ADULT SERVICES AND HEALTH SCRUTINY PANEL

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

Date: **Thursday, 10 April 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 and Communications

4. Declarations of Interest.

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

6. LINks Update (Presentation by Steve Turnbull herewith) (Pages 1 - 9)

7. Local Area Agreement 2008 - 2011 (report herewith) (Pages 10 - 25)

8. Adult Services Impact Assessment of Service Level Agreements - Update (Presentation by Shona McFarlane)

9. Annual Health Check Responses (report herewith) (Pages 26 - 56)

10. Forward Plan of Key Decisions (report herewith) (Pages 57 - 59)

11. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 28th February, 2008 (herewith). (Pages 60 - 66)

12. Minutes of meetings of the Cabinet Member and Advisers for Adult Social Care and Health held on 10th and 31st March, 2008 (herewith). (Pages 67 - 77)

13. Exclusion of the Press and Public
The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (business/financial affairs)

14. In House Residential Accommodation Charges 2008/09 (report herewith) (Pages 78 - 81)

Date of Next Meeting:-
Thursday, 29 May 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

Rotherham Metropolitan Borough Council

The best place to live, learn and work

The Local Involvement Network (LINk) for Rotherham

Julie Slatter – Head of Policy and Performance (RMBC)

Progress to date

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Getting Ready for LINks working group – this has now been extended to include PPI forum members, PCT and Hospital Trust Reps
- Meeting of working group 20th February considered:
    - Shortlisting
    - Development of specification and evaluation criteria
    - Identification of participants in procurement process e.g. evaluation and interview panel
    - Consideration re setting up a Links Transition Steering Group made up of lay people which would be responsible for starting to develop the LINk supported by the working group

Consultation event Feb 25th 2008

Rotherham Metropolitan Borough Council
Where Everyone Matters

- **AIM**: To enable stakeholders in Rotherham to understand the role and core responsibilities of the LINk and the host organisation and to influence how the LINk develops in Rotherham
- **OBJECTIVES:**
  1. To clarify the role of the Local Involvement Network
  2. To clarify the different methods of participation that might be used to ensure involvement from all communities, networks and organisations in Rotherham
  3. Begin to identify a model for the LINk, buiding in flexibility.
  4. To identify the priority criteria that should be included in the contract for the host organisation.
- Opportunity to secure volunteers for steering group

Role of Steering Group

Rotherham Metropolitan Borough Council
Where Everyone Matters

- To establish a structure for the LINk. This would involve the agreement of procedures which could include:
  - Prioritisation of issues to be investigated by the LINk
  - Annual Report production
  - 'Host' contract performance management
  - Agreeing reports from sub-groups
- To agree working processes between different parts of the LINk.
- To formulate a recruitment process for members.
- To establish membership criteria (possibly including different levels of membership).

Role of Steering Group

Rotherham Metropolitan Borough Council
Where Everyone Matters

- To put together protocols for engagement with other bodies
- To help establish a process of assessment of the performance of the LINk (self-assessment)
- To create methods of collecting and reacting to views of patients and the public.
- To put together a conflict resolution process to include members, ‘host’ and external parties.
- To create methods to ensure that the LINk is transparent and accountable to local people
- To work with the Local Authority to create a contract for a ‘host’ which reflects the local requirements of the Rotherham LINk.

Procurement Timeline

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Early December 2007- advertised contract for Host let through European tendering processes
- January 25th closing date for submission Pre tender questionnaire (5 responses - 1 Since withdrawn)
- March 2008 – Invitations to tender issued
- May 2008 – tender evaluation and interviews (Councillor Hussain and Councillor Doyle involved in interviews and contract award)
- End May – Aug 2008 – host to set up LINk
- August LINk up and running

What you can do

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Proactively raise awareness of LINks in your organisations, networks & health communities
- Supporting us in sharing your skills and experience of patient and public engagement
- Ensure we don't duplicate existing networks
- Help us to plan the LINk for example by volunteering to join the steering group.
- Information will be circulated on this at end of February

Contact details

Rotherham Metropolitan Borough Council
Where Everyone Matters

Lead Contact at RMBC

Julie Slatter
Head of Policy and Performance
Tel: 01709 822737

Email: julie.slatter@rotherham.gov.uk

Rotherham Metropolitan Borough Council
Where Everyone Matters

Any Comments or Questions?

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Services and Health Scrutiny Panel**
2.	**Date:**	**10th April 2008**
3.	**Title:**	**Local Area Agreement 2008-2011**
4.	**Directorate:**	**Rotherham Partnership – Chief Executive's**

5. Summary

The report sets out the current position with regard to the development of the new 2008-2011 Local Area Agreement. As such this report presents for consideration by the Scrutiny Board:

- 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 (Appendix 1)

6. Recommendations

The Scrutiny Board is asked to:

1. **Consider and comment on the emerging list of potential Indicators that can form the basis of the 2008-2011 Local Area Agreement.**
2. **Confirm the direction in negotiating the Local Area Agreement 2008-2011 and the further steps to completing the work be agreed.**

7. Proposals and Details

Local Area Agreements have been part of the local government scene since 2004. In 2006, Rotherham entered into a voluntary Local Area Agreement covering the period 2006-2009. This agreement, centred around 13 'stretch targets' against which reward grant can be claimed in 2009.

Now, with the Local Government and Public Involvement in Health Act 2007, there is a legal duty on Rotherham Council working with the Rotherham Partnership, to negotiate an additional Local Area Agreement with partners and Government. This agreement will cover the period June 2008 until April 2011 and will be based on the understanding of the needs of the borough.

The Local Authority is the 'accountable body' for the partnership which underpins the Local Area Agreement (in our case the partnership is the Rotherham Partnership) which means that the Council has ultimate accountability to Government for the achievement of the targets negotiated as part of the Agreement

In late November the Department for Communities and Local Government published the Operational Guidance for the 'Development of the new Local Area Agreement framework'. Though we have an existing Agreement that covers 2006-2009 and 13 stretch targets, the new Agreement will in theory bring some major changes with greater clarity about the relationship between local and national priorities, a reduction in national performance monitoring and greater financial flexibilities at a local level.

In essence, the new LAA is an agreement between Central Government and the Council and its partners about the priorities for Rotherham as described by the LAA targets. The 'language' of the agreement will be the 'up-to 35 indicators' chosen from a basket of 198 given to us by central Government and 17 Children and Early Years Indicators. It will be the result of a negotiation between Government Office and the Council and partners about the delivery of our Updated Community Strategy on the one hand and national priorities as expressed by the new National Indicator Set on the other.

8. Emerging Indicators from the National Indicator Set (Appendix 1):

Appendix 1 provides a potential list of Indicators divided between Theme that could form the basis of the 2008-2011 Local Area Agreement. Each has been identified following extensive work and negotiation between partners, the Council and Government. These are subject to additional work following discussions with the Chief Executive Officers Group, Government Office, Cabinet and members. It needs to be emphasised that this is 'work in progress' as there are a number of variables and unknowns, not least:

- The agreed technical definitions for the Indicators has only just been released
- For a large number of the Indicators we have no past performance information or clear understanding of what they mean in practice so it could be difficult to establish targets.
- A number are perception based, making it difficult to potentially agree targets.
- We are still not sure how the Indicators will be incentivised.

In considering the most appropriate Indicators for the Local Area Agreement the attached check list (Appendix 2) outlines the key questions that need to be asked. In

addition, the Local Area Agreement for Rotherham will consist of three sets of Indicators:

- Those chosen from the national Indicator Set that reflect local priorities, can be measured and delivered in the timescale (important as reward grant can be earned)
- Local Indicators chosen that address the technical weaknesses with the National Indicator Set but reflect our local Strategic Priorities.
- The 13 Indicators within the existing Local Area Agreement (2006-2009)

9. Current progress and the involvement of elected members:

Time	LAA Activity	Member Involvement
2005	Development of Rotherham Community Strategy 2005-2010	Extensive including members sessions, involvement of Scrutiny Boards, Area Assemblies and community consultation
September to November	Refresh of Community Strategy to refine slightly the 'story of place' for Rotherham. Visions, Themes and Strategic priorities	9th November, Community Strategy Refresh event for partners.
November	Initial discussions between GO and Rotherham Partnership around potential indicators	Initial discussions with PSoC. Initial discussions with C&YP Board Members briefing session (1)
January to April	Developing discussions around potential indicators and targets	9th January discussions with Cabinet 25th January Member Development session (1) 1st February discussions with PSoC. 11th February discussions with Area Assembly Chairs 20th February discussions with C&YP Board 28th February Area Plans to the LSP Members briefing session (2) 9th April Cabinet 11th April PSOC 14th March Member Development session (2) 9th April Member Development session (3) TBI All Scrutiny Boards 9th April Dedicated PSOC Session

10. Finance:

There are considerable financial implications associated with achieving the 'Stretch Targets' within the Local Area Agreement. There is no additional resources associated with the Agreement, as such all resource implications will need to be contained within existing budgets.

11. Risks and Uncertainties:

The key risks around the project are 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.

12. Policy and Performance Agenda Implications:

The Council and the Partnership have in place performance management frameworks to ensure that the refreshed plans are regularly and robustly monitored. Existing performance information will be key in ensuring that targets set within the plans are challenging but achievable. It will be critical to ensure that the refresh effectively ensures that both National and Regional policies are accurately and effectively reflected in the refresh and this has been built into the proposals

13. Background Papers and Consultation:

Local Government and Public Involvement Bill (2007)
Community Strategy 2005-2010
Community Strategy 2005-2011 (Updated 2008)
How to win friends and influence partners, the centre for public scrutiny

14. Contact Name :

Vince Roberts, Partnership Manager, Chief Executives Department, **Ext** 2757;
E: vince.roberts@rotherham.gov.uk

DRAFT 'Up to 35' LAA Indicators
APPENDIX 1

	Proposed Indicator	Comment	Strategic Priority
Achieving			
151	Overall employment rate	Existing measure. Current direction of travel is reducing, priority to tackle the decline this is currently showing. Issue related to economic activity and slow down. Currently below national average.	AC3. Maximise employment opportunities for all by supporting disadvantaged people into work. AC4. Improve access and remove barriers to employment.
152	Working age people on out of work benefits	New measure, data is available. Key priority for the Borough.	AC3. Maximise employment opportunities for all by supporting disadvantaged people into work. AC4. Improve access and remove barriers to employment. AL11. Support people on incapacity benefits to manage their condition and get back into employment where possible through the Condition Management Programme (CMP) and Pathways to Work.
167	Congestion - average journey time per mile during the morning peak	Existing indicator within the Local Transport Plan, need to use same targets. Most relevant of all the transport indicators. GOYH are very definite for this to be in.	AC4. Improve access and remove barriers to employment.
171	VAT registration rate	Existing measure, key priority for the Borough. Strong linkage to local PI around Business Start ups	AC1. Promote innovation, enterprising behaviour, competitiveness and sustainability. AC2. Promote business start ups, growth and inward investment.
	Local PI's	Town Centre Regeneration NI 166 - Average earnings of employees in the area	AC5. Encourage workforce development AC6. Revitalise the town centre. AC7. Ensure local town centres are attractive.

Learning			
79	Achievement of a Level 2 qualification by the age of 19	Good indicator of skill base for economy and employability. Achieving incremental improvement year on year. Issue about the measure, how it is collected, who it applies to and time lag in reporting. UPDATE Concerns re time lag raised with Government Office.	L1. Ensuring high quality of education for all children and young people. L5. To raise attainment across the Borough for all children and young people. L2. Increase the employability of working age adults, by reducing the number of adults lacking essential skills (reading, writing, numeracy and ICT).
117	16 to 18 year olds who are not in education, training or employment (NEET)	Existing stretch target until 2009. Key priority for the Borough. Issues related to Reward. Concern whether this includes those young people who volunteer.	L2. Increase the employability of working age adults, by reducing the number of adults lacking essential skills (reading, writing, numeracy and ICT). L4. Create specific initiatives to maximise the engagement and participation in learning of people living in the most deprived neighbourhoods. L6. Increase the number of young people in education, employment or training.
163	Working age population qualified to at least Level 2 or higher	Agreed but needs discussion between Learning and Achieving re ownership. Strong tie in with funding from the LSC. Need to ensure relationship with NI 164 & 79.	L2. Increase the employability of working age adults, by reducing the number of adults lacking essential skills (reading, writing, numeracy and ICT). L3. Maximise participation in adult learning, particularly in disadvantaged areas. AC5. Encourage workforce development.
164	Working age population qualified to at least Level 3 or higher	Agreed but needs discussion between Learning and Achieving re ownership. Strong tie in with funding from the LSC. Need to ensure relationship with NIs 163 & 79. UPDATE: Suggestion that 165 (Level 4) might be more appropriate for Rotherham's issues.	L2. Increase the employability of working age adults, by reducing the number of adults lacking essential skills (reading, writing, numeracy and ICT). L3. Maximise participation in adult learning, particularly in disadvantaged areas. AC5. Encourage workforce development.
	Local PI	Adults 19+ engaging in learning activities	L3. Maximise participation in adult learning, particularly in disadvantaged areas.

