

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 31 January 2008

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.
6. NICE Guidance on Dementia Drugs (report herewith) (Pages 1 - 4)
7. Regional Health Scrutiny Protocol (report herewith) (Pages 5 - 15)
8. Joint Work Programme with the PCT (report herewith) (Pages 16 - 28)
9. Local Area Agreement (LAA) - Progress (report herewith) (Pages 29 - 32)
10. Forward Plan of Key Decisions (herewith) (Pages 33 - 39)
11. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 10th January, 2008 (herewith). (Pages 40 - 43)
12. Minutes of a meeting of the Performance and Scrutiny Overview Committee held on 19th December, 2007 (herewith). (Pages 44 - 49)
13. Practice Based Commissioning (Presentation by Councillor Robin Stonebridge and Ben Chico)

**Date of Next Meeting:-
Thursday, 28 February 2008**

Membership:-

Chairman – Councillor Doyle
Vice-Chairman – Jack
Councillors:- Billington, Clarke, Hodgkiss, The Mayor (Councillor Allan Jackson), St. John, Sangster,
Turner, Wootton and F. Wright

Co-opted Members

Mrs. I. Samuels, (PPI Forum Yorks Ambulance Serv), Taiba Yasseen, (REMA), Val Lindsay (Patient Public Involvement Forum), Sandra Bann (PPI Forum Rotherham PCT), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Jonathan Evans (Speak up), Mr. S. Hawkins, Kath Henderson, Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and Lizzie Williams

Rotherham Primary Care Trust

SCRUTINY PANEL: ADULT SERVICES AND HEALTH

Date: 31 January 2008

Title: NICE Guidance on Dementia Drugs

Contact Details:

Lead Director: Dr John Radford

Job Title: Director of Public Health

Summary

NICE Guidance on drug treatments for dementia places restrictions on the use of Alzheimer's drugs (acetylcholinesterase inhibitors). A recent judicial review supports these restrictions and the broader recommendations on supporting people with dementia.

The NICE Guidance represents the most cost-effective use of resources to develop services for people with dementia. Commercial pressure from drug companies has focussed attention on drug use in dementia. However the guidance also stresses the importance of a services structure which delivers appropriate care and support for those dementia and their carers.

Recommendations

It is recommended that the Scrutiny Committee

- Notes the NICE Guidance on prescribing of acetylcholinesterase inhibitors
- Receives a report on the recent review of specialist older people's mental health services at a future meeting.

Proposals and Details

Alzheimer's disease is a type of dementia. It affects the brain and causes problems with memory, thinking and behaviour. It is a progressive disease, which means it gets worse over time as more parts of the brain are affected. There is no cure for the disease but drug treatments do exist that can slow down progression of the condition for a limited period of time.

The NICE Guidance does consider use of drug treatments but it mainly focuses on; the integration of health and social care services, delivering effective support for carers and the development of memory services. It considers the impact of the ageing population on the number of people with dementia and highlights the challenge facing health and social care agencies. Rotherham PCT and Rotherham MBC are already working together to address these issues. The Adults Board commissioned a review of OPMH services which reported at

the end of 2007. Also, we have recently commissioned a new Memory Service which will deliver specialist assessment and support for people with dementia and their carers. .

The National Institute for Clinical Excellence (NICE) sets out guidance on the use of the following dementia drugs; Donepezil, Galantamine and Rivastigmine. NICE recommends that these drugs are only used in the following circumstances:

- treatment is started by a doctor who specialises in dementia
- patients who are started on the drug are checked every 6 months
- the check-up includes a test called the Mini Mental State (MMSE)
- the views of carers on the patient's condition are considered
- the least expensive of these three drugs is prescribed first

NICE also recommends that the drugs should only be prescribed for people whose MMSE score is between 10 and 20. The MMSE is a test that is used to measure how severe a person's Alzheimer's disease is. The lower the MMSE score, the more severe is the disease. An MMSE score of between 10 and 20 is classified as moderate Alzheimer's disease. The MMSE test is not suitable for some people. For these people, healthcare professionals should assess the severity of Alzheimer's disease using another method suitable for the person's circumstances.

Rotherham PCT has agreed to comply with NICE Guidance. Prescribing of Alzheimer's drugs will be in accordance with current NICE guidance (TA111 & CG 42) and subject to regular audit. Requests to prescribe dementia drugs outside NICE guidance are referred to the PCT on an individual patient basis.

Judicial Review on the NICE Guidance

A Japanese pharmaceutical company called Eisai, which is the licensed holder of one of the drugs challenged the NICE recommendations in The High Court. Eisai challenged the recommendations on the grounds that they were; irrational, procedurally unfair and indirectly discriminatory against certain groups.

The judicial review ruled in favour of NICE on five out of the six specific grounds brought to court. The High Court ruled that;

- NICE did appropriately take into account the benefits these drugs bring to carers.
- NICE appropriately reflected the costs of long term care in its calculations.
- NICE did not breach principles of procedural fairness by providing a 'read only' version of the economic model.
- NICE was not irrational in concluding that there is no cumulative benefit to patients after six months treatment with these drugs.
- NICE's assessment and consideration of the AD 2000 study was not irrational.

The review ruled against NICE on one of the six grounds brought in court:

- That NICE did breach its duties under the Disability Discrimination Act and the Race Relations Act by not offering specific advice regarding people with learning disabilities

and people for whom English is not their first language in its technology appraisal guidance.

NICE has subsequently amended and reissued the guidance to address the breach of duty on the Disability Discrimination Act. The amendments include new text that specifically addresses assessments, using the Mini Mental State Examination (MMSE) for patients:

Finance

PCT prescribing costs for acetylcholinesterase inhibitors has increased from £252,000 in 2004/05 to £373,250 in the last financial year. There has been a 48% increase in cost during this time.

The financial implications of the NICE Guidance and the cost implications of the ageing population are currently being considered as part of the review of specialist older people's mental health services.

Risks and Uncertainties

In Rotherham the population of older people is predicted to grow 40% by 2025. The corresponding growth in older people with mental health problems will require more resources and a new approach to service delivery. The predicted increase in service costs is significant. The recent review of OPMH Services conducted by the Joint Commissioning Team estimated that specialist services, including specialist residential care, will require extra investment of over £2.5 million by 2015 just to stand still.

It is clear that further investment is required in specialist health & social care services if the demographic challenges are to be met. However, extra investment is not the only solution. There is a need to realign services so that they promote independence, maintain cognitive function and prevent deterioration. By focusing on prevention and early intervention for those with mental health problems, health and social care agencies can reduce the costs of high-cost institutional care and offset some of the impact of the ageing population.

Policy and Performance Agenda Implications

NICE Guidance on Dementia also sets out recommendations on service configuration. It provides guidance on how to support and care for people with dementia and how to meet the needs of carers. A recent review of OPMH services has looked at the implications of NICE guidance on OPMH Specialist Services.

The review recommends a shift from investment in residential and inpatient care into community based services (including prevention). It identifies the key components of a quality community mental health service; detection & diagnosis, assessment & care planning, supporting carers, community support services, psychological intervention and supported housing. By focusing on these it should be possible to delay reception to institutional care and improve quality of life.

The review makes a series of recommendations on future investment, joint commissioning, service reconfiguration and inpatient care.

Most important is the need for Rotherham MBC and Rotherham PCT to prepare future investment plans which will address the demographics of dementia and depression amongst older people. Both organisations should develop joint commissioning arrangements which facilitate service realignment and integration. The joint commissioning arrangements should incorporate appropriate service level agreements underpinned by a common performance management framework.

Both the local authority and the PCT should address the undersupply of community based services and ensure that there is a switch of emphasis from direct care to earlier intervention and prevention. There should be a greater emphasis on early intervention. Health & social care assessments should be properly integrated and care planning should focus on strategies for maintaining independence. The Joint Commissioning Team should work with RDASH to develop a new service model which promotes independence and reduces reliance on institutional care.

