

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 28 February
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. Nomination :Annual Health Check Working Group - Substitute - required to represent Rotherham on the South Yorkshire Joint Health Scrutiny Committee and attend a meeting with Sheffield Teaching Hospitals in the afternoon of 18th March, 2008
7. Future of Primary Care - Draft Primary Care Strategy (papers herewith) (Pages 1 - 8)
8. Rawmarsh Service Centre - (Presentation by Kevin Gallacher, PCT)
9. Update of the progress made on the Direct Payments Scheme - Neighbourhoods and Adult Services (report herewith) (Pages 9 - 15)
10. Commissioning Strategy (report herewith) (Pages 16 - 20)
11. Joint Disability Equality Scheme - Future Funding and 2007 Progress (report herewith) (Pages 21 - 31)
12. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 31st January, 2008 (herewith). (Pages 32 - 37)

13. Minutes of meetings of the Performance and Scrutiny Overview Committee held on 18th January and 1st February, 2008 (herewith). (Pages 38 - 57)

**Date of Next Meeting:-
Thursday, 10 April 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.), Chris Tomlinson and Lizzie Williams

TRUST BOARD - 18 FEBRUARY 2008

FUTURE OF PRIMARY CARE

Contact Details:

Lead Director:	Kath Atkinson	Lead Officer:	
Job Title:	Director of Strategic Planning & Development	Job Title:	

Purpose:

Board are asked to consider the attached strategy and commence a public consultation on the document to run for 3 months from 1st March 2008.

Background:

Rotherham PCT commissions primary medical services from 38 GP practices and the PCT provider services. The strategy for these services, which accounts for almost 25% of the PCT's expenditure, was last reviewed in 2004. Since that time there have been significant changes in the NHS and more recently the Government has instructed PCTs to accord a much greater priority to issues of choice and access in primary care. In the light of the above it would seem timely to review the PCTs approach to commissioning primary care.

Analysis of Key Issues:

The PE considered and agreed this document at their meeting on 6 February 2008 having previously endorsed a number of principles which underpin the strategy.

Patient, Public and Stakeholder Involvement:

To date, public input to this process has been by way of consultation on specific issues eg. the Primary Care Centre. Once this model is developed, a wider consultation will be required with stakeholders and a formal consultation with the public. The LMC were consulted regarding the principles underpinning this strategy but will be invited along with other stakeholders to respond to the formal consultation.

Health, Economic and Equality Impact:

Currently there is huge variation in the provision of primary care. The mapping exercise proposed will enable the PCT to identify the capacity gaps and invest for improved service.

There is also a significant variation in the cost of primary care. Whilst some of this is explained by differing levels of service provided, there is a need to ensure that the PCT obtains value for money for the public purse. Primary Care capacity is not currently linked to deprivation and/or health needs and the PCT will need to take positive action to address this situation.

Financial Implications:

This document is presented for discussion. The cost of the service will in many ways be dictated by the type of provision and will need to be costed and assessed against a number of indicators. It will only be possible to identify some of these costs as the model emerges.

Approved by:

Human Resource Implications:

The HR implications will not become apparent until further work is undertaken on the model.

Approved by:

Analysis of Risks:

There are significant risks in developing a new vision:

- not all parties will sign up
- the resources, financial, manpower and buildings may be an issue
- the process will need to be the subject of consultation. It is possible that patients will not wish to see change in some areas and the PCT will need to offer assurances regarding how this will improve services.

However, despite these risks the “do nothing” option is not acceptable given the high national profile given to improving these services and more importantly that patients in Rotherham are entitled to good quality effective services over the 24 hour period.

Recommendations:

Board are asked to consider the document and to agree to the PCT embarking on a 3 month period of consultation.

Key Words:

Primary Care

DRAFT

Primary care strategy

The services we receive from our GP are very important to us all. They are our first port of call when we feel unwell, are concerned about our health, or have a long term condition like asthma, heart disease or diabetes. Making sure that these “primary care” services are of a very high standard is a top priority for the NHS in Rotherham.

NHS Rotherham is responsible for commissioning the services provided by our GPs. This means that GPs are under contract to us, we pay them for the services they provide, and we work with them to ensure that the services they provide meet your needs and are of a high standard.

GP services are of a generally good standard in Rotherham. All Rotherham residents can register with a GP (we do not have a serious shortage of doctors), access to GPs is mostly good, and the quality of services most of our GPs provide is good. This means we have a strong platform upon which to build.

In the recent surveys you have told us you want:

- easy access to your GP surgery by telephone and in person
- the ability to get urgent advice and appointments
- to be able to make appointments at convenient times
- to be treated with dignity and respect

Our goal, over the next five years, is to ensure that we have world class GP services available for everyone who lives in Rotherham. To achieve this, we intend to focus on four key improvements:

Access: we want to make access to GPs easier and more convenient. This is particularly important for families with young children, and for older people. *At present work is ongoing to determine a proxy measure of Rotherham’s population who are within one mile of a GP practice.* This will not change. We want to offer high quality services with extended opening hours – early mornings, evenings and weekends

Quality: we want to make sure that all GPs provide a consistently safe, high quality service. As well as providing high quality basic services, we want all GPs to provide access to high quality services for people at risk of ill health – people who smoke, who drink too much

alcohol and who are obese, and for people known to be at risk of cancer, heart disease, diabetes and stroke.

Services: we want to extend the range of services that are available from GPs' surgeries. This might include:

Minor Surgery:

Support for people with Long Term Conditions which may currently be accessed at the hospital.

Ongoing support on issues like diet, exercise and weight management.

Premises: we want to make sure that all GP services are provided from good quality, modern premises.

Choice: many people already have a choice of GP. We want to ensure that individuals are able to choose with which practice they wish to register.

To achieve this, we will need to change the way GP services are organised and provided. Some of these changes are already underway, but more will be needed. In this paper, we summarise why we think further improvements are needed, what is already happening to achieve these improvements, and what more needs to be done over the next five years.

We would like your views about our proposals.

GP services in Rotherham today

Variation:

We have 142 GPs in Rotherham who work in 39 practices. These practices vary in size – the smallest has just 1,300 patients, the largest 20,000 patients and range of services provided. The map and table give information about all the practices and their surgeries. This means that most people living in Rotherham have a choice of GP reasonably close to their home or, if not, a short car or bus journey from home.

87% of patients were satisfied with telephone access to their practice

85% of patients were satisfied with the opportunity to consult with a GP within 2 working days

78% of patients were satisfied with the opportunity to book appointments more than 48 hours in advance

89% of patients were satisfied with the opportunity to be seen by a practitioner of choice

Access:

Access to your GP is generally good. However, some GPs do not provide good access, and very few provide services other than during the working day.

The quality of services provided by GPs is generally good, but we do see some very marked variations between GPs. For example

- some practices offer patients a wider range of additional services to support patients with heart disease and diabetes. In other practices patients need to attend hospital to access these services
- when referred onto the hospital for an appointment not all practices offer patients an automatic booking at the time and location of the patients choice.
- practices vary in the way in which patients are directed to services which help in staying healthy eg. quit smoking services.

This variation means that not everyone in Rotherham gets the same high standard of services from their GP.

GPs premises: also vary – from some very good, modern premises, to some that need to be improved or replaced. Good quality premises enable GPs to offer a wider range of services which are provided in rooms which improve the patient experience eg. pleasant, comfortable waiting areas, pram shelters, access to toilets and baby changing facilities.

The cost of GP services also varies. And GPs' expenditure on prescription drugs and on the hospital services used by their patients also varies. For example, our lowest cost GP receives £75 per patient, whereas our most expensive gets £140. Some GPs spend relatively little on prescription drugs – as low as £129 per patient at one of our GPs, whereas other spend more – up to £225 per patient at another. And the costs of the hospital services used by GPs patients also varies - from £361 to £588 per patient. These differences may in some cases be matched by differences in the quality and effectiveness of services, but this is not always the case. What really matters is whether the patient is receiving the most appropriate level of care and the tax payers are getting value for money.

Workforce - the age profile of GPs in Rotherham indicates that we can anticipate a number of GPs retiring in the next five years. Experience in other areas indicates that many new GPs coming into practice prefer to work in larger practices where a greater range of services is available.

Range of Services - You have told us that where you need to access simple procedures, eg. regular blood testing you prefer this work to be undertaken in the local surgery where

possible. We need to ensure that the surgery premises provide adequate space for this to happen.

We have produced a more detailed assessment of GP services in Rotherham today. You can see a copy of this in the public library or on line at

What have patients told is important?

Patients and the public have already told us, during previous consultations and in response to surveys, that what is needed is GPs that are easy to access, by telephone and in person, at convenient times; the ability to obtain urgent advice and appointments when necessary; continuity of care, particularly for patients with long term conditions; and being treated with respect and dignity.

The improvements we think are needed

NHS Rotherham wants primary care services in Rotherham to be:

Fair: resources allocated according to need; services available in or close to all localities

Personal: easy and convenient to access

Effective: minimum standards achieved by all;

Safe: good quality premises; safe, qualified staff

If we are to achieve this in Rotherham, several changes and improvements will be needed.

We plan to:

- as an immediate priority all GPs will be open from 8am to 6.30pm, Monday to Friday.
- national negotiations are currently taking place to extend GP opening hours on at least one early morning, evening or Saturday morning each week. Over the next 12 months we will work with practices to further increase the core opening times.
- expand walk in services, both at the new Primary Care Centre in the town centre, and in other parts of the borough.

- set new ambitious quality standards for all GPs, and will support all GPs to work towards achieving these standards.
- continue to monitor and review GPs' performance against these standards and other requirements in their contracts, and will take action where necessary to ensure that the standards and requirements are being met.
- work towards most practices serving at least 5,500 patients. This means that, as the opportunity arises (for example when GPs retire), we will look to develop multi handed practices together. The result will be fewer practices, all offering a wider range of services.
- introduce a new 24/7 primary care service provided from our new Primary Care Centre in Rotherham Town Centre; this will be open to all patients 8am to 8pm daily, and provide an out-of-hours telephone and personal service.
- complete, with Rotherham Council, the development of the new Service Centres in Maltby and Swallownest, which will provide new premises located alongside a wider range of social care services... of the GPs there.
- develop plans for new GP premises in Rawmarsh and Dalton and will ensure that local people are involved in doing so.
- introduce a new practice elsewhere in Rotherham. This practice will be procured competitively, and will ensure we can meet the needs of the growing population.
- introduce new services which will be delivered from GP practices. These may include:
 - minor surgery
 - some diagnostic services which currently patients need to attend at hospital

We will make sure that our contracts with GPs are fair and meet patients' needs.