Alive			
53	Prevalence of breastfeeding at 6-8 weeks	Important but baseline for this is insufficiently robust. Partnership approach vital for this. UPDATE: This has been re-included within the set due to the high priority of this issue	AL8. Improving Infant health and reducing infant mortality.
56	Obesity among primary school age children in Year 6	Key priority for the Borough and nationally. GOYH keen for us to have this in. Issue of whether performance can alter within time period.	AL4. Reduce obesity levels in Rotherham against current trends. AL10. Increase physical activity of children.
57	Children and young people's participation in high-quality PE and sport	Key measure of health, however concerns remain about data collection for part of the indicator and data quality.	AL4. Reduce obesity levels in Rotherham against current trends. AL10. Increase physical activity of children.
112	Under 18 Conception Rate	Very important issue for Rotherham but latest data for this measure has a two year reporting delay, three years for ward level and so is very inaccurate. UPDATE: This has been re-included within the set due to the high priority of this issue.	AL9. Improving Sexual health and reducing teenage pregnancy.
120	All-age all cause mortality rate	Existing measure collected by PCT. Key Priority for Partners, GOYH want this in. Long term measure, difficult to impact in the short term.	AL1. Increasing life expectancy by a reduction in mortality from major diseases such as CVD, COPD and cancers. AL2. Reduce alcohol consumption. AL8. Improving Infant health and reducing infant mortality. AL9. Improving sexual health and reducing teenage pregnancy.
135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Possible agreed. Baseline data is available for this but it does not include information and advice. UPDATE: Further work to be done on this indicator.	AL5. Increase in review of care packages.
141	Number of vulnerable people achieving independent living	Existing indicator. Key objective for Rotherham, GOYH keen for this to be included.	Move to safe?

	Local PI's	Adult participation in sport Smoking rates during Pregnancy Obesity – all age groups	AL8. Improving Infant health and reducing infant mortality. AL11. Support people on incapacity benefits to manage their condition and get back into employment where possible through the Condition Management Programme (CMP) and Pathways to Work. AL12. Reduce the prevalence of mental illness and ensure appropriate support is given to those with mental health illnesses. AL13. Increase numbers of young people who report positive responses with regards to their emotional well-being. AL14. Encourage more widespread enjoyment of culture and sport.
Safe			
16	Serious acquisitive crime rate	New measure but data is available. UPDATE: Concern about the number of crime indicators.	S7. Tackle and reduce the incidence of anti-social behaviour.
17	Perceptions of anti-social behaviour	Key priority for Rotherham to address but concern as it is a perception measure and regarding the baseline. Concerns about this being a perception measure.	S4. Build and support responsive and sustainable communities through neighbourhood management arrangements. S5. Ensure safety within the night time economy. S8. Reduce the level of drugs and alcohol related crime in the borough. S9. Reduce the fear and perception of crime.
18	Adult re-offending rates for those under probation supervision	New measure but data is available. Probation Service must be involved in target setting. UPDATE: Concern about the number of crime indicators.	S7. Tackle and reduce the incidence of anti-social behaviour.
20	Assault with injury crime rate	New measure but data is available. Strong priority from Area Assemblies. UPDATE: Concern about the number of crime indicators.	S7. Tackle and reduce the incidence of anti-social behaviour.

40	Drug users in effective treatment	New measure but data collected by PCT drug action team.	S7. Tackle and reduce the incidence of anti-social behaviour.
47	People killed or seriously injured in road traffic accidents	Existing indicator within the LTP, need to use same targets. UPDATE: GO continue to want this in.	
111	First time entrants to the Youth Justice System aged 10 - 17	Existing measure, key to prevention of offending and reducing crime.	S7. Tackle and reduce the incidence of anti-social behaviour.
144	Offenders under probation supervision in employment at the end of their order or license.	Under consideration. Social Exclusion Taskforce have said as Rotherham is in bottom quartile for this they would like to see it in.	S7. Tackle and reduce the incidence of anti-social behaviour.
154	Net additional homes provided	Existing measure, GOYH keen to have this in. Being examined - if too high risk it should be replaced by 159 (Supply of ready to develop housing sites). Risk assessment currently being undertaken.	S1. Improve quality of design, decency standard, supply and affordability of housing in the borough.
158	% decent council homes	Existing measure. Priority for the Borough.	S1. Improve quality of design, decency standard, supply and affordability of housing in the borough.
168	Proportion of principal roads where maintenance should be considered	Possible inclusion of this measure. High priority for residents. Key concerns around the measure that need to be assessed. UPDATE: put back following consultation.	S2. Improve the local environmental quality of our neighbourhoods.
185	CO2 reduction from Local Authority operations	Under consideration as we are able to report on this.	S3. Co-ordinate innovative partnerships in order to improve sustainable infrastructure, mitigate and adapt to climate change. S2. Improve the local environmental quality of our neighbourhoods.
	Local PI's	Alcohol related harm (further work to be done) CO2 emissions from all Partners	S8. Reduce the level of drugs and alcohol related crime in the borough. S6. Reduce the incidence of domestic violence throughout the borough.

Proud			
1	% of people who believe people from different backgrounds get on well together in their local area	Existing measure. Community cohesion is a key priority for the Borough and nationally. Perception measure. Big risk as perception measure.	P3. Celebrate the achievements of Rotherham, its people and organisations. P4. Promote understanding, respect and belonging within communities and the borough.
4	% of people who feel they can influence decisions in their locality	Existing measure within the Quality of Life survey, to be measure through the new Place Survey. Currently low performing but should increase due to work being undertaken. Work required by partners to increase perception rates. GOYH keen for this to be in. Big risk as Perception measure.	P1. Provide the means for citizens, the voluntary and community sector and businesses to influence decisions making.
7	Environment for a thriving third sector	Priority for the Borough, but new measure and currently unclear regarding how this will be measured. Possible change in measures following National consultation, further consideration on this needed.	P2. Support a thriving, sustainable and diverse Voluntary and Community Sector.
110	Young people's participation in positive activities	Important area to address for Rotherham, but unclear how this will be measured. GOYH keen for this to be in. Need clarity on which Theme would lead on this.	L4. Create specific initiatives to maximise the engagement and participation in learning of people living in the most deprived neighbourhoods?

Total = 31

Indicators proposed by GOYH 28th Feb

136	People supported to live independently through social Services (All Ages)	Proposed at event on 28th Feb, by GOYH. Under discussion.	

Statutory Education and Early Years Indicators

72	Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy
73	Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold)
74	Achievement at level 5 or above in both English and Maths at Key Stage 3 (Threshold)
75	Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Threshold)
83	Achievement at level 5 or above in Science at Key Stage 3
87	Secondary school persistent absence rate
92	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest
93	Progression by 2 levels in English between Key Stage 1 and Key Stage 2
94	Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2
95	Progression by 2 levels in English between Key Stage 2 and Key Stage 3
96	Progression by 2 levels in Maths between Key Stage 2 and Key Stage 3
97	Progression by 2 levels in English between Key Stage 3 and Key Stage 4
98	Progression by 2 levels in Maths between Key Stage 3 and Key Stage 4
99	Children in care reaching level 4 in English at Key Stage 2
100	Children in care reaching level 4 in Maths at Key Stage 2
101	Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths)

Remaining National Indicator Set – not currently in LAA, but still performance managed

2	% of people who feel that they belong in their neighbourhood
3	Civic participation in the local area
5	Overall/general satisfaction with local area
6	Participation in regular volunteering
8	Adult Participation in sport
9	Use of public libraries
10	Visits to museums or galleries
11	Engagement in the arts
12	Refused and deferred Houses in Multiple Occupation (HMO) license applications leading to immigration enforcement activity
13	Migrants English language skills and knowledge
14	Avoidable contact: The average number, of customer contacts per received customer request
15	Serious violent crime rate (moved here from proposed only by Rotherham following LAA core group on 12.12.07)
19	Rate of proven re-offending by young offenders
21	Dealing with local concerns about anti-social behaviour and crime by the local council and police
22	Perceptions of parents taking responsibility for the behaviour of their children in the area
23	Perceptions that people in the area treat one another with respect and dignity
24	Satisfaction with the way the police and local council dealt with antisocial behaviour
25	Satisfaction of different groups with the way the police and local council dealt with anti-social behaviour
26	Specialist support to victims of a serious sexual offence
27	Understanding of local concerns about anti-social behaviour and crime by the local council and police
28	Serious knife crime rate
29	Gun crime rate
30	Re-offending rate of prolific and priority offenders
31	Re-offending rate of registered sex offenders
32	Repeat incidents of domestic violence
33	Arson incidents
34	Domestic violence - murder
35	Building resilience to violent extremism
36	Protection against terrorist attack
37	Awareness of civil protection arrangements in the local area

38	Drug-related (Class A) offending rate
39	Alcohol-harm related hospital admission rates
41	Perceptions of drunk or rowdy behaviour as a problem
42	Perceptions of drug use or drug dealing as a problem
43	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody
44	Ethnic composition of offenders on Youth Justice System disposals
45	Young offenders engagement in suitable education, employment or training
46	Young offenders access to suitable accommodation
48	Children killed or seriously injured in road traffic accidents
49	Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks
50	Emotional health of children
51	Effectiveness of child and adolescent mental health (CAMHs) services
52	Take up of school lunches
54	Services for disabled children
55	Obesity among primary school age children in reception year
58	Emotional and behavioural health of children in care
59	Initial assessments for children's social care carried out within 7 working days of referral
60	Core assessments for children's social care that were carried out within 35 working days of their commencement
61	Stability of looked after children adopted following an agency decision that the child should be placed for adoption
62	Stability of placements of looked after children: number of moves
63	Stability of placements of looked after children: length of placement
64	Child protection plans lasting 2 years or more
65	Children becoming the subject of a Child Protection Plan for a second or subsequent time
66	Looked after children cases which were reviewed within required timescales
67	Child protection cases which were reviewed within required timescales
68	Referrals to children's social care going on to initial assessment
69	Children who have experienced bullying
70	Hospital admissions caused by unintentional and deliberate injuries to children and young people
71	Children who have run away from home/care overnight
76	Achievement at level 4 or above in both English and Maths at KS2 (Floor)
77	Achievement at level 5 or above in both English and Maths at KS3 (Floor)
78	Achievement of 5 or more A*-C grades at GCSE and equivalent including GCSEs in English and Maths (Floor)

80	Achievement of a Level 3 qualification by the age of 19
81	Inequality gap in the achievement of a Level 3 qualification by the age of 19
82	Inequality gap in the achievement of a Level 2 qualification by the age of 19
84	Achievement of 2 or more A*-C grades in Science GCSEs or equivalent
85	Post-16 participation in physical sciences (A Level Physics, Chemistry and Maths)
86	Secondary schools judged as having good or outstanding standards of behaviour
88	Number of Extended Schools
89	Number of schools in special measures
90	Take up of 14-19 learning diplomas
91	Participation of 17 year-olds in education or training
102	Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4
103	Special Educational Needs - statements issued within 26 weeks
104	The Special Educational Needs (SEN)/non-SEN gap - achieving Key Stage 2 English and Maths threshold
105	The Special Educational Needs (SEN)/non-SEN gap - achieving 5 A*-C GCSE inc. English and Maths
106	Young people from low income backgrounds progressing to higher education
107	Key Stage 2 attainment for Black and minority ethnic groups
108	Key Stage 4 attainment for Black and minority ethnic groups
109	Number of Sure Start Children Centres
113	Prevalence of Chlamydia in under 20 year olds
114	Rate of permanent exclusions from school
115	Substance misuse by young people
116	Proportion of children in poverty
118	Take up of formal childcare by low-income working families
119	Self-reported measure of people's overall health and wellbeing
121	Mortality rate from all circulatory diseases at ages under 75
122	Mortality from all cancers at ages under 75
123	16+ current smoking rate prevalence
124	People with a long-term condition supported to be independent and in control of their condition
125	Achieving independence for older people through rehabilitation/intermediate care
126	Early access for women to maternity services
127	Self reported experience of social care users
128	User reported measure of respect and dignity in their treatment

129	End of life access to palliative care enabling people to choose to die at home
130	Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)
131	Delayed transfers of care from hospitals
132	Timeliness of social care assessment
133	Timeliness of social care packages
134	The number of emergency bed days per head of weighted population
137	Healthy life expectancy at age 65
138	Satisfaction of people over 65 with both home and neighbourhood
139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently
140	Fair treatment by local services
142	Number of vulnerable people who are supported to maintain independent living
143	Offenders under probation supervision living in settled and suitable accommodation at the end of their order or license
145	Adults with learning disabilities in settled accommodation
146	Adults with learning disabilities in employment
147	Care leavers in suitable accommodation
148	Care leavers in employment, education or training
149	Adults in contact with secondary mental health services in settled accommodation
150	Adults in contact with secondary mental health services in employment
153	Working age people claiming out of work benefits in the worst performing neighbourhoods
155	Number of affordable homes delivered (gross)
156	Number of households living in Temporary Accommodation
157	Processing of planning applications as measured against targets for 'major', 'minor' and 'other' application types
159	Supply of ready to develop housing sites
160	Local Authority tenants' satisfaction with landlord services
161	Learners achieving a Level 1 qualification in literacy
162	Learners achieving an Entry Level 3 qualification in numeracy
165	Working age population qualified to at least Level 4 or higher
166	Average earnings of employees in the area
169	Non-principal roads where maintenance should be considered
170	Previously developed land that has been vacant or derelict for more than 5 years
172	VAT registered businesses in the area showing growth

173	People falling out of work and on to incapacity benefits
174	Skills gaps in the current workforce reported by employers
175	Access to services and facilities by public transport, walking and cycling
176	Working age people with access to employment by public transport (and other specified modes)
177	Local bus passenger journeys originating in the authority area
178	Bus services running on time
179	Value for money - total net value of on-going cash-releasing value for money gains that have impacted since the start of the 2008-9 financial year
180	Changes in Housing Benefit/ Council Tax Benefit entitlements within the year
181	Time taken to process Housing Benefit/Council Tax Benefit new claims and change events
182	Satisfaction of businesses with local authority regulation services
183	Impact of local authority regulatory services on the fair trading environment
184	Food establishments in the area which are broadly compliant with food hygiene law
186	Per capita CO2 emissions in the LA area
187	Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating
188	Adapting to climate change
189	Flood and coastal erosion risk management
190	Achievement in meeting standards for the control system for animal health
191	Residual household waste per head
192	Household waste recycled and composted
193	Municipal waste land filled
194	Level of air quality - reduction in NOx and primary PM10 emissions through local authority's estate and operations.
196	Improved street and environmental cleanliness - fly tipping
197	Improved local biodiversity – active management of local sites
198	Children travelling to school - mode of travel usually used

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**ADULT SERVICES AND HEALTH SCRUTINY PANEL**
2.	**Date:**	**10 April 2008**
3.	**Title:**	**Annual Health Check 2007-08**
4.	**Programme Area:**	**Chief Executive's**

5. Summary

This report explains the Annual Health Check process and gives the Overview and Scrutiny responses to the local health trusts' declarations.

