	- Arrangements for management and funding of current enabling service will be reviewed, and opportunities for recycling existing financial resources will be explored to enable service expansion.	- Delayed and inappropriate discharges. - Increased dependency and unnecessary pressures on home care capacity. - Unnecessary admissions to residential care.
Develop and implement an advocacy strategy to improve provision in Rotherham by March 2008	- Establish a working group with external key providers to support SCOPE's initiatives to improve advocacy provision in Rotherham - Becoming part of a national working group with 9 other LA's coordinated by SCOPE. - Develop a strategy and action plan		- Working groups established - Strategy developed, endorsed and operational	Craig Jaques-Newton (Divisional Manager)	- Existing staff time	-Multi agency endeavour which requires timely co-operation for each stakeholder.
To ensure that service review recommendations and action plans are delivered in accordance with the service review reports by March 2007	- Review all recommendations for each service and discuss progress with providers		- All implementation plans are on schedule.	Shiv Bhurtun (Supporting People Commissioning and Development Officer)	- Staff time - Existing resources	- Failure to generate value for money - Inability to recycle supporting people funding to new schemes.

To further develop appropriate operational arrangements for an out of hours service for adult social care by March 2007	- Review current assessment and care management arrangements; to identify where Fast Response and Out of Hours service is most appropriately placed within the assessment and care management structure. (i.e proposed Intake team) - Identify resource requirements for out of hours social work and care at home services - Implement delegated actions from the CEO Urgent Care Group - Establish links with other service areas and partner agencies - To explore joint service provision - Develop necessary protocols with other service areas and partner agencies	A5 - Emergency Admissions C32(LAA stretch target), C27, C29, C30 - Intensive home care D55 – Acceptable waiting time for assessment	- Protocols in place and operational	Paul Billingsley (Divisional Manager)	- Existing and additional social work resources - Funding required for additional posts and for unsocial hours payments - Re-configuration of Home Care Service to facilitate required level of out of hours provision.	- Needs of vulnerable adults not met effectively, resulting in unnecessary admissions to hospital/LT Care.
Explore increase income generation opportunities for community based services by March 2007	Laundry Service - Refurbishment of existing laundry service premises subject to securing funding and revise action plan for implementation Meals on Wheels - Expand tea time/evening meals pilot borough wide - Ensure existing IT system accommodates changes - Securing and train permanent staff Transport - Amend business case and update action plan for implementation. - Further advertisement of new services with user groups - Re-align staffing schedules where necessary RotherCare - Establish a joint strategy with health and other partners - Establish a partnership with the equipment provider - Develop infrastructure for provision		- 5% increase in service usage - Increased meals provision be 10% - Service is operational across the borough - Action plan updated - Publicity campaign complete -Increased transport provision be 10% - strategy and partnership agreement in place - Approved infrastructure in place	Pauline Walker (Group Manager)	- Capital Bid Funding - Existing Staff Time - New perm staff - Existing transport arrangements - Existing Staff Time - Existing transport fleet - New government grant of £165,000 - Existing staff time	- Insufficient funding made available - Maintaining operations throughout developments - IT development not achievable with current system - Lack of user response to scheme - Lack of funding made available - Lack of agreement between agencies

Mental Health Service to realign existing day services to meet standards in the Mental Health and Social Exclusion Report (ODPM 2004) and NSF Policy Implementation Guides by December 2007	- To map existing services and review current Service Provision. - Convert existing workers from a range of backgrounds and working in a range of settings to the role of STR Workers ensuring training and development opportunities for the new role - Realign budgets and services - Issue new Service Level Agreements to existing external providers or decommissioned of providers who are not performing adequately - Consultation exercises and events conducted		- Social Inclusion Action Plan and review complete - Meet/exceed SHA target of 16 STR workers by December 2006 20% to have experience of using MH services - Profile of workers to reflect local population (gender/race) - New SLAs issued or decommissioned - Evidence of consultation outcomes on new models	Janine Parkin Mental Health Social Care Lead	- Staff time. - Carers and Users Inv Involvement / expenses - Establishment of STR Lead role - NVQ Assessor time (use of MH Training Grant)	- Local Action Plan to be completed by April 2006 - Decommissioning of existing services will require disruption/realignment of services for individuals - Some staff may resist conversion to STR role, and will remain as Community Support Workers
To implement the Single Assessment Process by December 2009.	- Pilot use of EASYcare in Hospital setting by May 2006 - Implement Person Held Record across Rotherham by Sept 06 - Develop Project Plan for Electronic SAP - Implement Joint Staff Development Strategy by March 07	A 5 - Emergency Admissions C26,C27 – Intensive home care D41 - Delayed transfers of care E50 - Assessments of adults & OP leading to provision		Pauline Riley (Adult Planning Lead – RPCT) Kath Rogers (JC Development Officer)	- Staff time. - Funding to support electronic SAP solution	- Insufficient funding to support developments. - Lack of progress could affect future performance and impact on future inspections.

Service Aim D (Links to Priority Themes: Alive, Proud and Fairness):

To provide equality of access to services and ensure appropriateness of provision to meet the diverse needs of the people of Rotherham.

SMART Objective	Actions	Performance Indicators	Targets	Responsibility	Resources	Risks
Promote equality, diversity and good community relations in helping improve the quality of life and well-being of Rotherham's diverse communities by March 2009	All Services contributing towards achieving the requirements of Adult Social Services Equality and Diversity Action Plan by: - making sure information and services are accessible and appropriate to the needs and requirements of diverse communities; - contributing to achieving Levels 3, 4 and Level 5 by December 2006 of the Equality Standard for Local Government; - achieving Equality and Diversity BVPIs in: • employment and training; • reporting of racist incidents; • duty to promote race, gender and disability equality; - implementing the EIA Action Plans; - contributing to the delivery of the Council's Community Race Equality Scheme 2 and Cohesion Action Plan.	BVPI 2a - The level (if any) of the Equality Standard for Local Government to which the authority conforms; BVPI 2b - The duty to promote race equality; BVPI 11a - % of top 5% earners who are women BVPI 11b - % of top earners from BME communities; BVPI 11c - % of top earners who are disabled; BVPI 16a - % of local authority employees meeting the DDA definition of disability; BVPI 17a - % of local authority employees from ethnic minority communities; BVPI 174 – The number of racial incidents recorded by the authority per 100, 000 population; BVPI 175 – The number of racial incidents that resulted in further action E47 – The % of older service users receiving an assessment or review that are from minority ethnic groups; E48 - The % of older people receiving services following assessments that are from a minority ethnic group.		Ian Bradbury (Planning, Workforce and Complaints Manager)	- Existing resources (staff time).	- May not achieve Equality Standard target dates. -Limited availability evidence to support Equality Standards

To deliver new services in accordance with the Supporting People 5 year strategy 2005/10	- Commission borough wide floating support for women fleeing domestic violence by June 2006 - Commission borough wide BME specific floating support for women fleeing domestic violence by September 2006 - Provide a new PDSI guide communicator service by September 2006 - Appoint a traveller support worker with Neighbourhoods by August 2006		- Support in place for 20 people - Support in place for 32 people - 100 hours of service provided - Worker appointed	Tim Gollins (Supporting People Manager)	- The Supporting People Team and Commissioning Groups - Funding will be achieved through the redistribution of existing resources.	- Ongoing reductions in funding from central government mean efficiency savings are returned to central government and are therefore unavailable for investment in new provision in Rotherham
To increase by 10% the number of users and carers from black and minority ethnic groups actively involved in the planning and development of adult services by March 2007	- Establish membership of existing user and carer forums reflects and includes representation from BME groups. – Recruit BME representation on EMI Steering Group & Adult Protection Training Pool - Ensure support is available for users and carers to become active participants in any planning forums	E47 – Ethnicity of OP receiving assessments E48 - Ethnicity of OP receiving services following assessment	2006/7 – 10% inc.	Vicky Brown (Principal Policy, Planning & Research Officer) Sam Newton/ Mark Joynes (Group Managers)	- Funded from existing resources - Staff Time	- Lack of user and carer involvement from BME groups in the planning and development of adult services
Learning Disability Service will continue to improve services for users and carers from Black and Minority Ethnic communities	- Provide information in appropriate languages and formats by August 2006; - Increase the number of BME Service Users and Carers by March 2007; - Review Valuing People Ethnicity Framework by August 2006; - Staff attend Equalities and Diversity Training by March 2007.		- A range of easily understandable and accessible information is produced and available in community languages; - Increase from 34 to 38 number of new BME service users and carers; - Completion of Valuing People Ethnicity Framework and improved services; - 45 staff will attend Equalities and Diversity Training.	New Post (Head of Learning Disabilities)	- Staff time; - Financial cost of reproducing DVDs; - Service Level Agreement with Speakup Self Advocacy; - Budget allocation for E&D training.	- Unable to identify E&D training providers; - Under-supply of LD services due to increased expectations.

Learning Disability Service will continue to work with all groups and ensure there is continued development of services, support and opportunity by March 2007	- Ethnic Minorities Development Group Meetings will be held bi-monthly; - Ensure increased BME and diversity in representation on LDPB and sub groups by March 2007; - Hold a Consultation day on employment and job opportunities for BME users, carers and partners of LD services by June 2006; - Hold an Information/ Awareness day for BME users, carers and partners by November 2006; - Customer Satisfaction Survey undertaken and identification of future needs by October 2006.		- Regular meetings held and actions monitored; - BME/diversity in representation on LDPB and sub groups; - Consultation undertaken and increased BME employment in LDS; - Increased awareness of LDS; - Customer Satisfaction Survey completed and future needs identified.	New Post (Head of Learning Disabilities)	- Staff time; - Links with local community groups; - Budget allocation; - Service Level Agreement with Tassibee.	- Under-supply of LD services due to increased expectations.

To mainstream the services available under Direct Payments and pilot Individual Budgets by March 2007 and incorporate budget for Direct Payments in Mental Health into the Service Budget by April 2008.	- To map expenditure under Direct Payments (DP) and potential support services - To train all assessment staff and STR workers on direct payments and individual budgets – with particular emphasis on groups who are difficult to engage or who have limited access services (AO group; BME communities, women) - To consult with service providers and users/carers on DP – with particular emphasis on groups who are difficult to engage or who have limited access services (AO group; BME communities, women) -To review existing providers seeking new DP partners outside MH Services and realign existing SLA's with support Providers - To streamline CPA assessment process in line with individual budgets and in line with the Wellness Recovery Action Plan initiative - To seek opportunities to work alongside the Payment by Results Champion in DASH to dovetail Health and Social Care		- Mapping exercises complete - Training programme developed and implemented - Evidence of events, outcomes and profile of groups /individuals who attend - Reviews and realignment complete and new SLA's signed - CPA policy and procedures amended - Evidence of collaborative working	Janine Parkin Mental Health Social Care Lead	- Need for discrete Lead role from existing staff time -Training cover/ training venue/facilitator costs from existing budget - Existing budget - Staff time – contract monitoring resources - Provider, user, & carer group meetings costs and publicity materials from existing budget - Staff time - Training on use of new systems - IT system review - Provider, user, & carer group meetings costs and publicity materials from existing budget	- Incorporate budget for Direct Payments into Service Budget and mainstream the services available under Direct Payments – pilot Individual Budgets

Service Aim E (Links to Priority Themes: Alive, Proud and Sustainable Development):

To commission and ensure the delivery of cost effective services to clear quality standards.

SMART Objective	Actions	Performance Indicators	Targets	Responsibility	Resources	Risks
To develop a Joint Commissioning Strategy by June 2006	- Consider and incorporate where applicable: Brokerage, QA systems, Capacity building, Outcome based SLA's / Contracts, Market mix / share - Consult on the Strategy and obtain Member approval		- Strategy Document endorsed by Elected Members and PCT - Improvement in the quality of services commissioned	Ian Bradbury (Planning, Workforce & Complaints Manager)	- Within existing resources	- Services not developed to meet future demand/ requirements
Establish an electronic monitoring system for in-house domiciliary care by March 2008	- Undertake feasibility study by March 2007 - Seek allocation of funding by December 2006		- Completion of feasibility study - Funding secured	John Harding (Divisional Manager)	- Staff time - RBT assistance	- No funding secured - Incompatibility with SWIFT system
To establish processes which underpin an effective commissioning function by March 2007	- To undertake a cost benefit analysis to determine the viability of changing the financial relationship with independent sector providers		- Findings and implementation plan published	Gillian Buckley/ Sarah Phillips (Revenue and Payments Manager)	- Funded from existing resources	- Insufficiant funding to implement
	- To explore brokerage as a mechanism for procuring packages of care		- Findings and implementation plan published	David Lisgo (Comm. and Contracting Manager)	- Funded from existing resources - Submit additional funding bids for increased staff levels when required	- Failure to effectively procure care services
	- Update and extend the range of unit costs		- Directory of unit costs published	Karen Whittaker (Principal Budget Officer)	- Funded from existing resources	- Unable to undertake cost comparison for procuring services
	- Computerise the financial assessment function - Transfer the responsibility for gathering financial circumstances information away from social workers		- Determine specification - Agree protocols - Consultation with stakeholders - Develop protocols	Gillian Buckley/ Sarah Phillips (Revenue and Payments Manager)	- additional IT costs etc - Funded from existing resources	- Failure to meet ecommerce agenda - Ineffective use of resources -failure to achieve Gershon savings

To ensure all contracted provision through Supporting People meet quality standards by March 2007.	- To review all QAF self-assessments and ensure an action plan in place for 2006-7 to address level B on core objectives and level C on designated supplementary		100% of services with a self-assessment for 2006-7 100% of self – assessments, reviewed and with an action plan to improve	Tim Gollins (Supporting People Manager)	- Staff time	- That contracted provision does not meet high quality standards and users receive poorer services, and the programme gets less value for money
Learning Disability Service Improvement Group continue assessing the impact and success of Valuing People by March 2007	- Work with Service Users, Carers and Partners and undertake 10 reviews of in house and independent sector services throughout 2006; - Produce annual action plan from the Improvement Group; - Produce clear information in a range of formats that is easily understandable by October 2006; - People with Learning Disabilities and their Carers are involved in the recruitment of new LD staff.		- 10 in house and independent sector reviews are completed; - Action plan implemented; - Regular reports to LDPB and Adult Social Services SMT; - Production of leaflets, posters and DVDs; - 12 Service Users/Carers undertake training on recruitment and selection	New Post (Head of Learning Disabilities)	- Staff time Service User and Carer involvement.	- Lack of service user and carer involvement (membership depends on non-paid people).

Service Aim F (Links to Priority Themes: Excellent Council):

To drive forward improvements in performance through appropriate management and staffing arrangements.

SMART Objective	Actions	Performance Indicators	Targets	Responsibility	Resources	Risks
Increase by 20% the number of individuals that receive an annual review by 2008	- Quality audits to be undertaken to ensure targets are met - Undertake evaluation of telephone and provider reviews undertaken 05/06 -Establish links with CARO services. - Create a dedicated review team for residential care reviews. - SWIFT support team will input a reminder for future re-assessment and review.	D40 – Clients receiving a review	2006/7 – 10% inc. 2007/8 – 10% inc.	Sam Newton & Cheryl Cartwright (Group Managers)	- Staff time - Increase/ reconfigure staffing levels to meet targets	- Objectives not achieved across the Programme Area - Major impact on achieving performance targets and this would effect the Council/Social Services Star Rating

Increase the number of individuals in receipt of a statement of need to 91% by March 2007	- Action plan to be revised to meet this performance target - Quality audits to be undertaken to ensure targets are met	D39 - % of people receiving a statement of their need and how they will be met		David Stevenson (Group Manager)	- Staff time - Increase/ reconfigure staffing levels to meet targets	- Objectives not achieved across the Programme Area would effect the Council/Social Services Star Rating
Reconfiguration of Learning Disability Community Teams and their existing management by May 2006	- Complete team development sessions - Review Job Descriptions - Interview staff and make appointments		- New structure in place	David Hamilton (Acting Director of Adult Social Services)	- Staff time	- Dovetail with Adult Social Services' reconfigure and the PCT's Agenda for Change
To ensure we have the right people, in the right place, at the right time, with the right skills and qualifications for the work they undertake at vocational, qualifying and post qualifying levels, so that continuously improved services can be delivered.	- To develop, promote and facilitate the implementation of an Adult Social Services Workforce Development Strategy by March 2007. - To produce, promote, publish and implement an annual Learning and Development Plan for the Adult Social Services workforce by May each year. - To develop, promote, publish and periodically update a 'training directory' of learning and development activities detailed in the Learning and Development Plan by May 2006. - To jointly develop with the RPCT a joint workforce development strategy by September 2006		A year on year reduction in the: • % of ASS directly employed staff left during the year. • % of ASS directly employed posts vacant on 30 Sept each year • % of working days / shifts lost to sickness absence during the financial year A year on year increase in the: • % of ASS gross current expenditure on staffing which was spent on training the council's directly employed staff during the financial year • The number of assessed social work practice learning days • Strategy agreed across RMBC & RPCT	Nigel Mitchell (Workforce Planning & Development Manager)	- Officer time including: • All members of the Workforce Planning, Development and Training Team, • Operational Managers, • HR Manager - Consultation with service users and union representatives. - Attendance at conference and workshop costs. - Meeting rooms and refreshment costs for planning and consultation meetings. - Reprographic production costs of documents.	- Limited financial resources to support actions. - Possible consultation difficulties with Unions and Service Users – time and appropriate representation.

To improve the quality and confidence in data contained within our databases by June 2006	- To evaluate the scale/scope of the problem, and identify where systems/management arrangements require improvement, by use of the AC's data quality self-assessment tool by end May, 2006. - To develop and implement a plan that will eliminate all systemic data quality errors by June 2006		- To have applied the AC's self-assessment tool and reported on the outcomes - Reduce the data quality errors by 5% - Eliminate all systemic errors	David Fellows (Performance Information & Quality Manager)	Performance Team, PI Managers, Others as appropriate.	- Availability of resources and staff. - Failure to make progress will increase the risk of audit failure and of uncertainty over the quality of decision making. - Mental Health replacing the existing system with EPEX
To implement robust arrangements for the management of information, including performance indicators.	- To work with PI managers in implementing routine QA checks by end June, 2006. - To complete a programme of audits of all Key performance indicators by end June, 2006. - To integrate arrangements with partners for the management of performance information by end of 2007		QA checks designed and implemented for all PI's - Audits of all Key PI's to be completed - No PI's will fail in the audit of the 2005/06 outturns. - Agreements, incorporating specifications, in place for all PI's that derive from systems other than the main database (SWIFT). - All Key Performance Indicators to be within national 'Upper quartile'.	David Fellows (Performance Information & Quality Manager)	Performance Team, PI Managers.	- Availability of staff, failure to engage staff in operational services. - Failure to make progress in effectively engaging with other information providers will increase the risk of audit failure.

To ensure effective information and communication systems are in place to ensure the delivery of timely information	- Review and Implement Adult Social Services SWIFT Development Plan with operational Services by October 2006		- Successful completion of Key milestones identified in plan	Jayne Dickson (Principal Information and Development Officer)	- Information Development Team and Operational Services	- Failure to further develop SWIFT in line with operational services requirements will affect ability to make decisions due to poor quality/lack of information
	- Implement ESCR by March 2007		- Achievement in line with ESCR Project Plan by March 2007		- Information Development Team, Operational Services, ESCR Project Manager and RBT	- Lack of funding and failure to meet DoH Timetable. Lack of resources to successfully implement. Links to CYPS
	Implement E-Forms by October 2007		- Simple generic e-forms by June 2006 - More Complex E-forms to support Assessment & Care Management by October 2007		- Information Development Team, Operational Services and RBT	- Lack of Resources to implement. Failure to implement will continue to impact on operational staff in terms of complexity of SWIFT recording
	Develop a 3 Year ICT Strategy by July 2006		- ICT Infrastructure in place which supports Information Delivery		- Information Development Team and RBT	Links with Corporate ICT Strategy
	Re-develop Communication Strategy by June 2006		- Completion of Strategy		- Information Sharing, Governance & Communications Officer	Links with Corporate Communications Strategy
Review and revise the Adult Social Services Compliant procedures in response to national guidance by September 2006	- Update and revise procedures. - Update and revise guidance for staff and managers - Design, produce and distribute publicity material - Develop training programme for staff and managers.		- Approved procedures and guidance available - New literature distributed - Training programme publicised	Adam Hurst (Complaints Manager)	- Staff time - Existing budget allocation	- Delay in availability of national guidance on Adult Social Services complaints

Section 4 : Evaluation

How do we evaluate our achievements? → 4. Evaluation

4.1 Evaluation of Our Performance

Each year Adult Social Services has consistently monitored the key actions identified within its Service Plans. The monitoring of the Service plans has enabled Managers to keep track of whether key actions have been achieved. Regular reports to Heads of Services and Members have been produced which provide information on the progress made, analyse why key objectives may not have been achieved and quality assure some of the outcomes of such developments from the point of view of the service user. This year we continued to develop streamlined plans with SMART objectives using the corporate framework. This enables us to clearly identify what we expect to achieve, how, by when and how we will measure our achievements.

