ADULT SERVICES AND HEALTH SCRUTINY PANEL

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

Date: **Thursday, 29 May 2008**

Time: **10.00 a.m.**

A G E N D A

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

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

3. Apologies for Absence.

4. Declarations of Interest.

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

6. Co-option onto the Adult Services and Health Scrutiny Panel (report herewith) (Pages 1 - 3)

7. Tobacco Control Update (report herewith) (Pages 4 - 9)

8. Water Fluoridation Review Update (Pages 10 - 28)

9. Adult Services Commissioning Strategy (report herewith) (Pages 29 - 71)

10. Intermediate Care (report herewith) (Pages 72 - 78)

11. Adult Services Performance Assessment Excellence Plan (report herewith) (Pages 79 - 98)

12. Adult Services Quarter 3 (April to December) Performance Report (report herewith) (Pages 99 - 103)

13. Representation on Outside Bodies (attached herewith) (Page 104)

- to consider representation for 2008/09

14. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 10 April 2008 (attached herewith). (Pages 105 - 112)

15. Minutes of meetings of the Cabinet Member and Advisors for Adult Social Care and Health held on 7 and 21 April 2008 (attached herewith) (Pages 113 - 124)

Date of Next Meeting:-
Thursday, 26 June 2008

Membership:-
Chairman – Councillor Jack
Vice-Chairman – Barron
Councillors:- Billington, Blair, Clarke, Doyle, Hodgkiss, Hughes, St. John, Turner, Wootton and F. Wright

Agenda Item 6

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**ADULT SERVICES AND HEALTH SCRUTINY PANEL**
2.	**Date:**	**29 May 2008**
3.	**Title:**	**Co-option onto the Adult Services and Health Scrutiny Panel**
4.	**Programme Area:**	**Chief Executive's**

5. Summary

This report gives the Panel the opportunity to consider co-optee representation for the two municipal years beginning May 2008.

6. Recommendations

That

(a) the Panel co-opts the following individuals for two years, commencing May 2008:

Ann Clough	Rotherham Older People's Experience of Services (ROPES)
Victoria Farnsworth Jonathan Evans	SpeakUp self-advocacy
Ray Noble	Rotherham Hard of Hearing Society
Kingsley Jack	Speakability[1]
Janet Mullins	Rotherham Diversity Forum
George Hewitt	Rotherham Carers' Forum
Lizzie Williams	Individual with interest in user involvement in planning services
Irene Samuels	Individual with interest in ambulance and other patient transport issues

(b) REMA's standing invitation to attend meetings in an advisory capacity, when appropriate, be noted

(c) A request for a representative of the Rotherham Local Involvement Network (LINk) to attend Panel meetings be made to the host organisation, once the LINk is established[2].

[1] A charity that supports people with aphasia (a communication disorder where a person loses the ability to use and understand language) and their carers

7. Proposals and Details

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

7.2 The Council is committed to its core value of 'ensuring effective consultation and involvement' that 'properly informs Council policy and service improvements'. By involving representatives from a wide range of organisations the recommendations of the Scrutiny Panel will be better informed.

7.3 For the last co-option period (May 2006 to April 2008), the Panel had co-optees from the three local Patient Public Involvement Forums[3]. PPI Forums were disbanded at the end of March 2008 and will be replaced by a single Local Involvement Network (LINk) for Rotherham. However, this is unlikely to be up and running before summer 2008. Given that LINks will have the power to refer matters to the scrutiny panel, which will then have the duty to respond, it is felt that co-option will not be the best way of maintaining contact between the two organisations. Instead, it is suggested that a standing invitation to attend, be given to a representative from the LINk. In addition, an individual for the Host organisation (responsible for supporting the LINk) will be invited to join the officer working group that supports the work of the Scrutiny Panel.

7.4 Arrangements for co-option onto scrutiny panels was discussed at Performance and Overview Scrutiny Committee on 28 March 2008.