6. Recommendations

a. That the response for Sheffield Teaching Hospitals drafted by the South Yorkshire Joint Health Scrutiny Committee be noted.

b. That Members consider the draft responses in respect of Yorkshire Ambulance Service NHS Trust, Rotherham PCT, Rotherham Doncaster and South Humber NHS Foundation Trust and Rotherham NHS Foundation Trust and agree or amend them, as necessary.

7. Proposals and Details

7.1 Background

7.1.1 For the last three years, the Healthcare Commission has been responsible for assessing performance of health trusts through a mechanism called the Annual Health Check. This system is based upon measuring performance within a framework of national standards and targets set by Government.

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

7.1.3 The overall aim of the new assessment of performance, and the information gained through the process, is to promote improvements in healthcare. It helps people to make better informed decisions about their care, promote the sharing of information and give clearer expectations on standards of performance.

7.1.4 In April 2008, each health trust is required to provide a declaration of its compliance (or otherwise) against the Department of Health's 24 core standards.

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

7.1.6 The core standards on which the draft commentaries are focused are:

C6 (co-operation to meet patients' individual needs)
C7 (governance)
C13 (dignity)
C11 (training and development)
C14 (information and complaints)
C15 (food) – where applicable
C16 (information on services)
C18 (equal access to services)
C17 (seeking patient views)
C22 (reducing health inequalities)
C23 (health promotion) – where applicable
C24 (emergency planning) – where applicable

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

7.1.8 Each trust was provided with a brief against which it was asked to provide a presentation, followed by answering questions from Members.

7.1.9 This year, the four South Yorkshire local authorities again agreed to work together on producing comments for Sheffield Children's Hospital Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust. This was done through the South Yorkshire Joint Health Scrutiny Committee, membership of which is the chair of each Scrutiny Committee, plus two others, from each of the four councils. The draft commentary for the Children's Hospital Trust has been reported to the Children and Young People's Scrutiny Panel.

7.2 Sheffield Teaching Hospitals NHS Foundation Trust

7.2.1 The South Yorkshire Joint Health Scrutiny Committee (chaired by Cllr Clive Skelton) met with senior management from the Sheffield Teaching Hospitals NHS Foundation Trust on 18 March 2008. The members involved from Rotherham's Adult Services and Health Scrutiny Panel were:

- Cllr Hilda Jack
- Cllr Alex Sangster
- George Hewitt.

7.2.2 A draft response, combining the comments made by the representatives of each authority was drafted and is currently in the process of being checked, before being signed off by Cllr Clive Skelton on behalf of the joint committee. It is given, for information, at Appendix A.

7.2.3 **Yorkshire Ambulance Service NHS Trust (YAS)**

7.2.4 As Yorkshire Ambulance Service provides services across the region, several of the Overview and Scrutiny committees agreed to have a joint meeting with the Trust on 4 March 2008, thus enabling issues of shared interest to be discussed.

7.2.5 Cllrs Hilda Jack and Alex Sangster represented Rotherham's scrutiny function.

7.2.6 Although a regional joint health scrutiny protocol had been produced, it is still in the process of being agreed by the individual councils, so there is not yet a mechanism for working jointly. Therefore for this year the scrutiny functions each council have agreed to present their comments individually. The draft commentary for YAS is given at Appendix B.

7.3 Rotherham PCT, Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) and Rotherham NHS Foundation Trust

7.3.1 For the Rotherham health trusts, an Annual Health Check Working Group was set up, comprising members of the Children and Young People's and Adult Services and Health Scrutiny Panels.

7.3.2 The members involved from Adult Services and Health Scrutiny Panel were:

- Cllr Hilda Jack
- Cllr Alex Sangster.

7.3.3 The members involved from Children and Young People's Services Scrutiny Panel were:

- Cllr Barry Kaye (Chair of the Working Group)
- Cllr Ann Russell
- Cllr John Swift.

7.3.4 Each trust was provided with a brief against which it was asked to provide a presentation. This was given at a meeting with the Working Group and was followed by questions.

7.3.5 Draft responses have been drawn up based on evidence given at the meeting with each local trust, plus additional information that came from other work of the relevant Panel. They are appended as follows:

Appendix C – Rotherham PCT
Appendix D – RDASH
Appendix E – Rotherham NHS Foundation Trust.

8. Finance

There are no financial implications arising from this report.

9. Risks and Uncertainties

Although it is not a specific requirement, the Healthcare Commission suggests that overview and scrutiny comments may be shared with the relevant trust, prior to submission. By doing this, we can ensure that any comment based on a misunderstanding can be modified, before it is submitted.

10. Policy and Performance Agenda Implications

Contributing towards the Annual Health Check process is part of the Panel's health scrutiny remit.

11. Background Papers and Consultation

- Your Part in the Annual Health Check 2007/08: a step-by-stem guide for patient and public involvement forums, overview and scrutiny committees and foundation trusts' board of governors, Healthcare Commission

- Healthcare Commission: Criteria of assessing core standards in 2007/08.

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

APPENDIX A

SHEFFIELD TEACHING HOSPITALS TRUST

ANNUAL HEALTH CHECK 2007/08

COMMENTS OF SYJHSC

Core Standard	Comment
General	• In general, Members were pleased that the Trust's continued delivery against targets has reduced external intervention and therefore allowed it to focus more on delivering and improving healthcare. • Members wish to acknowledge the Trust's key achievements and challenges. • The Trust has worked hard to achieve its double excellent rating last year, but is committed to continued improvement. Its priorities for the coming year are clinical excellence, becoming more patient-centred and better engagement with its staff, and this is to be welcomed. • However, Members wish to note that some A&E targets are not currently being met - although this is a fairly marginal issue in view of the significant throughput. • The Trust is also anticipating some problems with recruitment of doctors due to national policy. The necessary numbers are still being recruited, but fewer applications are being received – Members suggest that this is an issue requiring careful monitoring.
4	• Evidence on infection control pointed to good performance and an ongoing reduction in MRSA (a 20% reduction for the third year running). However, the Trust still see this as a key issue, including cdificile. Members were keen that infection control remains a high priority for the Trust.
6	• Members were disappointed that the single assessment process is still not recorded electronically, despite an intention for this to happen in 2005. The Trust has not given a commitment as to when this will be implemented. • When there was a peak in patients experiencing delayed transfer of care from July to October 2007, the Trust's close working with other care providers and commissioners successfully reduced the numbers to the pre-peak level. Members expressed some concerns in relation to that peak in numbers and issues of joint working with Social Services/independent sector providers (i.e. provision of aids; delays in personal assessments), but acknowledged the extent of partnership working undertaken to develop and implement an action plan to rectify the situation and

	lead to further improvements. Indeed, an overall strategy for intermediate care for 2008/09 which will focus on enablement and re-enablement is currently being developed. The Trust's secondment of a geriatrician to work with the local authority and PCT on the development of that strategy is further evidence to support compliance with this standard. • The practice of inviting experienced breast-feeders in to Jessop Wing maternity wards to help new mothers is a positive step in encouraging increased breastfeeding, with its long-term health benefits. Targets were looked at comparing Sheffield to the likes of Australia where, although there is no target, levels of breastfeeding have reached over 90% on a national basis, whereas Sheffield is around 70%. It was noted that levels within Sheffield differ from ward to ward with lower levels to be found around the deprived areas. Members accepted that the benefits of raising levels of breastfeeding would create significant benefits later in life as can be seen in Australia. • The Trust's Head of Patient and Public Involvement is working with Sheffield City Council to procure a host organisation for the Local Involvement Network (LINk) – evidence of good joint working.
7	• Governance risk management is firmly embedded, with a quarterly 'risks report' being brought to the Board, which is then responsible for dealing with any issues. In addition, the Assurance framework is updated annually, with the arrangements being audited by both internal and external audit. The Trust is aware of risks associated with procurement from external suppliers/contractors. • The Trust's good financial governance enables it to look closely for any areas of waste. The Trust has so far addressed the £30 million savings reductions in both the first and second years and now faces the challenge of addressing a third year of saving another £30 million (providing a total of £90 million over three years). Members were informed that whilst successfully streamlining finances and making the savings, the Trust has taken waste into consideration and concentrated on the best interests of the patient and quality of healthcare. This focussed approach has effectively removed any need for external intervention from Monitor. • It is regrettable that the Trust's monthly directors' meetings are now being held in private, having previously held every third one in public. The reason given for this is that public attendance was low, but Members were not told of any initiatives to try and increase this.
11	• 'Soft Skills' are part of the Trust's training programme – e.g. for staff working with dementia patients. In addition, extra resources have been invested in general training in mental health issues. • All new staff have a corporate and departmental induction, which includes customer care elements. In the last year, the Trust has

	taken an innovative approach, asking the John Lewis Partnership to share how they treat their customers.
13a	• The Trust's decision to undertake Essence of Care audits internally, using its own Clinical Assurance toolkit, has substantially reduced the time taken to identify areas where there are problems. 102 ward audits have taken place in 2007/08 and the Trust's toolkit is now being cited as good practice and is being used by others. • Patient comfort has benefited through the £2m of ward refurbishments that has been undertaken this year – both in respect of upgrading old buildings and smaller improvement schemes. Increased provision of en-suite facilities is to be welcomed.
13b	• Mental Capacity Act training has been undertaken.
13c	• The finding of the Trust's wholesale review of bulk data transfer was that it was 'safe'.
14c	• In addition to Governors' Council and Patients' Council visits, the Board Governors have a programme of visits over the year and members of the Board also undertake unannounced visits and visits in late evening, for example, to Accident and Emergency at peak times. • In addition, the Chief Nurse works one clinical shift each month.
15a	• Patient satisfaction with the food provided at the Northern General site was highlighted as problematic last year. The pilot of introducing bulk food trolleys (from which individual portions are served) at that site has improved the quality of the food served, allows patients to be given the required portion size and should be more appealing. However, Members believe that much still needs to be done and expect that significant improvements will be made over the coming year.
16	• The Trust's move to a telephone interpretation service in April 2008 providing a 20 minute response, with access to 190 languages, is to be commended. This will be particularly useful for 'drop in' services, such as accident and emergency and genito-urinary medicine. • However, face-to-face translators are used for planned consultations or if there is bad news to communicate. • The Trust recognises the particular importance of translation services for communities that are hard to reach, giving the example of the newly arrived Eastern Europeans. Figures show that people from these communities often visit A&E instead of accessing primary care.
17	• Patient representatives are part of the planning teams involved in

	ward upgrades. • Patients also help prioritise the order in which upgrade schemes are undertaken; their views are then communicated to clinicians. • The Trust is preparing for LINk and is aware of the need to ensure smooth overlap with Governors' inspections. Members will be interested in the outcome of this as part of next years' Healthcare Check. • A range of patient surveys are undertaken, including of ex-patients and in-house.
22	• The Trust has an awareness of health inequalities, and participates in partnership arrangements. Members were keen that the Trust engages pro-actively in efforts to reduce inequalities, for example, making efforts to communicate with hard to reach communities. • There are a variety of arrangements to encourage new people to work or volunteer for the Trust. These include work experience for school pupils, long-term volunteering opportunities, taster schemes and apprenticeships.

APPENDIX B

Metropolitan Borough of Rotherham

Cllr John Doyle
Rotherham Town Hall,
The Crofts, Moorgate Street, Rotherham, South Yorkshire S60 2TH
Telephone 01709 822722/1
Facsimile 01709 822734

April 2007

Martyn Pritchard
Chief Executive
Yorkshire Ambulance Service
Springhill 2
Brindley Way
Wakefield 41 Business Park
WAKEFIELD WF2 0XQ

Dear Mr Pritchard

Healthcare Commission – Standards for Better Health, OSC Comments on 2007/08 Declaration

As Yorkshire Ambulance Service NHS Trust provides services across the region, several of the Overview and Scrutiny committees were pleased to have a joint meeting with the Trust in March, thus enabling issues of shared interest to be discussed. However, as the regional joint health scrutiny protocol is still in the process of being agreed by the individual councils, for this year the scrutiny functions each council will present their comments individually.