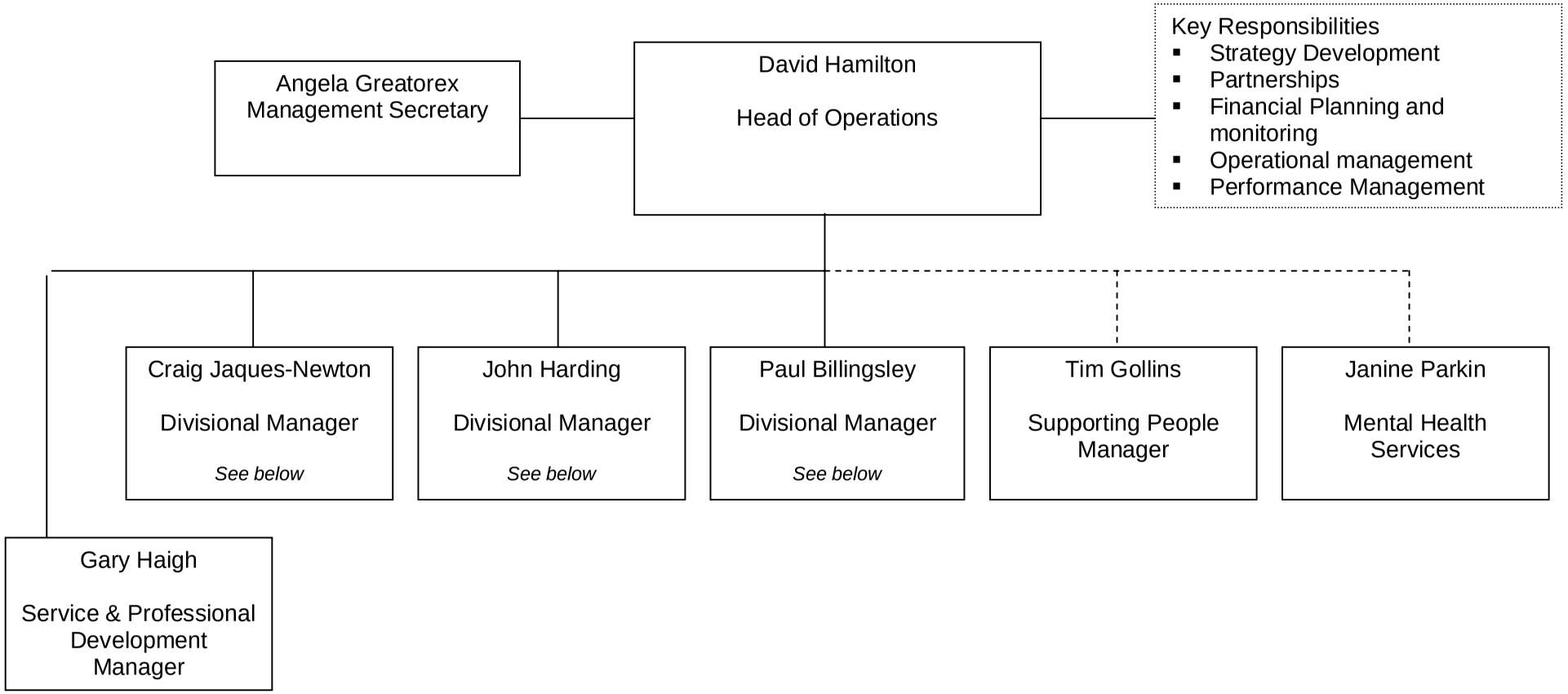
Service Plans are just one of the ways in which our performance is judged and evaluated. The performance indicators identified within this Service Plan are monitored through existing performance management arrangements and reported to Members, Senior Managers and Staff.

Our performance is judged by CSCI through various mechanisms which include the completion of a position statement, annual review meetings and inspections.

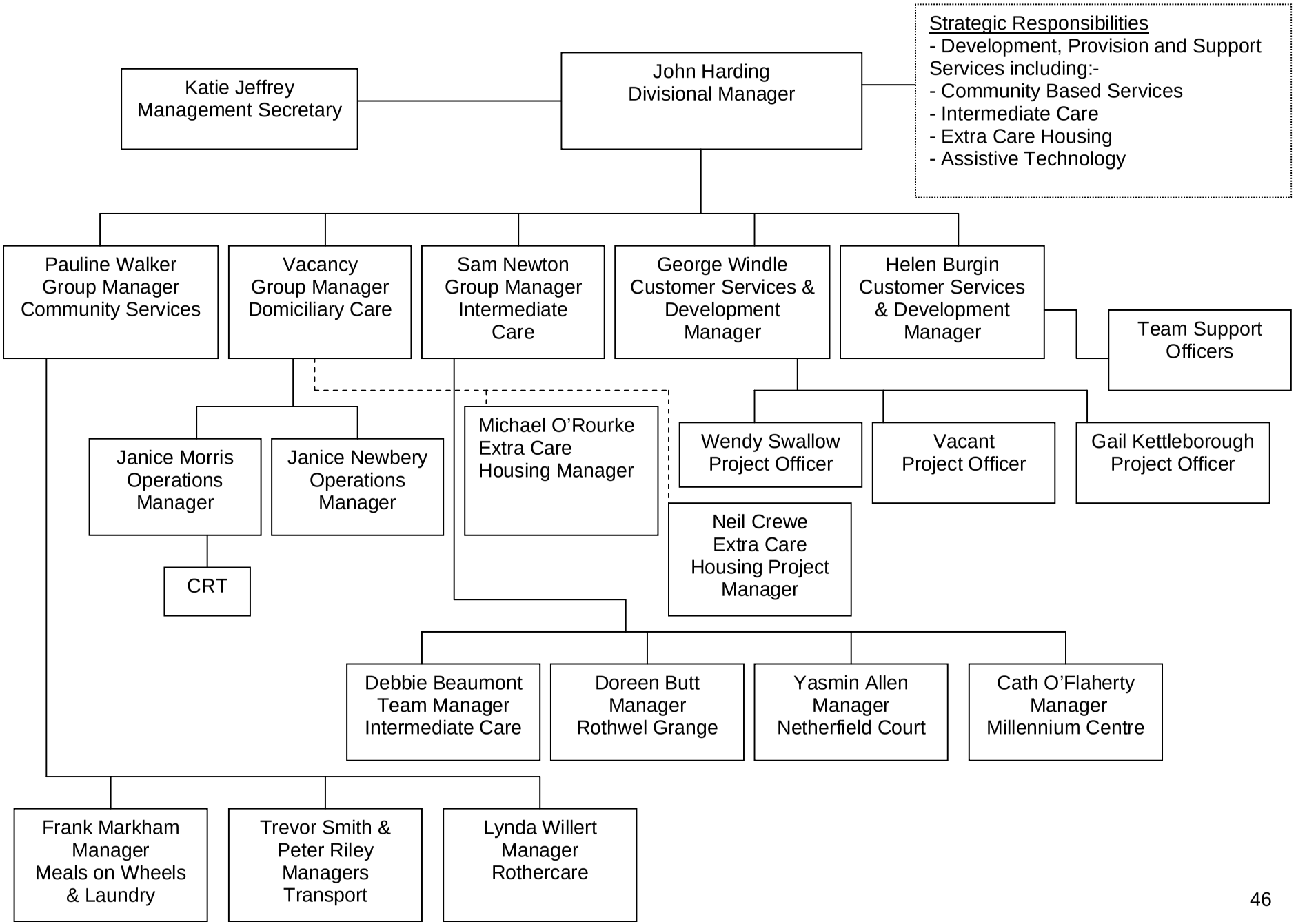
Ultimately, the people of Rotherham and their elected representatives (councillors) measure our performance and judge whether or not we achieve our main aims and represent Best Value.

Appendix 1: Adult Social Services Structures

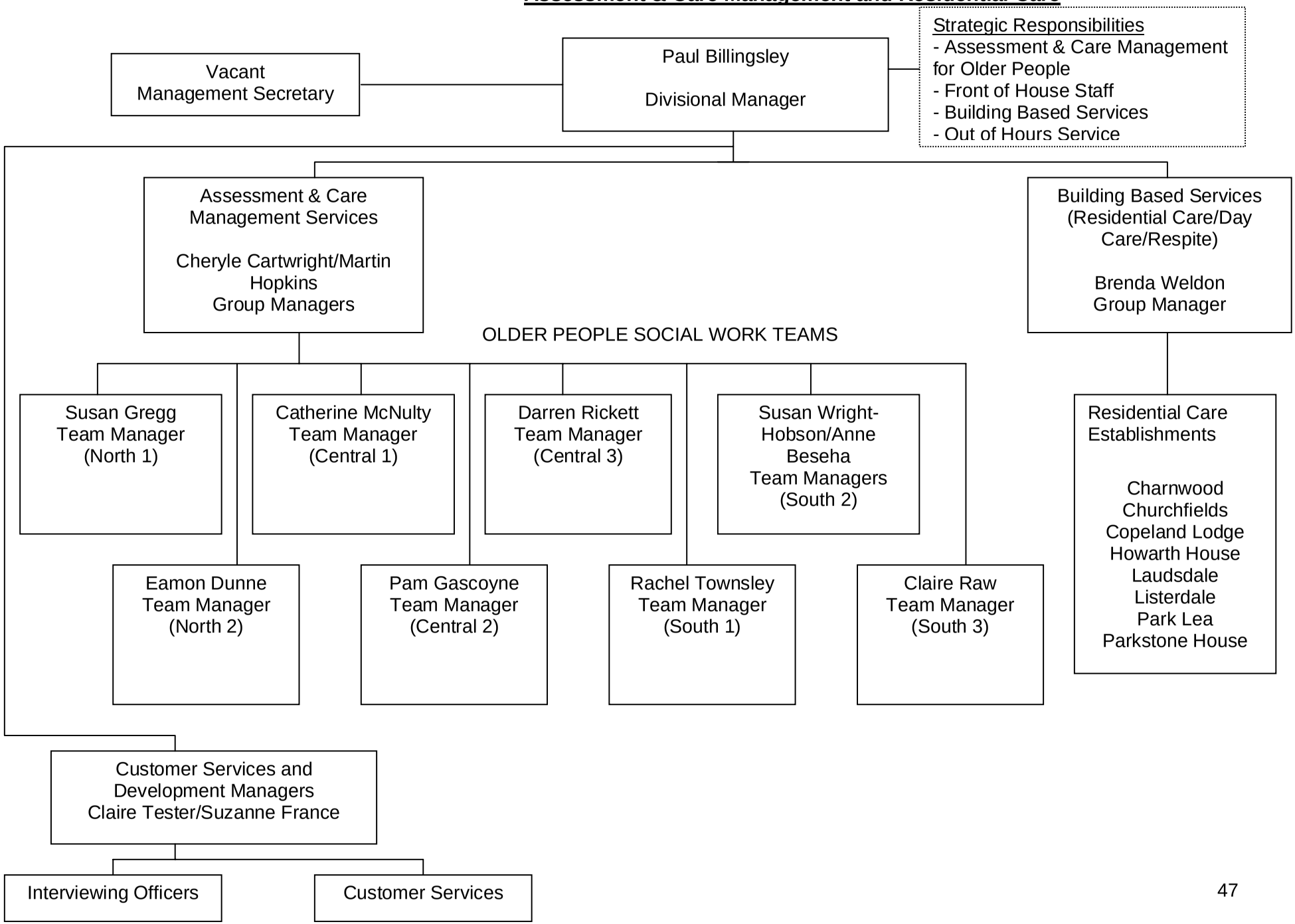
Operations Service Area



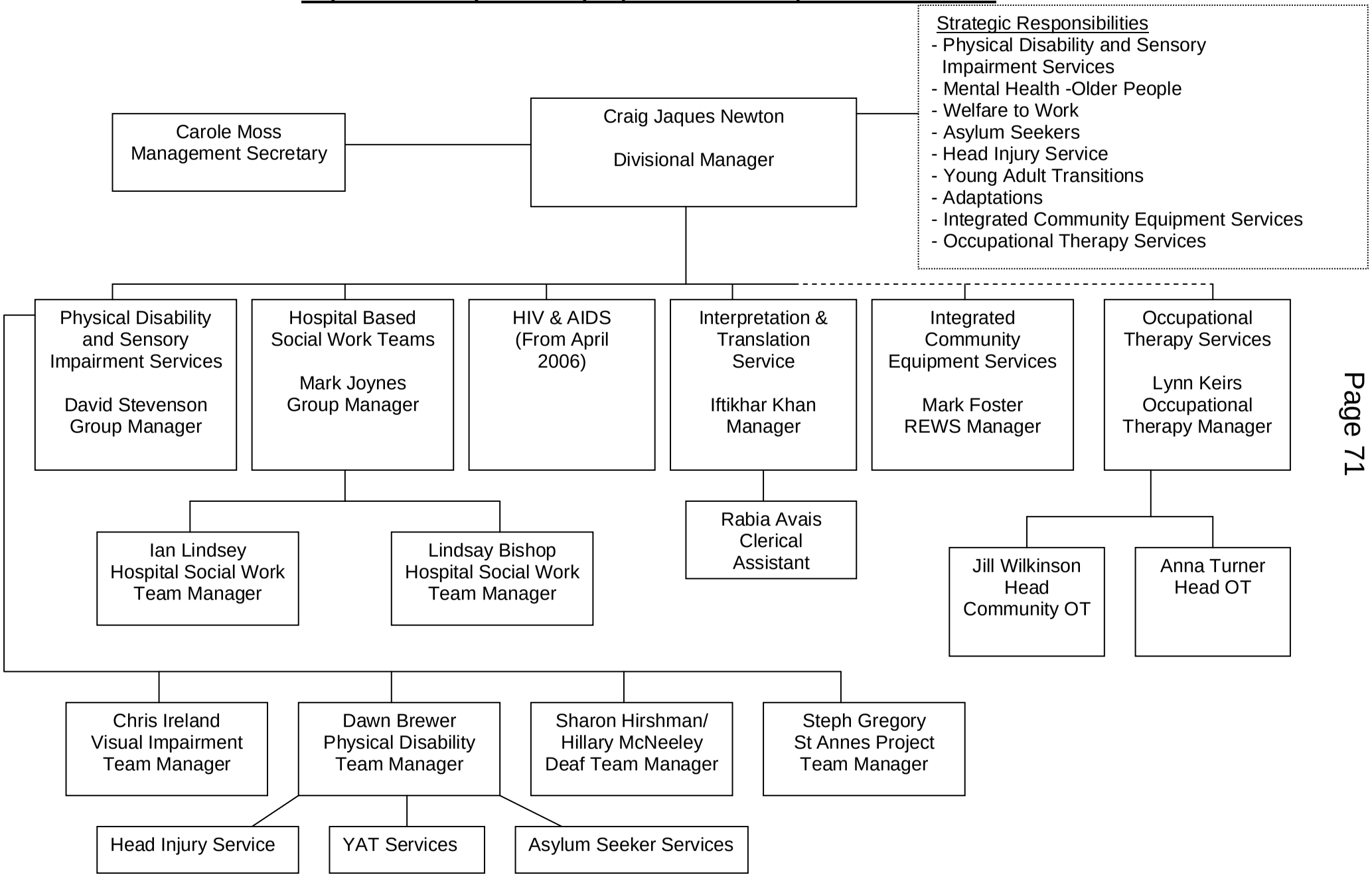
Development, Provision and Support Services



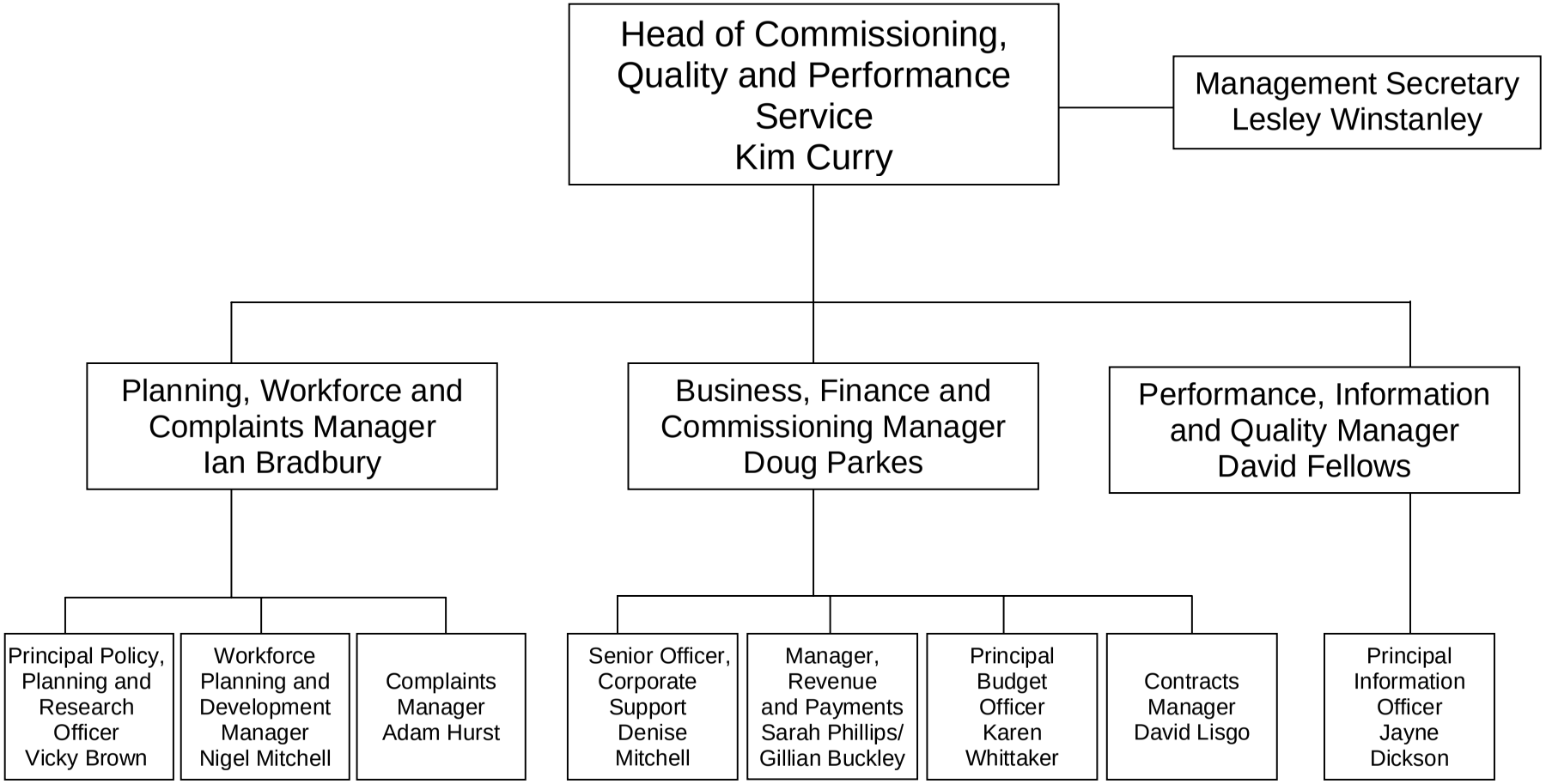
Assessment & Care Management and Residential Care