The review highlights the needs of informal carers and the contribution they make to supporting older people with mental health problems. It recommends the introduction of local targets on carer assessments and the development of strategies aimed at supporting carers.

Finally there is an urgent need to improve the physical layout of inpatient wards. Priority should be given to reconfiguration and refit of inpatient care so that it provides an environment which preserves safety and dignity.

Background Papers and Consultation

- NICE Guidance on Dementia
- Review of Older People's Mental Health Services

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	ADULT SERVICES AND HEALTH SCRUTINY PANEL
2.	Date:	31 January 2008
3.	Title:	Protocol for the Yorkshire and the Humber Councils Joint Health Scrutiny Committee
4.	Programme Area:	Chief Executive's

5. Summary

This Protocol has been developed so that the relevant local authorities can jointly scrutinise the regional and specialist health services that impact upon residents across the Yorkshire and Humber Region.

6. Recommendations

- a. **That this Panel agree the Yorkshire and Humber Joint Health Scrutiny Committee Protocol.**

7. Proposals and Details

- 7.1 Since 2005 Rotherham has been signed up to a South Yorkshire Joint Health Scrutiny Protocol, enabling it to undertake joint health work with neighbouring local authorities. Examples of work done by this joint committee include scrutinising proposals for an independent sector treatment centre for South Yorkshire and jointly submitting Annual Health Check comments for the Sheffield Teaching Hospitals, Sheffield Children's Hospital and Yorkshire Ambulance Service.

However, this protocol only covers the sub-region of South Yorkshire.

- 7.2 Particularly with the advent of 'Choose and Book'¹, health services are now provided to patients living in an increasingly wider geographical area. A proposed service change (for example reorganising the way that maternity services are delivered) could easily affect patients from an area that spans two or more local authorities that are not in the same sub-region.
- 7.3 In addition, 'specialised services' such as burns care and children's cancer care are commissioned on a regional basis. To date, there has been little or no scrutiny of these (often very expensive) services, however, any future work should be undertaken on a regional basis.
- 7.4 To address these issues, the Regional Health Scrutiny Network has drafted a protocol (given at Appendix A) that suggests how the 15 local authorities in the Yorkshire and Humber region could undertake scrutiny work together. It provides a framework for any number of authorities (from two to 15) to meet, investigate an issue and make recommendations, taking the best elements from all the sub-regional protocols that are currently in existence.
- 7.5 It is proposed that, once accepted, the regional health scrutiny protocol will replace the individual sub-regional protocols, including the one for South Yorkshire.

8. Finance

There are no direct financial implications from this report. Any administrative costs arising from regional health scrutiny work would be either met by the host organisation or, if more substantial, be shared between those authorities that are working on that particular investigation.

9. Risks and Uncertainties

There will still be some health services that are commissioned for an area that is not coterminous with the Yorkshire and Humber region and these, if scrutinised, will require ad hoc arrangements between the authorities involved.

¹ a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. Patients are able to choose the hospital or clinic at which they are treated from a selection that often includes ones that are outside their immediate locality.

10. Policy and Performance Agenda Implications

Agreeing to the regional protocol will allow Rotherham to play its part in scrutinising health services that affect Rotherham residents, but are not necessarily provided within the Borough.

11. Background Papers and Consultation

- South Yorkshire Joint Health Scrutiny Protocol
- Draft Protocol for the Yorkshire and the Humber Councils Joint Health Scrutiny Committee

The protocol has been jointly drafted by scrutiny officers from across the region and is currently being presented to the individual scrutiny committees for approval.

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**PROTOCOL FOR THE YORKSHIRE AND THE HUMBER COUNCILS
JOINT HEALTH SCRUTINY COMMITTEE**

1.0 INTRODUCTION

- 1.1 This Protocol has been developed as a framework for carrying out scrutiny of regional and specialist health services that impact upon residents across Yorkshire and the Humber under powers for Local Authorities to scrutinise the NHS contained in the Health and Social Care Act 2001.
- 1.2 The Health and Social Care Act 2001 strengthens arrangements for public and patient involvement in the NHS. Sections 7 to 10 of the Act provide for local authority Overview and Scrutiny Committees to scrutinise the NHS and represent local views on the development of local health services, whilst section 242 of the National Health Service Act 2006 (formally section 11 of the Health and Social Care Act 2001), places a duty on NHS organisations to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes. Section 242 has subsequently been amended by the Local Government and Public Involvement in Health Act 2007. NHS organisations are now required to make arrangements so that users of services are involved in the planning and development of these services.
- 1.3 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 provide for local NHS bodies to consult the Overview and Scrutiny Committee where the NHS body has under consideration any proposal for a substantial development of the health service or for a substantial variation in the provision of such a service in the local authority's area.
- 1.4 The Directions also state that when a local NHS body consults with more than one Overview and Scrutiny Committee on any such proposal, the local authorities of those Overview and Scrutiny Committees shall appoint a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Joint Overview and Scrutiny Committee may:-
- (a) Make comments on the proposal consulted on to the local NHS body;
 - (b) Require the local NHS body to provide information about the proposal;
 - (c) Require an officer of the local NHS body to attend before it to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.

1.5 Notwithstanding these arrangements, individual authorities may wish to comment on proposals by NHS bodies under the broader duties imposed on NHS Bodies by Section 242 of the National Health Service Act 2006.

1.6 This protocol has been developed and agreed by all the local authorities with responsibility for health scrutiny in the Yorkshire and the Humber region (Bradford, Calderdale, Kirklees, Leeds, Wakefield, York, North Lincolnshire, Barnsley, Doncaster, Rotherham, Sheffield, East Riding, North Yorkshire, North East Lincolnshire and Hull) as a framework for carrying out joint scrutiny of health in the region in response to a statutory consultation by an NHS body.

2.0 COVERAGE

2.1 Whilst this protocol deals with arrangements within the boundary of Yorkshire and the Humber, it is recognised that there may be occasions when consultations may affect adjoining regions. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

3.0 PRINCIPLES FOR JOINT HEALTH SCRUTINY

3.1 The basis of joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities
- Ensuring that people's views and wishes about health and health services are identified and integrated into plans, services and commissioning that achieve local health improvement.
- Scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.

3.2 The Local Authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their Codes of Conduct. Personal and prejudicial interest will be declared in all cases, in accordance with the Code of Conduct.

3.3 The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private.

- 3.4 Different approaches to scrutiny reviews may be taken in each case. The Joint Health Scrutiny Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.

4.0 SUBSTANTIAL VARIATION AND SUBSTANTIAL DEVELOPMENT

- 4.1 When a NHS body is considering proposals to vary or develop health services, those authorities whose residents are affected must be given the chance to decide whether they consider the proposals to be substantial to their communities. Those that do consider the proposals to be substantial must be formally consulted and must form a Joint Health Overview and Scrutiny Committee to respond to the consultation. The decision about whether proposals are substantial (and therefore whether to participate in a Joint Health Overview and Scrutiny Committee) must be taken by the Health Overview and Scrutiny Committees within the relevant authorities.
- 4.2 The primary focus for identifying whether a change should be considered as substantial is the impact upon patients, carers and the public who use or have the potential to use a service. This would include:-

Changes in accessibility of services: any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location (other than to any part of same operational site).

Impact of proposal on the wider community and other services: including economic impact, transport, regeneration (e.g. where reprovision of a hospital could involve a new road or substantial house building).

Patients affected: changes may affect the whole population (such as changes to A&E), or a small group (patients accessing a specialised service). If changes affect a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example renal services).

Methods of service delivery: altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.

Issues likely to be considered as controversial to local people: (e.g. where historically services have been provided in a particular way or at a particular location.)

Changes to governance: which affect NHS bodies' relationships with the public or local authority Overview and Scrutiny Committees (OSC's).