In addition to the evidence gathered at the meeting with you, we have used relevant information from health scrutiny work undertaken at Rotherham to inform our comments.

For the purposes of this exercise we have concentrated on a number of specific core Healthcare Standards[1]:

cont./…

[1] DH: Standards for Better Health

…/page 2

From the 2nd Domain: **Clinical & Cost Effectiveness**
C6 (co-operation to meet patients' individual needs)

- In response to a Member's question about the Trust needing to demonstrate creativity and ingenuity - as well as compliance - the Trust has confirmed its commitment to patient-centred services, whilst working through the cultural change that is necessary due to the merger.
- YAS has one bariatric vehicle, which was originally part of the South Yorkshire Ambulance fleet. The issue of moving heavier patients needs to be revisited, particularly now the fire service has indicated it will no longer help with this. If moving a bariatric patient is pre-planned, then the specialised vehicle can be booked. However, if it is an emergency situation, it is often safer to treat the patient at home. YAS is keen to have better partnership working with the PCTs, hospitals and social services – particularly with the sharing of data. If bariatric patients' records are 'flagged' on the system, the Trust can ensure that the appropriate vehicle or service is provided.
- The Trust recognises the importance of integrating transport – particularly in rural areas. For example, in East Yorkshire most of the vehicles being used for patient transport belong to social services or the voluntary sector. YAS has won three awards for this and is currently considering expanding the idea to York and North Yorkshire.
- Analysis of YAS records has shown that 300 patients are responsible for 2% of all calls. It therefore plans to work more closely with PCTs to identify more appropriate patient pathways for these people. For example, for those with mental illness, the ambulance service may not be the best service to respond; patients who have many falls may need more equipment at home to help prevent this.
- YAS has 1200 volunteers working as 'first responders'. The Trust intends to engage with them to see what other services they could provide, e.g. falls prevention.
- Although the 'seamless service' was first mooted more than 15 years ago, the Trust acknowledges that there is still some way to go before this is achieved. The Trust is committed to playing its part in better communication and joint working between all service-providers (health, social services and voluntary sector).
- There are three areas in which YAS would like to work with local authorities:
    - Alcohol strategies (as the vast majority of Friday and Saturday night ambulance call-outs are alcohol-related)
    - Transport vehicles using bus lanes (although agreement on this does exist in some areas, it is not the case across the whole of Yorkshire)
    - Emergency care practitioners being able to immediately refer to the emergency duty team.

  These have been noted by the scrutiny representatives attending the March meeting, with a view to possible further work on these issues.
- The Adult Services and Health Scrutiny Panel has continued to monitor the Patient Transport Contract in Rotherham. At its meeting in November, it heard

that the Rotherham Foundation Trust was working closely with the Yorkshire Ambulance Service to resolve any outstanding issues with the contract (which had been in operation for 6 months).

From the 3rd Domain: **Governance**
C7 (sound governance)

- Last year YAS had 19 'not met' indicators – each of which had an action plan in order to bring it to compliance. Of these 19, most are now met, with just 3, 'not met'. A further 2 indicators have been subject to rules changes – so the Trust is now keeping a close eye on these 5. All action plans have timescales attached, the Board monitors progress monthly and full compliance is expected by September 2008.
- In May 2007 members of the Adult Services and Health Scrutiny Panel visited the Rotherham communications centre to speak with management and staff about the proposals to move the control room function to Wakefield. This was followed by a presentation to the full panel from senior YAS staff and board members, and a discussion with union representatives. (This also supports compliance with Core Standard C17). Most of the Members' concerns about the proposed move were answered, but some concerns still remained, as detailed below:
    - Whilst the Scrutiny Panel's experience of engagement with YAS over this consultation has been very positive, we were disappointed in the consultation exercise itself. The consultation document did not look at all the options and gives only the briefest explanation of the rationale behind accepting its preferred option. Although the separate Options Appraisal Report[2] did fill in the detail behind the rationale, the same three options were the only ones considered. Furthermore, it is clear that the decision to close the Rotherham Centre had effectively been made already, with the decision not to install the digital radio system at Rotherham, some time ago, illustrating this.
    - Although we were assured that under the new arrangements the South Yorkshire team would be seated together at the Wakefield centre, enabling them to pool their local knowledge, we were concerned that this knowledge would inevitably diminish with the engagement of new staff over time.
    - We believe that the option of retaining the Rotherham Communications Centre had not been properly considered. Whilst it is clear that the current building is not adequate, no proposals for expanding it on its existing site have been put forward. As the Fairfield site is in two parts, separated by an adopted road, it may have been feasible to develop one side whilst selling the other.
    - Another option we feel should have been considered is that of relocating the Centre to more suitable premises in Rotherham, or elsewhere in South Yorkshire. There are several sites with good road access and close to the M1 that could be considered and Rotherham Council[3] has a proven track record of helping business and public bodies relocate to the area.
    - We were disappointed that although current employees will be offered relocation under the proposals, there will ultimately be a net loss of jobs for Rotherham as future employees are likely to be recruited from closer to Wakefield. There appears to have been no assessment of the negative effect of losing 58 skilled jobs from Rotherham's local economy.

[2] Shared with the Scrutiny Panel, but not part of the formal consultation documentation
[3] Through RIDO – Rotherham Inward Development Office

  - The Wakefield centre does not have particularly good public transport links and most employees choosing relocation under the proposals would need to drive, thus increasing the Service's carbon footprint and Yorkshire's carbon emissions.

- However, having visited the Wakefield site to see the existing and planned new communications centre facilities, we acknowledge that they are much more fit for purpose than those currently at Rotherham.
- The Trust's decision to put itself in 'voluntary financial turnaround' and subsequent achievement of a 'break even' position is evidence of good financial management over the last year.
- The Assurance Framework and Risk Management Strategy is firmly embedded in the organisation.
- The Board's commitment to improving performance against the core standards is shown by its monitoring of progress on action plans.

C11 (training and development)

- An NHS 360° review system is being used by managers to raise competence.
- Over the last year, there has been an increased focus on personal organisational development, including the introduction of personal development reviews. However, these have not yet been rolled out to a sufficiently large proportion of the Trust's staff, for this core standard to be considered 'met'.

From the 4th Domain: **Patient Focus and Partnership with Patients/Carers**
C13 (dignity)

- Although we asked for evidence to support this core standard at our March Meeting, no examples were provided.

C14 (information and complaints)

- Although we asked for evidence to support this core standard at our March Meeting, no examples were provided.

C16 (information on services)

- Information governance toolkit compliance has increased from 28% to 70% over the last year.

From the 5th Domain: **Accessible and Responsive Care**
C17 (seeking patient views)

- The Trust is keen to gather patient views, which could be fed in to commissioning service discussions.
- YAS is keen to develop 'pace-setters' , asking local authorities which patient groups it should be talking to. Local Involvement Networks (LINks)[4] should help with this.
- The Trust is continuing to develop its community engagement strategy so that service user feedback can improve service design and delivery.

C18 (equal access to services)

[4] Due to be set up from April 2008

- In order to improve the 999 service, individual team performance indicators are being introduced.

From the 6th Domain: **Public Health**
C21 (cleanliness)

- In order to continue reducing cases of MRSA, the Trust has recruited a qualified infection control nurse.

From the 7th Domain: **Public Health**
C22 (reducing health inequalities)

- Although we asked for evidence to support this core standard at our March Meeting, no examples were provided.

C24 (emergency planning)

- Although many other ambulance trusts are losing PTS contracts and are happy to do so, YAS is mindful of the emergency planning benefits of having a trust PTS fleet.

Overall, we understand that it has been a substantial challenge to combine three ambulance trusts into one and believe that Yorkshire Ambulance Service has achieved a great deal so far. It is now in a substantially better position with respect to the Annual Health Check, than it was a year ago and we feel confident that this will continue.

Over the next few months the Adult Services and Health Scrutiny Panel will be drawing up plans for work in 2008/2009 and will bear in mind the Annual Health Check process and the knowledge gained through it when doing so.

We support the principals of the Annual Health Check and its aim of raising standards across the healthcare community and welcome the opportunity to contribute to the process.

Finally, we would like to thank you for hosting a meeting with members of our Scrutiny Panel and those of other councils in the region and for your presentation on your performance and achievements over the last year. It provided Members with a good overview of the work of your Trust and demonstrated its commitment to engaging with the scrutiny process. Working between our two organisations at officer level has also been very useful and we look forward to this developing further.

Yours sincerely

Cllr John Doyle
Chair of the Adult Services and Health Scrutiny Committee

APPENDIX C

Metropolitan Borough of Rotherham

Cllr John Doyle
Rotherham Town Hall,
The Crofts, Moorgate Street, Rotherham, South Yorkshire S60 2TH
Telephone 01709 822722/1
Facsimile 01709 822734

April 2008

Andy Buck
Chief Executive
Rotherham NHS Primary Care Trust
Oak House
Moorhead Way, Bramley
Rotherham S66 1YY

Dear Mr Buck

Healthcare Commission – Standards for Better Health, OSC Comments on 2007/08 Declaration

Under Rotherham Council's overview and scrutiny arrangements, responsibility for health scrutiny is shared by the Adult Services and Health Scrutiny Panel and the Children and Young People's Scrutiny Panel. Both panels have a wide range of other responsibilities in addition to their health scrutiny role and therefore are unable to undertake health reviews across the full range of standards specifically for the Annual Health Check process. However, we welcome the opportunity to question you on your performance against specific domains.

In addition to the evidence gathered at our meeting with you in March, we have used relevant information from our other health scrutiny work to inform our comments.

cont./…

…/page 2

For the purposes of this exercise we have concentrated on the following core Healthcare Standards[1]:

From the 2nd Domain: **Clinical & Cost Effectiveness**
C6 (co-operation to meet patients' individual needs)

- A recent consultation event showed that access to GP services in Rotherham is still a problem – particularly for older people. However, now that the national agreement for extended hours has been finalised, discussions with Rotherham's LMC[2] regarding local implementation can begin. Even without this, the situation is slowly getting better, and the creation of new practices at Wath and Brampton, plus the new town centre Primary Care Centre will further accelerate this trend.
- The PCT has well-established systems for integrated planning and service delivery, such as the creation and discharging of Rotherham's Children's Plan. This has led to good relationships between the PCT and service deliverers, both strategically and operationally.
- The PCT is a key partner in the Rotherham Partnership[3] and has shown full commitment to its Community Strategy and vision for Rotherham. Further evidence to support this core standard is the Trust's wish for greater ambition in the strategy's refresh, and in the new Local Area Agreement that is currently being negotiated.
- Examples of robust partnership working include the Breathing Space facility at Badsley Moor (for COPD[4] patients) and the new Joint Service Centre at Maltby.
- There is a great deal of co-operation between the PCT and other service providers, particularly with respect to patients with long term conditions. Elements of this include intermediate care, discharge arrangements, continuing care and the common assessment framework.
- During the 2007/08 municipal year, the Adult Services and Health Scrutiny Panel has received two presentations from the PCT on Practice-based Commissioning – firstly in July, an introduction to how arrangements had been set up in Rotherham followed by an update on progress in January. Although PBC in Rotherham is still in its infancy, it has great potential for improving services for patients and is well-supported by the PCT.
- In July 2007, an officer from the PCT presented the Joint Commissioning Framework for Adult Services, which was endorsed by the Adult Services and Health Scrutiny Panel.
- In November 2007, the Adult Services and Health Scrutiny Panel requested details of the new service specification for the Neuro Rehabilitation Service, following an earlier proposal to close Oakwood Rehabilitation Centre. It was satisfied that the needs of the patients would be better met with the new service.
- There is a Joint work programme between the Council and PCT, which is monitored on an annual basis by the Adult Services and Health Scrutiny Panel

[1] DH: Standards for Better Health
[2] Local Medical Committee
[3] Local Strategic Partnership
[4] Chronic Obstructive Pulmonary Disease

From the 3rd Domain: **Governance**
C7 (sound governance)

- Members feel that the Trust's governance structure is very robust – a view that was reinforced when an external review's findings were that the Board is very engaged in the PCT's work. However, the review suggested that the Board should be more challenging and this has happened over the last year.
- The Board is responsible for approving the Commissioning Cycle and Assurance Business Cycle, which gives it the opportunity to seek assurance in all aspects of the PCT's affairs.
- Our Members welcomed the opportunity to meet with the Trust's senior management to discuss the annual health check, but were disappointed that we did not have the opportunity to meet any member of the Board. However, we are pleased that there are plans to put right this omission in future years.
- The Trust has well-established arrangements for risk assessment for its directly-provided services. However, it acknowledges that there is still further work to do on the issue of third party risk. This is particularly important, given that the vast majority of its budget is spent on commissioning services from other providers and that any problems arising from these services has the potential to damage the reputation of the PCT.