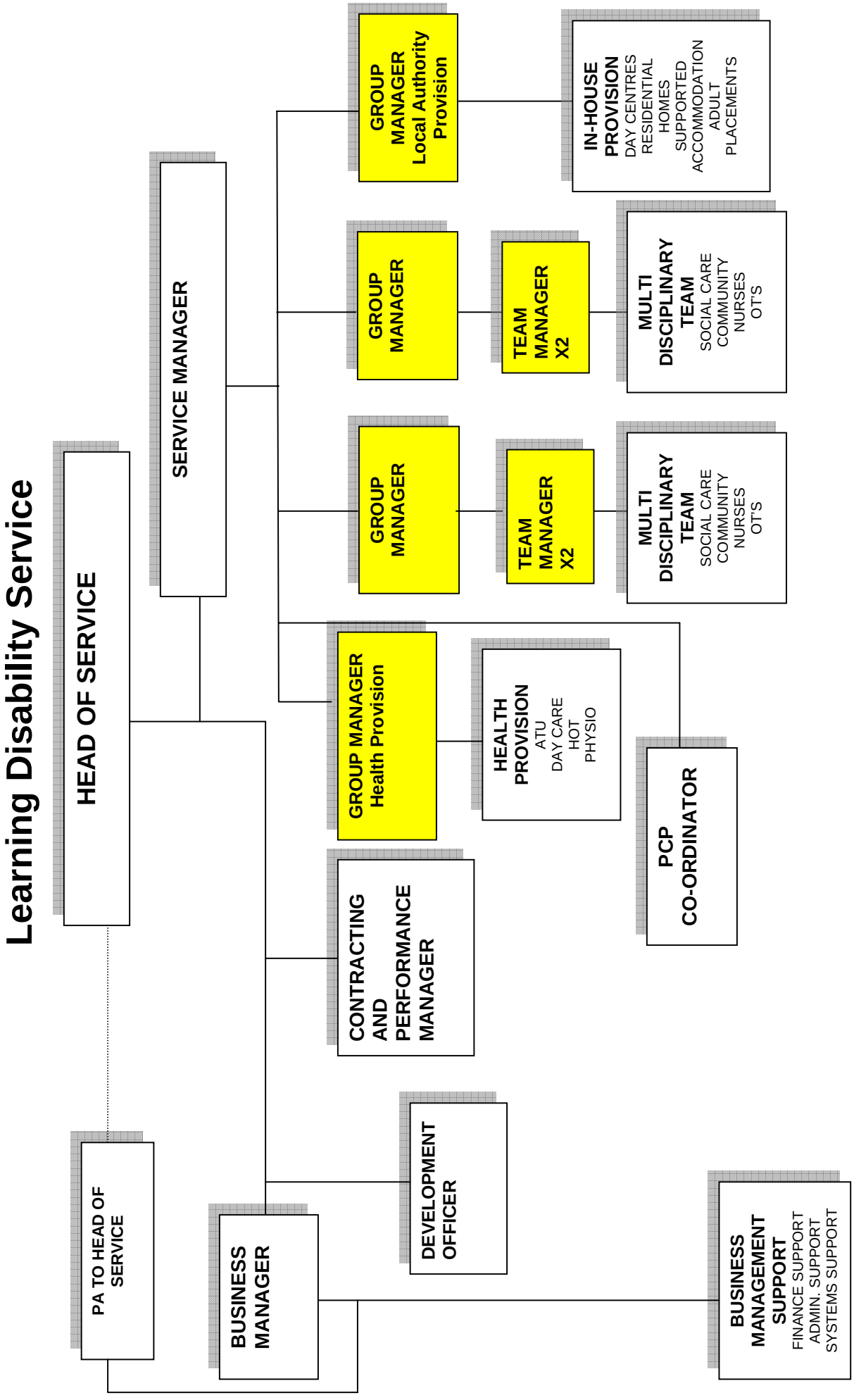


Physical Disability & Sensory Impairment and Hospital Based Services

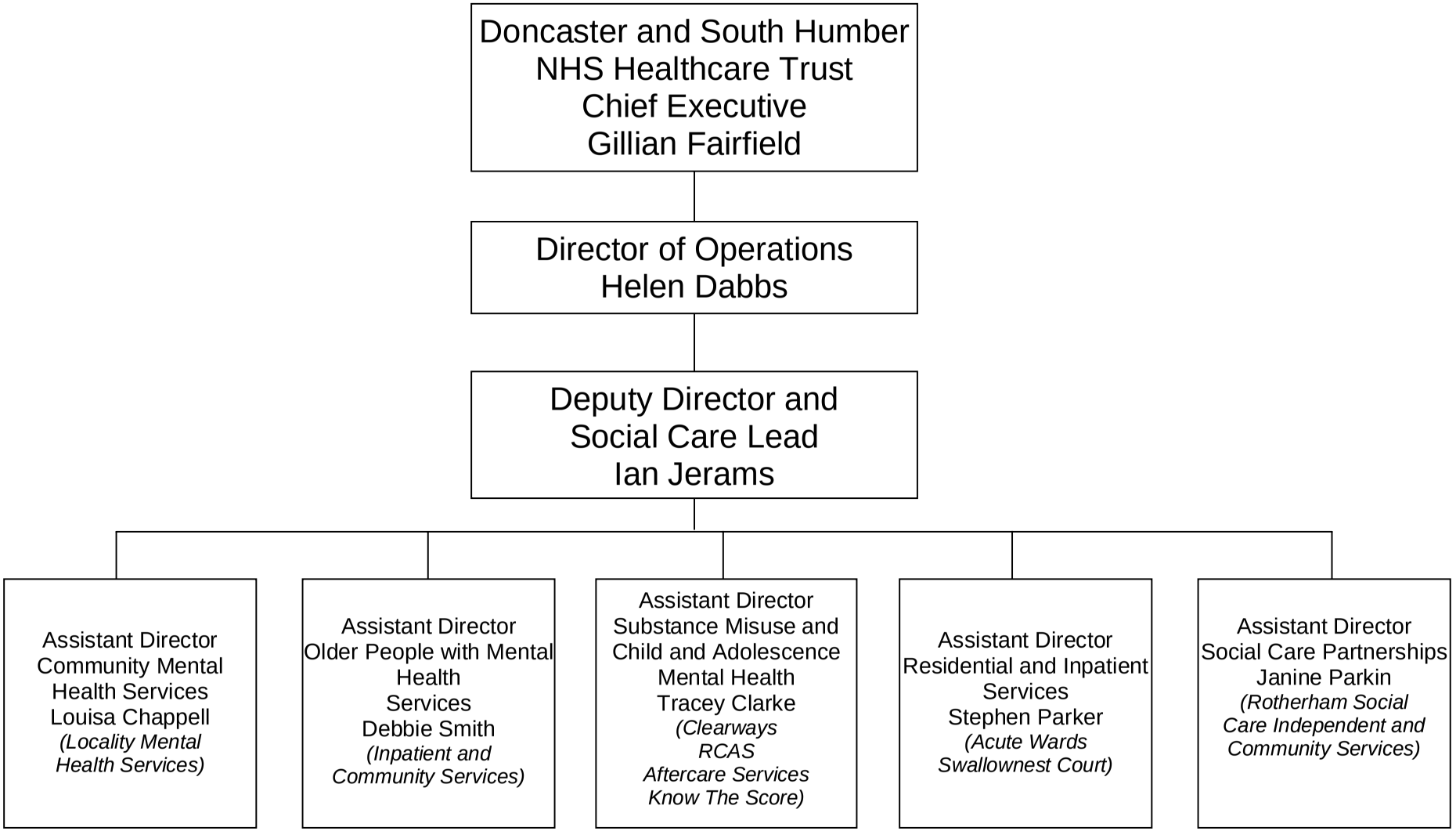


Commissioning, Quality and Performance Service Area




Learning Disability Service
HEAD OF SERVICE
SERVICE MANAGER
GROUP MANAGER Local Authority Provision
IN-HOUSE PROVISION
DAY CENTRES
RESIDENTIAL HOMES
SUPPORTED ACCOMMODATION
ADULT PLACEMENTS
GROUP MANAGER
TEAM MANAGER X2
MULTI DISCIPLINARY TEAM
SOCIAL CARE
COMMUNITY NURSES
OT'S
GROUP MANAGER
TEAM MANAGER X2
MULTI DISCIPLINARY TEAM
SOCIAL CARE
COMMUNITY NURSES
OT'S
GROUP MANAGER Health Provision
HEALTH PROVISION
ATU
DAY CARE
HOT
PHYSIO
PCP CO-ORDINATOR
CONTRACTING AND PERFORMANCE MANAGER
PA TO HEAD OF SERVICE
BUSINESS MANAGER
DEVELOPMENT OFFICER
BUSINESS MANAGEMENT SUPPORT
FINANCE SUPPORT
ADMIN. SUPPORT
SYSTEMS SUPPORT

Mental Health Services



Rotherham Metropolitan Borough Council

Rotherham NHS Primary Care Trust

'Building on Success – The Next Three Years'

Rotherham Intermediate Care Strategy 2005 – 2008

DRAFT ACTION PLAN

Strategic Objectives pg 15-16 Intermediate Care Strategy

1.To review the scope and capacity of intermediate care services required to support patients
2.To improve the efficiency and effectiveness of existing intermediate care services
3.To develop a clear governance framework for the management and delivery of intermediate care services across the Rotherham community.
4.To enhance access to intermediate care and ensure more people benefit from the service.
5. To ensure continuance of care support through the development of formal networks with interface services
6.To develop a communication and consultation strategy to facilitate the implementation of strategic objectives
7.Service Specification

Action Required	Strategic Objective Rationale is detailed within the strategy.	Lead Officer(s)	Timescale
Capacity			
• Review of current capacity of IC services, including use and average cost, staffing and pressures on services	No: 1,2,4	Task Group	April 06 To be reviewed
Access and Eligibility			
• Collate and review range of eligibility criteria in use within different elements of intermediate care, identifying inequities	No: 1,2,4	Operational Group	June 06 To be reviewed
• Identify gaps in services and restrictions in access to services e.g. people with mental health problems accessing beds, out of hours access and provision	No: 1,2,4	Task Group	April 06 To be reviewed

Action Required	Strategic Objective Rationale is detailed within the strategy.	Lead Officer(s)	Timescale
• Identify the shortfall in provision and need for specialist IC services, e.g. for older people with mental health conditions and produce options for addressing any shortfall	No: 1,2,4	Task Group	April
• Development and implementation of agreed admission and discharge criteria for all services, including acute, intermediate and care at home services	No:1,2,4	Operational Group	Sept 06
• Draft revised set of eligibility criteria to ensure an inclusive approach to intermediate care, taking account of national guidance and public health agenda	No:1,2,4	Operational Group	June 06
<u>Workforce</u>			
• Develop proposals for neighbourhood integrated MDT's for IC, incorporating capacity for fast/slow stream, community rehabilitation and enabling, fast response and provision of care in residential/nursing homes.	No: 1,2	Task Group	Feb 07
• Identify accommodation needs of workforce	No: 2	Task Group	Feb 07
• Formulate a workforce development strategy for IC and feed into joint workforce development strategy	No: 2	Task Group	Feb 07
• Review skills requirements of front line staff and introduce generic health and social care support workers to carry out minor nursing tasks and implement therapy programmes in tandem with personal care plans, as necessary	No: 2	Task Group	Feb 07
• Identify career pathways to enable effective recruitment and retention of skilled and committed staff	No: 2	Task Group	Feb 07
• Identify current shortfalls in skills and develop options and strategies for eliminating any shortfalls, including job redesign, training programmes, recruitment drives, etc.	No: 2	Task Group	Feb 07
• *Review revised NVQs in health and social care (due for implementation in January 2005) and identify appropriate units/modules for ICS*	No: 2	Human Resources & Learning & Development	Feb 07

Action Required	Strategic Objective Rationale is detailed within the strategy.	Lead Officer(s)	Timescale
Other: • Ensure screening protocols for Dementia and Depression are incorporated into IC assessment processes • Enable all users of IC services to be offered the opportunity of mental health screening • Identify person-centred assessment and care management processes for individual programmes of intermediate care	No: 2,4 No: 2,4 No: 1,2,4	Task Group (Esra Bennett) Task Group (Esra Bennett) Task Group (Esra Bennett)	June 06 June 06 June 06
• Ensure adequate data collections systems are in place to record and manage the delivery of services • Review commissioning and contracting arrangements for the procurement of residential based IC services • Review the current arrangements for ensuring the quality of care provided in IC units and ensure compliance with NCS • Review current arrangements for managing admissions and discharges from IC units and ensure compliance with NCS • Review management arrangements and structure and develop proposals for new joint manager of IC services, including remit, lines of accountability, professional and operational management, budget implications • Review pooled budget arrangements and identify any changes required in order to improve service delivery • Develop proposals for medical access for IC, including ongoing and urgent response	No: 3 No:1,2,3,4 No:2,3,4 No:2,3,4 No:3 No:1,2,3,5 No;2,3,4,5	Sam/Gill Joint Commissioning Joint Commissioning Task Group & Joint Commissioning Task Group Task Group in consultation with APOG Task Group	April 06 Mar 07 Mar 07 April 06 June 06 June 06 April 06

Action Required	Strategic Objective Rationale is detailed within the strategy.	Lead Officer(s)	Timescale
• Develop appropriate and safe systems for managing medication provision and compliance during IC services	No;2,3,4,5	Operational Group in consultation with community pharmacy	Dec 06
• Develop single point of access	No: 1,2,3,4,5	Task Group/ Operational Group	Feb 07
• Identify how links will be established with A & E, paramedic practitioners, GPs, community health and social care professionals, care homes and the hospice	No: 1,2,3,4,5	Task Group/ Operational Group	Feb 07
• Develop proposals for increasing capacity of IC services in accordance with need and to meet targets e.g. out of hours, increased availability of rehabilitation services, etc.	No: 1,2,3,4,5	Task Group/ Operational Group	Feb 07
• Develop proposals for improving access to IC for people with mental health problems	No: 1,2,3,4,5	Task Group/ Operational Group	Feb 07
• Identify links and opportunities to work more closely with the voluntary sector to deliver IC and maintain the enabling culture	No:1,2,5	Operational Group	Ongoing throughout the Strategy
• Ensure all service users are encouraged to access community based facilities wherever possible	No: 1,2,4,5	Operational Group	
• Ensure service users are provided with information and access to support services	No:3,4,5	Operational Group	
• Develop care pathway for IC, identifying how IC pathway links with other significant pathways e.g. LTC, falls, Stroke, Bariatrics etc	No:2,4,5	Task Group	Mar 07
• Ensure IC is an integral part of the long term conditions model.	No:1,2,3,4,5	Task Group	Mar 07

Action Required	Strategic Objective Rationale is detailed within the strategy.	Lead Officer(s)	Timescale
• Develop a communications strategy to keep all affected stakeholders informed of how IC modernization is being managed and the achievement of significant milestones	No; 6	Task Group	Jun 06
• Develop a consultation strategy for IC staff and service users to keep them engaged and to enable them to evaluate and comment on the modernization process	No; 2,3,6	Task Group (Completed)	Feb 06
• Develop a detailed services specification outlining the requirements for delivering and managing IC services	No:7	Task Group	Mar 07
• Develop a business plan for IC to identify the gaps in resources in IC and future developments in accordance with local and national demands	No; 7	Task Group	Mar 07
• *Identify within the business plan an outline project plan of how the modernization process will be managed*	No;7	Task Group	Mar 07

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Services and Health Scrutiny Panel**
2.	**Date:**	**1st June 2006**
3.	**Title:**	**Draft Strategy for Older People in Rotherham**
4.	**Programme Areas:**	**Adult Social Services**

5. Summary

Attached for Members consideration is a draft copy of the proposed Strategy for Older People in Rotherham which aims to improve the quality of life of local older people.

It has been developed in a national and local policy context which has seen a major shift in policy towards older persons. There has been a move away from focusing public services on the most vulnerable people (only 15% of the older population), and towards a broader approach and enables all older people to remain as independent for as long as possible and live their lives to the full.

At its heart is the recognition that health and social care services are only a small part of the support that older people value, need and only a small part of the experience of growing older. This Strategy is intended to play a key role in achieving this, providing a framework and focus for older persons' policy and service delivery.

A draft action plan has been developed and this will be the subject of a presentation to the Panel at the meeting.

6. Recommendations:

That Members

1. **Consider and endorse the Draft Older People's Strategy.**
2. **Note and comment on the detailed action plan.**

7. Proposals and Details

The development of an Older Persons Strategy for Rotherham is a Year Ahead Commitment and a priority in the Community Strategy and Corporate Plan.

Based on detailed consultation, analysis and discussions (including a major older persons conference held in December) it seeks to promote a better quality of life for Rotherham's increasing population of older people who are over 50 (which is expected to rise by 40% in 2021).

It is structured around seven sections each based around the Priority Themes contained in the Community Strategy. Each includes a descriptive analysis of trends and issues arising in relation to the Theme, based on statistical analysis and the findings from consultation together with a list of key objectives required to address the main issues identified.

The objectives it details are broad and intended to set directions for activity rather than describe specific activities that partners, businesses, communities and others should take. These specific actions will be developed into a detailed supporting action plan to be agreed by the end of May 2006.

Its development has been led by a Task Group involving all Programme Areas, PCT, voluntary sector, Rotherham Partnership and other stakeholders such as Age Concern and Fiftyplus Rotherham. It is chaired by the Council's Older Persons Champion, Cllr F Hodgkiss.

8. Finance

Consultation and the development of the Strategy will have financial implications in relation to publicity and publication costs. These are difficult to specify at this early stage but are unlikely to be significant. This will be met from existing budgets.

9. Risks and Uncertainties

It is essential that an older people's strategy is produced to ensure the increasing older population's needs are met.

10. Policy and Performance Agenda Implications

The Strategy will provide a key means by which to take forward the LGA Shared Priority of Improving the Quality of Life of Older People. It will also be an important element in taking forward the Community Strategy and Corporate Plan. It also directly links with the government's White Paper on health and social care and also the government's social inclusion agenda for older people. (A sure Start to Later Life

11. Background Papers and Consultation

The document has been circulated widely for further consultation including all key partners, older persons representatives and people attending the Older Persons Conference held in December. A member seminar is also being planned.

The consultation methods used to develop the need and priorities of older people have been identified as best practice by the Audit Commission.

There have been regular reports to CMT, Cabinet and relevant scrutiny panels on its progress.

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“Wellbeing in later life”

A Strategy for Older People in Rotherham

"Wellbeing in later life"

A Strategy for Older People in Rotherham

Chapter 1: Introduction

This Strategy has been developed to promote a better quality of life for Rotherham's increasing population of people who are over 50.

Currently 30% of the population are over 50. This is expected to rise to 40% in 2021 with a much higher proportion of people over 75.

Life expectancy is now almost double that of our great grandparents. Many of us will spend a third of our life in active healthy retirement. By 2021 more than half of the population will be in the 45-64 age group.

With better health, independence and more time for leisure, cultural and other interests, older people will have different aspirations and opportunities to that of previous generations.

It is important that key agencies such as the Council, Primary Care Trust, Police, Voluntary Sector, businesses and hospitals plan and respond to meet these trends and opportunities.

To achieve this we all need to work together towards common goals, objectives and targets. This Strategy is intended to play a key role in achieving this, providing a framework and focus for older persons' policy and service delivery.

The Strategy is based on extensive research and consultation. This identified a number of key issues that were especially important to improve the quality of life of older people, and which older people said that they wished for the Strategy to focus on:

- *Maximising income*
- *Regenerating the Town Centre*
- *Mobility and transport*
- *Greater and more accessible learning opportunities*
- *Improving and maintaining health, including accessible services*
- *Access and participation in a range of social, cultural and leisure opportunities*
- *Housing choice, including support to live at home for as long as it is possible*
- *Safe, clean and secure neighbourhoods*
- *Promoting independence*
- *Ensuring that the views of older people are heard and shape the aspirations of the council and other agencies*
- *Increase the participation of older people in the way services are developed*
- *Addressing age discrimination.*

A range of objectives and strategies were developed in consultation with the community to address the issues listed above. These objectives and strategies are outlined in the Plan under the headings of the relevant Priority Theme.

It will be supported by an Action Plan which prioritises and describes in detail the proposed actions to address the strategic objective contained in the Strategy.

A wide range of agencies and individuals have been involved in this strategy. Many organisations will already be undertaking specific work in support of the strategy; others may require new actions in response to it.

As part of the development of the Strategy a survey of 1,600 people in Rotherham was undertaken. One of the questions they were asked was at what age does a person become "older". Not surprisingly the response depended on the age of the person being asked. There was no common agreement with answers ranging from under 40 to over 70.

This Strategy has therefore adopted the most widely used definition which is that an older person includes anyone over 50 years of age where for many a transition begins, and some may be planning retirement.

1.1 Changing Population Trends

Rotherham, along with the rest of the country, is experiencing demographic changes in the balance of the older population:

- By 2021 it is estimated that there will be more people aged over 80 than children under five
- Rotherham's older population (over 50) is increasing year on year
- Currently, Older People over 50 account for 34 per cent of the total population in Rotherham and over the next 25 years this is projected to increase to around 40 per cent
- The Government projects that nationally by 2051 the average man of 65 is likely to have around 22 years of life ahead of him, compared with only 12 years for a 65-year-old in 1950, and 19 in 2001
- More people – 8 in 10 men and 9 in 10 women – are surviving middle life to reach 65
- There is a long-term trend for families to have fewer children, and many people have been choosing to have no children at all
- It has also become diverse with, for example, increasing numbers of disabled and older Black and Minority ethnic people.

Taken together, these factors mean both that the numbers of people over 50, over 65 and (especially) over 85 are set to increase rapidly in the next decades forming a larger and more diverse proportion of the total population in Rotherham.

1.2 Consultation

In developing the Strategy, we have sought views of older people, their carers and service providers, local agencies and the public in general. In this way we can be sure that the strategy reflects the issues, needs, aspirations and

preferences of future generations of older people in Rotherham and the current population.

A wide range of techniques and approaches have been used with a particular focus on engaging people often not consulted or who perhaps do not respond to surveys. These include:

- The establishment of the Older People's Strategy Group, which is responsible for its development and delivery. This includes representatives from Rotherham Council, Rotherham PCT, Rotherham Foundation Hospital Trust, Age Concern Rotherham and Plus50 Rotherham. It is chaired by Rotherham's Older Persons Champion Councillor Frank Hodgkiss

- A survey of 1,600 representative people through Rotherham Reachout, the Borough's Citizens Panel

- Consultations with older people through a series of focus groups (including with groups such as Black and Ethnic Minority) and a major older persons borough conference attended by almost a hundred people and considering all previous consultations which gained the views of local older people

- Consultation with community agencies through seeking comments on the draft report and discussions at forums such as the Council's Corporate Management Team, Cabinet, Scrutiny Panel and Rotherham Partnership Boards.

1.3 The context for the Older Persons Strategy in Rotherham

This Strategy forms part of a wider set of documents, which provide a vision for promoting the social, environmental and economic wellbeing of all local people.

The most important of these is Rotherham's Community Strategy. This sets out a long-term strategy for the regeneration of the Borough, and acts as a focus and framework for all other plans and strategies.

To ensure that this Strategy compliments and adds value to the Community Strategy, we have developed it around the seven Priority Themes contained in the Community Strategy (see Chapters 2 - 8).

It will directly contribute to a number of key partnerships and plans in areas such as health, transport, housing and community safety, each with its own aims, objective and targets. It will also make a contribution to the delivery of Rotherham's Local Area Agreement.