We would like to move towards a reward system that focuses on value for money – that pays for high quality services and better outcomes for patients and which therefore represent value for money. This means we will need to tackle existing inequalities in costs, either by securing greater value from high cost services, or by reducing costs.

We will work with practices to use new technology to improve patient access to services and speed up the transfer of information between different parts of the NHS.

The PCT will implement this strategy in partnership with GPs. We will support and encourage GPs to develop and extend their services. We will hold GPs to account for delivering minimum standards and invest to achieve the high levels of service that the people of Rotherham deserve.

Investment

We will only be able to make these improvements and changes by investing in new and better services. The money being made available by the Government to the NHS in Rotherham means we can do this. We expect to invest in the order of £5m to improve GP services over the next five years. We will make sure this investment is made in a way that generates good value for money.

We are keen to hear your views on these proposals and would encourage you to contact us with your comments either by the tear off sheet or by email to the following address.....

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	ADULT SERVICES AND HEALTH SCRUTINY PANEL
2.	Date:	28 th February 2008
3.	Title:	Update of the Progress made on the Direct Payments Scheme - Neighbourhoods and Adult Services
4.	Programme Area:	Chief Executive's

5. Summary

- 5.1 The purpose of this report is to provide the Scrutiny Panel with an update of the progress made with regard to the implementation of the Direct Payments Strategy for 2004 to 2007. It will also highlight areas of achievement and future plans for the continued development of Direct Payments in Rotherham.

6. Recommendations

- 6.1 That the Scrutiny Panel receive this report and note the progress made on the action plan contained in the Direct Payments Strategy for 2004 to 2007

7. Proposals and Details

- 7.1 Since April 2003 Local Authorities have had a 'duty' to make Direct Payments to people assessed as needing and are eligible for social care services if they wish to receive one.
- 7.2 In March 2004 the Social and Community Support Scrutiny Panel agreed to the setting up of a Scrutiny Review Group for Direct Payments, following concerns that the take up of Direct Payments was poor.
- 7.3 The outcome of this review was the publishing of a report that contained 14 recommendations; all the recommendations laid the foundation for the development of the Direct Payments Strategy 2004 – 2007. In December 2007 the strategy has been completed and is now in the process of renewal.
- 7.4 The Direct Payments Strategy action plan containing the Scrutiny Reviews recommendations are attached as Appendix 1 of this report and provide details of progress to date.
- 7.5 Since the implementation of the strategy uptake of Direct Payments in Rotherham has been rapid. There are now 465 service users in receipt of

Direct Payments and Rotherham is now in the top five in the national rankings for the number of Direct Payment recipients. (A breakdown of current numbers is attached as Appendix 2 of this report).

- 7.6 In January 2006 Care Services Improvement Partnership (CSIP) recognised Rotherham's success in the improvement of Direct Payment take up. As a result work was commissioned from the Rotherham Team to support CSIP in Yorkshire and Humberside and the North East to develop plans to improve Direct Payment take up across the region.
- 7.7 As well as the successful take up of Direct Payments there has also been extensive feedback from service users and carers demonstrating the enhanced quality of life as a result of organising their care in this way.
- 7.8 Direct Payments offer users choice and control in how their services are delivered. This will be further enhanced by the introduction of Individual Budgets. This development is set out in the Department of Health publication "Putting People First"
- 7.9 We are currently on target to meet the performance target set for 2007/08 of 150 (Which equates to a target of 300 people) which would mean that we are achieving top banding for Performance Indicator C51.

8. Finance

Uptake on Direct Payments has continued to grow over the last year this has resulted in expenditure in this area increasing. The budget building process has reflected this increase through the identification of additional funds to support this development.

9. Risks and Uncertainties

- 9.1 Most Direct Payment users are validated for the Self Assessment Survey reporting via the computerised case management system (SWIFT) (Mental Health services provide their services through the Mental Health Trust and use the National Health Service system which is consolidated into Referrals Assessments and Packages of care periodically during the year)). For optimum output on performance, service users who have received Direct Payments must be recorded onto the final RAP return (Referrals, Assessments and Packages of Care). Failure to do so will result in under reporting against targets, and a failure to demonstrate performance. Work has been undertaken with operational managers to improve recording to meet these requirements.

10. Policy and Performance Agenda Implications

- 10.1 C51 – The Direct Payments Performance Indicator will need to report above 60 points (which equates to 120 people). Failure to hit 60 points for the reporting year 08/09 would mean we would not receive maximum reward monies from the Local Public Service Agreement.
- 10.2 The provision of Direct Payments is essential to continue to meet objectives set out in the Outcomes Framework as follows:-

- (i) **Increased Choice and Control**

People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences.

(ii) **Improved Quality of Life**

Services promote independence and support people to live a fulfilled life making the most of their capacity and potential.

11. Background Papers and Consultation

11.1 As part of the continued development of Direct Payments regular consultation has taken place with a range of stakeholders for example: the service users and carers forum, Direct Payments Steering Group and at a range of consultation events.

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Appendix 1

Update on the progress on recommendations contained within the strategy 2004 - 2007

Recommendation 1:

That an alternative title to 'Direct Payments' is developed to avoid confusion with the pensions and benefits initiative of the same name.

Outcome:

An alternative was initially agreed to re name Community Care Direct Payments over time the Community care has been dropped and now we are well established as Direct Payments with no evidence of confusion.

Recommendation 2:

That a Direct Payments strategy is produced with clear performance targets, objectives and timescales, detailing how take-up is to be improved and sustained.

Outcome:

Direct Payments strategy produced in December 2004 – Action plan contained clear targets and objectives to develop and implement all actions completed within the timescale.

Future Considerations:

To renew the Strategy for 2008-2011

Recommendation 3:

That proposals are brought forward as part of the 2005/06 budget round on the impact of increased uptake on commissioning arrangements and budget allocations.

Outcome:

Regular and annual calculations are provided for each service area to inform current and predict future spends.

Recommendation 4:

Ensure that staff within social services and appropriate staff in health, education and the voluntary sector are trained in relevant aspects of direct payments

Outcome:

The Direct Payment training is mandatory for all social care staff and available to Health, Voluntary and Independent sectors. The training programme covers direct payment philosophy, legislation, policies and procedures.

Future Considerations:

It is important that a rolling programme of training is maintained, to ensure updates and developments are incorporated as and when appropriate. There is a particular need to develop awareness and capacity in the independent sector, and with partners in health, and across the Council.

Recommendation 5:

That Direct Payments 'Champions' are introduced at a senior manager level in both Adult and relevant sections of Children and Families services.

Outcome:

Direct Payment Champions are identified for all service areas consisting of Team managers from all services. Development of this is very positive.

Future Considerations:

There is a need to seek formal commitment from senior managers to maintain expertise at an operational level, and for Champions to recruit deputies and meet as a Project Group.

Recommendation 6:

That consideration is given to extending the role of the Older People's Champion to include responsibility for the promotion of Direct Payments.

Outcome:

Older peoples champion identified and represents Older people as a member of the steering group were promotion of direct payments is discussed and ideas identified for the continued promotion of Direct Payments in Older peoples Services.

Recommendation 7:

That the computerised case management system (SWIFT) is fully utilised to support the implementation of Direct Payments across the Programme Area.

Outcome:

SWIFT is fully utilised in reconciling all current users on Direct Payments for year end reports. It is also used to verify the correct recording of Direct Payment users on the care management system.

Recommendation 8:

That the future development of the Personal Assistant Support Scheme is considered.

Outcome:

The Support Scheme was re-tendered in 2005 and the service specification improved to meet the current level of support needs for DP users.

Recommendation:

To continue to monitor and review support services and adjust to meet demand, this will enable us to ensure current priorities are clear and that the service provider is able to provide the support against clear and measurable targets.

Recommendation 9:

That suitable advocacy arrangements are developed.

Outcome:

Advocacy is arranged when required for all service areas. Advocacy services have also participated in DP training and raising awareness.

Recommendation 10:

That current structure of the Direct Payments team is examined and proposals brought forward to enhance the services if it does not meet future needs.

Outcome:

With the introduction of Information and Advice Officer in 2007 the Direct payments Team is now fully operational and available on a full time basis.

Future Considerations:

The wider Commissioning Team will have a key role in the development of Direct Payments and Individual Budgets. There is a need to consider the structure and organisation of the Direct Payments Service to accommodate growth in take up of Direct Payments and the introduction of Individual Budgets. Proposals are currently before the NAS Directorate Management Team.

Recommendation 11:

That the involvement of user groups in the Direct Payment scheme be developed and sustained, particularly in respect of hard-to-reach groups.

Outcome:

A service user and carer forum is developed with good representation.

Recommendation 12:

That training takes place for elected members to raise awareness of Direct Payments.

Outcome:

Training is available for all members.

Recommendation 13:

To explore with partners the feasibility of using funding streams (including Objective 1 money) to stimulate the social care market.

Outcome:

Initially bids were put forward for projects using Objective 1 monies but were unsuccessful.

Further funding streams have been accessed to promote direct payments.

A 12 month partnership with RNIB using grant monies was initiated in 2005 this was completed in 2006.

Partnership working with CSIP to improve the up-take for people with mental health problems was commissioned in 2006 – 2007 focusing on increasing the take up of direct payments for people with mental health problems.

Recommendation 14:

That Social and Community Support Scrutiny Panel receives regular progress reports on the implementation of Direct Payments initially on a quarterly basis.

Outcome:

Regular reports on progress are taken to the Scrutiny Panel as required.