From the 4th Domain: **Patient Focus and Partnership with Patients/Carers**
C13 (dignity)

- The core values of the PCT place emphasis on treating everyone with dignity and respect and this is built in to the organisation's culture and induction arrangements.
- The latest patient survey[5] shows that 75 to 80% of patients have a good experience of PCT services. However, this gathers the views of patients some time after their contact with the organisation, so Members would be interested to see if there was any scope for more spontaneous surveys. Rotherham response rates are above those nationally[6], but still only represent the views of slightly more than half the service users.
- PCT Provider Services are committed to ensuring privacy and dignity to all their patients. Examples include options for hearing impaired patients to communicate with the service via text or email and the practice of approaching them directly in the waiting room. Referral forms focus on the individual's communication needs in order to prepare appropriate care.
- Although the Speech and Language Therapy department is fully DDA[7] compliant, the quality of the facilities will improve further when it moves into the new town centre Primary Care Centre.
- The Trust is fully committed to equality and diversity training – evidenced by its mandatory training on inclusion. In addition the PCT Diversity Steering Group has been refreshed and its terms of reference updated to include Human Rights.
- The ongoing benchmarking of the Privacy and Dignity Domain of the Essence of Care Programme shows that the Trust is continuing its work in this area.

C14 (information and complaints)

[5] 2005 Patient Survey
[6] 52% in Rotherham, compared with 47% nationally
[7] Disability Discrimination Act

- There are many different ways to make a complaint to the Trust, to ensure that access is not a barrier. The fact that all complaints are acknowledged by the Chief Executive's office and that he signs off the final response, sometimes also following up a matter personally, shows that complaints are taken seriously.
- There is also a system in place for a root cause analysis of serious complaints and incidents, which includes feedback to patients and carers.
- One example of how a complaint can lead to service changes is relates to the provision of dental services for care home residents. The original complaint about a lack of dental service provision was made a little over a year ago, but now a screening service is now in place for all residents to ensure that they receive the dental care they need. From April 2007 to February 2008, 454 contacts were made. These domiciliary contacts are usually done at residential homes and include examinations, check-ups, cleaning, temporary fillings and dentures. In addition, staff in care homes are being encouraged to be more aware of dental hygiene issues.

C16 (information on services)

- The Trust's Editorial Board (with user and carer representatives) considers all patient information to ensure it is consistent and user-friendly. This is evidence to support the PCT's compliance with this standard.
- There is an established Health Advice Centre in the town centre. The Trust has shown its continued commitment to this by planning to relocate it to the new town centre Primary Care Centre when it opens.
- General information on health services is included in 'Your Guide to Local Health Services' – four pages of information in the local Yellow Pages.
- A summary of the Trust's annual report is widely distributed as a wrap-around with a local paper - The Rotherham Record.
- Rotherham is currently planning a new community newspaper and the PCT will be a partner in this.

From the 5th Domain: **Accessible and Responsive Care**
C17 (seeking patient views)

- The Trust contributes to and part-funds the Rotherham Reachout Survey.
- Its officers regularly attend community meetings such as Area Assemblies and scrutiny panel meetings.
- The PCT's ongoing commitment to patient and public involvement is evidenced by its recent revised PPE[8] Strategy, which is even more extensive than before.
- The needs of specific client groups are regularly canvassed through consultation, such as the recent work on access to mental health services for black and minority ethnic groups.
- The Trust is committed to the full integration of services for Children and Young People, as shown by its involvement in Rotherham's children's trust arrangements.

[8] Patient public engagement

- In September 2007 the Adult Services and Health Scrutiny Panel gave its comments to the national Drug Strategy consultation[9] after a helpful presentation by the PCT.
- In January 2008 the Adult Services and Health Scrutiny Panel received a report from the Director of Public Health on the NICE Guidance on Dementia Drugs and how it was being applied to the patients of Rotherham.
- In February 2008 the Adult Services and Health Scrutiny Panel received a presentation from the Director of Strategic Planning on Rotherham's Draft Primary Care Strategy. This was followed by a presentation on the Rawmarsh Service Centre which will house range of Council and Health Services. The officers attending were able to answer members' questions and take back issues raised by them.
- Also in February 2008, the Children and Young People's Scrutiny Panel had the opportunity to comment on the draft CAMHS strategy, with representatives from RDASH[10] and the PCT in attendance.
- As part of the Annual Health Check process, our Members raised the question of accountability of Trust officers attending public/Council meetings and were reassured that issues were always referred back to the Trust and actioned as appropriate.

C18 (equal access to services)

- Accident and Emergency waiting times in Rotherham are amongst the best in the country, with 98.7%[11] of patients being seen in less than four hours.
- There have been substantial improvements in waiting times with suspected cancer patients seeing their GP within one day, a consultant within two weeks, getting a diagnosis within 31 days and beginning any treatment within 62 days. The Trust is committed to further improving response times in other specialities by next year commissioning the hospital trust to deliver maximum waiting times from GP to treatment of 10-11 weeks.
- The Trust is committed to improving access to the services it provides directly. One example of this is the siting of its Stop Smoking Centre (a drop in service) at Rotherham Hospital. This is evidence of good inter-organisational co-operation and therefore also supports compliance with core standard C6.
- Over the last year the Trust has worked hard to improve access to Primary Care Mental Health services by offering more counselling within primary care by both counsellors and psychologists and also by making links with ethnic minority community representatives.
- The Trust has identified a number of target access issues, including Unscheduled Care. This is particularly important for Rotherham's migrant residents, and thus also supports the PCT's compliance with core standard C6.

From the 7th Domain: **Public Health**
C22 (reducing health inequalities)

- Over the last year, the Adult Services and Health Scrutiny Panel has been kept abreast of joint work being done by the Council and PCT on Rotherham's Public

[9] Drugs – Our Community, Your Say
[10] Rotherham, Doncaster and South Humber Healthcare NHS Trust
[11] Cumulative figure for 2007/08, as at 9 March 2008. National target is 98%.

Health Strategy and commends its direct links with the five themes of Rotherham's Community Strategy. This supports the Trust's compliance with Core Standards C22(a) and C22(c).

- The jointly-appointed Head of Public Health attends meetings of the Council's Corporate Management Team and Cabinet. This also is evidence of compliance with core standard C6.
- In July 2007 the Adult Services and Health Scrutiny Panel had the opportunity to comment on the Department of Public Health's Annual Report and make suggestions for any improvements for future years, thus supporting compliance with Core Standard 22(b)
- Mortality rates are monitored by GP practice to ensure that any unexpected trends can be investigated immediately.
- The Adult Services and Health Scrutiny Panel looked at the Draft Action Plan following the NST[12] visit in March 2007 and subsequently agreed to annually monitor its progress and keep abreast of the outcomes of the smoking cessation equity audit.
- Another of the outcomes of the National Support Team visit in March 2007 was a plan which focuses on targeted treatment, particularly for patients with cardio-vascular disease. The PCT plans to offer statins as standard to all diabetics over the age of 40, and also to focus on COPD patients and those with mental health problems as all are shown to have a substantially increased risk of cardio-vascular disease.
- The Trust's commitment to reducing health inequalities in children and young people is evidenced by its Teenage Pregnancy Strategy and the Joint Healthy Schools Programme (which also supports compliance with C6).
- The PCT is a key partner in Rotherham's multi-agency strategy for Affordable Warmth and Energy 2007-2010. This also supports compliance with standard C6.
- Although it is too early to be certain, it appears that some of the work to increase life expectancy in Rotherham is showing positive results, with the last two years' figures showing an improving trend.

C23 (health promotion)

- In July 2007, the PCT attended the Adult Services and Health Scrutiny Panel as part of its consultation on Rotherham's Alcohol Strategy. The Panel was able to comment on the strategy itself and also on the joint action Plan and has asked to receive annual updates on progress from now on. This also is evidence to support compliance with Core Standard C6.
- In October 2007, the Children and Young People's Scrutiny Panel invited the PCT to explain its plans to improve breast feeding rate, lower infant mortality levels and address childhood obesity. This also is evidence to support compliance with Core Standard C6.

In conclusion, we would like to thank you for the presentation given to members of Adult Services and Health and Children and Young People's Scrutiny Panels in March of this year. It provided Members with a good overview of the work of your Trust and demonstrated a commitment to engaging with the scrutiny process. Close

[12] National Support Team

working between our two organisations at officer level (through the Local Authority Health Officers Group) has also been very useful.

Over the next few months both scrutiny panels will be drawing up plans for work in 2008/2009 and will bear in mind the Annual Health Check process when doing so.

Yours sincerely

Cllr John Doyle
Chair of the Adult Services and Health Scrutiny Panel

Cllr Ann Russell
Chair of the Children and Young People's Scrutiny Panel

APPENDIX D

Metropolitan Borough of Rotherham

Cllr John Doyle
Rotherham Town Hall,
The Crofts, Moorgate Street, Rotherham, South Yorkshire S60 2TH
Telephone 01709 822722/1
Facsimile 01709 822734

April 2008

Dr Gillian Fairfield
Chief Executive
Rotherham, Doncaster and South Humber Healthcare NHS Trust
St Catharine's House
Tickhill Road, Balby
Doncaster DN4 8QN

Dear Dr Fairfield

Healthcare Commission – Standards for Better Health, OSC Comments on 2007/08 Declaration

Under Rotherham Council's overview and scrutiny arrangements, responsibility for health scrutiny is shared by the Adult Services and Health Scrutiny Panel and the Children and Young People's Scrutiny Panel. Both panels have a wide range of other responsibilities in addition to their health scrutiny role and therefore are unable to undertake health reviews across the full range of standards specifically for the Annual Health Check process. However, we welcome the opportunity to question you on your performance against specific domains.

In addition to the evidence gathered at our meeting with your colleagues in March, we have used relevant information from our other health scrutiny work to inform our comments.

cont./…

…/page 2

For the purposes of this exercise we have concentrated on the following core Healthcare Standards[1]:

From the 2nd Domain: **Clinical & Cost Effectiveness**
C6 (co-operation to meet patients' individual needs)

- The Trust has a strong record of partnership working, evidenced by its input into Rotherham's key strategies.
- The Trust has a long history of integrated service provision. A new example of this is the integrated CAMHS[2] Team, which has provided a single point of access for services from September 2007 and is seen by users as a single service with one management structure.
- There are regular meetings between Trust staff and partners from other local health and social care organisations, including the voluntary sector.
- The Third Sector is embedded in the Trust's governance structure, as shown by Voluntary Action Rotherham's[3] nomination of a governor onto the Trust's Council of Governors. This also supports Core Standard C7.
- Although service users cross organisational boundaries effectively, the main challenge is around records – particularly with older adults. In the absence of a national electronic solution, staff spend more time checking information. However this is reduced in Rotherham as local authority staff record onto the NHS system.

From the 3rd Domain: **Governance**
C7 (sound governance)

- The Trust has recruited a large number of service users and carers from across the geographical area as members. This has resulted in a balanced Council of Governors and is evidence of its compliance with this standard.
- Its commitment to Council of Governors involvement in the Annual Health Check process is shown by involving four governors in a working group that is responsible for going through the Trust's portfolio of evidence that supports its declaration.
- The Trust now has an Integrated Governance and Performance directorate and has also reviewed and modified its committee structures in line with this.
- The Risk Management Framework has been reviewed by the Trust's Internal Audit function and improvements made as a result. There are detailed and up-to-date Risk Registers and a policy of 'no surprises' for the various regulatory bodies[4]. The Board leads on this, which is further evidence of compliance with this standard.
- The Risk Manager is responsible for reporting on corporate and clinical risks, but they are also monitored monthly by the Board of Directors.

[1] DH: Standards for Better Health
[2] Children and Adolescent Mental Health Services
[3] An umbrella organisation representing the voluntary sector in Rotherham
[4] e.g. Monitor, Healthcare Commission etc.

From the 4th Domain: **Patient Focus and Partnership with Patients/Carers**
C13 (dignity)

- The Trust has a well-established User Carer Partnership Council which supports quality improvements and has a substantial work programme. This also supports compliance with core standard C17.
- There is a very active staff council and the Trust has a good working relationship with staff representatives. There is regular incident monitoring and clear procedures (including counselling) are initiated if staff are assaulted.
- The Trust is committed to staff training and development – both in respect of continuing professional development for clinical staff and a range of courses (including NVQ levels 1 to 4, literacy and numeracy) for non-clinical staff. In addition, all employees have the opportunity for personal development (through training, mentoring or placement). Only 60% of employees have a formal personal development review, although there is an action plan to improve this, particularly in areas where the figures are low.

C14 (information and complaints)

- Complaints and PALS[5] literature is widely available and compliments/complaints performance information is routinely published. The Board monitors complaints volume and response times; currently 80% are completed within the target time of 25 days. All Council of Governors papers and the papers from the two public Board of Directors each year are publicly available.
- The 'Your Opinion Counts' feedback mechanism shows the Trust's commitment to learning from the views of its service users. Staff are also encouraged to use the 'Your Opinion Counts' form[6] to raise any concerns, comments or suggestions that they wish to bring to the attention of the Trust management.
- Patient views are canvassed through a range of methods, ranging from the formal (e.g. Service User Survey) to the informal (e.g. discussions with Rotherham MIND[7]).

C16 (information on services)

- The Trust reviewed the information it provides as part of its annual assessment for Charter Mark, which was successful.
- All publications are made available in different languages and formats on request, within two weeks.
- Our Members were particularly pleased to hear about the 'Get it Write' group which ensures that publications are 'easy read' and looks at the Trust's written information from a learning disability perspective.
- The Trust has a governor to represent people with learning disabilities. This also supports compliance with core standard C7.