The Strategy has also been developed in a wider national context such as NHS National Service Framework for Older People, Better Government for Older People Programme and the Local Area Agreement, A Sure Start to Later Life, and the White Paper Our Health, Our Care, Our Say.

1.4 Strategic Objectives

Each of the following sections is based around the Priority Themes contained in the Community Strategy. Each includes a descriptive analysis of trends and issues arising in relation to the Theme based on statistical analysis and the findings from consultation together with a list of key objectives required to address the main issues identified.

The objectives it details are broad and intended to set directions for activity rather than describe specific activities that partners, businesses, communities and others could take. These specific actions will be developed into a supporting action plan.

Chapter 2: Rotherham Achieving

"Rotherham will be a prosperous place, with a vibrant mixed and diverse economy, and flourishing businesses. Inequalities between parts of the borough and social groups will be minimised. There will be an excellent town centre known for the high quality design of its public spaces and buildings, specialist and quality shops, markets, and cultural life for all age groups. Rotherham will be accessible from other areas and will have a wide choice of integrated transport options available. Villages and rural areas will be revitalised and provide high quality of life amongst Rotherham's beautiful countryside."

Financial security in later life becomes more and more of a concern as people get older. This is linked to job security and ultimately retirement income; both of which are vital to quality of life. An adequate income is essential to live an active and fulfilled life, and access necessities such as decent housing, transport and food.

Many older people live on low incomes. They may, for example, live on a small fixed pension or have significant assets such as a family home but in practice live on a limited regular income. Consultation shows that reducing the number of older people on low incomes to be a top priority.

For many older people, the main route out of low incomes is through work. Since 1997, the employment rate of older people has risen faster than that of the working age population as a whole, as more older people re-enter the workforce or remain longer in employment. However, many older people in Rotherham would like to work but continue to encounter difficulties in doing so, such as age discrimination, skills gaps and transport and mobility issues.

Maximising benefit take up also has a contribution to make in improving incomes. Many older people do not claim the benefits or access the help such as 'Stay Warm' that are available to them. The reasons for this are diverse, and include lack of awareness of the advice benefits that are available, requiring assistance in completing forms, the 'red-tape' involved and being too 'proud' to claim or ask for help.

Research shows that many older people consider that the regeneration of Rotherham Town Centre needs to be top priority. They are much more likely to visit the Town Centre to shop or meet friends during the day. They would like to see a much more attractive environment, with a wider choice of shops and socialising options and excellent transport links. Fear of crime and disorder puts many older people off visiting the Town Centre at night.

Transport also plays an important part in many older peoples lives. This is important for getting about, accessing services such as health and visiting friends and the countryside. Consultation shows that many older people see good transport links and opportunities as key to living good and independent lives.

Most of older people travel by car, and consultation shows that for many this is their preferred means of transport.

Many older people also travel by public or community transport. This emerged as a key issue in the consultation, especially for older people in rural areas, with mobility

issues and housing estates where car ownership and public transport provision was low. The consultation highlighted the potential for improved and more public transport options, including door to door community schemes.

Summary Objectives

- Improve the participation rate of older people in the workforce
- Training and skills programmes to be targeted specifically at the over 50s
- Improve the financial status of financially disadvantaged older people and improve benefit take-up of older people
- Regenerate the Town Centre to take account of older person's needs
- Increase older peoples access to a safe and effective public transport system
- Improve the provision of community transport for older people.

Chapter 3: Rotherham Learning

"Rotherham people will be recognised as being informed, skilled and creative, innovative and constructively challenging. They will be self-confident and have a sense of purpose. They will aspire to develop and achieve their full potential in their chosen careers, work, leisure and contributions to local life. Learning and development opportunities will be available and accessible to all. Through this enabling, learning environment, involvement and entrepreneurship will be encouraged."

For many older people, retirement from work brings opportunities to pursue longstanding interests and develop new ones. A high proportion of Rotherham's older population are involved in learning both in the home and outside of it.

Many older people have developed an interest in computing in Rotherham and are keen to embrace new technology, taking up opportunities such as the Silver Surfers Club and the Dinnington Senior Citizen Computer Club.

Information Technology can also make an important contribution to promoting independence and helping people to live in their homes through, for example, e-mail, internet shopping and some forms of assistive technology.

There can be barriers to learning and training such as language, transport, cost and lack of awareness. There is a particular need to increase participation from people from ethnic minorities and those with limited mobility.

Many older people directly provide learning, passing on the benefits of the expertise and the knowledge gained over many years. This includes reading projects with children, and The University of the Third Age that brings together older people on a wide range of learning and learning opportunities. It also includes 'inter-generational work' that aims to develop and improve relationships between younger and older people and break down stereotypes held about each other.

Learning and training has a key role to play in increasing the number of older people in Rotherham who want to remain in or return to employment. Many older people in Rotherham are keen to retrain, or develop new skills. It is important that provision of such learning and training does not exclude older people (particularly those aged over 60) and actively encourages participation.

Summary Objectives

- Increase access to learning opportunities for older people
- Improve opportunities for older people to undertake work related training
- Develop intergenerational projects.

Chapter 4: Rotherham Alive

"Rotherham will be a place where people feel good, are healthy and active, and enjoy life to the full. Health services will be accessible and of a high quality for those that require them. Rotherham will celebrate its history and heritage - building on the past, and creating and welcoming the new. People will be able to express themselves and have opportunities to be involved in a wide-range of high quality cultural, social and sporting activities. The media, arts, literature and sport will flourish. As a society, we will invest in the next generation by focussing on children and young people."

As people get older it is important that the added years are accompanied by good health. The benefits of good health are clear with improved quality of life for individuals, more opportunities to remain active in family and community life and reduced reliance on health and care services.

The health of Rotherham's older population is generally good. However, as the number of older people increases there will be an increase in age-related illnesses. Dementia, mobility problems and diabetes are some of the chronic conditions that are on the increase as Rotherham's population ages.

There is also marked variation between groups and communities, with for example an average person living in a more affluent part of the Borough being expected to live an extra six years longer than people living in less affluent areas.

This provides us with a huge challenge and in response there is a need to promote healthy living by helping to cut down on the number of people who smoke and providing advice on diet and exercise.

Many older people recognise that as they age they can experience health issues and disability. They recognise the importance of being proactive in maintaining their mental and physical health. Prevention of ill health is vital to help maintain good health in later life.

Consultation also demonstrates many that older people wish for a greater provision and range of quality health and care services, and to have access to these services when they most need them. They also want increased choice and control in maintaining their own health and for these services to help them maintain independence.

Taking part in cultural, social and sporting activities and generally having fun is important to people whatever their age. They offer opportunities for leisure, making friends, reducing isolation and improving physical and mental health.

The evidence is that older people are involved in a wide and growing range of sporting, social, artistic and cultural activities. As age restricts mobility there are barriers to participation such as access and lack of awareness of opportunities.

Summary Objectives

- Improve and develop services for people with long term conditions
- Increase opportunities for older people to participate in physical and cultural activity

- Improve accessibility to information and advice on health and well being of older people
- Provide health services in the right place, at the right time and by the right people
- Develop befriending schemes and intergenerational work to reduce social isolation.

Chapter 5: Rotherham Proud

"Rotherham people, businesses and pride in the borough are at the heart of our vision. The borough will have a positive external image and its people will be renowned for their welcome, friendliness and commitment to the values of social justice. Active citizenship and democracy will underpin how Rotherham works. Achievements and diversity will be celebrated. Rotherham will be a caring place, where the most vulnerable are supported. It will be made up of strong, sustainable and cohesive communities, both of place and interest, and there will be many opportunities for people to be involved in civic life and local decision-making. The means to do this will be clear, well-know and accessible."

Participation in social, recreational, civic and volunteer activities enriches the lives of older people. It provides opportunities to socialise, develop relationships, contribute to society and have an influence. These are all key ingredients of a good quality of life, and instilling pride in both individuals and communities.

Older people support and contribute to the local community in a number of ways, for example as Elected Members of Parish and Borough Councils, offering family childcare and becoming active in volunteering and groups such as tenant and resident associations, friends of parks, tenant bodies and local action groups, voluntary and community sectors in the Borough. In a recent survey, over a quarter of people aged over 60 had given unpaid help to voluntary and community organisations over the last 12 months, compared to about 20% for the population as a whole.

They are also the group most likely to be engaged in democracy, and called upon to be leaders in their local communities. Older people, for example, are consistently the group most likely to vote in national and local elections, and stand for civic office such as a borough or parish councillor.

It is important to support and harness this support and engagement. Some older people will require assistance to enable them to do this. This is especially true for those groups who are often excluded from public debate such as disabled and housebound or older people with mental health problems.

Many older people rely on the care provided by relatives, friends and agencies. Demographic trends show that this care will become a bigger issue in the future. As the population changes it is expected that the need for support from carers could rise by over 40% over the next 35 to 40 years**.**

Many older people also provide care to family, friends and the wider community. Evidence shows this support to be wide and diverse ranging from times of crisis such as a death and to regular tasks such as shopping for a friend or baby sitting.

When consulted many older people have said that strong relationships with family and friends are vital to a good quality of life. The majority of older people we surveyed had good relationships – seeing relatives and close friends at least once a week. However for a minority lack of socialising and isolation is a serious issue. In a recent national study 17% of people aged 65 and over were isolated on a weekly basis (meaning they did not have at least weekly contact with friends, family or

neighbours), and 11% were isolated on a monthly basis. Older people, who live alone, have failing health or low incomes are most likely to be lonely.

Summary Objectives

- Enhance older people's opportunities to participate in decision-making and planning in the community
- Involve older people who are housebound, isolated, black minority ethnic communities and those who tend not to get involved in community issues
- Enhance support to older people caring for others
- Develop intergenerational projects to break down the barriers between older people and younger age groups by encouraging active participation by both groups
- Increase access to support services to allow older people to live independently in their own homes
- Promote and improve access to volunteering opportunities
- Develop specific initiatives to tackle social exclusion of older people.

Chapter 6: Rotherham Safe

"Rotherham will be a place where neighbourhoods are safe, clean, green and well-maintained, with well-designed, good quality homes and accessible local facilities and services for all. There will be attractive buildings and public spaces. Communities will be peaceful, but thriving, relatively free from crime, the fear of crime, drugs and anti-social behaviour. Environments, people and businesses will be protected and nurtured. Children will be safe from harm and neglect. A preventative approach will be taken to minimise crime, accidents and hazards; and to further strengthen resilience and thus safeguard all Rotherham citizens."

For most people their home and their surroundings are the centre of their life and are crucial to having a good quality of life.

Most older people wish to live as long as possible in their home but recognise that they may have to move into more suitable accommodation as they age.

The design of housing is a critical factor in helping them to manage with reduced mobility, safely, securely and in comfort. Often it is small improvements that can make a big difference, adaptations such as walk-in showers or a grab rail to help people safely up and down steps.

When we undertook our consultation exercise crime and anti-social behaviour was a major issue for older people. Statistically older people are less likely to be a victim of crime than other age groups, but they are much more likely to be concerned or very concerned about being a victim of crime.

This restricts their freedom to socialise and travel, especially for women and those with a disability. Social isolation and lack of independence can be a consequence of fear of crime. It can affect mental health and significantly reduce their quality of life.

Our consultation with local communities reinforced the fact that older people identify strongly with their local neighbourhood. It is where they mainly shop, socialise and access services such as health. In a recent national study more than three quarters of older people have a friend close by, and almost one half shared a chat or some activity with local friends on a daily basis.

Well designed, maintained and attractive neighbourhoods and streets can make a major contribution to older people's ability to get out and about safely and confidently.

Summary Objectives

- Increase older people's access to social and affordable housing
- Develop new initiatives which enable older people to live in their own homes for longer and reduce the need for residential care
- Develop better supported housing options for BME elders
- Provide older people with increased choice in location and design of housing whatever their needs
- Promote safety of older people in their homes and crime prevention in neighbourhoods
- Support and promote programs which increase safety in the community

- Increase access to information, education, services and projects to reduce risks and accidents in the home and improve the safety of older people in their homes
- Enable older people to keep warm at home affordably.

Chapter 7: Fairness

"All individuals in Rotherham will have equality of opportunity and choice. Rotherham will provide open and accessible services. We will treat each other with fairness and respect, and our diverse needs and strengths will be understood and valued. Rotherham will actively challenge all forms of prejudice and discrimination and ensure that all the priorities encompass an equalities approach."

National and local consultation shows that age discrimination is a major issue of older people. It comes in many forms including an upper age limit of undertaking work-related training, and negative images of older people such as that they are "drain on a society". If left unchallenged, this can limit older people's ability to access services and contribute to their community.

National research into age discrimination has revealed that:

- More people (29%) reported suffering age discrimination than any other form of discrimination
- One third of people thought that the demographic shift towards an older society would make life worse in terms of standards of living, security, health, jobs and education
- One in three respondents believes that people over 70 are viewed as incompetent and incapable.

Source**:** "How Ageist is Britain?" Report by Age Concern

This is also reflected locally with consultation showing that older people consider that they face discrimination, and that challenging age discrimination and the negative stereotypes of older people should be a top priority.

A key issue to arise from the consultation is the need to ensure that older people have real influence over the policies that affect their lives. Older people expect their views to be listened to and taken seriously, and they expect to be involved in the debate about issues that affect their lives, including the planning and delivery of policies and services.

Research has shown that as the population gets older it is also becoming more diverse. There are higher proportions of women, people with disabilities and single people, for example. Rotherham's Black and Minority Ethnic community is also growing. Rotherham is enriched by the diversity of its people and older people.

It is important to recognise these trends and growing diversity, and that certain groups have particular needs and aspirations that must be catered for. Research shows for example that older women are much more likely to live on a low income than an older man. Consultation also shows that information is not always available to people in their own or preferred languages, which can create communication barriers.

Summary Objectives

- Encourage the community to acknowledge the contributions made by older people to their community
- Develop ways of raising awareness of combating stereotyping and discrimination and promote and develop positive attitudes to ageing
- Enhance older people's opportunities to participate in decision-making and planning in the community
- Encourage all service providers to be more aware of and sympathetic to the older people’s needs and aspirations
- All partner agencies promote equality through their employment practices, including adopting anti-discriminatory practices in recruitment, training and career development, and carry out monitoring to ensure fair outcomes
- All partner agencies provide equality and diversity awareness training to their employees, including awareness of the barriers and discrimination faced by older people.

Chapter 8: Sustainable Development

"Rotherham will be a place where the conditions are right to sustain economic growth, the well-being of its citizens is prioritised and there is a high-quality living environment, sustained through minimising harm from development. Rotherham will be recognised locally, nationally and internationally for the positive impact of all organisations being excellent in sustainable development practice."

A series of reports and studies have highlighted the key contributions older people can make to achieving sustainable development.

Their wealth of knowledge and experiences means that they have a unique perspective, and are often best placed to take an inter-generational view on the impact of activities both now and in the future, and what works best.

They play a vital part in the community and in the family home. They are the group most likely to provide care for friends and families, becoming active in volunteering and taking up key roles in the community, for example as school governors and representing the needs of the community on local groups.

Indeed, a recent report by Joseph Rowntree Foundation described older people as the "central pillars" of their communities. This reflects the extent to which they provide support to each other, their children and grandchildren as well as the wider community.

Research also shows that older people are keen to take forward sustainable development at both the individual and community level. A Government survey showed that people aged 65 and over were the most likely of any age group to undertake recycling, for instance, 70% of older people reported recycling glass in the last year, against 53% for all age groups, and to be active in taking forward sustainable development issues at the local level.

Consultation shows that many older people face barriers in taking forward sustainable development at the individual and community level. Many are not aware of the opportunities such as schemes aimed at improving the energy efficiency of homes. Mobility issues may also restrict the extent to which they can recycle or use public transport and low income may mean that many cannot afford to purchase more energy efficient appliances.

Summary Objectives

- Enhance older people's opportunities to participate in activities aimed at promoting sustainable development
- Support and promote programs aimed at older people which increase recycling and waste minimisation
- Increase access to sustainable development learning, training and volunteering opportunities for older people
- Improve sustainable development promotion activities targeted at older people.

Chapter 9: Implementation and Monitoring

The following Action Plan describes the main projects and activities that support the Strategy for Older People. It outlines how the summary objectives contained in each of the seven themes will be taken forward, the agency or group responsible for the delivery of actions, as well as the timescale for completion to achieve wellbeing in later life.

It does not include everything that the partners are already doing or is planned for older people but concentrates on the key areas where action has just commenced or will be focussed for the first time. Detailed project plans, objectives and milestones for each action area are being developed and will be in place for June 2006.

To ensure that it remains relevant and a driving force for change, a structured monitoring and review process is to be established. There will be an ongoing monitoring of progress in meeting the goals of the Strategy, culminating every year in a report to Rotherham Partnership and other partners.

Ongoing research to inform and guide our responses to promote wellbeing will be an important part of the monitoring and review process.

The involvement of older people is extremely important in helping to shape and guide its development. To ensure this, we plan to develop a representative reference group that will be asked to assess the impact of the Strategy. We also plan to do before and after surveys with older people who took part in the Older Persons Conference, the findings from which were a key input into the development of the Strategy.

We will also develop a communication plan to help develop and share understanding of the strategy, its aims and successes and the emerging issues and challenges associated with an ageing population.

Chapter 10: Evaluating the Strategy

The Plan provides direction for the next five years but will be reviewed each year in light of what has been achieved and emerging priorities.

The strategy has also been developed against a context of a national and local recognition of the need to refocus existing resources to meet the challenges presented by both improving preventative work beyond health and social care and reconfiguring the way resources are used in health and social care. Local activity is underway in order to address these challenges; the Council is working with health partners to identify opportunities for using health, social care and housing resources differently for older people via a dedicated and strengthened approach to joint commissioning. Rotherham's Local Area Agreement will play a key role.

In consultation with the Older Persons Strategy Group and other stakeholders a variety of evaluation techniques will be employed to evaluate the strategies and actions undertaken. Further community research will be conducted where the need for more information is identified or to better target proposed actions. The Plan will be a dynamic document with the achievement of goals being recorded over the duration of the five years providing a sound basis for the development of future plans.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	a) Cabinet **b) Adult Services and Health Scrutiny Panel**
2.	**Date:**	a) 15th March 2006 **b) 1st June 2006**
3.	**Title:**	Report of RMBC and PCT Time Out and Proposed Action Plan and Reporting Structure
4.	**Programme Area:**	Chief Executive

5. Summary

This paper is a report of a Time Out between the senior members and staff of Rotherham MBC and Rotherham PCT in October, the action agreed and a proposed structure to take the work forward

6. Recommendations

1. **Cabinet agree the report and proposed actions and sub-group structure**
2. **Note the PCT has agreed the Report**
3. **Refer the report to Scrutiny**
4. **That Cabinet agree to the report being shared with the Alive LSP Theme Group**

7. Proposals and Details

In October a time out was held between RMBC and PCT senior members and officers. The attached report outlines the aims of the event, the key content and the agreed actions. The report proposes a sub-group of the new Joint Chief Officers' Group of PCT/RMBC be established, to ensure the actions are implemented.

8. Finance

There are financial implications associated with some of the actions. However, it is expected that most can be implemented within existing resources, where new funds are required this will be brought to PCT/RMBC in due course for consideration.

9. Risks and Uncertainties

Joint work between RMBC and PCT is well established, there are risks associated with not developing partnership working further including non-delivery of the Community Strategy and LAA. The proposed actions will further develop partnership working and provide added impetus for agreed priorities.

10. Policy and Performance Agenda Implications

This paper takes forward the Alive, Proud and Excellent Council objectives of the Corporate Plan, further and will help deliver the new Public Health Strategy and the Department of Health objectives for Choice and Independent living, for the well-being for children.

11. Background, Papers and Consultation

The report stems from a time out of all key officers and members of RMBC and PCT.

Paper Attached: Report of Time Out between Rotherham PCT and RMBC, October, 2005.

Contact Name:
Lee Adams Assistant Chief Executive ex 2775,lee.adams@rotherham.gov.uk
4th January, 2005.

PPI FORUMS PROPOSED FUTURE WORK AREAS

PPI FORUM FOR SOUTH YORKSHIRE AMBULANCE

Future plans agreed at the meeting in public held 15.5.06 include:

- Further visits to ambulance stations with regard to infection control.
- Revisit the communications call centre.
- Community engagement

PPI FORUM FOR ROTHERHAM HOSPITALS

Future plans agreed at the meeting in public 16.5.06 include:

- Further visits to the hospital looking at access for wheelchair users and people with a sensory impairment.
- Regular infection control inspections on areas of the hospital chosen at random on the day.
- Community engagement
- Nutrition for patients with dementia
- Monitor and report on the impact of the recent national survey of hospital telephone and television services, in particular the Patientline services at the hospital.

PPI FORUM FOR ROTHERHAM PRIMARY CARE

Future plans proposed by the Forum to be agreed at the meeting in public 19.6.06.

- Extending the Forum's work of conducting visits to GP practices.
- Visiting pharmacies to talk to the public about waiting times for prescriptions.
- Continue to monitor dental practices
- Promote awareness of caring services

Please note that the Forums will continue to review the information in the regular PALS reports received from the individual trusts. These reports could highlight other issues that the Forums may wish to include on their work plan in the future.