5.0 RESPONDING TO A STATUTORY CONSULTATION BY AN NHS BODY

- 5.1 Where a response to a statutory consultation is required on proposals for substantial variation or substantial development affecting two or more local authorities within Yorkshire and the Humber, scrutiny maybe undertaken either by:-

Delegated Scrutiny: The affected local authorities agree to delegate their overview and scrutiny function to a single authority which may be better placed to consider a local priority¹; or

Joint Committee: The affected local authorities establish a joint committee to determine a single response.

- 5.2 Accordingly, where any substantial variation or substantial development principally affects residents of a single local authority, scrutiny can be delegated to that authority. Whereas, there is a presumption of wider regional variations or developments are dealt with by a Joint Health Scrutiny Committee.

6.0 DELEGATED SCRUTINY

- 6.1 Regulations enable a local authority to arrange for its overview and scrutiny functions to be undertaken by a committee from another local authority. Delegation may occur where a local authority believes that another may be better placed to consider a particular local priority and, importantly, the latter agrees to exercise that function. For instance, it might be more appropriate to delegate scrutiny where an NHS body provides a service across two local authority areas but the large majority of those using or affected by the service are in one of those authority areas.

Delegated Powers

- 6.2 When and where such delegation takes place, the full powers of overview and scrutiny of health shall be given to the delegated committee, but only in relation to the specific delegated function (i.e. a particular inquiry or consultation).

Terms of Reference

¹ Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P21, para 7.1

- 6.3 In such circumstances and in accordance with Department of Health guidance, clear terms of reference, clarity about the scope and methods of scrutiny to be used must be determined between the affected local authorities. Formal terms of reference should be drafted and formally agreed by the respective Overview and Scrutiny Committees of the affected local authorities and subsequently shared with the relevant NHS bodies.
- 6.4 In the context of a proposal for a substantial development or variation to services, where the review of any consultation has been delegated, the power of referral to the Secretary of State where such a proposal is contested is also delegated. The delegating local authority is no longer able to influence the content or outcome of the review².
- 6.5 The delegated authority (the authority undertaking the consultation exercise) will be responsible for conducting scrutiny in accordance with its own set procedures and will be expected to regularly communicate with the delegating authority(ies).

7.0 JOINT HEALTH SCRUTINY COMMITTEE

- 7.1 Where a wider, joint approach is required to a consultation by an NHS body, a separate Joint Health Scrutiny Committee will be established for each consultation.

Membership of a Joint Health Scrutiny Committee

- 7.2 Under the Local Government Act 2000 provisions, Overview and Scrutiny Committees must generally reflect the make up of full Council. Consequently, when establishing a Joint Health Scrutiny Committee, each participating local authority should ensure that those Councillors it nominates reflects its own political balance. However, the political balance requirements may be waived but only with the agreement of all the participating local authorities³.
- 7.3 In accordance with the above, a Joint Committee will be composed of Councillors drawn from Yorkshire and the Humber local authorities in the following terms:-
- where 9 or more Yorkshire and the Humber local authorities participate in a Joint Health Scrutiny Committee – the Chair (or Chair's representative) of each participating authority's Overview and Scrutiny Committee responsible for health will become a member of the Joint Health Scrutiny Committee;

² Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P21, para 7.4

³ Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P22, para 8.6

- where 4 to 8 local authorities participate - then each participating authority will nominate 2 Councillors; or
- where 3 or less local authorities participate - then each participating authority will nominate 4 Councillors.

7.4 Each local authority should make a decision as to whether it should seek approval from its respective full Council or Executive to delegate authority to its relevant Overview and Scrutiny Committee (responsible for health) or another appropriate body to nominate Councillors on a proportional basis to a Joint Health Scrutiny Committee.

7.5 From time to time and where appropriate, the Joint Health Scrutiny Committee may appoint non-voting co-optees for the duration of a consultation. In these circumstances, one or more co-optees could be drawn from local patient, community and voluntary sector organisations affected by substantial change or variation.

Choice of Lead Authority and Chair

7.6 Where a Joint Health Scrutiny Committee (as defined by the Health and Social Care Act 2001) is required to consider a substantial development of the health service or a substantial variation, one of the affected local authorities would take the lead in terms of organising and Chairing the joint committee.

7.7 Selection of a lead authority, should where possible, be chosen by mutual agreement by the local authorities involved and take into account both capacity to service a Joint Health Scrutiny Committee and available resources. Additionally, the following criteria should guide determination of the Lead Authority:

- The local authority within whose area local communities will be most affected; or if that is evenly spread;
- The local authority within whose area the service being changed is based; or if that is evenly spread;
- The local authority within whose area the health agency leading the consultation is based.

Operating Procedures

7.8 The Joint Health Scrutiny Committee will conduct its business in accordance with the Overview and Scrutiny Committee Procedure Rules of the Lead Authority.

7.9 The Lead Authority will service and administer the scrutiny exercise and liaise with the other affected local authorities.

- 7.10 The Lead Authority will draw up a draft terms of reference and timetable for the scrutiny exercise, for approval by the Joint Health Scrutiny Committee at its first meeting. The Lead Authority will also have responsibility for arranging meetings, co-ordinating papers in respect of its agenda and drafting the final report.

Meetings of the Joint Health Scrutiny Committee

- 7.11 At the first meeting of any new inquiry, the Joint Health Scrutiny Committee will determine:
- Terms of reference of the inquiry;
 - Number of sessions required;
 - Timetable of meetings & venue.

Reports of the Joint Health Scrutiny Committee

- 7.12 At the conclusion of an Inquiry the Joint Health Scrutiny Committee shall produce a written report and recommendations which shall include:
- an explanation of the matter reviewed or scrutinised
 - a summary of the evidence considered
 - a list of the participants involved in the review or scrutiny; and
 - any recommendations on the matter reviewed or scrutinised.
- 7.13 Reports shall be agreed by a majority of members of the Joint Health Scrutiny Committee.
- 7.14 Reports shall be sent to all relevant local authorities, to NHS Yorkshire and the Humber and the relevant health agencies, along with any other bodies determined by the Joint Health Scrutiny Committee and Lead Authority.
- 7.15 The Joint Health Scrutiny Committee shall request a response to its report and recommendations from the NHS body or bodies receiving the report within 28 working days.
- 7.16 The Joint Health Scrutiny Committee may, on receipt of the NHS body's response to its recommendations report to the Secretary of State on the grounds that it is not satisfied:
- with the content of the consultation; or
 - that the proposal is in the interests of the health service in the area.
- 7.17 In circumstances where an NHS Body has failed to consult over substantial variation or development, or where consultation arrangements are inadequate or insufficient time provided, then the

affected local authority or authorities may decide to make appropriate representations to the NHS Body concerned.

Minority reports

- 7.18 Where a member of a Joint Health Scrutiny Committee does not agree with the content of the Committee's report, they may produce a report setting out their findings and recommendations and such a report will form an Appendix to the Joint Health Scrutiny Committee's report.

8.0 DISCRETIONARY JOINT WORKING

- 8.1 Guidance issued by the Department of Health⁴ states '*that the role of (scrutiny) committees is to take an overview of health services and planning within the locality and then to scrutinise priority areas to identify whether they meet local needs effectively.* This suggests a more proactive role for overview across Yorkshire and the Humber. It is also recognised that individual local authority scrutiny committees may wish to engage with and scrutinise regional NHS/health bodies or look at broader regional health issues.

- 8.2 In these circumstances, or where a health scrutiny review is initiated that affects more than one authority, then it may be appropriate and more effective for local authorities in Yorkshire and the Humber to agree on an ad-hoc basis, joint arrangements based on this protocol to undertake such work.

- 8.3 To enable Yorkshire and the Humber local authorities to explore potential opportunities for future joint working, all local authorities should:

- share work programmes of their respective scrutiny committees (health);
- arrange for appropriate officers to meet and liaise on a regular basis; and
- where appropriate, facilitate member level meetings across Yorkshire and the Humber.