7.4.1 This led to a more rigorous approach to the appointment of co-optees, asking all nominating organisations to complete an application form, giving details of the skills and experience that the nominee would bring and how scrutiny work would be shared with their organisation.

7.4.2 In addition, individuals who were previously co-opted on panels but do not represent a specific organisation (i.e. 'expert service users' or individuals who have specialist knowledge or expertise in a particular area) were also given the option to complete a form and apply to be co-opted again.

7.5 For the last two years, Rotherham Ethnic Minority Alliance (REMA) has had a nominated co-optee on the Panel, but has not attended meetings regularly. It has now been invited to attend in an 'advisory capacity' when relevant items are on the agenda.

7.6 In addition to co-option, there will be opportunity to recruit or seek views from 'interested individuals' for specific reviews or pieces of work. These will be advertised in advance via the website and other media, for example the

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[2] Summer 2008

[3] Rotherham Hospitals, Rotherham PCT and Yorkshire Ambulance Service

community newspaper or local press. This is in line with the recommendations of the recent review of Scrutiny's Engagement with the Public.

8. Finance

Any additional expenses arising from having co-optees on the Panel (e.g. additional travel or catering costs in connection with a review or off-site meeting) will be met from existing Democratic Services budgets. Training costs are met through Scrutiny Services and Member Development Budgets.

9. Risks and Uncertainties

It is impossible to devise a list of co-optee organisations that comprehensively covers all issues that may be covered by the Panel. However, it should be noted that the Panel has the option of co-opting additional specialists for any specific matter that it sees fit, as well as for scrutiny reviews.

10. Policy and Performance Agenda Implications

Involving external co-optees helps the Panel understand the different economic, social and local impacts when taking decisions on policies and activities. The Council's commitment to being a 'listening council' is strengthened by its involvement of representatives of partner organisations and other community groups in Rotherham.

11. Background Papers and Consultation

- Minute 118, PSOC 21 December, 2005
- Co-option Scrutiny Review – PSOC, June 2004
- "The review of how scrutiny engages with the public" – Democratic Renewal Scrutiny Panel, 2007
- Minute 172, PSOC 28 March, 2008

11.1 The deadline for submission of applications was 16 May 2008 and these were considered by the Chair and Vice Chair on 19 May, with the recommendation that the individuals listed in section 6(a), above, be co-opted onto the Panel.

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

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**ADULT SERVICES AND HEALTH SCRUTINY PANEL**
2.	**Date:**	**29/05/2008**
3.	**Title:**	**Tobacco Control Update**
4.	**Programme Area:**	**PCT / RMBC Public Health**

5. Summary

Over the past few years there have been a number of significant successes in the field of tobacco control both nationally and locally. Members will be aware of the success of the Smokefree legislation. There is still a need for sustained and concerted action to prevent premature death and ill health associated with tobacco. In Rotherham there are 519 deaths every year associated with tobacco.

This paper looks beyond the Smokefree legislation and outlines the next steps for tobacco control in two key areas:

- the development of a refreshed comprehensive tobacco control strategy, and
- the continued development of the Rotherham Stop Smoking Service

6. Recommendations

- **Note the feedback from the National Support Team (Tobacco Control)**
- **Comment on and support the broad themes of the forthcoming Tobacco Control Strategy**
- **Note the increased capacity and range of services of the Stop Smoking Service**
- **Comment on and support the continual development of the stop smoking services.**

7. Proposals and Details

Tobacco Control Strategy

The existing tobacco control strategy focuses largely on the implementation of Smokefree law and therefore was in need of a refresh. This started with a local multi-agency tobacco control event in November and was recently furthered by a visit by a Department of Health -Tobacco Control National Support Team (TCNST)

We now intend to develop a comprehensive tobacco control strategy involving key stakeholders at senior level. A revised partnership arrangement will be established to enable tobacco control in Rotherham to retain a high priority and profile.

There are a range of targets that the tobacco control strategy and the local stop smoking service will work towards.