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 2nd March, 2006

Present:- Councillor Doyle (in the Chair); Councillors Burke, Burton, Clarke, Havenhand, Jackson, St.John, Turner, Wootton and Swift.

Also in attendance were Mrs. A. Clough (ROPES), Mr. G. Hewitt (Rotherham Carers' Forum), Val Lindsay (Patient Public Involvement Forum), Ms. J. Mullins (Disability Network), Gladys Sherratt (Patient Public Involvement Forum) and Lizzie Williams (S.Y. Ambulance Service PPI) and Councillors Hodgkiss and Swift.

101. APOLOGIES FOR ABSENCE

Apologies for absence were received from the Mayor (Councillor Jack); Councillor Darby, Sandra Bann and Ray Noble.

102. MULTI-AGENCY TRAINING COURSE - VIOLENCE AGAINST WOMEN

The meeting was informed that the above course would take place at the Unity Centre on 24th and 25th April, 2006 and anyone interested was invited to attend.

103. CONSULTATION ON THE CONFIGURATION OF STRATEGIC HEALTH AUTHORITIES IN YORKSHIRE AND THE HUMBER, SOUTH YORKSHIRE AMBULANCE SERVICE AND PCT'S

It was reported that the Department of Health was consulting on its proposed boundaries for strategic health authorities (SHAs), primary care trusts (PCTs) and Ambulance Trusts in England more widely. The report submitted details of the DofH proposals for the Strategic Health Authorities, South Yorkshire PCTs and Ambulance Trusts. It also proposed a response from Rotherham MBC to the proposals.

On the proposed response, the concern of the Corporate Management Team was highlighted in respect of the possible new requirement for a budgetary surplus to be generated by each of the four Primary Care Trusts in order to address a deficit across the Strategic Health Authority areas, particularly as Rotherham PCT does not currently have a deficit.

Discussion ensued with particular reference to :-

- implications for the ambulance service and the need to monitor the situation

- the reasons for Sheffield not being included in the proposals

- the Medicar services and reference thereto to be made as part of the response

Resolved:- (1) That the Department of Health's proposals for a Yorkshire

and Humber Strategic Health Authority, Yorkshire and Humber Ambulance Trust and Rotherham PCT coterminous with the local authority area boundaries be welcomed and supported.

(2) That this report be agreed as the basis of the Council's response to these important consultations, but that reference be made to (a) the reconfiguration of the boundaries of the South Yorkshire Ambulance Trust should not result in job losses or a loss of local knowledge which could have a potential impact on ambulance response times and (b) concern whether the reconfiguration of the boundaries could have an adverse impact on the availability of Rotherham's Medicar Service.

(3) That Doncaster MBC's request to support the creation of a single local PCT coterminous with the boundary of Doncaster MBC be supported.

104. REVIEW OF NHS DENTAL SERVICES IN ROTHERHAM

The Scrutiny Adviser presented a report in respect of the above review.

The report set out :-

- background to the review
- approach to the subject and terms of reference
- findings of the review
- recommendations resulting from the review

Following consideration of the report, the following points were raised :-

(a) That the recommendations be placed at the beginning of the report;

(b) that recommendation 4.1.1 be omitted until the Panel had had the opportunity to look at both sides of the argument for fluoridation of water supplies. On this issue it was agreed that all members of the Council be invited to the meeting at which the evidence would be presented.

(c) strengthen recommendation 4.2.3 in respect of diet/sugar as discussed;

(d) improve services for patients with special needs such as phobias.

Resolved:- (1) That, subject to amendments being incorporated as suggested, the recommendations be supported.

(2) That arrangements be made for a balanced presentation on the arguments for and against fluoridation of Rotherham's water supply and that all elected members be invited to attend.

105. SCRUTINY PANEL WORK PROGRAMME 2006/07

The Scrutiny Adviser reported on the need for this Scrutiny Panel to plan

its work programme.

The report submitted set out the remit of the Panel, its monitoring responsibilities, the Council's priorities and cross cutting themes.

Having regard to the Panel's remit, the following were suggested for inclusion in the Panel's work programme for 2006/07:-

(a) consideration and clarification of "Well Being" issues

(b) impact on vulnerable people of increased charges for Home Care

(c) improving access to public buildings for persons with a disability

(d) patient post advice/support

(e) Community Transport

Resolved:- That the suggestions at (a) to (e) above be incorporated into a draft work programme to be considered at the June meeting of this Scrutiny Panel.

106. CO-OPTION ONTO ADULT SERVICES AND HEALTH SCRUTINY PANEL

The Scrutiny Adviser reported that representatives of external organisations are co-opted onto the Panel for one municipal year. The Overview and Scrutiny Procedure Rules allow the Panel to . . . " appoint a number of people as non-voting co-optees". The rationale for having non-voting co-optees is to inform scrutiny debate across the panel's full remit, whilst avoiding duplication.

In previous years, scrutiny panels have not discussed which organisations they wish to co-opt representatives from until the first meeting of the municipal year. Due to the decision-making arrangements of the co-opting organisations, it has sometimes taken until September or October before the nominated individuals attend their first meeting.

One of the recommendations of the scrutiny review into co-option was that co-optees be invited to all relevant elected member training events. The Member training programme includes induction for new members early in the municipal year (i.e. from June onwards) and a range of other training sessions in late summer/early autumn. In order for co-optees to have the opportunity to attend this training, the process needs to begin much earlier. By agreeing which organisations the Panel wishes to co-opt from in March, new co-optees should be in place for the Panel's first meeting of the new municipal year.

The report submitted set out the individuals presently co-opted to this Scrutiny Panel.

Resolved:- (1) That this Scrutiny Panel co-opt representatives from the following organisations for 2006/07 and 2007/08 municipal years :-

- Speak Up
- Rotherham Hard of Hearing Society
- Carers' Forum
- Rotherham Older People's Experience of Services (ROPES)
- PPI Forum Rotherham Hospitals
- PPI Forum Rotherham Primary Care
- PPI Forum South Yorkshire Ambulance Service
- Rotherham Ethnic Minority Alliance
- Rotherham Diversity Forum (representing people with disabilities)

(2) That those organisations be asked to forward their nominations for the two municipal years.

107. NOMINATION ONTO TRANSPORT REVIEW GROUP

Resolved:- That Councillor Doyle and Mrs. A. Clough be nominated from this Scrutiny Panel to attend the Transport Review Group, to undertake a cross panel review of transportation in the Borough.

108. ADULT SOCIAL SERVICES REVENUE BUDGET MONITORING REPORT

The Finance and Accountancy Manager reported the latest projected revenue expenditure against budget based on actual expenditure for the period April to the end of January 2006.

The overall position shows that projected expenditure will be contained within the cash limited budget. This is as a result of an additional budget allocation for 2005/06 only, of £1,796m for Adult Services to address the previously reported net overspend.

The report submitted set out the main variations and budget pressures, and the action being taken to keep expenditure within the approved budget.

Particular discussion took place on annual leave and sickness payments and the issues around Direct Payments. Clarification on these was given.

Resolved:- That the latest revenue budget monitoring report for 2005/06 be received.

109. COMPLAINTS PROCEDURES - HALF YEARLY REPORT

The Workforce and Complaints Manager presented a report which set out

details of complaints related to the Adult Social Services Programme Area for the period April to September, 2005.

The report details complaints at all stages of the procedure and the main focus is on the recommendations made and improvements to policies or procedures connected to service delivery.

Adult Social Services operate statutory complaints procedures under specific regulations and guidance arising out of the NHS and Community Care Act 1990. As the services separate from the previous overall Social Services, work is underway to review the processes and procedures. This review will aim to make improvements to the cost, quality and timescale dimensions of more serious investigations so that service users receive an improved service.

A small number of adult serious complaints (stage 2) involve a formal investigation and these are often undertaken by external people on a fee basis. Similarly independent chairpersons are used for complaints review panels (stage 3). The review will examine the costs involved and also examine other means of resolving complaints to service users' satisfaction, e.g. mediation.

Particular comments were made in respect of stage 3 complaints and the time taken to deal with them. The reasons for this were clarified and members informed that revised Government guidance was being prepared in respect of the issue.

Resolved:- (1) That the report be received.

(2) That an annual report for the whole of 2005/06 be submitted to this Scrutiny Panel in the new municipal year.

110. ROTHERHAM INTERMEDIATE CARE STRATEGY 2005-2008

It was agreed that this item be deferred for consideration until the June 2006 meeting.

111. DIRECT PAYMENTS - PROGRESS REPORT

The Direct Payments Manager informed members of the Scrutiny Panel of :-

- the background to the introduction of Direct Payments
- the current position e.g. number of users and increased take up
- the areas of improvements, achieved and currently being progressed
- developments yet to be achieved

- changes in policy and content of Government White Paper

- good practice being achieved

- future plans and considerations in order to build on the current success of Direct Payments in Rotherham

Discussion took place on the extent of the budget for Direct Payments, its adequacy and resources for dealing with the increased uptake.

Reference was also made to the overall percentage of take up of Direct Payments i.e. how well is the Authority performing overall.

Resolved:- (1) That the report be received.

(2) That a report be submitted to a future meeting in respect of :-

(a) how well the Authority is performing overall on Direct Payments e.g. the percentage of take up compared with overall eligibility

(b) the adequacy of the budget and impact upon resources as a result of increased take up of Direct Payments

(3) That, depending upon the information submitted in response to 2(b) above, Cabinet be requested to revisit the budget allocated for Direct Payments.

(4) That arrangements be made with the Press Office for the good news on Direct Payments, and benefits of the service, to be publicised.

112. FORWARD PLAN OF KEY DECISIONS - ADULT SOCIAL SERVICES

Resolved:- That the list of key decisions to be considered in respect of Adult Social Services between 31st March and 30th June, 2006 be received.

113. ANNUAL HEALTH CHECK RESPONSES

The Scrutiny Adviser reported on the background to the Health Check process and referred to the various responses to the local health trusts which were drafted by the Annual Health Check Working Group.

The report submitted informed members that the Annual Health Check has replaced the old ‘star ratings’ assessment system and looks at a much broader range of issues than the targets used previously, and seeks to make much better use of the data, judgements and expertise of others to focus on measuring what matters to people who use and provide healthcare services.

The overall aim of the new assessment of performance, and the

information gained through the process, is to promote improvements in healthcare. It will also help people to make better informed decisions about their care, promote the sharing of information and give clearer expectations on standards of performance.

In April 2006, each health trust is required to provide a declaration of its compliance (or otherwise) against the Department of Health's 24 core standards.

Overview and scrutiny committees (along with patient and public involvement forums and strategic health authorities) are being invited to make comments on the performance of their local PCTs. Overview and scrutiny committees are not expected to comment on the trust's performance against each of the 24 core standards. Instead, comments should be based on the evidence they have gained through their health scrutiny work and, if possible, cross-referenced against the relevant core standard,

The trusts are required to submit overview and scrutiny comments, unedited, with their declarations. The Healthcare Commission takes these comments into account when assessing the trust and awarding them an overall rating.

At the draft declaration stage (October 2005), the Adult Services and Health Scrutiny Panel received presentations from several of our local health trusts. It agreed that responsibility for drafting overview and scrutiny's comments at the final declaration stage should be delegated to a small member working group, comprising members from both the Adult Services and Health and the Children and Young People's Services Scrutiny Panels.

Subsequent comments made reference to the core standards and how they relate to post care provision.

It was agreed that the comments made should be included in the response.

Reference was also made to the Physical Disability & Sensory Impairment Group, the Open Doors Implementation Group and the Stroke Strategy Group which had been disbanded and concerns were expressed about this.

Resolved:- (1) That the report be received and the thanks of the Scrutiny Panel be conveyed to members of the working group involved with drafting overview and scrutiny's comments.

(2) That the content of the responses be noted and include reference to the issues raised by members of this Scrutiny Panel.

114. MINUTES OF A MEETING OF THE PREVIOUS MEETINGS OF THE

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Resolved:- That the minutes of the meetings held on 5th January, 2nd and 8th February, 2006 be received.

115. MINUTES OF A MEETING OF THE PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE

Resolved:- That the content of the meetings of the above Committee held on the 21st December, 2005 and 20th January, 2006 be noted.

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 13th April, 2006

Present:- Councillor Doyle (in the Chair); Councillors Burton, Clarke, Jackson and Turner.

Also in attendance were Sandra Bann (PPI Forum Rotherham PCT), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Mr. G. Hewitt (Rotherham Carers' Forum), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.), J. Samuel and Gladys Sherratt (Patient Public Involvement Forum).

Apologies for absence were received from The Mayor (Councillor Jack), Councillors Burke, Havenhand, St.John and Wootton, Parveen Qureshi (R.E.M.A.) and Lizzie Williams (S.Y. Ambulance Service PPI).

116. DECLARATIONS OF INTEREST.

There were no declarations of interest made at this meeting.

117. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no questions from the public or the press.

118. "ROTHERHAM - WHERE EVERYONE MATTERS" (DVD FILM PRODUCED BY THE SPEAK-UP SELF-ADVOCACY PROJECT, PARKGATE AS PART OF THE SUCCESSFUL BID FOR BEACON STATUS)

The Scrutiny Panel viewed a DVD film entitled “Rotherham – Where Everyone Matters”. The film had been produced by the Speak Up Self-Advocacy project, based in Parkgate. This organisation was a close partner of the Rotherham Learning Disability Service.

The film had been produced as part of the Council’s successful application for Beacon Council Status for the Learning Disability Service.

Srcutiny Panel Members were very appreciative of the quality of the film. There was one comment that the volume of the background music prevented people who had difficulty hearing properly, from hearing everything that the contributors were saying on the film.

119. REDUCING SOCIAL ISOLATION FOR OLDER PEOPLE

The Scrutiny Panel debated the product of the scrutiny review entitled “Reducing Social Isolation of Older People”.

The Chairman, Councillor Doyle, introduced the review and mentioned its terms of reference:-

"To better understand the issue of social isolation of older people and identify (a) the services that are available to support socially isolated individuals within Rotherham, (b) how services are accessed and (c) how the situation could be further improved".

A number of documents were submitted to the meeting:-

- Excluded Older People - Social Exclusion Unit Interim Report - Executive Summary;

- Reducing Social Isolation of Older People – the Policy Context;

- the Borough Council's Adult Services' contribution;

- Services for isolated elderly people – the role of active tenants and residents, and the role of 2010 Rotherham Limited.

Guest speakers had been invited to address this Scrutiny Panel meeting and their contributions and subsequent discussion are summarised below:-

(a) Women's Royal Voluntary Service

Sandra Leivers, Territory Manager for South and West Yorkshire, Women's Royal Voluntary Service (WRVS), gave a presentation describing the history of the development of the WRVS, which had begun in 1939 and had continued after the Second World War, having achieved Royal patronage.

The WRVS had been restructured and re-branded during 2004, with a new mission to "help people maintain their independence and dignity, particularly in later life". The WRVS Territory Managers would develop new services and better ways of working together to engage with clients. The loneliness of older people needed to be dealt with by people meeting others every day; in this respect, the WRVS needed more volunteer workers. Loneliness amongst older people sometimes resulted in suicide, this cause of death, for example, being more prevalent in the older age group than death by assault.

Good examples of the services provided by the WRVS were: good neighbours and befriending (doing the shopping); meals-on-wheels; home from hospital (ensuring that people did not return home to an empty house); community centres; afternoon clubs (darby and joan); community transport; helping the emergency services with food and refreshment.

Although the WRVS operated on a nationwide basis and had significant presence in Doncaster and Leeds, there were very few specific services in the Rotherham area. The Rotherham medicine for the elderly project and the afternoon darby and joan club in Braithwell were two local examples.

Looking to the future, the WRVS might eventually tender for some local authority services for the elderly. There might also be partnership working with charitable organisations. The views of existing groups needed to be obtained and any gaps in existing services identified. Funding for the WRVS might be obtained from local authorities, Health Service Trusts, the Neighbourhood Renewal Fund and the National Lottery.

Questions to Mrs. Leivers referred to:-

- finding out about and gaining access to the WRVS services; these services were advertised in public libraries, various information centres and at doctors' surgeries; it was acknowledged that more publicity and promotion of these services was required;

- many elderly people (ie: the very elderly) required transport to places such as the afternoon darby and joan clubs; the WRVS relied upon the good neighbours' service and the efforts of volunteers; the community transport service is usually over-subscribed and there was insufficient provision for persons with a disability; the WRVS did not have all the answers in respect of transport provision;

- the home from hospital service was very welcome and compl I E mented the discharge procedure from Rotherham District General Hospital;

- the neighbourhood scheme could provide coloured, diamond-shaped stickers which elderly people could display in their windows, signifying their need for assistance (or,alternatively, that they did not need to be visited on a particular day);

- there were 25 existing members at the WRVS darby and joan afternoon club at Braithwell;

- the WRVS spent a great deal of time preparing applications for funding and assessing the sustainability of the various projects and services;

- the WRVS would be joining the Adult Services Network which would be a useful means of obtaining feedback about the services being provided.

(b) Age Concern

Mrs. Margaret Pykett gave a presentation to the Scrutiny Panel about Age Concern.

Mrs. Pykett explained that the recent NOP 'Generation' survey, commissioned by Age Concern, had shown that 1 in 10 people over the age of 65 felt that they were lonely. Some did not see their relatives, nor their grand-children, perhaps as a consequence of families moving away from the area. Elderly people were often over-reliant upon public transport

and they had a fear of being vulnerable. Many were unaware of the social opportunities available locally. A copy of the survey results was provided for Members of the Scrutiny Panel.

In the Rotherham area, Age Concern was responsible for 25 services and outreach groups, some having the benefit of statutory funding and being provided for the most vulnerable people and those in genuine need of services. Age Concern responded to some 20,000 calls for assistance each year.

Examples of services were the Government-funded National Energy Advice Centre "warmth in the home" scheme; Age Concern operated 19 centres (comprising 297 individual places) as part of a service contract with the Borough Council's Social Services. Some home services were provided (eg: gardening, decorating) assisting people to live in their homes; a hospital discharge service helped people who were returning home after a stay in hospital. Some ICT courses were also held specifically for elderly people. Age Concern also helped people to contact their relatives.

Information about Age Concern was available from the local headquarters at the R.A.I.N. building, Eastwood Lane.

Age Concern attempted to be proactive in marketing and informing people about their services. Leaflets were available in doctors' and dentists' surgeries and there were now useful links with the various community partnership organisations. Clients in receipt of one service from Age Concern would also be informed of their entitlement to other services.

The demand for Age Concern's services continued to increase.

Age Concern worked with partners, especially the Safer Rotherham Partnership, to try and ensure there was no duplication of service provision. Feedback from clients was very important in this process. Funding for services was received from a variety of sources and there was usually a budget deficit at the beginning of each financial year; staff were often diverted from Age Concern's core business in order to prepare applications for funding. Both the Borough Council and the Primary Care Trust had reduced their funding to Age Concern, even though the number of referred clients continued to increase.

It was the intention of Age Concern to try and expand its services in the Rotherham area, particularly community-based services, link line and the hospital discharge service. New services required included day and respite care and chair-based exercises for elderly people.

Age Concern was in an ideal position to provide more services, subject to funding being available. There were good quality, trained volunteers available to help with those services. In its provision of services, Age Concern could help the local authority in the achievement of the Gershon

financial savings and efficiencies.

Questions to Mrs. Pykett referred to:-

- the need for an accessible social centre for elderly people in the Rotherham town centre (reference was made to the former use of the ground floor of Crinoline House as a social centre);

- a shortage of funding for services might lead to more elderly people feeling vulnerable; discussions had taken place with Councillor Frank Hodgkiss, the Borough Council's Older People's Champion, about the need to identify additional sources of funding, including Trust Funds, for services for elderly people;

- tribute was paid to the services and campaigning work of Age Concern, sometimes working in partnership with the Organisation of Retired Persons; a very informative magazine was published for elderly people; there was campaigning and lobbying on certain issues such as the removal of the carers allowance upon reaching retirement age;

It was clarified that Age Concern Rotherham was an independent charity, working in the local area and supporting a number of national campaigns.

- a question was asked about the use of appropriate buildings, around the Rotherham Borough area, as social centres; it was noted that many people were asking for a social facility located in the centre of Rotherham and accessible by public transport;

- Age Concern endeavoured to work in partnership with other organisations in the submission of applications for grant funding for service provision and to prevent duplication of service provision; there was now much closer working, for example, with Voluntary Action Rotherham;

- it was emphasised that older people should be advised to seek advice about the services to meet their needs from the Age Concern staff at the R.A.I.N. building, Eastwood Lane.

(c) Public Health, Rotherham Primary Care Trust

Mrs. Terri Roche gave a presentation about the role of the Rotherham Primary Care Trust (PCT) in the provision of public health services.

It was known that older people often suffered loneliness and social isolation because of an absence of personal contact with others. Sometimes the personal contacts they did have, perhaps with friends or neighbours, was insufficient for them. The isolation suffered as a consequence of infrequent contact with others and a lack of participation

in groups or other social activities was sometimes a contributory factor in a person's poor health.

Poor health may manifest itself in such illnesses as depression, diabetes, blood pressure, very low self-esteem and sometimes a lack of motivation to participate in physical activities.

There were many reasons why elderly people did not participate in group and social activities: perhaps they lost the social contacts they had made at work; difficulty in accessing transport; financial considerations; dealing with the problems of ill health such as mobility difficulties or incontinence; coping with the fear of falling and injuring oneself.