⁴ Overview and Scrutiny of Health - Guidance, July 2003

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	Adult Services and Health Scrutiny Panel
2. Date:	31st January, 2008
3. Title:	Joint Work Programme with the PCT
4. Directorate:	Neighbourhoods and Adult Services

5. Summary

This report sets out a provisional work programme for the Neighbourhoods & Adults Services Directorate and the Primary Care Trust which will be directed and monitored by the Adults Planning Board for the next three years.

6. Recommendations

Members receive this report and note its contents

Members receive an updated work programme and progress report in six months' time.

7. Proposals and Details

A Joint Commissioning Team was been set up by the former Adult Services programme area (now Neighbourhoods and Adult Services) and Rotherham Primary Care Trust, to take the lead for jointly commissioning services for adults in the borough where it made sense for this to be done in partnership. The Joint Commissioning Team report to the Adults Board and delivers against a work programme which reflects the actions within the Joint Commissioning Strategy. The action plan (Appendix 1) sets out in detail the key tasks that the Adults Board has identified, incorporating lead officers and timescales. The key actions are:

- ***Joint Commissioning Arrangements***

The Joint Commissioning Team Work Programme includes a commitment to develop a Joint Commissioning Strategy by March 2008. This will incorporate a health needs analysis, supply map, gap analysis and proposals on service commissioning. The strategy will also include proposals on the further development of joint governance arrangements. It will develop the role of the Mental Health and Learning Disability Boards, to ensure that they feed into the joint planning process.

- ***Older People's Mental Health (OPMH)***

The Joint Commissioning Team has completed its review of OPMH Specialist Services, which incorporated recommendations from a Citizens Jury. The Joint Commissioning Team will now build on this review by working with Rotherham, Doncaster & South Humberside Trust to reconfigure specialist services. The team will develop joint commissioning arrangements, including a joint performance management framework for specialist OPMH services.

- ***Occupational Therapy Services***

RMBC has completed its review of Occupational Therapy Services in Rotherham. The aim of the review was to ensure that a high quality service which met the strategic objectives of both RMBC and Rotherham PCT. It considered the current service level agreements that are in place, in particular how they are monitored. The review investigated reasons for service backlog and looked at future commissioning arrangements.

- ***Intermediate Care***

The Joint Commissioning Team has completed its review of Intermediate Care Services. The process of service reconfiguration is now underway as is the development of joint commissioning and pooled budget arrangements. This year the Joint Commissioning Team will focus on extending the community based care pathway for people who are at risk of admission to hospital and residential care..

- ***Long Term Conditions***

The Adults Board have identified this as a priority within the Joint Commissioning Strategy. The work programme for this priority includes a review of the community matron service, which will consider their case management role and their impact on maintaining people with long term conditions at home. The Joint Commissioning Team will set up mechanisms for identifying high intensity users of health and social care services. It will design integrated health and social care pathways for this group of users and investigate the potential for individual pooling of resources.

- ***Mental Health (adults of working age)***

The key objective in the coming year is for the Adults Board to make a decision on the extent of the partnership arrangements between the PCT and RMBC for commissioning and then to establish robust planning and commissioning structures for Mental Health services which feed into the joint arrangements. This will mean that the existing informal partnership will need to be strengthened and formalised. The Adults Board will be the key reporting structure for these partnership arrangements.

- ***Learning Disability***

As with Mental Health the key objective in the coming year is for the Adults Board to establish robust planning and commissioning structures for learning disability services which underpin into the joint provider arrangements. These will include a role for the existing Learning Disability Partnership Board, which was set up to implement the Valuing People White Paper (2001). The Partnership Board will have a key role in implementing the Valuing People update. In parallel the existing partnership arrangements between the PCT and RMBC, for commissioning and for provision of services, are being updated.

8. Finance

The intention is that the budget for the work programme will be supported by a range of Directorate and PCT budgets and outcomes will be agreed for delivery within the funding that is available.

9. Risk and Uncertainties

The Adult Planning Group will closely monitor the progress of the work programme which will continue to evolve through the development of the Joint Strategic Needs Assessment and the Commissioning Strategy. These arrangements will manage the continuous improvement of performance across both organisations for the benefits of adults in Rotherham.

Should risks be identified where the desired improvements will not be achieved, which would therefore impact on inspection ratings and customer satisfaction, remedial actions will be taken and closely monitored.

10. Policy and Performance Agenda Implications

This work programme contributes to the Rotherham Proud and Alive Themes as well as the *Leadership and Commissioning and Use of Resources* outcomes set out in the Social Care Outcomes Framework in that the services that we jointly provide are commissioned and delivered to clear standards of both quality and cost. Additionally the programme's effective implementation will make a significant contribution to *Improved Quality of Life, Improving Health and Emotional Well Being* and *Choice and Control*.

11. Background and Consultation

Neighbourhoods and Adult Services Service Plan for 2007 - 2010
Valuing People Strategy
Intermediate Care Strategy
Long Term Conditions Strategy

Contact Name: *Dominic Blaydon and Alice Kilner,
Joint Commissioning Managers
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APPENDIX 1 – ACTION PLAN FOR JOINT WORK PROGRAMME

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
Joint Commissioning Arrangements			
Develop Joint Commissioning Strategy	<p>Strategic Planning & Commissioning Manager (Adults) Dominic Blaydon</p> <p>Strategic Planning & Commissioning Manager (Mental Health & Learning Disability) Alice Kilner</p>	All indicators	March 08
Agree framework for joint commissioning for MH services	<p>Director of Strategic Planning – Rotherham Primary Care Trust, Kath Atkinson</p> <p>Director of Commissioning & Partnerships – RMBC, Kim Curry</p> <p>Strategic Planning & Commissioning Manager (Mental Health & Learning Disability) Alice Kilner</p>	All indicators	April 08 (Implemented by March 09)

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
Reconfigure and develop the Mental Health and Learning Disability Planning structures	Strategic Planning & Commissioning Manager (Mental Health & Learning Disability) Alice Kilner	All indicators	Sept 08
Revise Joint Commissioning Framework and role of Adults Board	Director of Strategic Planning – Rotherham Primary Care Trust, Kath Atkinson Director of Commissioning & Partnerships – RMBC, Kim Curry	All indicators	March 08
Older People’s Mental Health			
Develop a Performance management Framework for the Memory Service	Strategic Planning & Commissioning Managers (Adults) Dominic Blaydon	Adults in contact with secondary Mental Health Services in settled accommodation (NI 149)	September 08
Prepare plans for reconfiguration of specialist OPMH services	Assistant Director Older People Rotherham, Doncaster & South Humber Trust, Debbie Smith		September 08

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
Develop joint commissioning arrangements for specialist services	Strategic Planning & Commissioning Managers (Adults) Dominic Blaydon Commissioning Manager Mental Health-RMBC, Janine Parkin		September 08
Develop specialist supported housing for older people with dementia	Supporting People Manager, Tim Gollins		March 09
Prepare proposals on a home care enabling service	Assistant Director Older People Rotherham, Doncaster & South Humber Trust, Debbie Smith		September 08
Occupational Therapy			
Develop joint commissioning arrangements for the OT service	Director of Strategic Planning – Rotherham Primary Care Trust, Kath Atkinson Director of Commissioning & Partnerships – RMBC, Kim Curry	The extent to which older people receive the support they need to live independently at home (NI 139)	July 08
Develop pooled budget arrangements for the OT service			Dec 08

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
Reduce backlog of OT assessments	Director of Provider Services - Rotherham Primary Care Trust, Kath Henderson Director of Independent Living-RMBC, Kirsty Everson		April 08
Intermediate Care			
Review the Community Rehabilitation Service	Strategic Planning & Commissioning Managers (Adults) Dominic Blaydon	Achieving independence for older people through rehabilitation & intermediate care (NI 139)	April 08
Reconfigure current service to comply with recommendations of the recent IC review	Service Manager Intermediate Care – RMBC, to be appointed	Achieving independence for older people through rehabilitation & intermediate care (NI 139)	September 08
Reconfigure care pathway for intermediate care	Strategic Planning & Commissioning Manager (Adults), Dominic Blaydon	Achieving independence for older people through rehabilitation & intermediate care (NI 139)	April 09
Long Term Conditions			
Review Community Matrons Service	Strategic Planning & Commissioning Manager (Adults), Dominic Blaydon	People with a long-term condition supported to be independent and in control of their condition (NI 124)	April 08