From the 5th Domain: **Accessible and Responsive Care**
C17 (seeking patient views)

- The Trust's Patient and Public Involvement Strategy is evidence to support compliance with this standard.

[5] Patient Advice and Liaison Services
[6] Which are distributed widely throughout the Trust
[7] National Association for Mental Health

- There is a strong commitment to consultation when services are to be relocated or restructured. An example of this is a day service based in Swallownest Court which had very few users. After consultation with staff, users and care co-ordinators, it was replaced by a new community-based service with the aim of reducing social exclusion for its clients.
- In February 2008, the Children and Young People's Scrutiny Panel had the opportunity to comment on the draft CAMHS strategy, with representatives from RDASH and Rotherham PCT in attendance. This demonstrated the Trust's willingness to engage with the scrutiny process and is further evidence of its compliance with this standard and also C6.

C18 (equal access to services)

- The Trust offers its patients a choice of date, time and place for treatment.
- Race, Disability and Gender Equality schemes are all operational.
- A BME[8] health needs assessment has been undertaken in Rotherham and Doncaster.
- The Trust operates on over 100 premises – all of which are DDA[9] compliant.
- When our Members inquired about access to psychological therapies, they were pleased to hear that the pilot currently taking place in Doncaster could soon have benefits for Rotherham residents in the form of a wider provision of services for low level mental health problems.
- When our Members asked about the services available for self-harming young people, the Trust was able to reassure them that it was part of the local safeguarding arrangements and would ensure onward referral to appropriate services.

From the 7th Domain: **Public Health**
C22 (reducing health inequalities)

- The Trust works closely with partners through the Local Area Agreement, Drug Action Teams and Local Implementation Teams to address the public health agenda.
- Policy and practice informs policy decisions on issues such as smoking and nutrition. The Trust is now in the process of expanding this work in order to help its own staff.
- It has a Health Wellbeing and Recovery Strategy which sets out how the Trust intends to promote improved holistic outcomes in these areas, with a particular focus on improving the physical health of service users.
- Other evidence to indicate the Trust's compliance with this standard is its Social Inclusion Strategy and the mental health promotion programmes that it has in place with the PCT. The latter example also supports compliance with core standard C6.

In conclusion, we would like to thank you for the presentation given to members of Adult Services and Health and Children and Young People's Scrutiny Panels in

[8] Black and minority ethnic
[9] Disability Discrimination Act

March of this year. It provided Members with a good overview of the work of your Trust and demonstrated a commitment to engaging with the scrutiny process.

We support the principals of the Annual Health Check and its aim of raising standards across the healthcare community and welcome the opportunity to contribute to the process.

Close working between our two organisations at officer level (through the Local Authority Health Officers Group) has also continued to be very helpful.

Over the next few months both the Adult Services and Health and Children and Young People's Services Scrutiny Panels will be drawing up plans for work in 2008/2009 and will bear in mind the Annual Health Check process and the knowledge gained through it when doing so.

Yours sincerely

Cllr John Doyle
Chair of the Adult Services and Health Scrutiny Panel

Cllr Ann Russell
Chair of the Children and Young People's Scrutiny Panel

APPENDIX E

Metropolitan Borough of Rotherham

Cllr John Doyle
Rotherham Town Hall,
The Crofts, Moorgate Street, Rotherham, South Yorkshire S60 2TH
Telephone 01709 822722/1
Facsimile 01709 822734

April 2008

Brian James
Chief Executive
Rotherham NHS Foundation Trust
General Management D Level
Rotherham General Hospital
Moorgate Road
Rotherham S60 2UD

Dear Mr James

Healthcare Commission – Standards for Better Health, OSC Comments on 2007/08 Declaration

Under Rotherham Council's overview and scrutiny arrangements, responsibility for health scrutiny is shared by the Adult Services and Health Scrutiny Panel and the Children and Young People's Scrutiny Panel. Both panels have a wide range of other responsibilities in addition to their health scrutiny role and therefore are unable to undertake health reviews across the full range of standards specifically for the Annual Health Check process. However, we welcome the opportunity to question you on your performance against specific core standards.

In addition to the evidence gathered at our meeting with you in March, we have used relevant information from our other health scrutiny work to inform our comments.

For the purposes of this exercise we have concentrated on the following core Healthcare Standards[1]:

[1] DH: Standards for Better Health

From the 2nd Domain: **Clinical & Cost Effectiveness**
C6 (co-operation to meet patients' individual needs)

- The new Sexual Assault Referral Centre (SARC) for young people that was opened in October 2007 is evidence of good joint working with the Police and supports the Trust's compliance with this standard. It allows self-referral and provides onward referral to counselling services.
- Further evidence of this co-operation between organisations is that funding for an Adult SARC has been secured and is currently being built.
- In the past, the Bone Density Scanning Service was provided by the Hallamshire Hospital in Sheffield. Since November 2007, this service has been provided at the Rotherham Hospital's outpatients department – improving speed of diagnosis and convenience for patients.
- Since the Trust-wide No Smoking Policy was introduced in April 2007, the siting of the PCT's Stop Smoking Centre (a drop in service) at the hospital is evidence of inter-organisational co-operation which has received very positive feedback from patients and visitors.
- Ongoing commitment to serving patients' needs can be shown by the recent Gamma Scanner Appeal Launch (for which £350,000 is needed). Once installed, this will detect a wide range of illnesses including cancer, heart disease and brain disorders and will therefore benefit many patients.
- In February 2007, the Adult Services and Health Scrutiny Panel raised concerns that some patients had been discharged from Rotherham Hospital without appropriate communication and/or care packages in place. A report explaining what factors had led to this and what actions had taken place to address them was subsequently presented to the Panel by the Group Manager of the Adult Services Hospital Social Work Team in April who referred to the established joint Discharge Policy and Procedures.
- At the April meeting, additional concerns about the discharge of wheelchair users were raised, one of which related to a standard form that was used to request patient transport vehicles. The Hospital Trust worked with Yorkshire Ambulance Service (the patient transport service provider), to design a new form that will enable hospital staff to specify a patient's mobility needs and requirements rather than being limited to the current vehicle types which were on the original form. This evidence also supports compliance with core standard C6.
- The Adult Services and Health Panel has continued to monitor the Patient Transport Contract, more generally. At its meeting in November, it heard that the Hospital Trust was working closely with the contractor (Yorkshire Ambulance) to resolve any outstanding issues with the contract (which had been in operation for 6 months).
- The recent Heart Failure Review indicated that improvements were needed in patients receiving evidence-based treatment consistent with NICE[2] guidance. Audits in this area have already begun and show the Trust's dedication to address this issue.

From the 3rd Domain: **Governance**
C7 (sound governance)

[2] National Institute for Clinical Excellence

- Evidence of sound governance is shown by the Trust's well-established systems for performance monitoring, including its Performance Assurance Framework, Divisional and Clinical Support Unit reports, Strategic Service Reviews and Performance Accelerator Project.
- The identification of Risk and its management is well established, with its Board Assurance framework, Risk Assurance Framework and Risk Management Strategy providing examples of this.
- The current updating of the Trust's corporate objectives further supports compliance with this core standard.
- The Trust is committed to maintain its good reputation, particularly in the context of increased patient choice.

From the 4th Domain: **Patient Focus and Partnership with Patients/Carers**
C13 (dignity)

- Although the Trust's results from the National Inpatient Survey were reasonable, there is still room for improvement. We are pleased that the Trust recognises its challenge in this area and look forward to seeing what initiatives are put in place over the coming year, to improve the Survey results for next year.
- We understand that the Patientline telephone contracts forbid the use of patients' mobile phones in certain areas, but believe that the Trust's sanctioning of mobile phone use in certain other areas shows its patient-centred approach. We are reassured, however, that patient confidentiality is maintained by banning mobile phone use on the wards themselves.
- The new extended visiting times are welcomed, but we are concerned that one effect of this has been to further exacerbate the existing parking problems on the hospital site. However, the Trust's commitment to reducing car usage – in the form of its Green Transport Policy, provision of cycle sheds, reduced car-parking fees for car sharers and the provision of showers is testament to its efforts to help tackle the problem.

C14 (information and complaints)

- The Trust's procedure for the management and investigation of complaints, leads to an action plan to resolve each matter. Analyses of trends of incidents allow the organisation to make improvements in service delivery and quarterly reports are made to the Governance committee.
- The signing-off of all responses to complaints by the Chief Executive (together with a willingness to meet them in person) indicates that the organisation takes complaints seriously and complies with this standard.

C15 (food)

- The 2007 PEAT[3] score for food was 'Excellent' – which indicates compliance with this standard.
- Access to food is good, with long restaurant opening hours (8 am to 2 am) and vending available 24 hours a day and menu information is now on the Trust's Internet. Wards now have a 'patient meal box' to give night-time access to snacks and food can be ordered two hours before mealtimes, rather than at the previous meal.

[3] Patient Environment Action Team

- Appropriate portion size and cultural requirements are also catered for.
- The Trust's 'protected mealtimes' are evidence to support compliance with this standard. However, this still needs to be further embedded. Patients that need help at mealtimes are be supported by staff, family members and other volunteers and this arrangement is working well. Our Members were particularly impressed with the simple arrangement of giving a red napkin to patients that needed help with feeding, so that they can be easily identified.
- 15 Matrons have now been employed by the Trust, but are still not undertaking their full role. The Trust is in the process of moving them away from operational issues to enable them to focus on corporate patient-focussed matters such as patient experience/journeys and Essence of Care. This also supports compliance with standard C13.

C16 (information on services)

- The Trust's commitment to good written communications with patient begins with appointment letters which contain both contact details and map of the site.
- Specific specialties have patient information leaflets, which are also downloadable from the Trust's website.
- Although the Trust's leaflets do not carry the Plain English Campaign's Crystal Mark, all are taken to a Patient Leaflet Panel (comprising Foundation Trust Members) to ensure their clarity and accessibility. The Panel includes patients with learning disabilities to ensure that information can be understood by this particular patient group.
- Patient information leaflets are available in foreign language formats and for those with visual impairments, on request.
- Professional translation services are available. This is supplemented by volunteer translation for patients by staff who speak a foreign language.
- At the 2007 Rotherham Show, the Trust provided a GUM[4] practitioner to provide information and signposting to the services provided.

From the 5th Domain: **Accessible and Responsive Care**
C17 (seeking patient views)

- Over the last year the views of the Trust's patients have been canvassed through two national surveys – the annual National Inpatient Survey and the Maternity Services Review.
- In addition, the Trust's own Privacy and Dignity Audit obtained the views of 10 patients in each of its wards.
- After the Maternity Services Review, the Trust has identified a number of areas where improvements are required. Its commitment to canvassing patient views – by getting feedback from mothers within a day of being discharged – supports compliance with this indicator.
- Governors play a key role in improving services, as does the work undertaken by the Rotherham Hospitals Patient and Public Involvement Forum.

From the 7th Domain: **Public Health**

[4] Genito-urinary medicine

C22 (reducing health inequalities)

- The Trust is an active member of the 'Alive' Partnership Board[5] and works with other organisations to address the public health agenda.
- The Trust banned smoking in its grounds from 1 April 2007 and offers a wide range of support to patients and staff wishing to give up smoking.
- Exercise and weight management programmes for staff shows the Trust's commitment to occupational health

In conclusion, we would like to thank you for the presentation given to members of Adult Services and Health and Children and Young People's Scrutiny Panels in March of this year. It provided Members with a good overview of the work of your Trust and demonstrated a commitment to engaging with the scrutiny process. We support the principals of the Annual Health Check and its aim of raising standards across the healthcare community and welcome the opportunity to contribute to the process.

Close working between our two organisations at officer level (through the Local Authority Health Officers Group) has also been very useful.

Over the next few months both the Adult Services and Health and Children and Young People's Scrutiny Panels will be drawing up plans for work in 2008/2009 and will bear in mind the Annual Health Check process and the knowledge gained through it when doing so.