	Target	**Current Position**
Smoking Prevalance	21% by 2010	26.0% as of Sept 2007
4 week quitters	1441 in 08/09 1449 in 09/10 1461 in 10/11	1900 in 07/08
Smoking in Pregnancy	15% by 2010	24.6% as of Mar 08
Smoking in routine and manual workers	26% by 2010 (national target)	29% as of Jan 08 (national)
Smoking in Children (<16)	9% by 2010	13% as of 2007

The broad strategy is intended to focus on the two key themes of:

- Making it harder to start smoking, and
- Making it easier to stop smoking

Linked to these themes will be a range of actions across partners, including, for example, reducing the availability of tobacco through age of sale campaigns and action on counterfeit and contraband tobacco and continuing to develop the Stop Smoking Service. These actions will be overseen by a revised partnership arrangement, Rotherham Tobacco Control Alliance (RTCA), which will report to the Alive Theme Board.

The TCNST gave positive feedback on Rotherham's progress highlighting the following:

- Active, enthusiastic and effective Partnership working and commitment
- Strong leadership on tobacco control
- Well resourced, committed and motivated Stop Smoking Service

- New stop smoking support within Rotherham General Hospital
- RMBC commitment to operational elements of tobacco control agenda

The NST also supported much of our intended direction including the development of a comprehensive Tobacco Control Strategy, a revised partnership structure and a strong element of communications activity linking into national campaigns.

The NST particularly asked us to look at some specific developments including:

- undertaking a market needs assessment at community level
- develop and expand a series of Key Performance Indicators to evaluate progress
- Across the partnership develop a shared policy on smoking and home visits
- Support RDASH to secure good compliance with Smokefree legislation on the 1st July 2008
- Develop further ways to protect children and families from second hand smoke, taking into account the evidence base
- Further development of the Stop Smoking Service (see below)
- Further enhance the role of Trading Standards, particularly around under age sales (including vending machines) and illicit and counterfeit tobacco

The refreshed Tobacco Control Strategy will take heed of the NST recommendations.

Stop Smoking Services

Smoking cessation interventions are very cost effective ranging between £2000-3000 per Life Year Gained (LYG), compared to £17,000 per LYG for the average medical intervention. The Department of Health set a range of targets for the reduction in smoking prevalence in 1998, an important contribution to this being the 4 week quitter target.

The 4 week quit target is historically very challenging and Rotherham PCT have not met the target for the past 5 years. Following concerted efforts and close involvement of the PCT Chief Executive the number of 4 week quitters reached was 1,838 (88.19%) compared with a target of 2084. Over the last year there have been a number of barriers to meeting the four week quitter target e.g. floods and getting key frontline staff to actively refer patients into the stop smoking service. On the other hand we have seen more quitters this year by increasing staff capacity, opening a stop smoking centre at the hospital foyer, refreshing the local enhanced service contracts, implementing a ‘Stop before your Op’ initiative and a smoking cessation performance clinic chaired by the PCT CEX.

The Stop Smoking Service in the past year has increased its capacity and extended the range of services offered to smokers, particularly expanding its location and specialist services, e.g. it is now operates out of a unit in the Rotherham NHS foundation Trust and can provide specialist support to target groups, including pregnant women and manual workers.

The Service now comprises the following:

- Service manager 1 WTE
- Service co-ordinator 0.64 WTE
- Pregnant women and families specialist 1 WTE
- Secondary care specialist 1WTE
- Manual working groups specialist 1WTE
- Generic advisors 5.7 WTE
- Pregnancy advisor 1WTE (to be appointed)
- Administration 2.4 WTE
- Administration 0.2 WTE (temporary until June 2008)
- Bank Advisors x 6 (as required)

and offers the following services:

- Support for adult smokers via groups and on a 1:1 basis.
- Bridgegate drop-in centre
- Home visits.
- Support for pregnant women and their partners/family/friends.
- Support for young people.
- Support for manual working groups
- Stop smoking support in secondary care including the ‘Stop Smoking Centre’.
- ‘Brief’ and ‘Intermediate’ level training for health professionals and community workers.
- Support for the intermediate level service, including the Locally Enhanced Service (LES).
- Ongoing support for quitters via the maintainers programme.
- Information and publicity material about the service.
- Promotion of the service via a programme of promotional events.
- Advise on use of Nicotine Replacement Therapy, Bupropion and Champix.