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
Develop proposals for system to identify high intensity users of services	Strategic Planning & Commissioning Manager (Adults). Dominic Blaydon		September 08
Develop strategy for reducing A&E admissions from residential & nursing care	Strategic Planning & Commissioning Managers (Adults), Dominic Blaydon Strategic Commissioning Manager-RMBC, David Stevenson	The number of emergency bed days per head of weighted population (NI 134)	September 08
Develop proposals for a care home liaison team	Senior Clinical Manager – Adult Services – RPCT		September 08
Develop new contract framework for residential/nursing care	Strategic Commissioning Manager - RMBC , David Stevenson		Dec 08
Mental Health			
Delivering Racial Equality In Mental Health Services: Update Rotherham Action Plan Appoint to two CDW vacancies	Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner	Adults in contact with secondary Mental Health Services in settled accommodation (NI 149)	2010 June 2008 (implement 2010) March 2008

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
<p>Implementation of Mental Capacity Act</p> <p>Deprivation of Liberty Safeguards</p> <p>Mental Health Act (amended)</p>	<p>Service Manager-RMBC, Cheryle Cartwright</p> <p>Director of Operations Rotherham , Doncaster & South Humber Foundation Trust, Helen Dabbs</p> <p>Director of Health and Wellbeing RMBC, Shona McFarlane</p>		<p>Oct 2007</p> <p>Oct 2008</p> <p>Oct 2008</p>
<p>Develop and agree new service model for MH services for adults of working age</p> <p>Develop proposals for re-provision of existing inpatient services for Older people and working age adults with mix of community and bed-based support.</p>	<p>Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner</p> <p>Commissioning Manager Mental Health-RMBC, Janine Parkin</p> <p>Director of Strategic Planning – Rotherham PCT, Kath Atkinson</p>		<p>Dec 2008</p> <p>March 2009</p>
<p>Develop and agree policy for Section 117</p>	<p>Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner</p>		<p>Policy Oct 2008; Implement Dec 2008</p>

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
	Commissioning Manager Mental Health-RMBC, Janine Parkin		
Develop commissioning strategy for Mental Health services and incorporate into Joint Commissioning Strategy.	Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner Commissioning Manager Mental Health-RMBC, Janine Parkin	Adults in contact with secondary Mental Health Services in settled accommodation (NI 149)	March 2009
Consider approach to commissioning high cost and out of area placements ,including roll-out of ASSOCIATION OF DIRECTORS OF ADULTS SERVICES project, and the 'fair pricing' tool kit).	Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner Commissioning Manager Mental Health-RMBC, Janine Parkin		Dec 2008

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
Learning Disability			
Update Partnership Agreement for Learning Disability services	Director of Strategic Planning – RPCT, Kath Atkinson Director of Commissioning & Partnerships – RMBC, Kim Curry Head of Joint LD service, Jackie Bickerstaffe Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner	Adults with learning disabilities known to councils with adult social services responsibilities (CASSR) in settled accommodation (NI 145)	April 08
Self assessment by PCT of access to Health services by people with a learning disability Agree action plan to address any issues identified	Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner Head of Joint LD service, Jackie Bickerstaffe Learning Disability		March 2008 May 2008

Action	Lead officer	Relevant Adults Board Performance Indicators	Completion
	Partnership Board.		
Implementing individualised budgets for people with learning disabilities	Head of Joint LD service, Jackie Bickerstaffe		
Agree approach to commissioning high cost and out of area placements using Association of Directors of Adults Services (ADASS) project and 'fair pricing' tool kit.	Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner Head of Joint LD service, Jackie Bickerstaffe		Oct 2008
Update / develop commissioning strategy for LD services and incorporate into Joint Commissioning Strategy.	Strategic Planning & Commissioning Manager (Mental Health & Learning Disability), Alice Kilner		March 2009

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1. Meeting:	Adult Services and Health Scrutiny Panel
2. Date:	31st January, 2008
3. Title:	Local Area Agreement (LAA) – progress report
4. Directorate:	Neighbourhoods and Adult Services

5. Summary

5.1 This report describes progress on the Healthier Communities and Older People (HCOP) block of the Local Area Agreement (LAA) between March and October 07. Of the 4 stretch targets agreed in the LAA, 2 are rated 'on target' (direct payments and breathing space) and 2 are rated 'off target' (older people helped to live at home' and 'reviews'). Remedial action is in place to improve performance on the indicators that are off target.

6. Recommendations

Members

- **Note the progress reported and the recovery actions underway**
- **Note the development of the next generation of LAAs**

7. Proposals and Details

Current Performance

- 7.1 The Healthier Communities and Older People (HCOP) block of the Local Area Agreement (LAA) contains 4 stretch targets that are directly managed by Neighbourhoods & Adult Services and by the PCT.
- 7.2 The indicators rated 'off target' relate to Older People Helped to Live at Home and Adults and Older People receiving a review. The directorate has credible actions in place to improve performance against these priority indicators. The indicators are;
- **D40 - Reviews completed of those on service**

The Director of Assessment and Care Management and the Performance Indicator Manager held a meeting on 18th October with social work managers to put in place actions to achieve the target and absorb the knock-on effect of improvement actions for C32. Indicators C32 and D40 are closely linked. For example, actions to increase the number of customers receiving a service by 1200 people to improve the C32 position, means that we have more work to do on reviewing those customers (D40). As a direct result, the way in which our teams are configured has been reviewed. Actions agreed at the meeting included establishing a central team for telephone and face-to-face reviews by 29th October. A team manager and team have now been appointed and the reviewing process has commenced.
 - **C32 - Older people helped to live at home**

A remedial action plan is in place and this indicator was the subject of a corporate performance clinic in October. It is anticipated that the actions will improve performance by as much as 30 points. The actions include; clearing the back log assessments, validation of current services and implementation of assessments for Rothercare community alarms. This could enable the service to achieve the stretch Local Area Agreement target a year early.
- 7.4 The indicators rated 'on target' are the number of adults and older people using direct payments and improved respiratory outcomes arising from 'Breathing Space' (PCT). The indicators are;
- **C51 – Number of Adults and Older People using Direct Payments**

The target is 155 and based on current performance it is expected that the target will be achieved by April 2008. Ongoing actions to improve performance further include training workshops with assessment staff to ensure that they are promoting direct payments with customers. Outcomes to

assessments are scrutinised by Team Managers to ensure that Direct Payments have been considered in the provision of community care services.

- **To increase accurate diagnosis, smoking cessation and multidisciplinary pulmonary rehabilitation of people suffering with Chronic Obstructive Pulmonary Disease (COPD)**

This indicator is managed by the PCT. The number of people in Rotherham with a diagnosis of COPD proven by spirometry is 4937 against the target of 5400 at March 2009. The PCT are projecting that the 5400 target will be met given the progress to date. The programme started in May 2007. To date 110 people have completed a thorough two part assessment and are undertaking rehabilitation. The service is on track to provide more than 700 programmes by 31st March 2009.

Developments

- 7.5 During this past year there have been significant national changes as Central Government has developed a new performance framework with seven key outcomes and approximately 200 indicators. It is now expected nationally that Community Strategies will be refreshed to reflect the new framework. New LAAs will be developed by every authority which will become the main action plan for the Community Strategy. The CE's office is co-ordinating work to refresh the Community Strategy and identify priorities for both the Community Strategy and the new LAA. RMBC will negotiate 35 targets/indicators for the new LAA with Government Office Yorkshire and Humber by 8th May 2008, for final agreement in June 2008.
- 7.6 The Directorate and PCT are liaising with the CE's office to ensure that the local priorities for health and social care are appropriately reflected in the new Rotherham LAA and geared to reflect the national outcomes for social care.