Yours sincerely

Cllr John Doyle
Chair of the Adult Services and Health Scrutiny Panel

Cllr Ann Russell
Chair of the Children and Young People's Scrutiny Panel

[5] A spoke of Rotherham's local strategic partnership

Neighbourhoods and Adult Services Key decisions between February 2008 – July 2008 Adult Social Care and Health details only					
Matter subject of key decision	**Proposed date of key decision**	**Proposed consultees**	**STATUS**	**Lead Director**	**Documents to be considered by decision-maker and date expected to be available**
February 2008					
In House Residential Accommodations Charges 2008/09	25th February 10th April	Cabinet Member for Adult Social Care and Health Adult Social Care and Health Scrutiny Panel	Completed Completed.	Kim Curry	Report
March 2008					
Review and Update Carers Strategy	31st March 29th May	Cabinet Member for Adult Social Care Adult Social Care and Health Scrutiny Panel	Completed On Target	Kim Curry	Report and Strategy
Joint Commissioning Strategy with PCT	31st March 10th April	Cabinet Member for Adult Social Care and Health Adult Social Care and Health Scrutiny Panel	Completed On Target	Kim Curry	Report and Strategy
CSCI report	31st March	Cabinet Member for Adult Social Care and Health	Completed	Kim Curry	Report
ESCR	31st March	Cabinet Member for Adult Social Care and Health	Completed	Kim Curry	Report
Self-Funding – Further Promotion	31st March	Cabinet Member for Adult Social	Completed	Kim Curry	Report

Neighbourhoods and Adult Services Key decisions between February 2008 – July 2008 Adult Social Care and Health details only					
Matter subject of key decision	**Proposed date of key decision**	**Proposed consultees**	**STATUS**	**Lead Director**	**Documents to be considered by decision-maker and date expected to be available**
		Care and Health			
Transport Charges	31st March	Cabinet Member for Adult Social Care and Health	Completed	Shona McFarlane	Report
April 2008					
Welfare to Work Strategy	7th April	Cabinet Member for Adult Social Care and Health	On Target	Shona McFarlane	Report and Strategy
Proposed changes to SLAs and Impact Assessments	10th April	Adult Social Care and Health Scrutiny Panel	On Target	Shona McFarlane	Report
Plan to implement In Control individual budgets and self directed support	21st April	Cabinet Member for Adult Social Care	On Target	Kim Curry	Report
Advocacy Strategy	21st April 29th May	Cabinet Member for Adult Social Care and Health Adult Social Care and Health Scrutiny Panel	On Target On Target	Kim Curry	Report and Strategy
Commissioning Strategy	21st April 29th May	Cabinet Member for Adult Social Care and Health Adult Social Care and Health Scrutiny Panel	On Target	Kim Curry	Report and Strategy

Neighbourhoods and Adult Services Key decisions between February 2008 – July 2008 Adult Social Care and Health details only					
Matter subject of key decision	**Proposed date of key decision**	**Proposed consultees**	**STATUS**	**Lead Director**	**Documents to be considered by decision-maker and date expected to be available**
Outcome of Tender for Domiciliary Care Services	21st April	Cabinet Member for Adult Social Care and Health	On Target	Kim Curry	Report
Modernisation Strategy and Review	21st April	Cabinet Member for Adult Social Care and Health	On Target	Shona McFarlane	Report
Modernisation of Revenue and Payments	21st April	Cabinet Member for Adult Social Care and Health	On Target	Kim Curry	Report
May 2008					
June 2008					
July 2008					
Joint Work Programme with PCT Update	7th July	Adult Social Care and Health Cabinet Member	On Target	Kim Curry	Report

ADULT SERVICES AND HEALTH SCRUTINY PANEL
28th February, 2008

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

Also in attendance were Sandra Bann (Patient Public Involvement Forum, Rotherham PCT), Ann Clough (ROPES), Vicky Farnsworth (Speak Up), Sally Ferguson (Speak Up, Self Advocacy), George Hewitt (Rotherham Carers' Form), Val Lindsay (Patient Public Involvement Forum), Ray Noble (Rotherham Hard of Hearing Society), Irene Samuels (PPI Forum Yorkshire Ambulance Service) and Lizzie Williams (Service Users).

Apologies for absence were received from Councillors St. John, Turner and J. Mullins (Rotherham Diversity Forum).

118. DECLARATIONS OF INTEREST

Lizzie Williams declared a personal interest in item 125 below (Joint Disability Equality Scheme – Future Funding and 2007 Progress).

119. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present.

120. ANNUAL HEALTH CHECK WORKING GROUP - SUBSTITUTE NOMINATION TO ATTEND MEETING WITH SHEFFIELD TEACHING HOSPITALS ON 18TH MARCH, 2008

It was noted that Councillors Jack and Sangster were to attend. No nomination was made to attend as substitute for Councillor Doyle.

(NOTE: After the meeting, George Hewitt volunteered to attend as substitute which was agreed by the Chair)

121. FUTURE OF PRIMARY CARE - DRAFT PRIMARY CARE STRATEGY

Kath Atkinson, Rotherham PCT, introduced the submitted paperwork that had been considered by the Rotherham Primary Care Trust Board on 18th February, 2008 relating to the above.

In explaining primary care medical services, Kath gave a presentation which covered:-

- Primary Care Medical Services

  - 39 practices
  - 142 GP's
  - Independent Contractors

- services generally of a good standard
- visibility
- practice size
- workforce
- access
- cost
- premises

- What Patients have told us

  - Access - telephone
    - in person
  - Continuity of Care
  - Urgent Advice
  - Treated with Dignity

- What we plan to do

  - all practices to open contracted hours
  - over the next 12 months to increase contracted hours in some practices
  - establish 2 new practices - in the Primary Care Centre
    - at Wath
  - expand the Walk in Centre hours
  - work towards practices with minimum list sizes of 5,500
  - transfer practices into Joint Service Centres at Swallownest and Wath
  - develop plans for Rawmarsh and Dalton
  - increase the range of services available in general practice

- Consultation : March to May, 2008

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

- trend in GP numbers increasing or decreasing
- GP pay and correlation with health community/operation of practice
- current contracted hours versus aim to increase contracted hours
- audit of GP's regarding conforming to requirements and pay relative
- patient choice regarding hospital, aim to extend to choice of GP.
- patient feedback important for monitoring of GP services

- implications of extended GP hours for medical support staff : need to offer genuine full service
- home visits to the elderly and disabled
- preventative medication e.g. statins – long term effects
- flexibility of GP opening hours
- concerns regarding 0845 telephone numbers being more costly than local telephone numbers
- benefits of the smaller practice for patients and need to ensure they are not made to feel second class citizens to the larger practices
- communication concerns for people with a learning disability e.g. letters

Resolved:- (1) That the information be noted and Kath be thanked for her presentation.

(2) That the outcome of the consultation and development of the strategy be awaited.

122. RAWMARSH SERVICE CENTRE

Kevin Gallacher, Rotherham PCT, gave a presentation relating to primary care services in the above.

The presentation covered:-

- Health Profile – Rawmarsh/Parkgate Ward ranks
- Rotherham – Hierarchy of Provision (2003)
- Primary Care Centre (Walk-In)
- Aston Cum Aughton/Swallownest : centre ready March/April, 2009
- Services not necessarily provided by GP's. (quotes from Health Minister Lord Warner, October 2006)
- Rawmarsh Population Density
- Registered patients
- Current Community and Primary Healthcare Provision in Rawmarsh and Parkgate

- GP enhanced services
- Other services available to all registered patients
- Montage showing existing facilities
- Rawmarsh Phamacies
- Examples of locally enhanced pharmacy services
- Dental Services
- Customer Service Centre potential tenants
- Rawmarsh Options Remit

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

- unwillingness of GP's to move into the Centre
- view that one stop shop for services not ideal
- rationale behind services in one Centre
- large versus small practices
- patient led National Health Service
- One stop health : professionals together, danger of form of hospitalisation
- hospitalising versus Centre for Independent Living
- transport/access to super centres
- personalised care for patients important
- safety net needed to look after the older community

Resolved:- (1) That the information be noted and Kevin Gallacher be thanked for his presentation.

(2) That this Panel be kept updated on progress.

123. UPDATE OF THE PROGRESS MADE ON THE DIRECT PAYMENTS SCHEME - NEIGHBOURHOODS AND ADULT SERVICES

David Stevenson, Commissioning Manager, presented the submitted report providing an update of the progress made with regard to the

implementation of the Direct Payments Strategy for 2004 to 2007. The report also highlighted areas of achievement and future plans for the continued development of Direct Payments in Rotherham.

Also submitted as appendices to the report were :-

- the Direct Payments Strategy action plan containing the scrutiny review recommendations and progress to date

- breakdown of current numbers of direct payment recipients

It was noted that, since the implementation of the Strategy, uptake of direct payments in Rotherham had been rapid. Rotherham was now in the top five of the national rankings for the number of direct payment recipients.

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

- stretch targets

- development of independent budgets

- time to review the strategy

Resolved:- That the information be received and the progress made on the action plan contained in the Direct Payments Strategy fro 2004 to 2007 be noted.

124. COMMISSIONING STRATEGY

Kath Rogers, Commissioning Manager, introduced the submitted report relating to the above and gave a presentation.

The presentation covered:-

- The National Context : Key drivers for the commissioning agenda

- What is Commissioning? : Audit Commission definition

- The Reform Agenda

- Joint Strategic Needs Assessment – what has this told us ?

- What we will need to provide in future

- Commissioning Strategy – Shifting the Balance

- The Way Forward

- How to get involved

The report indicated that the Commissioning Strategy would provide guidance to reshape commissioning activity to meet the needs of local people, encouraging innovation and good practice. This was the beginning of a process of change in the way services were commissioned and provided. The report gave an overview of the strategy, the ways in which we would consult on the strategy and outlined the plans for commissioning services to meet the needs of the local population.

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

- direct payments and independent budgets
- LINks – progress
- attitude of the independent/third sector
- emergency carers, scheme
- commissioned skills for care programme

Resolved:- That the information be noted.

125. JOINT DISABILITY EQUALITY SCHEME (JDES) - FUTURE FUNDING AND 2007 PROGRESS

Arnold Murray, JDES Project Manager, presented the submitted report indicating that Rotherham MBC, Rotherham Primary Care Trust (RPCT) and Rotherham Hospital Foundation Trust (RHFT) had produced a JDES that had been praised by the Disability Rights Commission as an example of best practice. As part of the legal requirement, a three year Implementation Action Plan was needed to ensure that the partners delivered the outcomes in set timescales.

The JDES required a Co-ordinator to co-ordinate and monitor the JDES delivery. The post and community involvement expenses were funded currently through the Neighbourhood Renewal Fund (NRF) which was to cease on 31st March, 2008. No alternative funding had been identified. Without such funding available from 1st April, 2008, the Corporate Property Team would be unable to co-ordinate and monitor the scheme delivery.

The JDES was seen by disabled people as the long awaited vehicle to 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.

It was proposed that all partners be requested to identify funding for the continued employment of the Co-ordinator and delivery of the JDES.

Also submitted as appendices were the following documents:-

- outline of the progress from 2007
- funding requirements for the delivery of the JDES
- "Towards an Integrated Living Centre"
- "Improving the Life Chances of Disabled People"

Resolved:- (1) That the 2007 progress be noted.

(2) That all partners be requested to identify funding for the continued delivery of the JDES as a matter of urgency,

(3) That Corporate Management Team be requested to consider options for the future of the Joint Disability Equality Scheme and report back to the next meeting of this Panel.

(Lizzie Williams declared a personal interest in the above item being a member of the Joint Scheme Delivery Partners Team and contributor to the report appendices)

126. MINUTES

Resolved:- (1) That the minutes of the meeting of this Panel held on 31st January, 2008 be approved as a correct record for signature by the Chairman subject to the inclusion of Ann Clough in the list of apologies for absence.

(2) That it be noted that the use of plain english within the Council was to be the subject of considerations by the Democratic Renewal Scrutiny Panel, following which a joint report, specifically including reference to scrutiny minutes, was to be submitted to the Performance and Scrutiny Overview Committee.

127. MINUTES OF MEETINGS OF THE PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE HELD ON 18TH JANUARY AND 1ST FEBRUARY, 2008

Resolved:- That the minutes of meetings of the above Committee held on 18th January and 1st February, 2008 be received and their content noted.

ADULT, SOCIAL CARE AND HEALTH
10th March, 2008

Present:- Councillor Kirk (in the Chair); ; Councillors Doyle, Gosling, Jack and P. A. Russell.

101. MINUTES OF PREVIOUS MEETING HELD ON 25TH FEBRUARY, 2008

Resolved:- That the minutes of the previous meeting held on 25th February 2008 be approved as a correct record.

102. ADULT SERVICES REVENUE BUDGET REPORT 2007/08

The Service Accountant (Adult Social Services) submitted a Budget Monitoring Report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2008 based on actual income and expenditure to the end of January, 2008.

During the year there had been a number of budget pressures within the service, mainly in respect of the non-achievement of a number of savings proposals, built into the 2007/08 budget, for reducing service level agreements with voluntary and community sector providers in addition to demand pressures on domiciliary and residential care budgets. These had been reported throughout the year in previous budget monitoring reports. A number of management actions to reduce these pressures were also identified. However, subsequent to implementing these actions, a significant pressure remained. As part of the Revised Estimates process the Cabinet approved an additional one-off budget allocation of £974,000 to reduce the projected overspend in 2007/08. The forecast position for the year, assuming the remaining management actions were fully implemented, was now a balanced budget.

Members welcomed the balanced budget and were provided with information on a number of issues, including the following:-

- Talking Newspaper
- Winter Pressures
- Capitalisation of Direct Payments

Resolved:- That the latest balanced financial projection against budget for the year based on actual income and expenditure to the end of January, 2008 for Adult Social Services be noted.

(The Chairman authorised consideration of the following items to enable progress to be made)

103. ROTHERHAM CARERS STRATEGY REFRESH

The Strategic Director submitted a draft of a proposed consultation document for a refreshed Carers Strategy.

Resolved:- That consideration of this matter be deferred and a revised draft be submitted to Members shortly.

104. GREEN LANE CENTRE

The Chairman circulated letters from two volunteers at the Green Lane Centre who sought information on matters relating to the Talking Book Service and the re-imbursement of costs incurred by Volunteers.

Resolved:- That the Strategic Director arrange for the letters to be responded to.