The Primary Care Trust examined health in a holistic way, working with doctors and district nurses. The PCT was involved in projects such as affordable warmth, as fuel poverty might create health problems. Other projects included: "Active Always Keep Moving", Health Impact Assessment and the provision of workshops about being assertive and combating stress.

Acknowledging that exercise was important in maintaining good health, the PCT was undertaking some training of staff to help people to exercise. The usefulness of exercise such as Tai Chi was important and the physiotherapists were now learning about this form of exercise. The integrated falls prevention programme was due to begin during 2006 and there was also a falls prevention programme in Dinnington, funded by the Health Action Zone. The PCT intended to introduce an osteoporosis service in the Rotherham area.

Questions to Mrs. Roche referred to:-

- a falls prevention information leaflet was available from Help the Aged;

- the public should be consulted about the impending osteoporosis service;

- an example was provided of a 77 year old lady who required assistance and it was suggested that the district nurse ought to be the first point of contact in obtaining services to assist people such as this lady; it was noted that the PCT would endeavour to examine all risk factors in ensuring that clients such as this lady could obtain the services they required;

- protective clothing was now available, which included padding to prevent injury if the persons wearing the clothing fell down; the PCT was aware of the availability of protective clothing, although it was often a matter of people choosing to wear such clothing, depending upon an individual's taste and fashion preference;

- the NSF single assessment process began in Rotherham about five

years ago, although it was not yet properly in place, not enough was being done in terms of the availability of preventative medicine; it was noted that some groups had disbanded; it was also intended to have an electronic system of single assessment in place during 2007, depending upon the availability of funding and other resources;

- a comment was made that the current job losses in nursing might impact negatively on the PCT's falls prevention work;

- the importance of single assessment was emphasised in helping to ensure that the correct services were identified to meet older people's individual needs.

(d) Rotherham Ethnic Minority Alliance

Ms. Taiba Yasseen gave a presentation to the Scrutiny Panel about the role and work of the Rotherham Ethnic Minority Alliance (REMA).

REMA was an umbrella organisation for Rotherham's black and minority ethnic groups. There were 25 member groups, including faith groups and groups representing the interests of older people.

The overall aim was to reduce inequality and increase engagement in communities. 80% of Rotherham's Asian population were aged 30 years and below; there was some time available, therefore, to make services more responsive to the needs of the older Asian population. There were currently three voluntary organisations whose specific role was to assist older people.

Rotherham's minority ethnic population was now much more diverse than before. Levels of adult literacy were being improved. One suggestion was to provide an on-line directory of local services and to establish a more comprehensive community profile of the minority ethnic communities.

The Asian community had quite a wide network of family support which meant that elderly Asian people often did not seek to gain access to services. There was also an issue of residential care homes properly understanding the cultural, religious and dietary requirements of Asian people. One suggestion was for the provision of a centrally-based (ie: near Rotherham town centre) residential care home which could cater specifically for the needs of older Asian people.

A question to Ms. Yasseen mentioned the assumption that Asian families were very supportive of each other and older people did not, therefore, consider it necessary to access the services available from the statutory sector and from voluntary organisations.

(e) The Archway Foundation, Rotherham

Mrs. Kate Hyman gave a presentation to the Scrutiny Panel about the role and work of the Archway Foundation, Rotherham. An information pack about the Archway Foundation was provided for Members of the Scrutiny Panel.

The Archway Foundation had its origins in Oxford, having been established there in 1983; the Archway Foundation (Rotherham) had been formed by Nora Kunn during 1990.

The main purpose of the Archway Foundation was to provide a range of services and support for adults (aged 18 years and above) who experienced loneliness or social isolation. The services of the Foundation assisted in relieving some of the distress associated with loneliness and helped to prevent the development of mental health problems. People could join the Foundation by self- or family referrals, or by referral by Social Services or a Health professional.

The Foundation provided services such as: drop-in sessions; social excursions; longer holidays (both in the United Kingdom and Europe); befriending and visiting services (including long term visiting); providing opportunities for supportive social contact. The service available were provided by a staff of volunteers, who maintained professional standards.

Statistics provided showed the way in which demand for the Archway Foundation's services had increased during the past three years. A summary case study was included in the presentation at this meeting.

The Scrutiny Panel noted that the services provided by the Archway Foundation, Rotherham were due to cease on 30th June, 2006, unless an alternative source of funding could be found.

Questions to Mrs. Hyman referred to:-

- although there continued to be increasing demand from clients for services, the Archway Foundation itself was not being afforded sufficient priority for continued funding from Adult Services;

- the Archway Foundation required some £60,000 per year for its operating costs and generated approximately £15,000 income from its services; the Foundation did not levy charges for the befriending or visiting services;

- the Archway Foundation continued to operate in Oxford, although the Foundation in Brighton had now ceased to operate.

(f) 2010 Rotherham Limited

Mr. Phil Rees, Neighbourhood Co-ordinator, Rotherham North of 2010

Rotherham Limited spoke of the need for basic social interaction. 2010 Rotherham Limited sought to encourage active groups and a variety of activities (eg: sports groups). People would be encouraged to get involved. There would have to be more communication with the voluntary and community sector. The Neighbourhood Champions had a role to play in ensuring cleaner residential estates and in reducing the fear of crime.

Questions to Mr. Rees referred to:- (i) the role of the Safer Neighbourhood Partnerships and the close co-operation with the Police; (ii) social isolation occurring amongst people of all ages; and (iii) the ways of contacting the Neighbourhood Champions.

(g) Service Ideas, Social Inclusion and Lifestyle Reassurance

Scrutiny Adviser Delia Watts reported on the technological system available from the Tunstall Group Limited (providers of the Rothercare system) which could assist in communications with people, usually persons living alone, thus helping to reduce their social isolation. The services available included: daily telecom checks to provide reassurance, telephone calls each day, guides to services, Internet chatting, regular information bulletins, video communications using web-cameras, the continuous monitoring and real-time assessment of people, perhaps eventually a television-based community portal.

The questions referred to the principal disadvantage of technology as being the absence of human contact. However, it was acknowledged that technological solutions could help people with everyday tasks (eg: opening and closing curtains) and improve people's independence and feeling of safety in the home.

On conclusion of the presentations and discussion, the Scrutiny Panel considered the following resolutions.

Resolved:- (1) That all of the speakers be thanked for their contributions and presentations to this meeting.

(2) That the contents of the documents submitted to this meeting be noted.

(3) That a report of the review be prepared, containing appropriate recommendations, for consideration at a future meeting of this Scrutiny Panel.

(4) That one of the report's recommendations shall refer to the availability of protective clothing, manufactured from suitable materials, for vulnerable people.

120. WELLBEING IN OLDER LIFE - A STRATEGY FOR OLDER PEOPLE

Further to Minute No. 288 of the Cabinet meeting held on 29th March, 2006, consideration was given to a report of the Chief Executive containing the consultation draft of Rotherham's Older Persons' Strategy which aimed to improve the quality of life of local older people.

The development of an Older Persons Strategy for Rotherham was one of the Year Ahead Commitments and a priority in the Community Strategy and Corporate Plan.

The Strategy was based on detailed consultation, analysis and discussions (including a major older persons' conference held in December, 2005) and sought to promote a better quality of life for Rotherham's increasing population of older people who are over 50 (which is expected to rise by 40% in 2021).

It was structured around seven sections each based around a Priority Themes contained in the Community Strategy.

The objectives being detailed were broad and intended to set directions for activity rather than describe specific activities that partners, businesses, communities and others could take. Its development had been led by a Task Group involving Programme Areas, the Primary Care Trust, voluntary sector, Rotherham Partnership and other stakeholders such as Age Concern and fiftyplus Rotherham.

The Strategy had been developed in a national and local policy context which had seen a major shift in policy towards older persons. At its heart was the recognition that health and social care services were only a small part of the support that older people value need and only a small part of the experience of growing older. This Strategy was intended to play a key role in achieving this, providing a framework and focus for older persons' policy and service delivery.

It was intended that consultation on the Strategy would take place in late March and early April, with the final strategy agreed in early May.

Consultation and the development of the Strategy would have financial implications in relation to publicity and publication costs. These were difficult to specify at this early stage, but were unlikely to be significant and would probably be met from existing budgets.

It was essential that an Older Persons' Strategy was produced to ensure the incurring older population's needs were met.

Resolved:- (1) That the Draft Consultation Strategy be endorsed by this Scrutiny Panel.

(2) That the arrangements for the wider consultation about the Strategy be noted.

(3) That the timetable for developing the detailed action plan be noted.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
3rd February, 2006

Present:- Councillor Stonebridge (in the Chair); The Mayor (Councillor Jack); Councillors Clarke, Doyle, Hall, Hussain, G. A. Russell, P. A. Russell, R. S. Russell, Sangster and Whelbourn.

132. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

133. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

134. 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 8 of Part I of Schedule 12A to the Local Government Act 1972 (financial matters).

135. BUDGET

Andrew Bedford, Executive Director of Finance, gave a powerpoint presentation on the update position with regard to the Medium Term Financial Strategy (MTFS) and the Budget.

The presentation covered :

- Aims
- Present Policies Budget : Current Assumptions
- Budget Issues
- General Fund : January, 2006
- Bridging the Gap
- Prioritising Budget Issue Papers
- Other Funding Streams

Discussion and a question and answer session ensued and the following issues were covered :-

- income targets

- sale of assets
- ‘windfall’ monies
- use of capital receipts
- efficiency savings
- fees and charges
- contingency fund. Use and management of and compliance reporting
- waste management
- culture and leisure : swimming pool provision
- Base Budget Review 2 and scrutiny input
- virement
- vacancy management
- spending pressures
- the ‘so what’ test
- impact on the public
- targeting budget to areas of high deprivation
- budget monitoring, estimating processes and recording information
- role of performance clinics in budget process
- relationship with, and financial assistance to, the voluntary sector – need for clearer strategy and approach to work with voluntary sector based on output and supporting output rather than process
- procurement strategy
- budget information and priority listings
- budget timetable
- central establishment charges
- information to be provided to scrutiny panels as part of the budgetary process including priority listings, changes to listings, information that can be critically challenged

Resolved:- (1) That the information be noted.

(2) That this Committee supports the principle of Base Budget Review 2006 and the following issues should be prioritised for consideration :

(a) Adult Services
(b) Culture and Leisure Services
(c) Waste Management
(d) voluntary sector
(e) central establishment charges

(3) That scrutiny panels look at proposals from the citizen point of view and consider actions taken to mitigate the impact on the public.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
Monday, 13th February, 2006

Present:- Councillor Stonebridge (in the Chair);, The Mayor (Councillor Jack), Councillors Clarke, Doyle, Hall, Hussain, G. A. Russell and Whelbourn.

Apologies for absence were received from Councillors P. A. Russell, R. S. Russell and Sangster.

136. DECLARATIONS OF INTEREST

There were no Declarations of Interest made.

137. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public and the press.

138. 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 8 of Part 1 of Schedule 12A to the Local Government Act 1972 (financial).

139. BUDGET 2006/07

Consideration was given to a brief synopsis of the main points raised at each of the Scrutiny Panel meetings arising from the presentations on the reduction in budgets and impacts on future services.

The Scrutiny Panel discussions followed three key themes:-

(a) To ensure that the cuts in some areas did not impact on others or create risks elsewhere.

(b) The need to start the budget process at the beginning of the year.

(c) The need for Scrutiny involvement in a second round of base budget reviews.

The suggestion of a budget book, to give a clear statement of what the budget was and where it was allocated, was encouraged. This would form the basis to monitor and review the budget process over the coming year.

Representatives from each Scrutiny Panel outlined the key emerging issues from each of their meetings and clarification was sought from other Members on:-

- Overall fees and charges.
- Out of town car parking charges.
- Kerbside recycling.
- Funding to the School Music Service.
- Funding to the Youth Service.
- Family Crisis Support Services.
- Reduction in Library Services.
- Occupational Health Invest to Save Bid.
- Equalities training.
- Restructuring in Legal Services.
- Equip Project.
- Growth in waste assumptions.

The dissatisfaction in how some information was presented was noted.

The Cabinet and Corporate Management Team were to explore further the areas raised by the Scrutiny Panels, some of which could be reclaimed within the budget. An action plan in terms of the Council's priorities would be devised to see what had changed, what impact was made on the budget and to see which areas had received disinvestments and investment.

There was a need for further exploration into central establishment charges and Invest to Save Bids and the Executive Director for Finance would be encouraged to provide information in each respect.

Members did note that little information had been provided on R.B.T., Area Assemblies and Lifelong Learning and sought assurance that the budgets were sustainable in certain areas.

Resolved:- (1) That the areas identified by the Scrutiny Panels be explored further by the Cabinet and Corporate Management Team.

(2) That a budget book be devised for the start of the budget cycle to ensure it was closely monitored.

(3) That Scrutiny Panels be involved in the second round of base budget reviews.

(4) That the areas identified by the Scrutiny Panels be moved forward and incorporated into a report

(5) That further reports be submitted on central establishment charges and an update provided on Invest to Save Bids.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
17th February, 2006

Present:- Councillor Stonebridge (in the Chair);, The Mayor (Councillor Jack); Councillors Clarke, Doyle, Hall, Hussain, Sangster and Whelbourn.

Apologies for absence were received from Councillors Barron, G. A. Russell, P. A. Russell and R. S. Russell.

140. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

141. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

142. CONNEXIONS SOUTH YORKSHIRE

The Chairman welcomed to the meeting Joyce Thacker, Executive Director, Connexions, South Yorkshire and Member and Officer representatives from Barnsley and Doncaster Metropolitan Borough Councils.

Further to Minute No. 109 of the meeting of this Committee held on 9th December, 2005, Joyce Thacker introduced the submitted progress report providing additional information on the performance and achievements of the Connexions Service in relation to the key service target of reducing the percentage of young people Not in Education Employment and Training (NEET).

The report provided further information as requested on :

- Characteristics of the Not Known Cohort

- An overall comparison of NEET's in the partnership area against core cities data

- An overview of the underlying reasons for disengagement from learning drawn from the NEET's scrutiny report

- Drop out from Further Education (FE) into NEET at sub-regional and borough level

- NEET young people with Learning Difficulties and Disabilities (LDD)

- The percentage of young people supervised by Youth Offending Teams in Education, Training and Employment (ETE)

- Young people in jobs without training

The report also provided :-

- an overview of young people's recognition of the Connexions brand

- a progress report on the transition of Connexions activity into the Local Area Agreements and Children's Trusts structures

- specific case studies of Connexions support to young people

In addition, with the aid of a powerpoint presentation, Joyce Thacker indicated the latest information with regard to :-

- movement in NEET's by Borough Year on Year/Month on Month January, 2005 to January, 2006 – December, 2005 to January, 2006

- Wards by NEETs for the four local authorities

- increase in not knowns between age group (16 to18)

- young people in jobs without training as a percentage of all those in employment (by age group)

- percentage change in movement of Year 11's 2004 to 2005

Discussion and a question and answer session ensued and the following issues were covered :-

- analysis of drop out from Further Education into NEET by Borough and particular concern for seventeen year olds

- compatible computer systems

- concerns regarding number of jobs without training and the employer's responsibility

- very little provision for anyone dropping out of university

- difficulties for employers in employing youngsters (insurance and health and safety issues)

- need for comprehensive and coherent careers education packages

- need for comprehensive information and advice strategy

- need for better destination statistics

- concerns regarding fewer jobs for sixteen year olds in South Yorkshire

- shift required from age related services to needs related services

- "Investors in Education" good things happening in the private sector

- linkages needed with schools, further education, Learning Skills Council and Chamber of Commerce regarding preparation for employment

Resolved:- (1) That the information be noted.

(2) That a further meeting be held in June, 2006 to which the Learning Skills Council and Business Education South Yorkshire be invited.

(3) That this Committee expresses concern at the destination statistics, fewer jobs available, number of jobs being offered without training and drop out rate from further education.

(4) That the concerns relating to the drop out rate from further education and employers offering jobs without training be drawn to the attention of the Learning Skills Council.

(5) That age related services be reviewed with a move towards needs related services.

(6) That this Committee highlights the need for –

(a) an information guidance strategy and

(b) linkages between schools, further education, Learning Skills Council and the Chamber of Commerce regarding preparation for employment

(7) That Joyce Thacker be requested to circulate to Members the presentation material particularly relating to maps, NEET's by schools and analysis of jobs shift.

143. CORPORATE PROCUREMENT STRATEGY

Carol Mills, Executive Director of Corporate Services, presented briefly the submitted draft Corporate Procurement Strategy indicating that the strategy was to go live from April, 2006.

Specific reference was made to :

- the submitted action plan up to 2007 and ongoing work with the Procurement Panel to develop beyond that timescale and include scrutiny

- Councillor Wyatt as the lead member

- the Strategy being linked to the Community Strategy and Corporate Plan but also the need to deliver the Government's procurement agenda

- the role of scrutiny

Discussion and a question and answer session ensued and the following issues were covered :-

- scrutiny panel responsibility for the Procurement Strategy
- Stimulated Markets and Achieving Community Benefits : the need to make reference to business growth
- direction of Strategy being supportable
- length and user friendliness of the document
- procurement scrutiny model
- procurement champions group
- building capacity and involvement of all members in the procurement process
- procurement challenge days

Resolved:- (1) That support be given to the general direction of the Strategy.

(2) That the following comments should be taken on board :-

(a) document needs to be more user friendly
(b) strategy needs to be outcomes focused
(c) need to be clear on benchmarking and baseline information

(3) That a further report be submitted to include benchmarking, baseline information, a rolling plan and how scrutiny fits into the process.

144. LOCAL AREA AGREEMENT (LAA)

Further to Minute No. 84 of this Committee held on 11th November, 2005, Colin Bulger, Head of Policy and Partnerships, presented the submitted report indicating that Rotherham had been successful in its bid to be one of the second wave Local Area Agreement authorities.

The report indicated the progress made and attention was drawn to the current draft final submission which needed to be with the Government Office Yorkshire and Humberside (GOYH) by 24th February, 2006. Negotiation and refinement of targets was expected up to the final signing date at the end of March, 2006. Feedback from the second submission in November, 2005 had been positive.

Also submitted was the current position regarding individual stretch targets some of which were still being negotiated.

Discussion and a question and answer session ensued and the following issues were covered :-

- performance management and performance management systems
- key freedoms and flexibilities
- impact of budget assumptions on targets
- negotiated outcomes
- domestic violence
- role of scrutiny
- cost implications
- percentage of Council budget into LAA
- how local ward member can get involved
- stretch targets
- resource inputs by geographical locality
- need for proper monitoring system
- sanctions on partners
- community leadership
- safer and stronger communities
- capturing information at local level
- need for link between high level policy/strategy and how translated on the ground

Resolved:- (1) That the progress to date be noted.

(2) That the draft submission be agreed as a basis for progressing Rotherham's bid to be signed in March, 2006.

(3) That, as far as this Committee is concerned,

(a) urgent work be undertaken on governance regarding the LAA

(b) urgent work be done regarding shared performance management systems including between partners

(c) the urgent need for the rigorous scrutiny of LAA targets be emphasised

(d) the urgent need for local area impact reports on a ward by ward basis be emphasised and officers report further to a future meetin

145. LYONS INQUIRY INTO LOCAL GOVERNMENT

Steve Eling, Principal Policy Officer, presented the submitted report relating to the above. The Lyons Inquiry, established to take forward the findings of the Balance of Funding Review reported in July, 2004, had produced a consultation paper and interim report. The Committee's views were sought as part of producing a Council response to the consultation.

The report outlined the original remit of the Lyons Inquiry and the

extended remit in light of the emerging “Local:vision” agenda, the LGA’s manifesto and discussions between the Government and Sir Michael Lyons addressing the strategic direction of the relationship between central and local government.

The arrangements for the extended remit and deadline provided for the publication of an interim report which was published in December, 2005. The interim report, including a consultation, sought to address the broader agenda and aimed to stimulate a public debate on what people want local government to do and how that should be paid for.

Comments were sought on a series of principles regarding role and function which were outlined. Specific questions raised in the consultation, together with suggested responses, were set out in the report.

The deadline for responses was 13th March, 2006.

It was noted that an all Member seminar on this issue had been arranged provisionally for 25th April, 2006.

Discussion and a question and answer session ensued and the following issues were covered :-

- how the impact of decentralisation was measured
- need for a clear strategic framework under which local government operates
- need for a more mature relationship between central and local government
- health scrutiny
- target setting
- prescriptive civil servants
- inconsistencies within Government departments
- attitudes towards the role of overview and scrutiny

Resolved:- (1) That the information be noted.

(2) That, subject to the textual amendments now discussed, the proposed response be approved.

(3) That support be given to the use of information gained from “Reachout”, the budget consultation process and the Community Strategy Visioning Exercises as evidence for the Council’s response.

(4) That support be given to the holding of seminars for both members and local partners to examine further the issues raised by the Lyons Inquiry, together with the Government’s “Local:vision” modernisation agenda and the LGA’s proposals for future relationship between central and local government.

(5) That a copy of the final response be forwarded to the three local Members of Parliament.

(6) That Cabinet, this Committee and the three local Members of Parliament should meet to discuss the Lyons Inquiry.