8. Finance

- 8.1 Pump priming funding of £60K per year was agreed with GOYH last year for the three Adult Services stretch targets. Although only £12,000 had been claimed last year the full amount has now been profiled over the rest of the LAA and is being claimed on a quarterly basis. The pump priming funding is supporting the remedial actions to improve and ensure achievement of the LAA targets.
- 8.2 The LAA actions are supported by a range of Directorate budgets, by NRF funding and the pump priming funding. Future LAAs are expected to have much more detailed alignment of funding, including pooled funding arrangements. The department for Communities and Local Government (CLG) are currently developing plans for an Area Grant to support LAAs which is likely to include a range of current grants, e.g.

Carers Grant, Neighbourhood Renewal Fund and social services training grants. Firm details are not available yet.

9. Risk and Uncertainties

- 9.1 The main risks are associated with not achieving the stretch targets and the reward of approximately £328,000 per social care target and not getting value for money from the 'pump priming' grant. Performance clinics are in place to mitigate these risks. The clinics provide us with the ability to identify the reasons for current performance and to put in place remedial actions and plans for improvement. Monthly clinics are in place for the indicators that are rated 'off target' to track progress with the recovery plans. Daily monitoring has also been put in place recently.

10. Policy and Performance Agenda Implications

- 10.1 There are a large number of outcomes and actions within the LAA HCOP block reflecting the Council's corporate Alive theme and all of the seven key social care outcomes developed by the Commission for Social Care Inspection. In particular it contributes to Improving Health through the key LAA outcome 1. *"Address inequalities and promoting positive health and wellbeing for all."*
- 10.2 GOYH has reported that *"Progress in this Block is encouraging and strong, with 70% of targets demonstrating positive direction of travel. The only area of major concern continues to be the targets around older people supported to live at home. The number of older people helped to live at home in Rotherham is being addressed through a number of interventions; Performance Clinics have been held to address performance issues and an action plan has been collated and implemented which includes details regarding pump priming monies. Recent structural changes within the Council have ensured that this is being given particular attention and emphasis to ensure a significant improvement during the coming year."*

11. Background and Consultation

Rotherham LAA 19.07.06
Report to Cabinet member 26.03.07

Contact Name: Ian Bradbury
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Neighbourhoods and Adult Services Key decisions between 1st April 2007 – 31st March 2008 Adult Social Care and Health details only					
Matter subject of key decision	Proposed date of key decision	Proposed consultees	STATUS	Lead Director	Documents to be considered by decision-maker and date expected to be available
April 2007 May 2007					
Impact Assessment SLA	14 th May	Cabinet Member for Adult Social Care	Complete	David Hamilton	Report
June 2007					
LD Service Annual Report – 6 monthly update	11 th June	Cabinet Member for Adult Social Care	Completed	Shona McFarlane	Report
Electronic Social Care Records	11 th June	Cabinet Member for Adult Social Care	Completed	Kim Curry	Report
Residential Increases	11 th June	Cabinet Member for Adult Social Care	Completed	Kim Curry	Report
July 2007					
Complaints Annual report	23rd July	Cabinet Member for Adult Social Care & ASH Scrutiny	Completed	Kim Curry	Report
Joint Commissioning Framework	2 nd July	Cabinet Member for Adult Social Care & ASH Scrutiny	Completed	Kim Curry	Report and Strategy

Neighbourhoods and Adult Services Key decisions between 1 st April 2007 – 31 st March 2008 Adult Social Care and Health details only					
Matter subject of key decision	Proposed date of key decision	Proposed consultees	STATUS	Lead Director	Documents to be considered by decision-maker and date expected to be available
Hospital discharge of wheelchair users	23rd July	Cabinet Member for Adult Social Care & ASH Scrutiny	Completed	D Hamilton	Report
Neighbourhoods and Adult Services Service Plan	2 nd July	Cabinet Member for Neighbourhoods & Adult Social Care	Completed	Tom Cray	Presentation and Service Plan
	10 th September	Sustainable Communities & Adult Services and Health Scrutiny Panel	Completed		
Older Peoples Inspection and Best value review of community services	9 th July	Adult Services and Health Scrutiny Panel	Completed	Kim Curry	Report
Review of Contracting for Care Forum	9th July	Cabinet Member for Adult Services and Health	Completed	Kim Curry	Report
August 2007					
Summer Recess					

Neighbourhoods and Adult Services Key decisions between 1 st April 2007 – 31 st March 2008 Adult Social Care and Health details only					
Matter subject of key decision	Proposed date of key decision	Proposed consultees	STATUS	Lead Director	Documents to be considered by decision-maker and date expected to be available
September 2007					
HealthCare Inspection	24 th September	Cabinet Member for Adult Services and Health/Scrutiny Panel	Completed	Shona McFarlane	Report
October 2007					
Strategic Analysis of Need	8 th October	Cabinet Member for Adult Social Care	Completed	Kim Curry	Report
Death by Indifference – Health Equality for People with LD	22 nd October	Cabinet Member for Adult Social Care	Completed	Shona McFarlane	Report
November 2007					
Review of market performance	19 th November	Cabinet Member for Adult Social Care	Completed	Kim Curry	Report
December 2007					
Sustainable Market Management Plan	10 th December	Cabinet Member for Adult Social Care	Completed	Kim Curry	Report and Plan
Purchasing Plan	10 th December	Cabinet Member for Adult Social Care	Completed	Kim Curry	Report and Plan

Neighbourhoods and Adult Services Key decisions between 1 st April 2007 – 31 st March 2008 Adult Social Care and Health details only					
Matter subject of key decision	Proposed date of key decision	Proposed consultees	STATUS	Lead Director	Documents to be considered by decision-maker and date expected to be available
Modernisation of residential care for older people - update	10 th December 10 th January	Cabinet Member for Adult Social Care & ASH Scrutiny	Ongoing	S McFarlane	Report
Contract monitoring and review plan	10 th December	Cabinet Member for Adult Social Care	Completed	K Curry	Report
January 2008					
Plan for assessment and care management teams to perform in top band against PIs	14 th January	Cabinet Member for Adult Social Care and Health	??	Brian Doughty	Report and Plan
Joint Work Plan with PCT	14 th January 31 st January	Cabinet Member for Adult Services and Health/Scrutiny Panel	Completed	Kim Curry	Report and Plan
Alzheimer Drugs	31 st January	Adult Services and Health Scrutiny Panel	On Target	Kim Curry	Report
DASH SLA Memorandum of Agreement	14 th January	Cabinet Member for Adult Social Care and Health	Completed	Kim Curry	Report

Neighbourhoods and Adult Services Key decisions between 1 st April 2007 – 31 st March 2008 Adult Social Care and Health details only					
Matter subject of key decision	Proposed date of key decision	Proposed consultees	STATUS	Lead Director	Documents to be considered by decision-maker and date expected to be available
Local Area Agreement Progress report	14 th January 31 st January	Cabinet Member for Adult Social Care and Health and ASH Scrutiny	Completed	Kim Curry	Report
LD Service Annual Report	14 th January	Cabinet Member for Adult Social Care	Ongoing	Shona McFarlane	Report
Review of Non-residential Charges 2008/2009	28 th January	Cabinet Member for Adult Social Care and Health	Completed	Kim Curry	Report
Fee Setting – Independent Sector Residential and Nursing Care 2008/2009	28 th January	Cabinet Member for Adult Social Care and Health	Completed	Kim Curry	Report
February 2008					
March 2008					
Advocacy Strategy	10 th March	Cabinet Member for Adult Social Care Adult Services and Health Scrutiny Panel	On Target	Kim Curry	Report and Strategy