Potential developments and priorities over 2008/09 include:

- Maintain plans to ensure that clients are seen quickly following their initial enquiry including maintaining a user friendly, pro-active referral process.
- Maintain 12-15 specialist service GP sessions per week
- Continue with 3 evening groups per week (one in each locality)
- Continue with the Stop Smoking Centre at the RFT open Monday –Friday 9am-5pm

- Continue the Bridgegate drop-in clinic including the Saturday morning session. (n.b. current lease runs until Dec 09)
- Improve the service for pregnant women and their families.
- Develop support for manual working groups.
- Maintain the young people's service.
- Develop the service for mental health service users
- Develop the service for BME groups
- Develop links / services within local pharmacies / dentists / opticians.
- Continue to provide in-home counselling for special groups (e.g. pregnant women).
- Consider providing to provide free NRT to RPCT and RFT staff via 'Improving Working Lives' scheme
- Targeted use of local media.
- Maintain voucher scheme for NRT.
- Provide monthly mandatory awareness training for PCT staff
- Provide bi monthly 'intermediate' intervention training
- Provide other bespoke training as required e.g. RFT stop smoking awareness training
- Support other health care workers to deliver 'brief interventions', referring clients to the specialist service
- Continue to promote and support the Locally Enhanced Service (LES).
- Co-ordinate specialist and LES activity.
- Maintain map of specialist and LES sessions across PCT
- Map activity across PCT via postcode analysis.
- Target areas of high prevalence / low referrals.
- Develop telephone support service

The National Support Team (Tobacco Control) made some specific recommendations on the Stop Smoking Service, including:

- Review the effectiveness of stop smoking interventions
- Use social marketing techniques to target routine and manual occupational groups
- The Locally Enhanced Scheme (LES) should be evaluated for effectiveness and value for money
- Further develop the 'Stop before the Op' scheme
- Provide training and support for stop smoking interventions in partner organisations
- Ensure that midwifery services can access and use brief awareness training.

These future developments and potential areas for discussion will be progressed through the Tobacco Control alliance and the PCT.

8. Finance

The finance implications for a tobacco control programme have been highlighted in the tobacco control strategy action grid which is due for consultation toward the end of June 2008. A large proportion of funding has thus far been secured from Rotherham PCT; however we are still detailing costs for specific commissioning purposes e.g. counterfeit tobacco. Rotherham would also benefit with further investment in tobacco control campaigns in order to raise the profile of the harm caused by counterfeit tobacco, secondhand smoke among children and the added benefits of accessing local stop smoking services.

9. Risks and Uncertainties

- Continue to under perform against 4-week quitter target
- Continue to under perform against 2010 smoking prevalence targets

10. Policy and Performance Agenda Implications

Smoking Prevalance is a national indicator.

Smoking in Pregnancy is being put forward as a local indicator for the revised Local Area Agreement..

11. Background Papers and Consultation

National Support Team for Tobacco Control Recommendations (May, 2008)

Choosing Health (2004) – Making Healthy Choices Easier

NICE (2005). *TA39 Smoking cessation - bupropion and nicotine replacement therapy: Guidance,* NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE. Technology Appraisal Guidance No. 38 Nicotine replacement therapy (NRT) and bupropion for smoking cessation.