ADULT, SOCIAL CARE AND HEALTH
31st March, 2008

Present:- Councillor Kirk (in the Chair); Councillors Doyle and Gosling.

Apologies for absence were received from Councillors Jack and P. A. Russell.

105. MINUTES OF THE PREVIOUS MEETING HELD ON 10TH MARCH, 2008

Resolved:- That the minutes of the previous meeting held on 10th March 2008 be approved as a correct record.

106. MATTER ARISING

Green Lane Centre

The Cabinet Member was informed that letters from two volunteers who had sought information on matters relating to the Talking Book Service had been responded to by the Director of Health and Wellbeing.

107. CSCI REPORT

Consideration was given to a report of the Director of Commissioning and Partnerships which outlined the progress being made to improve on the areas of weakness identified by the Commission for Social Care Inspectorate (CSCI) in the 2007 Annual Performance Assessment of registered Adult Services.

The 2007 social care Annual Performance Assessment (APA) identified that Rotherham is a '2 Star' (Good) Authority with 'Promising Prospects for Improvement'. The report identified 60 areas of strength, which far outweighed the 29 areas of weakness. This meant that the Authority had a platform on which to improve services and raise the standard of services towards excellent next year.

The Neighbourhoods and Adult Services Performance Assessment Excellence Plan, as set out in Appendix A, captures each of the identified areas of weakness made by the CSCI into an action plan. This plan provides the Directorate with a focus on addressing the areas which will contribute to achieving a '3 Star' (Excellent) rating. Each weakness has been assigned to a Director with clear timescales for delivery including milestones to measure progress. Progress is performance managed through the Directorate Management Team and reported quarterly to Members.

This is the first progress report since the plan was presented to the Cabinet Member for Adult Social Care and Health on 10th December, 2007 and the Adult Services and Health Scrutiny Panel on 10th January,

2008.

Of the 29 actions that are contained within the excellence plan, 26 (90%) are rated 'complete' or 'on target' and 3 (10%) are rated 'off target'.

The following actions are rated 'off target':

- **Progress recommendations of the review of the intermediate care service.**
  A remedial action plan is in place performance managed through the Directorate Management Team to address areas of slippage
- **Raise awareness of services, the help available for older people from black and minority ethnic groups, and to improve access to services for BME post assessment, achieving targets for E47 and E48**
  The hospital study of BME take up of service has now commenced and findings will be reported in April 2008
- **Implement electronic social care records**
  Delays have been due to problems with IT interfaces which are being addressed area by area. A successful ESCR pilot was run in Maltby on 17th March. A programme is place to ensure that over the next 8 months ESCR will be implemented across Rotherham.

The plan also identifies recent improvements to services and key achievements to date. These are:-

❖ **Health and Wellbeing**
Increased level of reviews from 45% to 75%

❖ **Improved Quality of Life**
331 more assessments have been undertaken, and a reduction made of the backlog of assessments from 300 to 0, and 374 more older people helped to live at home this year compared to last year – and reduced waiting times for major adaptations from 183 days to 52 days

❖ **Making a Positive Contribution**
The Authority has become Standard Bearers for Cabinet Office Customer Service Excellence Standard

❖ **Increased Choice and Control**
Reduced assessment times from 11 weeks to 1 week – and increased statement of need from 83 to 93

❖ **Economic Wellbeing**
Supported 246 more carers

Clarification was given with regard to performance relating to social work and occupational therapy assessments and their differences.

Resolved:- (1) That the progress made against the Excellence Plan be noted.

(2) That the report be submitted to the Adult Services and Health Scrutiny Panel.

108. COMMISSIONING STRATEGY

This item was deferred for consideration on 21st April, 2008.

109. ESCR REPORT

Consideration was given to a report presented by the Director of Commissioning and Partnerships which gave an update on the implementation of Electronic Social Care Records in Adult Social Care Services.

The implementation of Electronic Social Care Records will mean that customer case records will no longer be held on paper, enabling greater agile working by Social Workers and other Staff providing services to Adults and Older People.

Phase One of the Project has now been completed. This has included the full installation and configuration of the system, resulting in a fully working Electronic Document and Record Management System linked to SWIFT.

Full evaluation and detailed testing of the system will take place from April onwards with the first teams going 'live' on the system from July 2008.

A successful 'live' pilot was held between 14th and 18th March, 2008 within the Maltby Social Work Team. This will be one of the first teams to go 'live' in July 2008 in the Maltby Customer Service Centre.

Phase 2 Implementation of the system will be:-

April 2008	User Acceptance testing and process review
May 2008	Local office PC set up and resolve issues list
June 2008	Develop training materials and train the trainers
July 2008	Commence end user training and first teams go live
Aug-Nov 2008	Review and roll out to remainder of services

Capital funding of £761,000 has been allocated and the majority utilised for software, hardware and professional services to implement ESCR across both Neighbourhoods and Adult Services and Children and Young People's Services.

An element of this funding, approximately £100,000 has been earmarked for the scanning solution and further work is required with RBT to achieve best value for money.

The meeting discussed future work to improve the access and linking of customer case records by Rotherham Primary Care Trust.

Resolved:- (1) That the report be received as an update on ESCR implementation.

(2) That a further update report be submitted to a future meeting in September 2008.

110. JOINT COMMISSIONING STRATEGY

The Strategic Planning and Commissioning Manager presented the submitted report which set out the commissioning intentions and analysis of local need, described services that currently exist and highlights gaps in provision. It identifies those service areas where a joint approach would be most effective and sets out proposals on joint commissioning arrangements, service reconfiguration and resource allocation.

The Joint Commissioning Strategy, which has been subject to a comprehensive consultation programme, replaces the current joint strategies for Long Term Conditions, Intermediate Care and Older People's Mental Health, and enmeshes the content of the Adult Services Strategy.

Service users and partners have all endorsed the direction of travel set by the strategy. There is strong support for identifying specific priorities and building the joint planning framework around these. The consultation process has highlighted gaps in coverage of the strategy, specifically in relation to mental health and learning disability. The Adults Board intends to update the strategy over the next year to include these communities of interest.

The overarching vision of the Joint Commissioning Strategy is to:-

- Maintain people in independence for as long as possible
- Develop community-based services, which provide choice and improve quality of life
- Make sure that health and social care services are working closely

together
- ❖ Maintain mental well-being well into later life

The Joint Commissioning Strategy proposes that, over the next three years, Rotherham MBC and Rotherham PCT will work together to:-

- Improve the quality of health and social care services to people who have a long term condition.
- Develop effective rehabilitation and support services to ensure people can maintain their independence.
- Make significant improvements to services which focus on the mental health needs of older people.
- Reduce hospital admissions and admissions to residential or nursing care by helping people to stay at home for longer.

Over the next fifteen years Rotherham MBC and Rotherham PCT will:-

- Develop fully integrated health and social care services in the community for people with long term conditions.
- Develop a fully integrated specialist service for older people with mental health problems, which is co-located within a purpose-built unit and incorporates relevant inpatient and community-based services.
- Develop a new service structure based on enablement rather than delivery of direct care.
- Fully integrate the commissioning function for community based health and social care services.

Resolved:- (1) That the Joint Commissioning Strategy be endorsed.

(2) That a progress report on the implementation of a Joint Commissioning Strategy be submitted in September 2008.

(3) That the report be submitted to the Adult Services and Health Scrutiny Panel.

111. ADULT SERVICES 3RD QUARTER (APRIL TO DECEMBER) PERFORMANCE REPORT, 2007/08

Consideration was given to a report of the Service Performance Manager which outlined the 2007/08 key performance indicator 3rd quarter results for the Adult Services elements of the Directorate.

At the end of the quarter, 17 (68%) key performance indicators are currently on track to achieve their year end targets and improve upon their position last year. Seven indicators are rated 'off target', which again is an improvement from the last quarter when 9 indicators were rated 'off target'.

Currently, it is projected that 4 areas of the service will have delivered 'step change' improvement by the end of the year. These relate to doubling the number of reviews that have been undertaken (D40), increasing the help given to carers (C62), improving the number of people that are given a statement of how their needs will be met (D39) and the reduction in the time people now have to wait for an assessment from 12 weeks to 1 week (D55).

There are 7 indicators that are rated 'off' target, and are shown as a red triangle alert in Appendix A.

The report set out exceptions, and the recovering actions in place for the following indicators that are rated as 'off' target. These are:-

- D40 – Reviews completed of those on service
- C28 – Intensive Home Care
- C62 – Services for carers
- C32/C29 – Older people and those with physical disabilities helped to live at home
- D54 – Equipment delivered in 7 days
- C72 – Permanent admissions of older people to residential/nursing care
- E82 – Adults (over 18's) assessments leading to a provision of service
- E47 – Ethnicity of older people receiving an assessment
- LPI 102 – Number of protection plans in place

Members raised questions with regard to:-

- Range of benchmarking opportunities and performance with statistical neighbours
- Need for more resources from both the Local Authority and Rotherham Primary Care Trust in order to "shift the balance" from Hospital provision to provision in the community
- Local Area Agreement and impact on indicators
- Delayed Transfer Charges
- Repeat Admissions
- Services for Carers

Resolved:- (1) That the results and remedial actions in place to improve performance be noted.

(2) That the Strategic Director write to the Interim Director of Assessment and Care Management thanking him for the service he has given to the work of the Directorate and to pass on the Cabinet Member and Advisors' best wishes for his future.

112. CAPITAL BUDGET MONITORING REPORT 2007/08

The Service Accountant (Adult Social Services) submitted a budget monitoring report, informing of the latest projections and commitments against the approved Adult Services capital programme for the 2007/08 financial year.

The capital monitoring report provides detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to mid February 2008, and the projected expenditure for each scheme to the end of March 2008.

The approved 2007/08 capital budget for Adult Services has been revised to take account of slippage in a number of schemes reducing from £15.6m to £12.5m, the main revision being in respect of the two new residential care homes which are experiencing some delays on completion.

Actual expenditure to mid-February 2008 was £6.1m. The approved schemes are funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding. Appendix 1 shows actual expenditure to date against the approved budget, together with projected expenditure to the end of the financial year.

The report set out a brief summary of the latest position on the main projects within each client groups, as follows:-

- Older People
- Learning Disabilities
- Mental Health
- Management Information

Particular reference was made to an increase in costs in relation to the construction of the two new residential care homes. It was noted that the Strategic Director, Environment and Development Services had been asked to monitor the situation.

Resolved:- That the latest capital expenditure monitoring report for 2007/08 be received and noted.

113. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2007/08

The Service Accountant (Adult Social Services) presented the submitted report which provided a financial forecast for the Adult Services

Department within the Neighbourhoods and Adult Services Directorate to the end of March 2008 based on actual income and expenditure to the end of February 2008, and highlighted the main areas of change since the previous monitoring report.

During the year there have been a number of budget pressures within the service, mainly in respect of the non-achievement of a number of savings proposals, built into the 2007/08 budget, for reducing service level agreements with voluntary and community sector providers, in addition to demand pressures on domiciliary and residential care budgets. These have been reported throughout the year in previous budget monitoring reports. A number of management actions to reduce these pressures were also identified, however subsequent to implementing these actions, a significant pressure remained. As part of the Revised Estimates process the Cabinet approved an additional one-off budget allocation of £974k to reduce the projected overspend in 2007/08.

The current forecast position for the year shows a projected balanced budget. All management actions have now been incorporated into the financial projections.

There still remains underlying budget pressures within Domiciliary Care services, including a shortfall in income from charges against the approved budget plus pressures within Physical and Sensory Disabilities mainly within residential care due to increased demand and an increase in the average cost of care packages.

These pressures are being reduced by:-

- ❖ Projected underspends in independent residential care and extra care housing within Older Peoples services,
- ❖ Slippage in developing supported living schemes within Learning Disability services and further additional income from continuing health care funding and
- ❖ Management actions identified from budget performance clinics

The meeting discussed:-

- recent one off budget allocation and current budget pressures in terms of possible impact in 2008
- Social Care Reform Grant and conditions attached to spend
- additional budget pressures – construction of two new residential homes/Residential Care Packages/Demographic issues

Resolved:- That the latest balanced financial projection against budget for the year based on actual income and expenditure to the end of February 2008 for Adult Social Services be noted.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM IN ORDER TO PROCESS THE MATTER REFERRED TO WITHOUT FURTHER DELAY)

114. CHARGING FOR TRANSPORT - CONSULTATION REPORT

Further to Minute No. 99 of a meeting of the Cabinet Member, Adult Social Care and Health held on 25th February 2008, the Director of Commissioning and Partnerships presented the submitted report in respect of a proposal to introduce charges for transport to day care.

A consultation exercise had been carried out with customers had been via a questionnaire and through meetings held in day centres.

The report outlined the results of the consultation exercise and provided a recommendation for decision.

It is understood that people do not like to be charged for services which they have received free previously. The service will endeavour to ensure that everyone who should receive transport related benefits (Disability Living Allowance – Mobility Component) and free bus passes, are able to make a claim. Transport is seen as a daily living charge, in the same way as meals, for which people should be expected to pay.

On balance, a significant number of people are in favour of such a charge.

Members raised questions with regard to the consultation process.

Resolved:- That, subject to the outcome of a meeting between the Cabinet Member and carers, a £1 per day transport charge be implemented for people using day services, one month's notice to be given from effect from 7th April, 2008.

Document is Restricted