146. POLICY REVIEW PROGRESS AND POLICY FRAMEWORK MAP

Further to Minute No. 107 of the meeting of this Committee held on 9th December, 2005, Steve Eling, Principal Policy Officer, presented the submitted report relating to the above.

The report provided an update of progress, including forecast dates for policy review completions and presentation to Members. In addition, the completed first phase of policy framework and mapping was submitted.

To date, the process had produced revised Community Strategy and Corporate Plan that were fit for purpose, SMART and could be performance managed. Policy Review 3 established a review of high level and cross cutting policies and strategies resulting in a programme of policy refreshes. This was supplemented by new policy development contained within the Year Ahead Statement. Significant progress had been made on this stage of policy refresh. Most policies included in the policy refresh and development process for the current year were on target for completion within the anticipated timescale.

There had been some slippage relating to policies that were scheduled for completion by the end of December, 2005, however, these policies were set to be completed before the end of March, 2006.

A summary of progress and forecast completion was highlighted.

Discussion and a question and answer session ensued and the following issues were covered :-

- the need to identify delivery by programme area
- Quality assessment criteria
- putting the document on the internet
- need to include benchmarking of policy proposals against others
- inclusion of refresh dates

Resolved:- (1) That the progress to date on policy development and refresh in the current year be noted.

(2) That the Policy Framework Map be received.

147. ROBUSTNESS OF RISK REGISTERS, RISK REPORTING AND PROGRESS ON CONTROLLING INSURANCE CLAIMS

Steve Merriman, Governance and Risk Manager, presented the submitted report relating to the above, indicating the Committee's responsibility to satisfy itself that the Council was managing its significant business risks and also controlling insurance claims against the Council.

The report covered :-

- Corporate Risk Register (The new two part model)
- Corporate Risk Management Action Plan
- Emerging Risks
- Accountability for reporting risk
- Controlling insurance claims

Discussion and a question and answer session ensued and the following issues were covered :-

- need to build in risk assessments in policy reports
- need for a report on insurance claims
- level of accidents in PCT

Resolved:- (1) That it be noted that, in line with best practice, the Corporate Risk Register had been completely refreshed with a new two part Corporate Risk Register that was aligned to the new Corporate Plan Themes and the Excellent Council/Corporate Improvement Plan.

(2) That the progress made in implementing risk management actions in the Corporate Plan Register be noted.

(3) That the progress made in ensuring accountability for reporting risk be noted.

(4) That the work being done with programme areas aimed at preventing, minimising and controlling insurance claims be noted.

148. MINUTES

Resolved:- That the minutes of the meetings held on 20th January and 3rd February, 2006 be approved as a correct record for signature by the Chairman.

149. WORK IN PROGRESS

There was nothing specific to report.

150. CALL-IN ISSUES

There were no formal call in requests.

151. 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 11 of Part I of Schedule 12A to the Local Government Act 1972 (labour relations matters).

152. ANTI - SOCIAL BEHAVIOUR CLIENT SCRUTINY REVIEW

Bob Crosby, Head of Neighbourhood Services, presented the submitted final report produced by the Anti-Social Behaviour Client Scrutiny Review Group who had looked at the real life experiences of anti-social behaviour victims. The review had taken into account the frontline experience of Council and 2010 officers and set out the weaknesses highlighted by the Indicative ALMO Inspection of December, 2004.

The group had been commissioned by the Sustainable Communities Scrutiny Panel who had supported the Review's recommendations at its meeting on 19th January, 2006.

Attention was drawn to the identified areas and key recommendations.

Discussion and a question and answer session ensued and the following issues were covered :-

- Safer Neighbourhood Team (SNT) model features
- level of investment
- elected Member input
- Ward member input
- need to identify someone in the SNT to maintain links with elected Members

Resolved:- (1) That the review and its recommendations be endorsed.

(2) That the report be forwarded to Cabinet to determine action in the light of the review recommendations.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
10th March, 2006

Present:- Councillor Stonebridge (in the Chair);, Councillors Barron, Clarke, Doyle, Hall, G. A. Russell, P. A. Russell, R. S. Russell and Whelbourn.

Apologies for absence were received from The Mayor (Councillor Jack) and Councillor Sangster.

153. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

154. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

155. RBT PERFORMANCE UPDATE

The Chairman welcomed Brian James, Chief Executive, RBT and Carol Mills, Executive Director, Corporate Services who presented the submitted report detailing the progress and performance of RBT for the period November, 2005 to January, 2006.

The relationship between RBT, RMBC and BT remained excellent, mutually supportive, challenging where necessary and highly productive.

The report set out :-

- Service by Service Overview covering :

  Customer Services/Public Access
  HR and Payroll
  ICT
  Procurement
  Revenues and Benefits

- Progress against Corporate Initiatives :

  Equalities
  Investors in People
  Consultation/Complaints
  Audit Updates
  Schools

The following highlights of the last few months were outlined :-

- customer service centre programme was well under way with the town centre customer service centre having been formally opened and work started on the Swinton Customer Service Centre

- improvement proposed to Surgery Connect access with golden number and face to face

- Streetpride Service, for which Rotherham Connect offered the front end, had been recognised as one of the top four street cleansing services in the United Kingdom by APSE at the beginning of December, 2005

- Rotherham MBC had been shortlisted for the LGC eGovernment award

- national award winner in the Guardian public service awards for the flexible/home working initiative

- role out of the eBenefits business plan

- expansion of the revenues and benefits home working scheme to 17

- creation of a development team in revenues to improve processes and a further increase in collection rates

- Rotherham MBC rated second nationally in terms of cashable savings

- £1.5m of procurement savings forecast for 2005/06 and shortlisting of the Council's procurement service for Beacon status

- first phase of desktop refresh completed and second phase started

- home-working based Activity Directory service implemented

- 64,000 calls to ICT helpdesk in 2005

- Christmas payroll fully processed via PSe for the first time

- launched the CIPS training programme for 16 RMBC/RBT buyers

- further roll out of Human Resources and Payroll

Discussion and a question and answer session ensued and the following issues were covered :-

- benchmarking of calls to the helpdesk

- PR03 % of undisputed transactions for which the invoice receipt to payment authorisation process was completed within 30 days

- profits promised by the Partnership

- disposal of equipment on refresh

- homeworking

- effective communication and creation of a chat forum

- numbers of homeworkers who are disabled

- assessments carried out prior to authorising homeworking

Resolved:- (1) That the information be noted and welcomed.

(2) That the roll out for the second phase be considered further.

(3) That the issue of the development of homeworking be reviewed in six months' time.

(4) That further information be provided with regard to the benchmarking of calls to the helpdesk.

156. GUIDE FOR MEMBERS AND OFFICERS ON REPRESENTING THE COUNCIL ON OUTSIDE BODIES AND MEMBERS AND OFFICERS' INDEMNITY

Further to Minutes Nos. 64 of 30th September and 117 of 21st December, 2005 of the meeting of this Committee and Minute No. C34 of the meeting of the Standards Committee held on 12th January, 2006, Richard Waller, Team Manager, Non-Contentious Team, presented the submitted report relating to the above.

The report included further work on the issues raised at the above meetings relating to :-

- vicarious liability and the clarification of conflicts of interest

- clarification of the limits of the insurance policy

- the need to include in the Guide specific reference to independent members

- the number of trades unions providing free legal services for their members

Amendments to the Guide, as appropriate, to reflect the above issues were highlighted in the submitted document.

It was noted that the draft Guide and draft indemnity had been supported by the Standards Committee at its meeting on 9th March, 2006.

Discussion and a question and answer session ensued and the following issues were covered :-

- need for a register to clarify exactly who was covered by the indemnity

- implications when appointed as a director on an outside body

- trades unions provision of free legal services

- independent members and undertakings regarding complying with standards in public life

Resolved:- (1) That the information be noted.

(2) That, as far as this Committee is concerned, the draft Guide and draft indemnity be supported and they be referred to Cabinet for processing through to adoption by the full Council.

(3) That the issue of maintaining a register of everyone covered by the indemnity be pursued.

157. CHIEF EXECUTIVE'S SERVICE PLAN 2005/06

Matthew Gladstone, Head of Performance and Quality, presented the submitted report updating Members on the Chief Executive's Service Plan for 2005/06. Overall, the majority of objectives and targets were on track. A detailed analysis of progress against the Chief Executive's Department objectives was set out at Appendix A to the submitted report.

The report set out the key highlights of progress against the Council's themes of achieving, learning, alive, safe, proud, fairness and sustainable development.

Reference was made to the key issues and challenges including :- Local Area Agreements, the impending CPA and community engagement work.

Discussion and a question and answer session ensued and the following issues were covered :-

- impact of scrutiny for the CPA

- need to consider how this Committee was performing against its role and remit

- holding Cabinet Members to account

- need to be prepared for the CPA issues

Resolved:- (1) That the overall position of progress against the actions and areas for improvement be noted.

(2) That the role of scrutiny and the CPA be considered further at the next meeting.

(3) That the issues of holding Cabinet Members to account be raised at the next away day session.

158. CORPORATE COMPLAINTS 2005/06

Matthew Gladstone, Head of Performance and Quality, presented the submitted report :-

(a) detailing summary data on the complaints received and handled in the first half of 2005/06

(b) highlighting, through an initial business case, issues around the effectiveness and future development of the Council's Customer Complaints System

(c) considering actions for future development

The report set out the key points from complaints management in the first half of 2005/06 indicating :-

- again the Local Government Ombudsman had not issued a report of maladministration against the Council

- with 489 complaints received so far it was likely that substantially more complaints would be received than the 766 in 2004/05

- performance in handling complaints appeared to have declined with 77.7% of all Stage 1 Complaints resolved within the 10 day deadline (or 14 in Social Services) as against 93.6% in 2004/05

- types of complaints

- lessons learnt with key improvements in Children's and Young People's Services, Neighbourhoods, 2010 Ltd., Social Services and Revenues and Benefits

It was noted that the lead responsibility for the area of complaints had transferred to the Executive Director, Corporate Services

Discussion and a question and answer session ensued and the following issues were covered :-

- the need for the linking of the surgery system, complaints system and Customer feedback across the Authority

- the need for the mapping geographically of clusters of issues developing

- the need to identify patterns of complaints and customer feedback

- ownership, executive responsibility and reporting mechanisms

- need to co-ordinate feedback and suggestion schemes

- appointment of a Customer Services Manager

- customer service champions in programme areas

- how to support constructively the work of complaints managers in programme areas

- need for a corporate approach and how BVPI's are affected

- lessons learnt from the Local Government Ombudsman

- surgery system and establishment of Surgery Connect whereby Members would be able to report issues by e-mail, telephone, at centres and the Town hall. A team would be available to refer to, and chase, programme areas to ensure actions were taken and feedback was given to Members

- Corporate Complaints system needed to be outcomes focused not process focused. Emphasis needed to be given to :

    - the so what test
    - the individual
    - the service offered
    - the performance of the Council

- the need to bring together issues relating to corporate complaints, Local Government Ombudsman, customer feedback and surgery reporting

Resolved:- (1) That the information be noted.

(2) That support be given to the development of a streamlined single complaints management system for the Council.

(3) That support be given to the initial business case with a view to working up a more detailed specification of requirements as part of the Customer Access Strategy

(4) That the Executive Director, Corporate Services report to a future meeting on reporting mechanisms and how to support the work of

complaints managers in programme areas.

(5) That quarterly monitoring reports be submitted to this Committee.

159. QUARTER 3 PERFORMANCE 2005/06

Further to Minute No. 95 of the meeting of this Committee held on 25th November, 2005, Darren Merriman, Performanceplus Officer, gave a powerpoint presentation of the Performanceplus monitoring system.

Matthew Gladstone, Head of Performance and Quality, presented the submitted report indicating that, as at Quarter 3, none of the Council's priority themes were classified as "red" and 70% of the Audit Commission's key indicators were showing an improved direction of travel, although some were not comparable at this stage and there were 14% showing a downward trend.

Using Performanceplus, the report was structured around the corporate plan themes and highlighted resource issues affecting indicator performance. Also covered were risks and finance related to the failure to achieve targets.

The data recorded and used for the report was entered by the programme area performance officers onto Performanceplus.

Discussion and a question and answer session ensued and the following issues were covered :

- pictorial representation, including radial diagrams, of Performanceplus was very easy to understand

- information at local area level

- area allocation coding regarding finance

- significant change to how information was presented to Members and potential training and development issues

Resolved:- (1) That the overall position and direction of travel in relation to performance be noted and welcomed.

(2) That the "red" measures and issues requiring action be noted.

(3) That the simple and visual impact of the Performanceplus system be welcomed.

160. MINUTES

Resolved:- That the minutes of the meeting held on 17th February, 2006

be approved as a correct record for signature by the Chairman.

161. WORK IN PROGRESS

Members of the Committee reported on the following issues :

(a) Councillor Whelbourn reported

- preparatory work for the review of Area Assemblies and urged Members to return their pro formas

- the electoral review was coming to fruition

(b) Councillor G. A. Russell reported briefly on a very informative visit to the Aughton Children's Centre

(c) Councillor R. S. Russell reported that the transport review as about to commence.

(d) Councillor Hall reported

- involvement in the Area Assembly review

- on the impending ALMO review

- on a forthcoming themed meeting on 30th March, 2006 relating to Regulatory Services

(e) Councillor Stonebridge reported :

- that members of PSOC Rotherham had been cited extensively in an LGIU publication with the Joseph Rowntree Foundation relating to Front Line Councillors and Decision Making and that he had been asked to speak at an event next Thursday

- briefly on the LGA Conference session in Newcastle regarding Driving Performance and Scrutiny

162. CALL-IN ISSUES

There were no formal call in requests.

163. 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (business affairs)

164. ROTHERHAM'S URBAN RENAISSANCE PROJECT UPDATE

Further to Minute No. 125(2) of the meeting of this Committee held on 20th January, 2006, Richard Poundford, Head of Rotherham Investment and Development Office, introduced the submitted report on progress with regard to Rotherham's Urban Renaissance since the public launch in July, 2005 and investor launch in November, 2005.

He also gave a powerpoint presentation highlighting projects that had featured and progressed over the past few months including :-

- Templeborough to Rotherham Flood Alleviation Scheme
- Strategic Acquisitions
- Guest and Chrimes
- Westgate Demonstrator Project with associated public realm
- Living Over The Shops with associated public realm
- Henley's Garage
- St. Ann's Site
- Townscape Heritage Initiative
- High Street redevelopment
- Bestobell Valves site
- Moorgate Crofts
- Transportation Strategy
- Bus and Rail Stations
- Design Code
- Promotion and Marketing
- Renaissance Enabling

Discussion and a question and answer session ensued.

Resolved:- That the progress of Rotherham's Urban Renaissance be noted.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
24th March, 2006

Present:- Councillor Stonebridge (in the Chair);, Councillors Barron, Clarke, Doyle, G. A. Russell and P. A. Russell.

Apologies for absence were received from The Mayor (Councillor Jack) and Councillors Hall, Hussain, R. S. Russell, Sangster and Whelbourn.

165. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

166. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

167. LOCAL STRATEGIC PARTNERSHIPS - SHAPING THEIR FUTURE

Deborah Fellowes, Acting Director, Rotherham Partnership, presented the submitted report summarising the Office of the Deputy Prime Minister (ODPM) consultation paper on the future of the Local Strategic Partnerships (LSP) and the implications for Rotherham. Also submitted was the formal response which had been sent on behalf of the Council and the Rotherham Partnership.

The Consultation Paper issued by the ODPM was part of the Local : vision debate on the future of Local Government. It re-examined the role, governance and capacity of LSP's and community strategies.

The core objectives of the consultation were :-

- Commitment amongst central government departments, regional organisations and local partners to the LSP system of partnerships and the Sustainable Community Strategy as the over-arching local plan
- An evolved role for the local authority including local authority members in facilitating action through the LSP and Sustainable Community Strategy
- LSPs able to effectively identify and deliver against the priorities for joint action in their area through the Sustainable Community Strategy, Local Neighbourhood Renewal Strategy, Local Area Agreement (LAA) and Local Development Framework, in a clearly accountable way
- LSPs better able to support neighbourhood engagement and to help ensure the views of neighbourhoods and parish councils can influence strategic local service delivery and spending
- Effective, transparent and accountable governance and scrutiny arrangements for LSPs to enable partners to hold each other to account and local people to hold the partnership to account

The document contained four chapters :

- The role of Local Strategic Partnerships and Sustainable Community Strategies
  - Strategic leadership of LSPs
  - Current role and expectations
  - Moving to commissioning or delivery role
  - Move to Sustainable Community Strategies
  - Links between regional and sub-regional tiers
  - Impact of LAAs
  - LDFs
  - Roles of LSPs in two-tier authorities
- Governance
  - Relationship between LSP and other thematic partnerships and the role of the executive board
  - Geographic boundaries of partners
  - Ways of ensuring wide representation
  - Possible legislative foundation
- Accountability
  - Accountability of LA and between partners
  - Accountability upwards to central government and between partners
  - Accountability to citizens, role of local councillors, MPs and the role of scrutiny
- Capacity Issues
  - Skills needed by LSPs
  - Financial resources
  - Existing training and other support

A number of key elements to the document were highlighted which were of key importance and covered :-

- Sustainable Community Strategy
- Local Development Framework
- Public Services Boards
- Theme Groups
- Legislative Foundation
- Elected Members

The response, submitted to the ODPM on 3rd March, 2006 had been considered by Corporate Management Team, Cabinet and the LSP Board.

Discussion and a question and answer session ensued and the following

issues were covered :-

- accountability of partner organisations
- elected member involvement
- statutory duty on local authorities and named partners to promote the engagement of the voluntary and community sectors in the LSP
- public service boards
- funding regimes
- role of local partnerships and changing structure
- feedback timescale from consultation
- health scrutiny being more about health improvement
- links with Community Strategy and Local Area Agreement

Resolved:- That the information, implications for Rotherham and formal response to the ODPM be noted.

168. MINUTES

Resolved:- That the minutes of the meeting held on 10th March, 2006 be approved as a correct record for signature by the Chairman.

169. CPA - CORPORATE ASSESSMENT

Matthew Gladstone, Head of Performance and Quality, gave a powerpoint presentation regarding 'Preparing for Corporate Assessment and Joint Area Review'

The presentation covered :

- Purpose
- CPA 2005 – Framework
- Joint Area Review (JAR)
- Corporate Assessment
- Ambition
- Prioritisation
- Capacity
- Performance Management
- Corporate Assessment Scoring
- Key Dates
- The Inspection Teams
- 5 key things that Members can do to help

- Familiarisation with the Key lines of Enquiry (KLOE)
- Evidence
- Communications
- Practical Arrangements
- Impact and focus on outcomes

- Final Thoughts

Discussion and a question and answer session ensued and the following issues were covered :-

- minutes and the evidencing of co-optee contributions
- effectiveness in the community
- shared framework for improvement
- need for community feedback on facilities
- involvement with key partners and need for a collection of overview and scrutiny case studies written by outside organisations
- need to show what improvements have been made and changes developed

Matthew also presented the submitted report relating to the CPA Corporate Assessment indicating that the assessment had been scheduled and confirmed to take place between 12th and 23rd June, 2006.

Extensive work was currently ongoing throughout the Authority to conduct a baseline assessment of the Authority's current position against the Corporate Assessment Key Lines of Enquiry (the criteria to be used by the inspectors to assess the Council). This had enabled strengths, weaknesses and areas for improvement to be identified.

Many of the KLOE's, particularly under the Capacity, Performance Management, Prioritisation and Ambition themes, required the Council to demonstrate effective working in relation to Member and scrutiny involvement and impact.

It was essential that Members and scrutiny were aware of the KLOE's and their role in the corporate assessment process.

The Council would be assessed under the following themes :-

- Ambition
- Prioritisation

- Capacity
- Performance Management
- Safer Stronger Communities
- Older People
- Healthier Communities
- Sustainable Communities (including transport)
- Children and Young People (covered as part of the JAR)

Specific reference was made to the scrutiny role in corporate assessment and potential questions/issues were considered as set out in Appendix B to the report.

With guidance from Matthew Gladstone, Members discussed and suggested examples to evidence scrutiny's input to the corporate assessment particularly relating to :-

(a) Ambition and Priorities

- how the scrutiny plan linked to the corporate priorities
- how scrutiny was structured and linked to corporate priorities
- scrutiny involvement in the budget process and ensuring resources were linked to priorities
- ensuring scrutiny work was customer focussed
- involvement of partners and the public and how scrutiny attempted to improve community engagement

(b) Performance Management

- scrutiny role in terms of risk management, assessing both corporate and operational risks on a regular basis
- impact in terms of performance management : quality, reporting, under performance
- role in challenging value for money, efficiency and financial management
- scrutiny's effectiveness in Rotherham when compared nationally and to other organisations
- receipt of awards or national recognition for scrutiny work

(c) Training and Development

- support and training provided to scrutiny members in recent years and resulting tangible improvements to scrutiny work

- scrutiny meetings being undertaken in a business like manner with effective chairing

(d) Achieving Against Shared Priorities e.g. Healthier Communities, Safer and Stronger

- active involvement in assessing delivery and achievements
- awareness of key strengths and areas for improvement on each

(e) Impact

- perception of scrutiny by officers, members and partners
- specific examples where scrutiny has had an impact on services and how measured
- specific examples of scrutiny recommendations approved by Cabinet and implemented

Resolved:- (1) That the information be noted.