Neighbourhoods and Adult Services Key decisions between 1 st April 2007 – 31 st March 2008 Adult Social Care and Health details only					
Matter subject of key decision	Proposed date of key decision	Proposed consultees	STATUS	Lead Director	Documents to be considered by decision-maker and date expected to be available
Public Access Improvement Plan	10 th March	Cabinet Member for Adult Social Care	On Target	Shona McFarlane	Report and Plan
Commissioning Strategy	10 th March 10 th April	Cabinet Member for Adult Social Care Adult Services and Health Scrutiny Panel	On Target	Kim Curry	Report and Strategy
Welfare to Work Strategy	10 th March 10 th April	Cabinet Member for Adult Social Care Adult Services and Health Scrutiny Panel	On Target	Shona McFarlane	Report and Strategy
Joint Commissioning Strategy with PCT	10 th March 10 th April	Cabinet Member for Adult Social Care Adult Services and Health Scrutiny Panel	On Target	Kim Curry	Report and Strategy

Neighbourhoods and Adult Services Key decisions between 1 st April 2007 – 31 st March 2008 Adult Social Care and Health details only					
Matter subject of key decision	Proposed date of key decision	Proposed consultees	STATUS	Lead Director	Documents to be considered by decision-maker and date expected to be available
Review and Update Carers Strategy	10 th March	Cabinet Member for Adult Social Care Adult Services and Health Scrutiny Panel	On Target	Kim Curry	Report and Strategy
	10 th April				
Plan to implement In Control individual budgets and self directed support	10 th March	Cabinet Member for Adult Social Care	On Target	Kim Curry	Report

**ADULT SERVICES AND HEALTH SCRUTINY PANEL
10th January, 2008**

Present:- Councillor Doyle (in the Chair); Councillors Billington, Clarke, Hodgkiss, Jack, Sangster, Wootton and F. Wright.

Also in attendance were Ann Clough (ROPES), Vicky Farnsworth (Speak Up), Val Lindsay (Patient Public Involvement Forum), Janet Mullins (Rotherham Diversity Forum), Ray Noble (Rotherham Hard of Hearing Society), Chris Tomlinson and Lizzie Williams.

Apologies for absence were received from The Mayor (Councillor Jackson), Councillors St. John and Turner and Irene Samuels (ROPES).

100. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

101. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present.

102. CSCI ANNUAL PERFORMANCE ASSESSMENT REPORT 2007

Tom Cray, Strategic Director for Neighbourhoods and Adult Services, presented a report which summarised the results and findings of the 2007 social care Annual Performance Assessment (APA) process for Rotherham conducted by CSCI (Commission for Social Care Inspectorate).

The performance judgement for Rotherham was as follows:-

- Delivering outcomes: Good
- Capacity for improvement: Promising
- Rotherham Adult Social Care services performance rating is 2 stars

This result maintained the performance rating received in 2006. The report identified 60 areas of strength, which far outweighed 29 areas of weakness. This maintained a platform on which to improve services and raise the standard of services towards excellent next year.

The report set out the high level messages about areas of good performance, areas of improvement over the last year, areas which were priorities for improvement and where appropriate identified any follow up action the Commission of Social Care Inspectorate (CSCI) would take.

As well as providing an assessment of services, the inspection report made a judgement in relation to the quality of leadership and plans for the future. The assessment report expressed confidence in the leadership

and the changes that were taking place.

The Neighbourhoods and Adult Services Performance Assessment Excellence Plan captured each of the identified Areas of Weakness into a Directorate Management Team Action Plan.

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

- funding resources
- CSCI criteria
- economic well being
- employment of people with learning difficulties
- improved quality of life
- increased choice and control
- maintaining personal dignity and respect
- staff turnover

Resolved:- (1) That the outcome of the assessment be noted.

(2) That the 'Excellence Plan', put in place to improve the areas of weakness identified in the report, be noted, and that six monthly reports on progress be submitted to future meetings.

103. QUARTER 2 PERFORMANCE REPORT

John Mansergh, Service Performance Manager, presented the submitted report which outlined the 2007/08 key performance indicator quarter two results for the Adult Services elements of the Directorate. In so doing he gave a brief presentation which covered:-

- Why Performance Indicators are important
- What are customers and inspectors telling us to do in Rotherham?
- So how are we performing?
- Key areas not on target
- What is not on target?
- What do we need to do to improve?
- What other action is in place?

The report showed that, at the end of the quarter, 15 (65%) key performance indicators were currently on track to achieve their year end targets. 8 indicators were currently rated 'off target' compared to 4 at the end of quarter one. There were recovery actions in place for the following:-

- D40 – Reviews completed of those on service
- C28 – Intensive Home Care
- C32 – Older people helped to live at home
- D54 – Equipment delivered in 7 days

- C29 – People with Physical disabilities helped to live at home
- C72 – Permanent admissions of older people to residential/nursing care
- E82 – Adults (over 18's) assessments leading to a provision of service
- E47/E48 – Ethnicity of older people receiving an assessment/service

Currently, 74% were projecting to have either improved or maintained maximum performance by the end of the year. Only one indicator (C72 – Admissions to residential/nursing care) was indicating a degree of decline in performance that would result in a drop in the national comparison position (known as the PAF banding).

There were three Indicators showing exceptional performance. These were:

- C62 – Services for carers
- D75 – Assessed Social Work Practice Learning Days
- LPI 102 – Number of protection plans in place

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

- safety concerns of people living alone
- improving the life chances of young disabled people
- support to independent living
- residential care as a last resort
- assessment for residential care
- actions put in place to raise productivity

Resolved:- That the results and the remedial actions in place to improve performance be noted.

104. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 29TH NOVEMBER, 2007

Resolved:- (1) That the minutes of the previous meeting of the Adult Services and Health Scrutiny Panel held on 29th November, 2007 be received as a correct record subject to the inclusion of Councillors Billington and Sangster in the list of apologies received.

(2) That, with regard to Minute No. 96 (Annual Health Check), Councillors Doyle, Jack and Sangster be this Panel's representatives on the Health Check Working Group.

(3) That, with regard to Minute No. 97 (Forward Plan of Key Decisions), this matter be considered at the next meeting.

4E

ADULT SERVICES AND HEALTH SCRUTINY PANEL - 10/01/08

105. MINUTES OF MEETINGS OF THE PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE HELD ON 23RD NOVEMBER AND 7TH DECEMBER, 2007

Resolved:- That the minutes of meetings of the above Committee held on 23rd November and 7th December, 2007 be received and their content noted.

106. 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 1 of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the Council)).

107. BUDGET REPORT 2008-09

Mark Scarrott, Service Accountant (Adult Services) presented the submitted report on the current position in relation to proposals for the budget setting process for 2008/09 and the development of the Council's Medium Term Financial Strategy.

A number of efficiency and investment proposals had been identified which highlight potential areas for efficiencies and areas where there were budget pressures which may need additional investment. These were to be considered by senior officers and elected members as part of agreeing the revenue budget for 2008/09 and updating the Medium Term Financial Strategy.

Tom Cray, Strategic Director for Neighbourhoods and Adult Services elaborated on the latest position.

Discussion and a question and answer session ensued.

Resolved:- (1) That the latest report be received and the current potential efficiencies and investments for Adult Services, proposed for setting the 2008/09 revenue budget and development of the Medium term Financial Strategy, be noted.

(2) That work in progress to identify additional efficiencies to assist in closing the anticipated funding gap be noted and a further progress report be submitted to the next meeting.

(Exempt under Paragraph 3 of the Act – information relating to the financial or business affairs of any particular person (including the Council)).

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
19th December, 2007

Present:- Councillor Stonebridge (in the Chair); Councillors Akhtar, Austen, Burton, Clarke, Doyle, Jack, McNeely, G. A. Russell, P. A. Russell and Whelbourn.

Also in attendance was Councillor Wardle (Chair of the Audit Committee)

An apology for absence was received from Councillor Boyes.

117. DECLARATIONS OF INTEREST.

There were no declarations of interest made at this meeting.