**ROTHERHAM METROPOLITAN BOROUGH COUNCIL
NEIGHBOURHOODS & ADULT SERVICES
DIRECT PAYMENTS TARGETS**

Direct Payment cases included in Performance Indicators

DETAILS	2005/06 PERFORMANCE	2006/07 PERFORMANCE	2007/08 PERFORMANCE
CA51 Target	125	140	150
CA51 People Target	250	280	300
Current Ongoing Cases	300	345	357
Variation to target	+50	+65	+57
Indicator Ranking (Blobs)	■ ■ ■ ■ ■	■ ■ ■ ■ ■	

■ (0-15)= Poor ■ ■ ■ (30-90) = Good ■ ■ ■ ■ (90-150)= Very good
■ ■ ■ ■ ■ (150+)=Excellent

<u>Breakdown as 29/01/2008</u>		New Cases Received 01/04/07-31/03/08	Leavers 01/04/07-31/03/08
-			
Physical Disability	87	24	2
Physical Disability HIV/AIDS	3		
Learning Disability	50	20	
Older People	88	21	7
Sensory Team	26	9	
Mental Health	100	58	29
Mental Health / Older People	3	8	
TOTAL	357	140	
Asylum Seekers = 2 (CD + PD/HIV) - Ethnic Minority cases= 24			38

Direct Payment cases outside of Performance Indicators

DETAILS	2005/06 PERFORMANCE	2006/07 PERFORMANCE	2007/08 PERFORMANCE
Children's Disability	50	86	92
Carers(MH-10 OP-3/ LD-2/ CD-1)	30	40	16
Overall TOTAL	378	470	465
Leavers from scheme since April 2007	74	80*	38

38 Leavers since 01/04/07: 2 to res. Care/ 7 deceased/ / - lost carers/ 3 left area / - to in house service
26 needs ceased / - charges

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Adult Social Care and Health Scrutiny Panel
2.	Date:	28th February, 2008
3.	Title:	Commissioning Strategy
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

5.1 The Commissioning Strategy will provide guidance to reshape commissioning activity to best meet the needs of local people, encouraging innovation and good practice. This is the beginning of a process of change in the way services are commissioned and provided. This report gives an overview of the strategy, the ways in which we will consult on the strategy and outlines the plans for commissioning services to meet the needs of the local population.

6. Recommendations

6.1 That Members receive this report and note its contents.

7. Proposals and Details

7.1 Background

7.1.1 The White Paper '**Our Health, Our Care, and Our Say: A New Direction for Community Services '(2006)** [1] places the emphasis on effective commissioning to deliver improved outcomes for service users. There is a requirement to move towards commissioning to promote health and wellbeing and develop preventative approaches

7.1.2 Such a change in the way services are commissioned cannot be achieved immediately. The commissioning strategy will look at the long term needs of the population and begin to reshape services to meet those needs. There may be some opportunities to change things quickly but in the longer term a radical shift in the current approach to commissioning will be required.

7.2 Joint Strategic Needs Assessment

7.2.1 A Joint Strategic Needs Assessment is the means by which Primary Care Trusts (PCTs) and Local Authorities (LAs) will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. The Joint Strategic Needs Assessments will take account of data and information on inequalities between the differing, and overlapping, communities in local areas.

7.2.2 A Joint Strategic Needs Assessment has been completed with the Primary Care Trust to identify local needs. This will be constantly updated and revised to give the most accurate reflections of demographic information gathered and used to inform future planning of services.

7.2.3 The information gathered as a result of the Joint Strategic Needs Assessment process will be used to create a story of place for the geographical area covered by each Area Assembly. This will be used to target resources to help those in most need and to tackle inequalities.

7.2.4 The Joint Strategic Needs Assessment shows us that the increasing numbers of dependent people will place severe pressure on our budgets in the short, medium and longer term. We will not be able to continue with our current pattern of purchasing and need to redesign and reconfigure services to meet the growing need.

7.3 **Summary of the Strategy**

- 7.3.1 The strategy provides a framework for the strategic commissioning of adult social care services for the next 15 years to 2023 and beyond. It relates to adults over the age of 18. There will be specific arrangements for the commissioning of services for adults with a learning disability and for adults with a mental health problem as these services are provided on an integrated basis with health partners.
- 7.3.2 The overall strategic direction is to strengthen the Council's commissioning function in line with the new National Commissioning Framework. The emphasis will be on enabling people to do things for themselves. There will also be a move from direct provision to commissioning from the Independent and 3rd Sector. In addition there will be a continuation in the development of partnerships with all stakeholders to facilitate the improved delivery of services at a local level.
- 7.3.3 The strategy is designed to embed a service user focus to commissioning and make sure that people who use services and their carers have access to a choice of good quality services which are responsive to their needs and preferences. This will include the development of specialised support services to enable more people to stay closer to home rather than be placed in out of district specialist services.
- 7.3.4 The strategy provides a framework for the actions needed to achieve change. An annual implementation plan and three yearly refresh of the strategy will keep targets and objectives relevant and achievable.
- 7.3.5 As part of the implementation of the strategy, we will make sure that all citizens have access to good quality information about local health, social care and wellbeing services.
- 7.3.6 We will encourage users and carers to influence services and voice their concerns. In order to make sure that people's voices are heard a widespread consultation process on the future of Health and Social Care services has commenced and will be ongoing to support the development of the commissioning process to better meet the needs of local people. This programme is attached at Appendix 1.

8. **Finance**

- 8.1 There are no specific financial issues associated with this report

9. **Risks and Uncertainties**

9.1 There are no risks or uncertainties associated with this report

10. **Policy and Performance Agenda Implications**

10.1 This strategy will assist the Local Authority to meet key objectives set out in the Outcomes Framework:

Outcome 2 Improved Quality of Life - Services promote independence and support people to live a fulfilled life making the most of their capacity and potential. In order to meet the excellent grade, the Council needs to demonstrate that it 'commissions or provides a good range of preventative services, which have directly contributed to reductions in people needing higher – level support'. The move towards a preventative approach is highlighted in the Commissioning Strategy.

Outcome 9 Commissioning and use of Resources - Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available. To achieve the excellent grade, the Council must meet the requirement that 'working with the primary care trust's director of public health has a detailed analysis of need of the whole population with comprehensive gap analysis and strategic commissioning plan that links to investment activity over time.' The Joint Strategic Needs Assessment Provides such an analysis and has supported the development of the Commissioning Strategy.

It will also contribute to the NAS Service Plan Strategic Objective 4: 'Deliver quality, innovative, efficient, value for money services to our customers through Commissioning by the year 2010'.

11. **Background Papers and Consultation**

- 11.1 Commissioning Framework for Health and Wellbeing (DH 06.03.07)
- 11.2 Department of Health White Paper – Our Health, Our Care, Our Say
- 11.3 Social Care Outcomes Framework

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APPENDIX 1

Commissioning Strategy Consultation Programme

Event	Date	Venue/Time
Voluntary Sector Forum	13 th February	Unity Centre 2 p.m. 4 p.m.
VAR Adult Services Consortium	19 th February	Talbot Lane Methodist Church 10 a.m. – 12 noon
Domiciliary Care Forum	20 th February	Unity Centre 10 a.m. – 12 noon
Contracting for Care forum	20 th February	Town Hall 1 p.m. - 2.30 p.m.
Public Consultation Events	22 nd February	Silverwood Miners Welfare 9.30 p.m. -1.30 p.m.
	25 th February	RAIN Building Drop-in 10 a.m. 10 a.m. -12 noon 2 p.m. - 4 p.m. 5.30 p.m. -7.30 p.m.
Scrutiny	28 th Feb	Town Hall 9.30 a.m.
NAS Commissioning Group	29 th February	Oak House 10 a.m. -11 a.m.
Older Peoples Planning Group	7 th March	Oak House 10 a.m. – 12 noon
Residential Care Forum	12 th March	Unity Centre 10 a.m. -12 noon
ROPES Meeting	14 th March	RAIN Building 10 a.m. – 12 noon
Long Term Conditions Planning Group	18 th March	Oak House 2.15 p.m. - 4.15 p.m.
Older People Mental Health Steering Group	19 th March	RDGH 10 a.m. – 12 noon

ROTHERHAM BOROUGH COUNCIL

1.	Meeting:	Adult Services and Health Scrutiny (ASH)
2.	Date:	28th February 2008
3.	Title:	Joint Disability Equality Scheme (JDES) Future Funding and 2007 Progress All Wards
4.	Directorate:	Environment and Development Services

5. Summary

Rotherham Metropolitan Borough Council (RMBC), Rotherham Primary Care Trust (RPCT) and Rotherham Hospital Foundation Trust (RHFT) have produced a joint Disability Equality Scheme (JDES) that has been praised by the Disability Rights Commission as an example of best practice. The JDES requires, as part of the legal requirement, a 3 year Implementation Action Plan to ensure that the partners deliver the outcomes in set timescales.

The Joint Disability Equality Scheme (JDES) requires a Coordinator to coordinate and monitor the JDES delivery. The Coordinator's post and community involvement expenses are currently funded through the Neighbourhood Renewal Fund (NRF): this ceases on 31st March 2008 and no replacement funding has currently been identified. If there is no funding available from 1st April 2008 the Corporate Property Team will be unable to coordinate and monitor the scheme delivery.

The JDES was seen by disabled people as the long awaited vehicle to finally drive forward the provision of a Centre for Independent Living that would lead to Rotherham meeting the government's target of every authority providing a Centre by 2010

6. Recommendations

1. That the Adult Services and Health Scrutiny (ASH) recommend that all the Partners identify funding for the delivery of the JDES.
2. That the Adult Services and Health Scrutiny (ASH) recommend that the Corporate Management Team identify RMBC funding for the scheme's delivery to continue after 1st April 2008 until December 2009 and annually thereafter.
3. That the 2007 progress is noted.

7. Proposals and Details

The production of a Disability Equality Scheme (DES) covers the 3 year period from December 2006 to December 2009. The DES is a legal requirement on public bodies under the Disability Discrimination Act 2005 amendment (DDA 2005). Rotherham Metropolitan Borough Council (RMBC), Rotherham Primary Care Trust (RPCT) and Rotherham Hospital Foundation Trust (RHFT) have produced a Joint Disability Equality Scheme (JDES) that has been praised by the Disability Rights Commission as an example of best practice. The JDES requires, as part of the legal requirement, a 3 year Implementation Action Plan to ensure that the partners deliver the outcomes in set timescales and we do not fail to meet our duties and risk non-compliance complaints from the public and be subject to investigation and possible judiciary action by the then Disability Rights Commission (DRC) and now the Commission for Equalities and Human Rights (CEHR).