(2) That evidence of the examples now discussed be provided for the corporate assessment.

(3) That, between now and the inspection, state of the nation reports be submitted to meetings of this Committee regarding :

- Strategic Human Resources
- Finance
- Estate and Asset Management
- Information Technology
- local service delivery

170. CONSULTATION PAPER RESPONSE - PROPOSALS FOR INSPECTION REFORM

Matthew Gladstone, Head of Performance and Quality, presented briefly the submitted report relating to the above. In November, 2005 the Office of the Deputy Prime Minister (ODPM) published a consultation paper “Inspection Reform : The Future of Local Services Inspection” (as submitted at Appendix 2 to the report). The document highlighted the proposed changes to the inspection framework which would merge the roles of the Audit Commission and the Benefit Fraud Inspectorate to create the local services inspectorate.

The paper had been sent to all programme areas and responses had been collated into a corporate response. The report took account of the key issues arising from the paper and set out the Council’s response to the proposed changes (as submitted at Appendix 1 to the report).

The report highlighted the key issues within the consultation document.

Inspection was a key driver in delivering improvement. The proposals linked with the Government's vision for the delivery of improved outcomes for all people and places. It was important that the Council was well prepared for any future changes to the inspection programme to ensure that the Council's current trend of improvement was maintained.

The response, submitted to the ODPM, had been considered by the Corporate Management Team.

Discussion ensued and reference was made to cultural change, organisational learning and the need to reduce the burden of inspections.

Resolved:- That the information and response to the ODPM be noted.

171. WORK IN PROGRESS

Members of the Committee reported on the following issues :-

(a) Councillor G. A. Russell reported that, at the next meeting on 31st March, 2006, the following topics were to be discussed :

- impact of the healthy schools initiative
- mental health services for children and young people
- co-option
- feedback from the half day time out sessions
- bullying review

(b) Councillor Doyle referred to work on the Social Isolation Review

(c) Councillor P.A. Russell referred to the work on the Area Assembly Review

(d) Councillor Stonebridge reported on an invite to round the table talks in London next Tuesday with the ODPM, Public Scrutiny Office and the Local Government Association relating to the 'Future of Overview and Scrutiny in Local Government'.

(e) Cath Saltis referred to work on the fist pilot of Members mentoring co-optees.

172. CALL-IN ISSUES

There were no formal call in requests.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
Friday, 7th April, 2006

Present:- Councillor Stonebridge (in the Chair);, The Mayor (Councillor Jack), Councillors Barron, Clarke, Doyle, Hall, G. A. Russell, P. A. Russell, R. S. Russell, Sangster and Whelbourn.

173. DECLARATIONS OF INTEREST

There were no declarations of interest at this meeting.

174. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

175. CORPORATE FINANCE EMERGING STRUCTURE

Andrew Bedford, Executive Director Finance, gave a presentation in respect of the new structure.

Details of the new posts created and responsibilities were given, together with the recent appointments that had been made. Reference was also made to other key posts which needed to be progressed, particularly the new Systems Development post.

Reference was also made to the intention to purchase new systems software and to invest in training and development.

The aims of the changes were:-

- to use ICT to provide better quality and more in-depth information
- to develop a professional image and credibility
- to enable the rate of change to be accelerated

Andrew outlined the following budget tasks to be addressed:-

- New budget setting process
- CEDAR
- Revenue account return
- Budget book

Members raised the following issues:-

- RBT
- Partnerships – formal and informal
- General audit and governance
- ALMO

- Services to customers
- Short/medium/long term improvements

Resolved:- That Andrew be thanked for his informative presentation.

176. DEVELOPMENT OF A BUDGET BOOK

Andrew Bedford, Executive Director Finance, gave a presentation on the production of a Budget Book, and a copy of the proposed format and documentation was shown to the Committee.

It was explained that this document was available via the Council's Intranet and it was proposed to provide Elected Members with a hard copy after Easter.

The following detailed slides were shown:-

- Pie chart – How the Council's Gross Expenditure is Funded
- Pie Chart – the Council's Net Expenditure
- Programme and Service Areas – Summaries

Members commented on:-

- % of Direct Support Grant and its composition
- amount of funding from grants
- central establishment charges
- the base budget review process
- the need to standardise the budget reporting format across all Scrutiny Panels

Andrew also explained:-

- The Service Plan which set out targets for the next 2-3 years
- Development Plan
- The review of the whole of the resource allocations coding structure
- the invitation to Members to challenge

Resolved:- (1) That the Executive Director Finance submit a report on the Development Plan on a quarterly basis to the Committee for consideration – the first report to be submitted to the July meeting of the Committee.

(2) That the report on the outturn for 2005/2006 be submitted to a future meeting at an appropriate date.

(3) That a review of the first phase of the RBT partnership be carried out.

177. JOINT SCRUTINY REVIEW OF AREA ASSEMBLIES

Councillor Whelbourn, Chair of the Democratic Renewal Scrutiny Panel, presented the report of a Joint Scrutiny Review of Area Assemblies which had been carried out in March 2006. The report detailed proposals for new ways to organise the Area Assemblies.

Councillor Whelbourn took the opportunity to thank Elected Members and officers who had taken part in this review.

He reported that the joint Scrutiny Review of Area Assemblies was undertaken by the Democratic Renewal and Sustainable Communities Scrutiny Panels. The review comprised visits to other local authorities to observe good practice, followed by an intensive one day of hearings on 22nd March, 2006.

The resulting Scrutiny Review Report asked that Members consider three options for change as follows:-

- Option 1 – An Executive comprising one Elected Member (as Chair) and up to seven partners.

- Option 2 – A Co-ordinating Group of three Elected Members, three Partners and one Community Representative. The co-ordinating group would be responsible for the work of themed task and finish/problem solving working groups.

- Option 3 – A Co-ordinating Group comprising nine Elected Members, six Partners and three Community Representatives. The co-ordinating group would be responsible for the work of themed task and finish/problem solving working groups.

Following consideration of the report and recommendations the Democratic Renewal Scrutiny Panel, at its meeting held on 6th April, 2006, decided that Option 3 should be put forward as the preferred option.

It was also reported that the Democratic Renewal Scrutiny Panel had suggested that the Area Assemblies followed the Council cycle of meetings and aligned with six Area Assembly meetings and six Co-ordinating Group/Executive meetings in between feeding into the Council process. The Area Assembly Chair, however, should be given the power to call urgent meetings if and when required.

The Committee considered the nine recommendations of the review and commented on:-

- the need to identity a Cabinet Champion for Area Assemblies and for the role and responsibilities to be defined
- the need for a clear reporting mechanism into the Council
- consideration of the resource issues
- commitment by Elected Members and officers

- Roadshows scheduled for July
- venues
- the need to avoid Area Assemblies being presented with too many "Plans"
- links to the Community Strategy
- the need for review after one year

Resolved:- (1) That Option 3, as put forward by the Democratic Renewal Scrutiny Panel, be supported as the preferred option for consideration by the Cabinet, with meetings held on a six weekly basis with the Co-ordinating Group meeting in between. Chairs should also have the power to hold emergency meetings with the Vice-Chairman sharing responsibility.

(2) That this Committee recommends that the Cabinet Champion be identified by the Cabinet and that the role and responsibilities be defined.

(3) That the remaining recommendations of the review be endorsed.

(4) That the relationship between Area Assemblies and Neighbourhood Action Groups be examined.

(5) That the Committee's thanks be conveyed to the Elected Members and officers involved in the review and for the qualitative research work undertaken, and they be commended for the production of the report within a very short timescale.

178. FUTURE OF LOCAL GOVERNMENT SCRUTINY - FEEDBACK FROM ROUNDTABLE TALKS

Councillor Stonebridge provided feedback from a roundtable event on the Future of Local Government Scrutiny held on 28th March, 2006 hosted by the Centre for Public Scrutiny.

Councillor Stonebridge made reference to:-

- Attendees and the organisations they represented
- Evolution of scrutiny
- Looking forward to the new local services environment
- What is the appropriate role for scrutiny?
- What can scrutiny feasibly deliver?

The discussions at the event focussed on the following five key roles for scrutiny:-

1. Accountability and improvement
2. Challenge and collaboration
3. Proactive and post-hoc
4. Democratic legitimacy an consensus

5. A distinctive role within a local system

Issues which were raised included:-

- Definitions of successful scrutiny
- Tensions between challenging and improving
- Links between Area Assemblies and scrutiny
- Increasing cost of external inspections
- Variations in the model
- Local government politics ignored
- Worth and value from an elected members perspective
- Barriers to development
- Cultural challenge
- Fear of call-in
- Accountability
- Leadership
- Future of overview and scrutiny

Resolved:- That Councillor Stonebridge be thanked for his informative presentation.

179. MINUTES OF THE PREVIOUS MEETING HELD ON 24TH MARCH, 2006

Resolved:- That the minutes of the meeting held on 24th March, 2006 be approved as a correct record for signature by the Chairman.

180. MEMBERS CONSULTATION ADVISORY GROUP HELD ON 3RD MARCH, 2006

Consideration was given to the minutes of a meeting of the Members' Consultation Advisory Group held on 3rd March, 2006.

Resolved:- That the minutes of the Members' Consultation Advisory Group be noted and submitted to the Cabinet for information.

181. MINUTES OF MEETINGS OF THE CORPORATE IMPROVEMENT BOARD

Consideration was given to the minutes of meetings of the Corporate Improvement Board held on 19th December, 2005, 20th February, 2006 and 13th March, 2006.

Members asked for information about how this Board had been constituted, its terms of reference, and its aims and objectives.

Resolved:- (1) That a report on the above requested information be presented to the next meeting of this Committee.

(2) That the minutes of the previous meetings of the Corporate Improvement Board be noted.

182. WORK IN PROGRESS

Members of the Committee reported on the following issues:-

(a) Councillor. G. Whelbourn reported that the joint scrutiny review of Area Assemblies was now complete, and review of electoral turnout was expected to finish shortly.

(b) Councillor G. A. Russell reported that the review of bullying was on-going. The Children and Young People's Scrutiny Panel considered a report on Children and Young People's Mental Health Services at its meeting held on 31st March, 2006.

On 4th April, 2006 the Looked After Children meeting had received a presentation from a number of children supported by the Get Real Team and Bridges, to form part of the corporate parenting review.

The Committee expressed the view that the engagement of young people was very important and as part of the CPA/JAR the Council would be required to demonstrate how it consulted with them.

(c) Councillor J. Doyle reported that the Adult Services and Health Scrutiny Panel had considered its 2006/07 work programme at its meeting on 3rd March, 2006.

Councillor Doyle pointed out that an update report on the sale of corporate assets had not yet been submitted.

Councillor Stonebridge agreed to raise this issue with the Cabinet.

(d) Councillor Hall reported that the Sustainable Communities Scrutiny Panel held on 27th March, 2006 had been a themed meeting to look at Trading Standards, Licensing, and Counterfeit goods (Regulatory Services).

The review of the ALMO had now been put back until the next Municipal Year.

(e) Councillor Stonebridge reported on preparations for the CPA/JAR, together with the composition of the CPA/JAR teams, their remit and length of assessment.

The self assessment document had to be ready for 4th May, 2006, and should be available at the next meeting of the Performance and Scrutiny Overview Committee for consideration.

A review of outcomes of scrutiny activity for 2005/2006 was requested, so

that the information could be fed into the annual report.

Resolved:- (1) That the Chairmen be thanked for their updates.

(2) That the Head of Scrutiny Services include the self assessment report on the agenda for the next meeting.

(3) That the Head of Scrutiny Services submit a report on the outcomes of scrutiny activity for 2005/2006 to the next meeting.

183. CALL-IN ISSUES

There were no formal call-in requests.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
Friday, 21st April, 2006

Present:- Councillor Stonebridge (in the Chair); The Mayor (Councillor Jack), Barron, Clarke, Doyle, Hall, G. A. Russell, R. S. Russell, Sangster and Whelbourn.

Apologies for absence were received from Councillors Hussain and P. A. Russell.

184. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

185. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

186. OUR FUTURE

The Chief Executive presented briefly the submitted paper “Our Future” towards an organisation development strategy for Rotherham MBC. He explained the reasons for writing the paper and referred to the pressures for change in the public sector.

The aim was to capture the headlines, the common themes and what it meant for Rotherham MBC.

The first part covered the challenges of change and the second part of the paper covered addressing the issues.

The Chief Executive outlined the proposed six working groups and stressed the challenging work required over the next six months.

Discussion and a question and answer session ensued and the following issues were covered :-

- budget implications
- commitment to the working groups
- reporting arrangements of the working groups
- interrelationship between the groups
- need for a mission statement for each working group

The executive membership and officer support for the six working groups were submitted.

The Committee deliberated on the Scrutiny representation for the six working groups.

Resolved:- (1) That the concept of the document and the working groups be supported.

(2) That scrutiny representation on the following six working groups be from a selection of Members of this Committee and Members who have been on the Leadership Academy:-

Group 1 - Strategic Capacity, Governance and Structural Change

Group 2 - Strategic Partnerships and Procurement Strategy

Group 3 - Devolution, Empowerment and Neighbourhoods Strategy

Group 4 - Value for Money and Resources Strategy

Group 5 - Innovation, ICT and Workstyle Strategy

Group 6- - RBT Contract Review/Change Strategy

187. CORPORATE ASSESSMENT SELF-ASSESSMENT

Matthew Gladstone, Head of Performance and Quality, presented the submitted report, together with the latest draft version of the self assessment to be submitted to the Audit Commission. The self assessment needed to be compiled in line with the Audit Commission's Self Assessment Guidance and the deadline for submission was 4th May, 2006.

Matthew Gladstone referred to each section of the self assessment outlining the background and rationale for the content.

The Committee considered each section in turn and the following issues were raised :-

Section 1 Context and Summary

- need to translate the Year Ahead document into the forward plan of key decisions

- introduction to highlight "Rotherham's progress over the last 10 to 15 years

- last 10 to 15 years could be too long a timescale for comparison purposes.

Section 2 Corporate Assessment

Ambition

- positioning of the vision statement in the text
- essential to portray communications work
- need for reference to how we began and then moved on, highlight what has been achieved but then moved on

Prioritisation

- community profiling
- scrutiny reviews

Capacity

- need to emphasise agenda setting Member led
- need reference to scrutiny in Leadership and Accountability
- should refer to strengthening political leadership
- need reference to Members having attended Leadership Academy
- need for a quote regarding Member development

Performance Management

- scrutiny involvement
- direct payments reference needs strengthening
- need to explain ‘speak out’

Sustainable Communities and Transport

- need to strengthen case studies regarding Moorgate Crofts and two successful business centres and include youth incubator
- need to be consistent with strategic elements at the top of the list

Safer and Stronger Communities

- need reference to domestic violence

Older People

- need to check out chartermark awards

Healthier Communities

- need to edit breathing space as referred to previously

- reference to Learning Disability Partnership Board and Champion for valued people

- reference to being pilot for postal ballot

- need to emphasis what achieved regarding health scrutiny

Resolved:- (1) That the document be accepted and the team be thanked for their efforts.

(2) That any further comments be forwarded to the Chairman in time to be fed into the Cabinet/CMT meeting to be held on Tuesday, 25th April, 2006.

(3) That a proof copy of the assessment be provided to Cath Saltis by Thursday, 27th April, 2006 to facilitate viewing by PSOC Members.

188. WORK PROGRAMME

Cath Saltis presented the submitted report relating to the above. It was essential that this Committee's work programme was considered carefully to ensure that challenges confronting scrutiny were addressed.

The awaited Government White Paper on the future of Local Government was likely to give a clear steer and outline in more detail the overall role of scrutiny.

The report set out a suggested programme of work for this Committee.

Discussion ensued and the following issues/suggestions were raised :-

- consider the need for separate health scrutiny
- safer communities
- area assemblies
- engaging the public strategy
- links and alliances
- Use of consultants and how we consult
- learning and knowledge within the Council
- self assessment

Resolved:- (1) That the report be noted.

(2) That, as now discussed, a draft programme be submitted to this Committee on 26th May, 2006.

189. CO-OPTION REPRESENTATION FOR 2006/07 AND 2007/08

The Committee considered Minute No. 118 of the meeting of the Children and Young People's Scrutiny Panel held on 31st March, 2006, together with the submitted report by the Senior Scrutiny Adviser relating to the above.

The Committee was requested specifically to consider what co-option arrangements were appropriate for employee professional bodies or trades unions.

It was acknowledged that there was a lack of clarity regarding the role of representatives.

It was pointed out that any group could contribute by being called upon/invited to give their views/act as witnesses with regard to specific items without the need to be formal co-optees of the panel.

Resolved:- (1) That the information be noted.

(2) That the approach to co-option, taken by the Children and Young People's Scrutiny Panel, be endorsed.

(3) That trades unions and other employee professional bodies be not co-opted formally onto the scrutiny panel, but they be called upon as required to contribute to the Panel's work and they be advised accordingly.

190. MINUTES

Resolved:- That the minutes of the meeting held on 7th April, 2006 be approved as a correct record for signature by the Chairman.

191. WORK IN PROGRESS

Members of the Committee reported on the following issues :-

(a) Councillor Whelbourn reported that the joint scrutiny review of Area Assemblies was now complete and had been accepted by Cabinet. He also referred to the joint review on transport being led by the Regeneration Scrutiny Panel.

(b) Councillor R. S. Russell reported that there had been a scoping meeting regarding the review of transport and the review group was to meet again shortly.

(c) Councillor Doyle reported that all reviews had been completed for the municipal year.

192. CALL-IN ISSUES

The Chairman reported receipt of a call in regarding Minute No. 249 of the meeting of the Cabinet Member for Economic Regeneration and Development Services held on 5th April, 2006 concerning “Replacement Parking Sites for Loss of St. Ann’s Car Park”.

Resolved:- That the call in be heard at a special meeting of this Committee to be held on Friday, 28th April, 2006 at 12 noon.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
Friday, 28th April, 2006

Present:- Councillor Stonebridge (in the Chair);, Councillors Barron, Clarke, Doyle, G. A. Russell, P. A. Russell, R. S. Russell and Whelbourn.

Apologies for absence were received from Councillors Hall and Hussain.

193. 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (business affairs).

194. REPLACEMENT PARKING SITES FOR LOSS OF ST ANN'S CAR PARK

The Committee considered Minute No. 249 of the meeting of the Cabinet Member for Economic Regeneration and Development Services held on 5th April, 2006 regarding the replacement parking sites for the loss of St. Ann's Car Park.

Councillor Dodson, supported by Councillors Ali, Lakin and McNeely elaborated on the reasons they were objecting to the proposed replacement parking sites.

These included:-

- Lack of consultation with Ward Councillors.
- Risks to the Housing Market Renewal Pathfinder for Eastwood and St. Ann's.
- Decent Homes Programme for the area could be jeopardised.
- Further air pollution in an already heavily polluted area with serious effects on the pupils and staff at St. Ann's School.
- Alternative sites at Eldon Road/Erskine Road, Thornhill Recreation Ground and Liquid Diva Night Club.
- Whether Fitzwilliam Road formed part of the quality bus corridor.
- Timescale for the use of the land as temporary car parking.
- Road safety around St. Ann's School.

The sponsors of the call in clarified that they raised no objection to the serving of appropriate notices to the lessees on the areas of land in question to vacate the land, but wanted:-

- Consultation with Ward Councillors.
- Consultation with residents in the area.

The Committee questioned the sponsors of the call in and clarified issues relating to the Housing Market Renewal Pathfinder, liaison between officers and input to the process through Economic and Development Services.

Councillor G. Smith, Cabinet Member for Economic Regeneration and Development Services, together with Adam Wilkinson, Executive Director for Economic and Development Services, responded to some of the issues raised and clarified the proposed alternative car parking provision.

Points made related to:-

- ❖ Notice required to the lessees to vacate the land on Fitzwilliam Road.
- ❖ Ownership of the land.
- ❖ Viability of alternative sites and locations to the town centre.
- ❖ Impact on residents' car parking schemes in Eastwood.
- ❖ Lack of liaison with Economic and Development Services by the Housing Market Renewal Pathfinder.
- ❖ Statutory consultation through the planning and traffic regulation order processes.
- ❖ Growth potential of the town centre.
- ❖ Liaison with Neighbourhoods regarding area to the west of St. Ann's Road.

The Cabinet Member and Executive Director answered questions from the Committee relating to:-

- Impingement on the Housing Market Renewal funding allocation.
- Gaps in communication between the Housing Market Renewal Pathfinder and Economic and Development Services.
- Economies of scale for sites such as Eldon Road to accommodate 350 parking spaces.
- Clarification of impact and timescales on Housing Market Renewal Pathfinder.
- Potential impact on Wharncliffe residents.
- Revocation of the leases if the scheme did not go ahead.
- Access to the sites on Fitzwilliam Road and the impact and safety of children entering/leaving St. Ann's School.
- Users of the proposed car parking sites and funding proposals.
- Inclusion of the project in the Forward Plan of Key Decisions.

The Committee considered the information and agreement was reached that there was no opposition for the serving of the appropriate notices to the lessees to vacate the areas of land in question with effect from 1st May, 2006, but that extensive consultation on the options proposed should take place.

Resolved:- That the call-in not be supported, but that there should be full

consultation on the options proposed in terms of Housing Market Renewal Pathfinder and all issues should be brought to the attention of local Ward Members.