Contact Name: Khamis Al-alawy Tobacco Control, Rotherham PCT

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**ADULT SERVICES AND HEALTH SCRUTINY PANEL**
2.	**Date:**	**29 May 2008**
3.	**Title:**	**Water Fluoridation Review Update**
4.	**Programme Area:**	**Chief Executive's**

5. Summary

This report updates the Panel on the response to the recommendations

6. Recommendations

That

(a) The NHS Yorkshire and the Humber's current position on consultation on water fluoridation be noted.

(b) The PCT's detailed response to the report's recommendations be noted.

7. Proposals and Details

7.1 At present, the water supply in Rotherham is not artificially fluoridated. Rotherham Primary Care Trust (PCT) supports water fluoridation as a measure to reduce dental decay, particularly in children aged five years and under.

7.2 It should be noted that RMBC does not have the power to ensure the fluoridation of the water supply. This lies with the Strategic Health Authority[1], after discussions with the PCT.

7.3 In February 2007, a review group comprising members of the Adult Services and Health and Children & Young People's Scrutiny Panels undertook a review to look at the issue of fluoridation. Its terms of reference were:

- to determine whether adding fluoride to water is an effective means of reducing dental decay in children
- to identify the benefits and risks associated with adding fluoride to water
- to consider the ethics of fluoridating water supplies
- to clarify the current legal position and route for making changes to the water supply

7.4 The findings and recommendations were published in a report in May 2007, which was later ratified by Performance and Scrutiny Overview Committee and considered by Cabinet in July 2007. Recommendations relevant to the various health organisations were then sent to them, and responses received in autumn 2007.

7.5 This report gives the updated positions of the SHA (Appendix A) and PCT (Appendix B), in respect of the recommendations made.

8. Finance

None.

9. Risks and Uncertainties

The review considered both the risks and benefits attached to water fluoridation. The benefits can be summarised as improved dental health for children, reducing health inequalities particularly in communities of disadvantage. However, the review group was concerned that the long-term health and environmental impact of fluoridated water has not been sufficiently explored. Furthermore, it questions the ethical implications of imposing a medical intervention on the general population without the informed consent of those affected.

[1] NHS Yorkshire and the Humber

10. Policy and Performance Agenda Implications

Improved dental health supports the Council's Alive Community Strategy theme, but this needs to be balanced with the public health implications of any possible health risks arising from water fluoridation.

11. Background Papers and Consultation

Water Fluoridation Review, Joint Report of the Adult Services and Health Scrutiny Panel and the Children and Young People's Services Scrutiny Panel, *May 2007*

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APPENDIX A

Response from NHS Yorkshire and Humber to the Recommendations made in the Scrutiny Review of Water Fluoridation, May 2007

Recommendations:

8.3.1 Prior to undertaking any formal consultation on fluoridating Rotherham's water, seek additional evidence to address concerns about the possible harmful effects.

8.3.2 Any consultation should reflect both the benefits, costs and risks associated with water fluoridation so the general public can make an informed decision about the issue.

8.3.3 Work with the relevant local authorities when identifying the list of consultees.

8.3.4 That any consultation on proposals to fluoridate Rotherham's water supply takes place over at least a three month period.

8.3.5 Any decision to approve fluoridation should address the issues of informed consent and autonomy and be considered in light of the UNESCO Declaration.

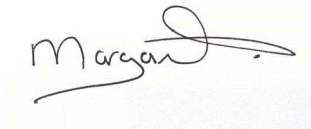
19 May 2008

Dear Ms Watts

Thank you for your recent email regarding Scrutiny Review of Water Fluoridation. I note Rotherham Metropolitan Borough Council's position in respect of fluoridation.

The SHA's position has not formally changed since August. As at the current time we have no plans to undertake a public consultation in respect of fluoridisation of the public water supply. You will, however, be aware that on 5 February the Secretary of State wrote directly to all PCTs encouraging them to consider fluoridisation. At the present time, no PCT has advised us that they wish us to fluoridate the water in their area.