The delivery of the JDES Implementation Action Plans requires the continued employment of a Coordinator to coordinate and monitor the JDES delivery and funding of appropriate Community Involvement expenses.

The Coordinator's post and community involvement expenses are currently funded through the Neighbourhood Renewal Fund (NRF): this ceases on 31st March 2008 and at present no replacement funding has been identified.

With further funding from the partners the Coordinators post can continue. In light of experiences to date the job description and aims of the role will be reviewed enabling the Coordinator to work proactively across and support all the partners. This will ensure that all partners comply with their legal duties and the implementation of the scheme will also be regarded as best practice. Discussions have already begun with partners to ensure the Coordinator post meets their needs and requirements; our partners are also investigating potential funding. Discussions are continuing in anticipation of funding being identified.

The Adult Services and Health Scrutiny (ASH) are requested to recommend that the Corporate Management Team identify RMBC funding for the scheme's delivery to continue after 1st April 2008 until December 2009 and annually thereafter.

Appendix 1 outlines progress from 2007. The report indicates actions that have been completed along with what will be done and what could not be done by December 2007.

8. Finance

£51,934 is required from 1st April 2008 to 4th December 2009 to ensure that the JDES Implementation Action Plans for the delivery of the JDES are completed by 4th December 2009 and to ensure that the Scheme is not subject to scrutiny and legal action for non compliance by the CEHR.

See Appendix 2 for cost build up.

To continue delivery of the JDES £6938 is required for the remainder of 2009/2010 and £30,320 per annum thereafter.

The costs include the Coordinator's salary, ongoing Community Involvement expenses, delivery of workshops and the involvement of Young People into the JDES process.

The NRF ceases on 31st March 2008.

Currently RPCT and RHFT are investigating potential funding to match with RMBC in order to continue the Coordinator role and cover community involvement expenses.

9. Risks and Uncertainties

This JDES was selected as one of the top 11 out of 2500 assessed by an external firm of consultants on behalf of the Disability Rights Commission in July 2007. The consequences of reporting a failed, incomplete scheme due to a lack of resources would not be regarded as "Best Practice" and would certainly result in very bad publicity for the Partners.

If funding is not available from 1st April 2008 the Corporate Property Team will be unable to coordinate and monitor the scheme delivery.

The full effects on disabled people and the resulting implications for the Partners are detailed in the attached documents from Lizzie Williams – "Towards an Integrated Living Centre", Appendix 3 and a summary of Chapter 4 of "Improving the Life Chances of Disabled People", Appendix 4.

The withdrawal of the Coordinator will lead to no monitoring and reporting on the Implementation Action Plans of the partners and will lead to probable non completion of these plans causing the JDES to be incomplete and not delivered under our legal duties as outlined above.

There would be serious implications for RMBC under the CPA and CAA as service areas would not be meeting their targets as outlined in the JDES and the Primary Care Trust (PCT)/Hospital Foundation Trust (HFT) would also be in serious jeopardy of not meeting their indicators

10. Policy and Performance Agenda Implications

The Partners are committed to the delivery of the Community Strategy and the failure of the JDES will have serious implications for the Partners by not meeting a number of objectives and priorities contained within the Themes especially around Fairness, Proud, Achieving and Alive

11. Background Papers and Consultation

The JDES has been subject to extensive consultation and involvement with disabled people using events, workshops, questionnaires and publicity.

The basis for the production of Disability Equality Schemes is a range of documents provided by the DRC as follows:

- Improving the Life Chances of Disabled People
- Lord Ashley's Independent Living Bill
- The Disability Equality Duty Disabled People's Tool Kit
- DED and Involvement - Guidance for public authorities on how to effectively involve disabled people
- Doing The Duty - An overview of the disability equality duty for the public sector
- Making the duty work : A guide to the Disability Equality Duty for disabled people and their organisations
- The duty to promote disability equality statutory code of practice England and Wales
- The DED and employment a straight forward guide 2006
- DED Guidance - Involvement Of Disabled People
- The benefits for public services of involving disabled people
- Planning building and streets
- Disability Equality Impact Assessment
- Planning, building and roads DED guidance
- Enforcing the DED
- Assessment template for disability equality schemes
- PCTs and the DED
- Strategic health authorities and the disability equality duty
- How overview and scrutiny can help local authorities
- Guidance the DED and procurement Dec06
- Procurement and the Disability Equality Duty
- Practical implementation of the disability equality duty within local authorities
- Up to the mark DRC report on Government department equality schemes
- Beyond good intentions A resource for local authorities implementing the Disability Equality Duty
- Local government beyond good intentions

Report written by Arnold Murray JDES Project Manager, RMBC
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On behalf of and with the total support of the Joint Scheme Delivery Partners Team who are as below:

Charlotte Bailey – Disability Co-ordinator, RMBC

Lizzie Williams – Principal Service User

Helen Wyatt – JDES Manager, PCT

Sally Ferguson – Speakup Service Manager

Vicky Farnsworth – Service User, Speakup

Robert Parkin – Service User, Speakup

Julie Grayshon – RMBC Disabled Workers Group Member

Sayed Ahmed – Equality and Diversity Manager, Rotherham Hospital Foundation Trust

Carl Case – A.R.C. Consultants working with Rotherham Hospital Foundation Trust

Appendix 1

Rotherham Metropolitan Borough Council JDES Update December 2007

The best things we have done:

- Negotiation and purchase of a compulsory, independent Mediation Service in addition to Local Authority disagreement resolution provision.
- Rotherham 4 All database has been created and shared between the partners. Links are being made with mental health and young people.
- Rotherham Access Audit Group receives all planning applications by email and is able to comment on them directly to the planning officer when appropriate.
- There has been a significant reduction in adaptations times. MAJOR ADAPTATIONS waiting time reduced from 567 days to 48. MINOR ADAPTATIONS waiting time reduced from 112 days to 8.
- Disability Equality has been mainstreamed through the service planning process. All new plans, services etc are impact assessed.
- A new consultation and community involvement toolkit and framework has been developed and implemented.

Things we will do next:

- Learning Disability Awareness training for managers in (partnership with MENCAP) which includes Recruitment and Selection and; general awareness for other staff. (These courses were piloted in 2006).
- We will look at the feasibility of providing an 'employment coach' for disabled workers.
- Increase the number of disabled people employed by RMBC.
- We will investigate the setting up of a Centre for Inclusive Living in Rotherham and work with other organisations to do this.
- Promotion of Direct Payments. To include more information and publicity.
- Encourage employees to record self-declare disability status through communications, audit of incomplete records, and through the Advice and Guidance Team.

Things we should have done but could not do:

- Review the Translation & Communication Policy to include Easy Read and promote a Change Picture Bank (or similar) for all services to use.
- RMBC's Special Educational Needs Team will deliver compulsory training for drivers and escorts in duties, guidance and responsibilities and child protection awareness. This should be done in April 2008.
- Produce a Public Toilet Strategy including the layout, location and number. This will be finished early 2008.
- Establish a 'Transport 4 All' group in partnership with SYPTE. This action is now void as SYPTE are exploring different options for the group.
- RMBC will investigate providing specific disability equality training to all its hackney carriage drivers. RMBC and the licensing board are currently exploring ideas and methods. This is expected to be completed during 2008.

Rotherham Primary Care Trust JDES update December 2007

The best things we have done

- We want more people to know about equalities and what people need to do. We have written a report that our directors will be talking about in November or December. The report has some ideas for work that needs to be done.
- We have changed the way that Intermediate Care works, so that people can access the service faster, and from the community
- The changes to Intermediate Care also mean that an aim of the service is to make sure people “retain as much function as possible”, this means people will be helped to stay active.
- We have talked to lots of people about our new buildings, and our new walk in centre. We hope that this means it will be good for disabled people.
- Mental Health have done some great work with GPs to make sure people get all the health checks they need
- Human resources have done a lot of work to make sure that staff understand disability through our training programme

Things we will do next

- We will include action on disability equality in action plans (with measurable objectives and milestones). We will help people to do this by thinking about Equality Impact Assessments
- Keep a list of changes that we make from Equality Impact Assessments
- We are asking the non-executive directors to think about having a “champion” or lead person for disability equality
- We are having a new PCT Internet site We will work with disabled people to make sure it is OK – we will do this Spring 08
- Next year, we will look at the contracts we have with people who provide services, and look at how we make sure these people (contractors) meet the needs of disabled people.
- We will look at employment issues, and ask disabled people to work with us on this.
- We have written a report so that the directors will talk about equality issues and look at the work we need to do.

Things we should have done but could not do

- The PCT will agree and publish an action plan/pathway to deal with issues identified as high priority, from the equality Impact Assessments. We will NOW make sure we do this by Autumn 2008. We found it was hard to look at this before we completed a number of Equality Impact Assessments.
- We have not made the leaflet on equality that we said we would- we have needed to wait until new structures are in place.
- We are still working on “Single Assessment”. Our plans were delayed because of problems with IT systems nationally. We hope that this work will be done in 2008-9.

**APPENDIX 2
FUNDING REQUIREMENTS FOR THE DELIVERY OF THE JDES**

	1/4/2008 to 31/03/2009	01/04/2009 to 06/12/2009	07/12/2009 to 31/03/2010	Annually from 2010
Coordinator's Salary	£22,786	£17,648	£5,138	£23,470
Workshop and Community Involvement Expenses	£3,150	£2,350	£800	£3,245
Young People involvement	£2,000	£1,500	£500	£2,060
Specialist Contracted services	£1,500	£1,000	£500	£1,545
Totals	£29,436	£22,498	£6,938	£30,320
TOTAL	1/4/08 to 6/12/09	£51,934		
TOTAL	7/12/09 to 31/03/10		£6,938	
ANNUAL TOTAL THEREAFTER Plus Inflation to be confirmed	2010 onwards			£30,320

Appendix 3 CABINET MEMBER MEETING
18th December 2006

“Towards an Integrated Independent Living Service”

I have been involved with the Review of the Disabled Adaptations Service, since its inception following the Tribal HCH report in June 2005. I received a letter and invitation to attend a Visioning Day which requested that participants were prepared to “think out of the box, come with open minds and be prepared to challenge their own and colleague’s part of the service”. Service users were identified to “make valuable contributions and add value to the outcomes of the day”! It was an inspiring request to ‘get involved’.