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

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

119. SCRUTINY REVIEW OF AREA ASSEMBLIES

Further to Minute No. 45 of the meeting of the Democratic Renewal Scrutiny Panel held on 13th December, 2007, Councillor Whelbourn introduced the submitted report which set out the findings and recommendations of the review group. In so doing, he thanked everyone involved in the review.

The reasons for, and background to, the review were outlined in the report.

The findings of the review were that progress had been made, but there were some specific areas that needed addressing. Overall, it did not seem clear that there was a consistent, shared vision on what role Area Assemblies were meant to play and how co-ordinating groups fit into the Council's decision making structure. The terms of reference for co-ordinating groups and Area Assemblies were not in the Council Constitution and there was not wide knowledge of their existence. There was clarity needed on where Area Plans fit into the Council planning process, including their relationship with the Local Area Agreement, Compact and Sustainable Community Strategy.

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

- need to support/strengthen the role of area assembly officers
- need for relevance and clear working to be seen
- concerns regarding the value given to area assemblies at senior officer level

- accountability of area partnership managers
- Local Area Agreement 2 and need to work more closely at local level
- need for information on local spend to assess that resources were following needs e.g. area cost codings in financial systems
- refreshed Community Strategy as a driver linking a top down Community Strategy with a bottom up community need

Resolved:- (1) That the recommendations from the Area Assembly Review Group be endorsed strongly and forwarded accordingly to Cabinet.

(2) That this Committee places on record its thanks and appreciation for the excellent work and effort of everyone involved in the review.

120. BVPI 8 - PAYMENT OF INVOICES WITHIN THIRTY DAYS

Further to Minute No. 59 of the meeting of this Committee held on 14th September, 2007, Sarah McCall, Performance Officer, presented the submitted report which detailed BVPI8 and how it measured the payment of undisputed invoices within 30 days.

The Council had agreed the following average annual targets for performance of BVPI8 with RBT

2007/08	96.3%
2008/09	97.0%
2009/10	97.5%

Following a drop in performance against this indicator in May, 2006 a series of measures were put in place by the Council and the situation improved steadily, although the final outturn figure for the year was 91% against a target of 95.9%.

Performance against BVPI8 was not as consistent as it should be and it was recognised that the Council should act to instil and embed good practice in this area and work was ongoing to this effect. Recent performance had achieved:

April	97%
May	95%
June	91%
July	91%
August	91%
September	91%
October	94%

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November 96%

Average performance against BVPI for the year to date was 93.25%.

The Committee welcomed the improved position and, in order to get a clearer picture, requested that future reports included the number of GRN's issued. This request was for the total number of invoices each month by directorate. It was noted that, although this information was not yet available, efforts were being made to extract such information from CEDAR.

Resolved:- (1) That the information be noted and mitigating actions be supported.

(2) That everyone involved in working on this be thanked for their efforts and resultant improving position.

121. PROCUREMENT LOCAL PERFORMANCE INDICATORS

Further to Minute No. 43 of the meeting of this Committee held on 27th July, 2007, Sarah McCall, Performance Officer, presented the submitted report setting out the details of the indicators developed to date, targets and the first and second quarters' reported performance.

Of the fourteen indicators (details of which were appended to the report):-

- six were status green with performance on or above target
- three were being baselined
- one was reported on a six monthly basis
- one commenced after September, 2007
- three were still under development

It was noted that, in respect of LPI13 (100% of contracts or framework agreements to be let with equality and diversity issues being considered at tender or pre-tender stage), the Procurement Panel had approved the reporting schedule be moved from six monthly to annually to align with the Equality Standards timescale.

It was also noted that work was ongoing to develop two further indicators:

- increase percentage spend with voluntary and community sector organisations
- percentage of contracts to be let with whole life costings being considered at tender stage

Work was also being undertaken with Recycled Action Yorkshire on how best to report and record against:-

- 10% of value of materials in a new build development above 1,000 square metres to be from sustainable sources e.g. renewable, recyclable, eco-friendly

Resolved:- (1) That the current performance against the indicators developed be noted.

(2) That the amendments to the indicators be noted.

122. PROCUREMENT STRATEGY ACTION PLAN UPDATE

Further to Minute No. 60 of the meeting of this Committee held on 14th September, 2007, Sarah McCall, Performance Officer, presented the submitted report which detailed how the Council's Corporate Procurement Strategy was based around the 4 key visions of the National Procurement Strategy:-

- Vision for Leadership, management and capacity
- Vision for partnering, collaboration and supplier management
- Vision for systems that allow business to be done electronically
- Vision for stimulating markets and achieving community benefits

Implementation of the Strategy was via four action plans corresponding to the visions and this report provided an update on progress against these action plans.

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

- target dates relating to 3.05 (To implement document imaging)
- gateway challenge regarding procurement
- consistent use of the traffic light performance system
- developing and implementing a clear process for assessing advance payment requests
- base budget review of third sector funding
- development of the voluntary community sector
- identifying resource and remit for strategic voluntary community sector post

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Resolved:- (1) That the actions to implement the Procurement Strategy be noted and the ongoing actions be supported.

(2) That, with regard to the strategic voluntary community sector post, this matter be considered further at the next meeting and the following be invited:

- Councillor Mahroof Hussain (Cabinet Member, Communities and Involvement)
- Zafar Saleem (Community Engagement and Cohesion Manager)
- Janet Wheatley (Chief Executive, VAR)

123. FLOODS IN 2007

Further to Minute No. 114(A)(2)(a) of the meeting of this Committee held on 7th December, 2007, the Committee considered the following documents:

- Review of 2007 Summer Floods : Executive Summary of the Environment Agency
- The June 2007 Floods in Hull : Executive Summary of Independent Review Body's Final Report as commissioned by Hull City Council

Reference was made to the need for an update on the people situation and a look at the details of the Belwyn formula for compensation.

Reference was also made to the Pitt report and to the consultant's report which was expected in early January, 2008.

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

(2) That this matter be considered further in February, 2008 pulling together the various documents referred to including emerging issues, pending litigation, the people situation and the Belwyn Formula.

(3) That, with regard to (2) above, John Healey, M.P. be invited to the meeting.

124. CHILDREN AND YOUNG PEOPLE'S SERVICES - FORWARD PLAN OF KEY DECISIONS

The Committee considered Minute No. 62 of the meeting of the Children and Young People's Scrutiny Panel held on 30th November, 2007 relating to the style and content of the Council's Forward Plan of Key Decisions.

The need to be as up to date as possible and informative for the general public was stressed.

Reference was made to the need to research the style and content of forward plans produced by other authorities.

Resolved:- That examples of forward plans be sourced and the matter be considered at a future meeting.

125. MINUTES

Resolved:- (1) That the minutes of the meeting held on 7th December, 2007 be approved as a correct record for signature by the Chairman.

(2) That with regard to Minute No. 115 (g) (Closure of Footpaths), Cath Saltis liaise with Area Partnership Managers and Area Assemblies to communicate the required frameworks and procedures to the community.

126. WORK IN PROGRESS

Members of the Committee reported as follows:-

(a) Councillor Whelbourn reported ongoing work regarding the NRF review.

(b) Councillor Akhtar reported :

- a promising six monthly progress report regarding the Leewood Close play area
- the community use of school buildings review was expected to be complete by the end of January, 2008
- the January, 2008 meeting of the Regeneration Scrutiny Panel was to receive a presentation from Andrew Bedford on virement to which all Members were welcome

(c) Councillor Burton reported that the review of Youth Services was complete and a report would be submitted in due course.

127. CALL-IN

The Chairman reported receipt of a call-in regarding Minute No. 162 of the meeting of the Cabinet Member for Regeneration and Development held on 10th December, 2007 relating to the "Consultant's Report Re: Bramley Traffic Scheme".

Resolved:- That the call-in be heard at the next scheduled meeting on Friday, 18th January, 2008.