The resulting vision, which has led to the Strategy and Action Plan promised a customer focused approach, with a seamless service which would be accessible, effective and responsive it almost sounded too good to be true!

The Review had highlighted many of the disadvantages of the current service. Customers were and still are, enduring unacceptable waiting periods for an assessment before having their needs met. The new ‘model’ promises to take into account the public health agenda, focusing on prevention, protection and promotion. This approach guarantees to increase self-care, empowerment and enables service users to increase their independence.

The commitment to meaningful involvement and placing the service user at the centre of every step and stage of the process has been exemplary. No credence has been given to ‘tick box’ exercises or tokenistic gestures.

The Action Plan undertakes to deliver all 19 identified key principles. It is both comprehensive and inclusive. I believe the 'domino' effect of improving this service, in this way, has more potential significance than it is possible to predict. **It is a scheme that genuinely supports Independent Living, offering a step change to the way that service users are treated.** It should be acknowledged as the first attempt to genuinely involve service users in a single process, that allows for ease of access, quality of service, and outcomes that are life-affirming and bold. **this will set National Standards!**

Part of my contribution has been to ensure that the Government's proposals and policies evolving from papers such as "Independence, Well-Being and Choice" and "Improving the Life-Chances of Disabled People" are being incorporated within the strategy, policies and procedures. **With the Disability Equality Duty having become law on 4th December 2006, I am sure that the Cabinet and Council will welcome the Report and Action Plan, as a practical and deliverable, demonstration to disabled people in Rotherham, that RMBC intend to take this Duty seriously.**

The previous outdated approach failed to give adequate consideration to the dignity and human rights of disabled people. Add to this, the fact that to get all the support you need, the service user has to deal with a myriad of different agencies, who all have their own assessment and eligibility criteria - the system is indeed a nightmare to negotiate. The immediate benefit of this proposed service will be when the customer can dial the 'golden' number and receive what I call, the 'magic' assessment, the key that opens every door! From that moment the nightmare ceases, and **the service user's dream becomes a reality.**

Finally, I want to emphasise that disabled people, nationally, are awaiting the outcome of Lord Ashley's Independent Living Bill, probably February or March 2007. How impressive will Rotherham appear and actually be, if it has already adopted and begun the implementation of this Report and Action Plan "Towards an Integrated Independent Living Service"? Let's go for it, please!

Lizzie Williams - Service User and member of Adult Services Scrutiny Panel

Appendix 4

INVOLVING DISABLED PEOPLE

INDEPENDENT LIVING

Summary

Historically, disabled people have been treated as being dependent and in need of 'care', rather than being recognised as full citizens. This has meant that:

- responses to needs have often created dependency, rather than promoting independence and extending opportunity; and
- disabled people have been expected to fit into services, rather than services being personalised to respond to individual need.

A new approach to supporting disabled people is now needed, in line with the Government's new vision for adult social care. This should focus on the promotion of independent living. Independent living is not just about being able to live in your own home – though that is often part of it for many disabled people. Rather, independent living is about providing disabled people with choice, empowerment and freedom.

The new approach should allocate available resources according to individual needs, in the form of individualised budgets made transparent to the disabled person. Individuals should be able to choose whether they take this in cash or services – either way, the budget should be used to secure the appropriate type of support for the individual.

This new approach would require radical changes to the way in which budgets are organised and services are delivered. The options for a new system to deliver this approach should be piloted – and disabled people themselves will need to be at the heart of these pilots.

In parallel, action should be taken in a number of other areas.

- Building capacity amongst disabled people and their organisations so that they are empowered to influence policy and service delivery.
- Ensuring that disabled people are included in mainstream policy and services.
- Addressing the barriers disabled people experience in accessing services, housing and transport.

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 31st January, 2008

Present:- Councillor Doyle (in the Chair); The Mayor (Councillor Allan Jackson), Councillors Billington, Clarke, Jack, St. John, Turner and Wootton.

Also in attendance were Sandra Bann (PPI Forum Rotherham PCT), Ms. J. Mullins (Rotherham Diversity Forum), Chris Tomlinson and Lizzie Williams.

Apologies for absence were received from Councillors Hodgkiss and F. Wright, Irene Samuels, Val Lindsay (Patient Public Involvement Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

108. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

109. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present.

110. NICE GUIDANCE ON DEMENTIA DRUGS

Consideration was given to a report presented by Dr. John Radford, which provided information on how NICE Guidance on drug treatments for dementia placed restrictions on the use of Alzheimer's drugs (acetylcholinesterase inhibitors). A recent judicial review supported these restrictions and the broader recommendations on supporting people with dementia.

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

The Scrutiny Panel were informed that the NICE Guidance did consider use of drug treatments, but it mainly focused on the integration of health and social care services, delivering effective support for carers and the development of memory services. It considered the impact of the ageing population on the number of people with dementia and highlighted the challenge facing health and social care agencies. Rotherham PCT and the Council were already working together to address these issues. The Adults Board commissioned a review of OPMH services which reported at the end of 2007. In addition, a new Memory Service had been commissioned which would deliver specialist assessment and support for people with dementia and their carers.

A discussion and question and answer session ensued and the following issues were raised and clarified:-

- Equal access to prescribed drugs by patients rather than it being based on where you live.
- Access to acetylcholinesterase inhibitors in relation to people under the age of 65 who have early onset dementia.
- Prescribing of Alzheimers drugs not in accordance with NICE guidelines.
- Drug treatment for Parkinsons sufferers.
- Use of alternative drugs to reduce social isolation.
- Investment in specialist health and social care services.
- Need to review support and care needs to promote independence, maintain cognitive function and prevent deterioration.
- Examples of community based services.
- Review of specialist older people's mental health services.

Resolved:- (1) That Dr. Radford be thanked for his report.

(2) That the NICE Guidance on prescribing of acetylcholinesterase inhibitors be noted.

(3) That a report be submitted to a future meeting on the recent review of specialist older people's mental health services.

111. REGIONAL HEALTH SCRUTINY PROTOCOL

Consideration was given to a report presented by the Scrutiny Adviser, which detailed the Protocol developed so that the relevant local authorities could jointly scrutinise the regional and specialist health services that impacted upon residents across the Yorkshire and Humber Region.

Examples of work done by this joint committee included 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.

Particularly with the advent of 'Choose and Book', health services were now provided to patients living in an increasingly wider geographical area. A proposed service change (for example reorganising the way that maternity services were delivered) could easily affect patients from an area that spans two or more local authorities that were not in the same sub-region.

In addition, 'specialised services' such as burns care and children's cancer care were commissioned on a regional basis. To date, there had been little or no scrutiny of these (often very expensive) services, however, any future work should be undertaken on a regional basis.

To address these issues, the Regional Health Scrutiny Network had drafted a protocol that suggested how the fifteen local authorities in the Yorkshire and Humber region could undertake scrutiny work together. It provided a framework for any number of authorities (from two to fifteen) to meet, investigate an issue and make recommendations, taking the best elements from all the sub-regional protocols that were currently in existence.

It was proposed that, once accepted, the regional health scrutiny protocol would replace the individual sub-regional protocols, including the one for South Yorkshire.

Particular reference was made to the protocol and its contents, including:-

- Coverage.
- Principles for Joint Health Scrutiny.
- Substantial Variation and Substantial Development.
- Responding to a Statutory Consultation by an NHS Body.
- Delegated Scrutiny.
- Joint Health Scrutiny Committee.
- Discretionary Joint Working.

A discussion and question and answer session ensued and the following issues were raised and clarified:-

- Appointment of non-voting co-optees.
- How the protocol would affect the people of Rotherham.
- Provision of services outside the borough boundaries.
- Set up of the regional structure and the measure of benefits to Rotherham.
- Formal consultation process and Rotherham's input.

Resolved:- That the Yorkshire and Humber Joint Health Scrutiny Committee Protocol be agreed.

112. JOINT WORK PROGRAMME WITH THE PCT

Consideration was given to a report presented by Dominic Blaydon, Joint Commissioning Manager, which set out a provisional work programme for the Neighbourhoods and Adults Services Directorate and the Primary Care Trust directed and monitored by the Adults Planning Board for the next three years.

A Joint Commissioning Team was 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 reporting to the Adults Board delivered against a work programme which reflected the actions

within the Joint Commissioning Strategy. The action plan set out in detail the key tasks that the Adults Board had identified, incorporating lead officers and timescales. The key actions included:-

- Joint Commissioning Arrangements.
- Older People's Mental Health (OMPH)
- Occupational Therapy Services
- Intermediate Care
- Long Term Conditions
- Mental Health (adults of working age)
- Learning Disability

A discussion and a question and answer session ensued and the following issues were raised and clarified:-

- Commitment for long term conditions.
- Involvement and consultation with those individuals with long term needs.
- Impact on inspection ratings and customer satisfaction.
- Changes to the Occupational Health Services following the review.
- Size of budgets and whether any proposed cost savings were envisaged from the joint commissioning of services.
- The Home Care Enabling Service and what this entailed.
- Differences between individualised budgets and direct payments.

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

(2) That an updated work programme and progress report be submitted to this Scrutiny Panel in six months' time.

113. LOCAL AREA AGREEMENT (LAA) - PROGRESS

Consideration was given to a report presented by John Mansergh, Service Performance Manager, which described the progress on the Healthier Communities and Older People (HCOP) block of the Local Area Agreement (LAA) between March and October, 2007.

Of the four stretch targets agreed in the LAA, two were rated 'on target' (direct payments and breathing space) and two were rated 'off target' (older people helped to live at home' and 'reviews').

Remedial action was in place to improve performance on the indicators that were off target.

The Scrutiny Panel were informed that during this past year there have been significant national changes as Central Government had developed a new performance framework with seven key outcomes and approximately two hundred indicators. It was now expected nationally that Community Strategies would be refreshed to reflect the new framework. New LAAs would be developed by every authority which

would become the main action plan for the Community Strategy. The Chief Executive's office was co-ordinating work to refresh the Community Strategy and identify priorities for both the Community Strategy and the new LAA.

The Council would negotiate thirty five targets/indicators for the new LAA with Government Office Yorkshire and Humber by 8th May, 2008, for final agreement in June, 2008.

The Directorate and PCT were liaising with the Chief Executive's office to ensure that the local priorities for health and social care were appropriately reflected in the new Rotherham LAA and geared to reflect the national outcomes for social care.

A discussion and a question and answer session ensued and the following issues were raised and clarified:-

- Challenge, decision and achievement for the stretch targets.
- Timelines for actions and overlap of the old and new targets.
- Non-achievement of the stretch targets and the impact on rewards.
- Direct payments to be based on individual need and service driven.

Resolved:- (1) That the progress reported and the recovery actions underway be noted.

(2) That the development of the next generation of LAAs be noted.

114. FORWARD PLAN OF KEY DECISIONS

The meeting considered a Forward Plan of Key Decisions as prepared by Adult Services with regard to Neighbourhoods and Adult Services – between 1st April 2007-31st March 2008.

Resolved:- That the Forward Plan of Key Decisions, as submitted, be agreed.

115. MINUTES

Resolved:- That the minutes of the meeting held on 10th January, 2008 be approved as a correct record for signature by the Chairman.

With regard to Minute No. 107 (Budget 2008/09) no further potential savings were identified to close the anticipated funding gap.

116. PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE

Resolved:- That the minutes of the meeting of the above Committee held on 19th December, 2007 be received and the content noted.

117. PRACTICE BASED COMMISSIONING

The Chairman introduced Councillor Robin Stonebridge, Non-Executive Director of the PCT, and Ben Chico, Practice Based Commissioning Manager, to the meeting to give a presentation on Practice Based Commissioning.

Councillor Stonebridge gave a brief history of how practice based commissioning evolved, partnership arrangements, health care needs of patients, review of existing services and how they could be better delivered.

The presentation drew attention to:-

- Practice Based Commissioning Overview.
- Practice Based Commissioning Successes.
- Ophthalmic Triage.
- Community Geriatrician.
- Anti-Coagulation Service.

The Scrutiny Panel were informed that the presentation provided only a brief overview of the service and further information would be provided once the services currently being delivered on the one year pilot had been evaluated.

A discussion and a question and answer session ensued and the following issues were raised and clarified:-

- Choice of Opticians in the Town Centre.
- Optician Availability and Service Provided.
- Number of Referrals to these Services by G.P.s.
- Flexibility of Services.
- Simplicity of Blood Testing.
- G.P. Practice Involvement in Practice Based Commissioning.
- Accessibility of Services for Patients not in the areas signed up to the pilot services.
- Location and Coverage of the Consortia of Practices.
- Sharing of Best Practice across the Country.
- Selection of Pilot Services and the Spread of Participatory Practices.

Resolved:- That Councillor Stonebridge and Ben Chico be thanked for their very informative and interesting presentation.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
18th January, 2008

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

Also in attendance were :

Councillor Wardle	(Chair of the Audit Committee)
Councillor Hussain	(Cabinet Member for Communities and Involvement) for items 131 and 132(2) below

Councillors Dodson, Ellis, Hodgkiss, Smith and Thirlwall for item 130 below

128. DECLARATIONS OF INTEREST

Councillors Ellis and Smith declared a prejudicial interest in Minute No. 130 below (Call-In – Consultant’s Report re Bramley Traffic Management Scheme).

129. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

130. CALL IN - CONSULTANT'S REPORT RE BRAMLEY TRAFFIC MANAGEMENT SCHEME

The Chairman welcomed everyone to the meeting and the process was explained.

The Committee considered Minute No. 162 of the meeting of the Cabinet Member for Regeneration and Development Services held on 10th December, 2007 regarding proposed amendments to the Bramley Traffic Management Scheme. Also considered was the report that was submitted to the above meeting.

Councillor Ellis, supported by Councillors Dodson, Hodgkiss and Thirlwall, summarised the objections to the proposals as being :-

- the decision was made before all the necessary and appropriate information was available in that :

(a) the Consultant’s report was not available to the Cabinet Member

(b) the household survey was not part of the papers considered

(c) the Task and Finish Group had not reported their findings

(d) no other options than the recommendations were costed

- Councillor Smith could be viewed as not impartial and therefore not open to other options in that he had stated publicly on previous occasions that the scheme was successful and it would not be changed

Councillor Ellis elaborated on the summary as follows:-

- only the officers' interpretation of the Consultant's report was considered
- the Task and Finish Group was asked by the Chief Executive to delay their report so that consideration could be given to the Consultant's report
- officers indicated that the Consultant's report was not available electronically for consideration
- 85% of the respondents to the 7000 household survey were dissatisfied with the scheme : traffic did not flow well, congestion, difficult journeys and a negative impact on the village centre itself
- the Task and Finish Group, properly established through the Area Assembly with clear terms of reference, was looking at the broader picture than just traffic. Non consideration of the Group's work was undermining the work/contact with residents. There was no mention of the Group in the report considered by the Cabinet Member. Other area assemblies had established task and finish groups to input to traffic issues

Councillor Thirwall added:

- the scheme had been designed by engineers based on traffic flows rather than village centres
- the 'Manual for Streets' adopted by the Council covering the successful integration of traffic, streets and other activities had been taken on board by the Task and Finish Group
- only 1% of respondents to the survey were in favour of the scheme and the above points were made at the respective Cabinet Member meeting including the proposed accelerated timeframe of the Task and Finish Group to facilitate their report being considered by the Cabinet Member
- nothing would have been lost by delaying the decision until the report of the Task and Finish Group was available

Councillor Smith, Cabinet Member for Regeneration and Development Services, responded as follows:-

- the Task and Finish Group had been set up contrary to Council Policy and the membership of the Group had been determined by the appointed Chair
- the following Co-ordinating Committee of the area assembly made no mention of the 'established' Task and Finish Group or its composition
- not set up within Council policy, any reference to the Task and Finish Group should be ignored
- two other Task and Finish Groups, that had been established properly in accordance with Council policy, were working with EDS on schemes
- there was no avenue, under Council policy, for Task and Finish Groups to report direct to Cabinet Member meetings
- the decision was based on recommendations from the Consultants and a report from competent professionally qualified officers on improvements to a scheme that was already working
- the accident rate had reduced by 50% since the introduction of the scheme
- other options were considered by the Consultants and by officers
- the scheme was based on traffic movement not cost
- the proposed improvements were covered/requested in the survey : the improvements were outlined
- of the 7008 households, 2196 responded indicating 4000 not bothered enough to respond
- the proposed improvements were decided based upon the information available

Councillor Smith then responded to questioning from the sponsors of the call-in, areas covered being :-

- nothing to prevent consideration of the findings of the Task and Finish Group
- problems associated with the basic design of the traffic management scheme
- membership of the Task and Finish Group
- methodology of figures used regarding the accident rate

Councillor Smith had no questions for the sponsors of the call-in

At this point in the proceedings the Chairman sought clarification regarding the establishment, status and membership of the Task and Finish Group.

The Chairman then invited Councillor Smith to sum up.

Councillor Smith summed up as follows:-

- WSP Consultants were highly qualified
- the Consultant's report was a post implementation operational review of the scheme
- this was a good scheme and previous opportunities to call-in decisions on the scheme had not been pursued
- meetings had taken place with Councillor Thirlwall and the Chair of Bramley Parish Council to iron out issues relating to the scheme
- in 20 months operation there had been little response from the public about the scheme
- the decisions taken were to improve an already successful traffic management scheme
- other schemes were on the books and would receive input from properly constituted Task and Finish Groups

The Chairman invited Councillor Ellis to sum up.

Councillor Ellis summed up as follows:-

- this was viewed solely on traffic management issues when it was a much bigger picture for the village of Bramley. It was not just about moving cars and traffic flows
- the decision was made without four key pieces of information:
 - (a) Consultant's report
 - (b) household survey results
 - (c) report of the Task and Finish Group
 - (d) no other options were costed
- eight major amendments were being proposed at a cost of £270,000 which was not 'tweaking' the scheme

- welcome most of the changes proposed through best practice
- throughout the process, the Cabinet Member had stated consistently in public that the scheme was successful and didn't need to change

The sponsors of the call-in and Councillor Smith, Cabinet Member for Regeneration and Development Services, together with Karl Battersby (Strategic Director of Environment and Development Services), Ian Ashmore (Principal Traffic Officer) and Ken Wheat (Transportation Unit Manager) answered, where possible, questions from the Committee covering:-

- number of times the scheme had been considered by Council
- background to the request for a traffic management scheme in Bramley
- total cost of removing the traffic management scheme
- exactly which proposed improvements the sponsors of the call-in were objecting to
- input of Councillors Ellis and Thirlwall to the early consultation stages of the traffic management scheme
- understanding of ramifications of the scheme
- current status of the Task and Finish Group and its report
- membership/remit of the Task and Finish Group
- Cabinet Member's awareness of issues raised by sponsors of the call-in
- background to Bramley Action Group
- recommendations of the Task and Finish Group report
- support within Bramley for and against the traffic management scheme

At the conclusion of the questioning, Councillors Ellis and Smith left the room and the Committee deliberated.

Resolved:- That the call-in request be not supported.

(Councillors Ellis and Smith declared a prejudicial interest in the above item and left the room at the conclusion of the questioning from the Committee and prior to the Committee's deliberations)

131. NEW EUROPEAN MIGRATION

Councillor Hussain, Cabinet Member for Communities and Involvement, introduced a report by the Chief Executive, which provided information on the impact and opportunities for the Rotherham Borough presented by new European migration. It also summarised the results of a self assessment carried out by the Council's Directorates to develop and promote good practice on migration and the integration of new migrant communities.

The report provided specific information and guidance on:-

- The Background
- Current migrant population data for EU A8 Accession countries.
- Self assessment and developing good practice.
- Initial findings from self assessment within RMBC Directorates.
- Current strengths.
- Areas for Development.
- Next Steps.

Resources were currently being realigned within services, where necessary, to tackle the challenges above. Any future increasing demand on services would require more accurate financial planning and further research was recommended to identify any hidden costs that were currently absorbed within mainstream services.

The Institute of Community Cohesion (iCoCo) had recently carried out research into the scale and impacts of migration at the local level for the Local Government Association (LGA). They had made recommendations relating to recognising the impact of migration within funding.

One possibility they had suggested, was to include an allowance for migration in grant formulae, which could be likened to the current judgemental allowance for population 'sparsity'. This, they state, could go some way to meet the extra costs experienced by those areas which were consistently the focus of migration. Another approach they had suggested, which they state would be more sensitive to short-term changes, would be to allow bidding against a mobility fund where major and rapid shifts in population could be demonstrated. The reason for this would be to counterbalance, to some extent, the distorting effects of basing three year grant funding on 2004 estimates of population.

The Government had also announced £50 million investment over the next three years to promote community cohesion and support local authorities in preventing and managing community tensions.

Migration into Rotherham offered many opportunities for the borough in terms of economic, social and cultural development. However, these benefits may not be realised without commitment and co-ordinated action at a local level to manage the integration of new migrant communities

successfully. Failure to identify new migrant communities moving into Rotherham, carry out an assessment of their needs and potential impacts on local settled communities, co-ordinate service provision and resources and manage the integration of new migrants into local communities could result in community tensions and inadequate service provision and resource allocation.

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

- workshop/conference held on 17th January, 2008
- health and social care
- education/social/cultural issues
- understanding local population change and information sharing with partner organisations
- areas for development
- pressures on voluntary service
- translation needs/resources/services
- reporting/monitoring arrangements

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

(2) That the following actions be supported:-

- Community Engagement and Cohesion Manager to lead and co-ordinate the Council's response to new European migration issues, reporting to the Cabinet Member for Communities and Involvement, Cabinet, CMT, the New Arrivals Working Party, the Local Strategic Partnership Community Cohesion Partnership and Rotherham Partnership Proud Board.
- For information to be provided to Members on new European migration into Rotherham, possible future trends and the opportunities and challenges that migration provides to the Borough.
- To share information and good practice on New European Migration in Rotherham and plan a way forward.
- Arrangements for a conference during January, 2008 for Partner agencies, voluntary and community sector organisations. The purpose of this will be to share information and good practice, and begin development of a coordinated approach to respond to current and future demographic changes caused by migration.
- Request, via the Local Strategic Partnership, that Partners undertake a similar mapping exercise (using the I&DeA toolkit, adapted as appropriate) prior to the proposed January conference, to facilitate sharing good practice and coordinating responses.

- Community Engagement and Cohesion Manager to seek support from Government Office of Yorkshire and the Humber on sharing good practice across the region.
- Continue the assessment of the needs of new migrant communities (including further research to assess impacts on services) and recommend responses to identified needs.

(3) That a further report be submitted, to include timetable/target dates, following which the monitoring/reporting arrangements be agreed.

132. MINUTES

Resolved:- (1) That the minutes of the meeting held on 19th December, 2007 be approved as a correct record for signature by the Chairman.

(2) That, with regard to Minute No. 122(2), Lesley Daballe (VAR) indicated that a future resources paper was being discussed which would impact on the provision of the proposed strategic voluntary community sector post.

133. WORK IN PROGRESS

There was nothing specific to report.

134. CALL-IN ISSUES

There were no formal call in requests.

135. 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 (financial/business affairs).

136. BUDGET UPDATE

Andrew Bedford, Strategic Director of Finance, gave a powerpoint presentation in respect of the above.

The presentation covered:-

- Budget process to date
- Provisional 2008/09 Local Government Finance Settlement
- Area based grants
- Summary statement of projected spend

- Summary statement of projected resources
- Budget pressures
- Budget process
- Financial Services budget 2008/09

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

- Working Neighbourhoods Fund and utilisation methodology
- impact of job evaluation/equal pay issues
- Council tax receipts
- SIP's
- Community Leadership Fund
- service delivery from the Council's budget and how such was monitored
- efficiency gains
- method of delivery
- duplication of budgets
- consistency of information presented

Resolved:- That the information be noted and Andrew Bedford be thanked for his presentation.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
1st February, 2008

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

Apologies for absence were received from Councillors Boyes, Burton and Jack.

137. DECLARATIONS OF INTEREST

Councillor Stonebridge declared a personal interest in item 144 below (Local Involvement Networks).

138. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

139. CONTRIBUTION OF THE VOLUNTARY AND COMMUNITY SECTOR TO THE CHILDREN AND YONG PEOPLE'S PARTNERSHIP - UPDATE

Further to Minute No. 5 of the meeting of this Committee held on 8th June, 2007, Paul Robinson (Voluntary Sector Development Worker) and Cathrine White (Joint Chair) of the Children, Young People and Families Voluntary Sector Consortium presented the submitted report updating Members on the progress made so far following the Task and Finish Group action plan.

Submitted was the report considered by the Children and Young People's Strategic Partnership at its meeting on 17th July, 2007 setting out issues, progress made and outstanding actions. Also submitted was the latest update position since the report to the Strategic Partnership.

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

- sustainability
- concerns regarding the possible closures of Rotherham MIND and Youth Start due to lack of resources
- strategic movement of resources
- development of voluntary sector strategy
- joint training : procurement and voluntary sector managers
- joint procurement group and identification of blockages
- Independent Local Solutions

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- marketing strategy and marketing toolkit for smaller organisations
- working with Community and Mental Health Services
- basing services on needs of young people regardless of where service provision comes from
- funding position
- LPS : Chief Executive level discussions regarding ongoing aspirations and delivery
- specific implications of budgets for voluntary sector. It was noted that the Proud Theme Board had responsibility for performance managing the strategic priority around a 'Thriving Third Sector'. Being aware of emerging national, regional and local problems of funding for the voluntary/community sector, a performance clinic, involving partners and Government Office, was held in December, 2007. The improvement plan was currently being reviewed before going to the LSP Board for consideration.
- linking up of Independent Local Solutions and Public Sector Procurement Work
- costs of Independent Local Solutions
- transitional funding
- need for proper commissioning process
- concerns that voluntary sector organisations not getting continued funding would put tremendous pressure on services
- the way forward

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

(2) That the progress made be welcomed.

(3) That the actions proposed so far be supported.

(4) That the respective elements be referred for consideration to the Cabinet Member for Children and Young People's Services and to the LSP Proud Theme Board.

140. STRONG, SAFE AND PROSPEROUS COMMUNITIES, STATUTORY GUIDANCE CONSULTATION

Steve Eling, Principal Policy Officer, presented the submitted report which detailed how the Local Government and Public Involvement in Health Act

2007 (c. 28) provided for the issuing of statutory “Best Value” guidance that local authorities must have regard to. The scope of this guidance covered governance and engagement including a duty to involve; establishing and agreeing a vision and priorities including Local Area Agreements and delivering priorities including commissioning, a mixed economy and sustainable funding.

The Government had published a draft of the guidance for consultation ahead of bringing the provisions into effect. This report provided views from across the Council’s Directorates and the Rotherham Partnership on the issues raised in the consultation and recommendations for a response. The consultation would close on 12th February, 2008.

The consultation raised questions from the Government, which were set out in the report.

Whilst the policy direction was largely being driven by the Government, it would be for local authorities to shape how they were implemented at the local level.

This consultation was one of many either already published, or expected in the near future, that took forward detail of the White Paper proposals, providing draft guidance; Regulations and Orders. Directly linked to the duty to involve was a further consultation “Local Petitions and Calls for Action” with a closing date of 20th March. This would be the subject of a future report. Also currently out to consultation was “Streamlining Local Development Frameworks”, which included a new draft Planning Policy Statement (PPS) 12 “Creating Strong, Safe and Prosperous Communities through Spatial Planning”. The two consultations directly inter-related. Environment and Development Services would report on the Streamlining Local Development Frameworks consultation.

A further consultation “Principles of representation: A framework for effective third sector participation in Local Strategic Partnerships” was running concurrently. This clearly inter-related with the Local Strategic Partnership governance aspects of the Strong, Safe and Prosperous Communities, Statutory Guidance consultation from a third sector perspective. Voluntary Action Rotherham was leading on this within the Rotherham Partnership.

In Rotherham, a detailed set of workstreams had been produced for the implementation of the White Paper proposals and associated documents. The workstreams reflected the fact that there was a complex set of inter-related issues and actions making up a broad reform agenda. The scoping of work against each of the workstreams in a co-ordinated approach was ensuring that the Council was fully on track with all detailed developments. This was enabling the Council to develop its own proposals, maximising the robust policy intelligence, advice and support

available. Detailed reports were prepared for consideration and decision in relation to each aspect of the White Paper proposals as they were consulted on or brought forward for implementation. Considering and responding to the issues raised in this Government consultation was an integral part of the Council's implementation plan process.

There were no direct financial implications associated with this report, however, there would be implications arising from the implementation of the White Paper Proposals. The Government's overall national costs estimated for implementation of the White Paper proposals suggested that new costs would be covered by efficiencies with any extra costs over and above being funded by the Government.

Risks were being identified on an ongoing basis as work on each of the implementation workstreams was developed. Issues arising from this consultation paper had been included in the Council's implementation plan, including risk analysis.

The Committee discussed the proposed responses to the submitted questions which had been approved by Cabinet at its meeting on 23rd January, 2008.

Resolved:- (1) That the proposed response to the Government's consultation as set out in the report be supported.

(2) That further reports be prepared detailing implementation recommendations for the requirements set out in the guidance.

141. LOCAL GOVERNMENT AND PUBLIC INVOLVEMENT IN HEALTH ACT 2007 (C.28) NEW SCRUTINY FUNCTIONS

Cath Saltis, Head of Scrutiny Services, introduced and Steve Eling, Principal Policy Officer, presented the submitted report providing an overview of the principal new functions for scrutiny arising from the Local Government and Public Involvement in Health Act 2007 (c.28).

Whilst detailed Regulations and Guidance were still awaited, the main implications had been assessed and work undertaken preparing for implementation. Bringing the new duties into effect would require a change to the Council's constitution.

The report covered:

- scrutiny of relevant partners
- Police and Justice Act 2006 (c.48)
- National Health Service Act 2006 (c.41)
- Local Involvement Networks (LINKs)

- referral of local government matters to scrutiny
- referral of crime and disorder matters to scrutiny
- Members to seek to resolve matters in their ward
- headline issues for consideration

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

- need for a special meeting to consider this matter
- need for a report to Cabinet on resource/capacity issues
- understanding of the interlinked legislation
- penalties for non compliance of partners
- knowledge of statutory remit regarding scrutiny of partners
- composition of the crime/safety committee

Resolved:- That this matter be considered further at a 'time-out' session on 15th February, 2008.

142. LOCAL AREA AGREEMENT/COMMUNITY STRATEGY REFRESH UPDATE

Vince Roberts, Partnership Manager, presented the submitted report, which set out the current position with regard to the Rotherham Community Strategy Refresh process and the 2008-2011 Local Area Agreement. Progress was in line with the agreed refresh timescale.

A summary draft of the updated Community Strategy 2008-2011 was included and presented to Members for consideration, along with an emerging list of indicators taken from the National Outcome and Indicator set that could form the basis of our second Local Area Agreement 2008-2011.

It was proposed to review and update the current 2005-2010 Community Strategy in light of a number of developments both nationally and locally and the refresh process, therefore, focused on ensuring that our existing Community Strategy was updated to ensure compliance with statutory guidance, reflected key issues emerging from the Local Government White Paper and was fit for purpose. A full re-write was not proposed and the overarching vision and themes had not changed. In essence, the emphasis was on ensuring that the Strategic Priorities contained within

the Strategy were fit for purpose for the next three years. Throughout the process cross reference had been made to the new National Indicator Set and related guidance that was published on the 20th November, 2007.

The current position with regard to the Community Strategy refresh and the next steps were outlined.

Reference was made to the potential list of Indicators that could form the basis of the 2008-2011 Local Area Agreement. Each had been identified following work by the Theme Managers in consultation with partners. These were subject to additional work following discussions with the Chief Executive Officers Group, Government Office and Cabinet. It needed to be emphasised that this was 'work in progress' as there were a number of variables and unknowns.

The cost of the refresh and production of the revised documents was to be met within existing budgets. Major costs related to consultation costs for partnership events £2,000, design and print costs, based on 500 copies of each document were estimated to be £ 12,000.

The key risks around the project were ensuring buy in to both the process and the refreshed strategy and plan across the Council and partners, given the tight timescale for delivery. Delays in information being made available from central Government for example in relation to indicator definitions and the reward could impact on the ability to deliver the plans by the proposed date.

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

- Best Value/scrutiny reviews
- feeding through of indicators to Members
- update on current targets
- input from Area Assembly area plans

Resolved:- (1) That the emerging list of potential indicators that form the basis of the 2008-2011 Local Area Agreement be supported.

(2) That the direction of travel in refreshing the Community Strategy and Local Area Agreement 2008-2011 and the further steps to completing this work be supported.

143. CORPORATE PLAN REFRESH

Julie Slatter, Head of Policy and Performance, presented the submitted report which provided an update on progress in the refresh of the corporate plan. The report provided a draft of the revised Corporate Plan and a summary of the next steps.

The refresh was running alongside the refresh of the Community Strategy to ensure that the Corporate Plan aligned with and reflected the Community Strategy. In addition, this had enabled the Council to ensure that development and review of the Corporate Plan had informed the emerging strategic objectives, performance measures and targets in the Community Strategy.

The current position with the Corporate Plan Refresh and the next steps were outlined and referred to in the report.

Comments were welcomed on the proposed timeline for approval of the Community Strategy and Corporate Plan.

In order to ensure that the plan fully reflected Directorate priorities and issues and that targets set within the plan were challenging, but achievable, Directorates were continuing to contribute to the Corporate Plan to ensure key issues were reflected and that targets were robust and challenging, but achievable and based on robust data.

Timelines for agreeing the targets against agreed measures for inclusion in the Corporate Plan would be completed alongside the work on the Community Strategy and Local Area Agreement.

The cost of the refresh and production of the revised documents was to be met within existing budgets. Major costs included consultation costs for partnership events £2,000, design and print costs, based on 500 copies of each document were estimated to be £ 12,000.

The key risks around the project were ensuring buy in to both the process and the refreshed strategy and plan across the Council and partners, given the tight timescale for delivery. Delays in information being made available from Central Government for example, in relation to Local Area Agreement targets, could impact on the ability to deliver the plans by the proposed date.

A presentation on the latest position would be given to an all Member seminar next Tuesday, 5th February, 2008.

Members welcomed the refresh of the Corporate Plan. Reference was made to the corporate plans of partners needing to demonstrate the golden threads of the Community Strategy.

Resolved:- (1) That the proposed draft refreshed Corporate Plan and emerging Strategic Priorities be noted.

(2) That the emerging list of potential Indicators be noted.

(3) That the next steps for completing the Refreshed Corporate Plan be supported.

(4) That the proposed timescales for agreement of the Corporate Plan and Community Strategy be supported.

(5) That any comments on the draft be forwarded to the Chief Executive's Office as part of the consultation process.

144. LOCAL INVOLVEMENT NETWORKS (LINKS)

Further to Minute No. B121 of Cabinet held on 9th January, 2008, Julie Slatter, Head of Policy and Performance, presented the submitted report which provided background information on the new ways for patients and the public to be involved in decisions about the operation of health and social care services through the establishment of Local Involvement Networks (LINKs) The Local Government and Public Involvement in Health Act set out a duty for all social services authorities to make arrangements for LINK activities to take place, through a contract with a host organisation. The report, therefore, provided an update on progress to date and set out the timetable for the procurement of the 'Host' organisation.

Local authorities would be under a statutory duty to establish LINKs, with guidance to ensure a consistent approach. The Department of Health had plans to publish full guidance on LINKs now that the legislation had Royal Assent and had consulted on draft regulations for LINKs, more detail on this was provided as part of the report.

The report also provided further information on:-

- Role of the Host.
- Role of the Council.
- Progress in Rotherham to date.
- Next Steps.
- Consultation on the regulations for Local Involvement Networks (LINKs).

Funding for LINKs would be made available via an annual targeted non-ring fenced area-based grant to local authorities under Section 31 of the Local Government Act, 2003. This arrangement allowed Councils to set-up a separate budget for LINKs activities. Each authority would receive a base-line amount of £60,000, plus an additional amount based on the Relative Needs Formula (RNF). It had now been confirmed that this would be £160,000, per year for the next three years.

The total funding package would contain three strands, the Council's contract management costs, host organisation support function costs and

LINK expenditure costs. The Council would, therefore, need to develop a detailed costing for the contract and performance management activity that would be required.

The procurement process was being supported by RBT at a cost which was capped at £7,000. This may reduce dependent on the volume of tenders received. The £3,000 balance of the initial £10,000 grant, would be used to support communications and consultation activity and to pay expenses associated with the Expert Advisory Team consultancy.

The development of the LINK offered a positive opportunity for local people to have a greater say in health and social care service provision. It would, however, be important for the Council, its partners and the host organisation to ensure that the LINK was representative and diverse and was successful in engaging hard to reach groups and individuals.

There was a risk that any delay in carrying out the procurement which delayed the contract issue date beyond April, 2008 may require the Council to establish transitional arrangements which could incur additional expense.

As the grant would be part of the area based grant and non ring fenced it was proposed that reports be made to the Rotherham Partnership to advise of the requirement to procure a host and the role and remit of the LINK, and to secure partnership agreement on the use of grant to support the LINK.

It was noted :-

- the deadline for registering interest to be the 'host' expired on 25th January, 2008
- an all day stakeholder event was taking place on 25th February, 2008 facilitated by Brenda Cooke, Centre for Public Scrutiny

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

- tender process and elected Members involvement
- elected Members involvement in stakeholder event
- overview/governance structures
- management of the 'host'
- need to ensure rigour of the commissioning process
- scrutiny representation on the working group

Resolved:- (1) That the contents of the report be noted.

(2) That the proposals for use of the free consultancy advice provided by the Centre for Public Scrutiny (CfPS) Expert Advisory Team be supported.

(3) That the response to the LINKs Regulations consultation as now submitted, be noted.

(4) That Councillors Doyle and G. A. Russell be nominated as the scrutiny representatives on the Working Group.

(5) That a further report be submitted on the rigor of the commissioning process.

(Councillor Stonebridge declared a personal interest in the above item being a board member of the Centre for Public Scrutiny)

145. FLOOD ISSUES

Cath Saltis, Head of Scrutiny Services, presented the submitted report relating to the above and proposing a future meeting with the various organisations involved in the response to this Summer's flooding, to ensure an effective borough wide response to any future emergency.

Resolved:- That the information be noted and arrangements be progressed, as now discussed, for a future meeting with the various organisations.

146. MINUTES

Resolved:- That the minutes of the meeting held on 18th January, 2008 be approved as a correct record for signature by the Chairman.

147. WORK IN PROGRESS

Members of the Committee reported as follows:-

(a) Councillor Whelbourn reported:

- possible work with regard to the use of plain English throughout the Council
- The Community Leadership Fund focus group held its first meeting yesterday

(b) Councillor McNeely reported:

- a request as to how the progress of partnership working could be monitored through the overview and scrutiny process

- the February meeting of the Sustainable Communities Scrutiny Panel would be considering:
 - Safer Neighbourhood Teams Review
 - Respect Agenda Update
 - Housing Strategy 2008-11
 - 'Here's the Deal' – update from the Compact Monitoring Group
 - 2008/09 Budget update

(c) Councillor Stonebridge reported:

- Area Assemblies review had been presented to Cabinet by Councillor Whelbourn
- Advice Centres Review was nearing completion
- only one interview remained as part of the Use of Consultants review

148. CALL-IN ISSUES

There were no formal call-in requests.