Yours sincerely



MARGARET EDWARDS
CHIEF EXECUTIVE

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Rotherham PCT
Response to the Water Fluoridation Review 2007

Semina Makhani
SpR in Dental Public Health

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INTRODUCTION

This document has been written by Rotherham PCT in response to the recommendations made in Rotherham MBC's Water Fluoridation Review titled 'Joint Report of the Adult Services and Health Scrutiny Panel and Children and Young People's Services ScrutinyPanel2007'.

The recommendations made by Rotherham MBC to be included in any response by the PCT to their report are as follows:-

8.2.1 Bring a report to Scrutiny on the current oral education work within the borough, its cost and effectiveness and what factors have influenced the improvements in the dental health of 12 year olds that have taken place without water fluoridation. The report should include an indication of the level of funding and staff resources that have been invested and how sustainable these elements are in future service planning and also the feasibility of improving dental health education in Rotherham, especially for young children and for the most economically disadvantaged areas.

8.2.2 Given the link between diet and dental health, the review group suggests that an assessment of the impact of recently-introduced healthy eating initiatives on dental health be undertaken.

8.2.3 Report the evaluation of the targeted interventions in the Rawmarsh Sure Start area (section 6.3.2.3) to Scrutiny, including an assessment of the feasibility of extending this approach to other communities of need.

8.2.4 Evaluate the feasibility of targeting pregnant women in communities with poor dental health, both before and after childbirth, to delay or prevent Streptococcus mutans infection.

Responses to each of the recommendations have been detailed in the following pages.

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RECOMMENDATION 8.2.1

a) Oral Health Promotion Activity

The oral health promotion activity by the Oral Health Team is carried out on three levels.

- **Education** – direct input into the classroom by a member of the oral health promotion team.
- **Training** – training of teachers, Children Centre and Early Years Workers and other Primary Care Trust workers to deliver oral health programmes in their setting.
- **Affecting the environment** – working with other agencies to change the environment so that it promotes the correct oral health messages and provides ways that service users can execute the choices promoted through the information they are given – e.g. healthy tuck shops/snacks at groups, tooth brushing clubs, availability of water and milk.

Schools work is carried out predominantly by the Oral Health Promotion Coordinator and is targeted at KS2 (juniors in primary) and KS3 (comprehensive). The Schools receiving direct input are those who, according to the results of the 5-year-old pupil dental survey, have the worst results in the Borough. These target schools are mainly situated in Children Centre areas and therefore this input builds on the oral health/food work that is carried out by the oral health/food workers.

The programmes follow the National Curriculum and are presented in Year 3 in Primary School and Year 7 and 8 in Secondary School. Where there is capacity then schools that request input for Health Weeks also receive input. This is usually a 'whole school' programme consisting of input in assembly and classroom work with targeted years and followed by Parent Workshops.

Where a school does not fall within the target group and there isn't the capacity to cover a request, we offer the programme and resources, along with individual teacher training. The School Nursing Service also receives training and access to resources. This enables them to cover the topic in the schools that they are responsible for and that do not fit the oral health promotion team remit and therefore would ordinarily not receive oral health promotion other than by the teacher.

Children Centre Work is carried out by the four members or the Oral Health team and comprises of the following:

- Training for Children Centre staff around oral health and food issues
- Loan resources to be used in groups by Children Centre staff
- Toothbrush, toothpaste and feeder cup packs provided for trained Children Centre to give to clients they are working with on dental issues.
- Rolling weaning programme where each Children Centre is offered a weaning session which also covers bottle to cup, introducing tooth brushing, dental visits and healthy snacks/drinks for teeth.
- Development of volunteers to work alongside oral health/food workers.
- Support around implementing/reviewing food policies to ensure that oral health issues are addressed.
- Development programme to support other staff teams to provide their own weaning programme – we supply the resources to carry this out.
- Cook and Eats are provided across the borough in venues that are within

APPENDIX B

easy reach of several Children Centres at one time. These provide families with the opportunity to develop cooking skills, the ability to feed their family healthily and covers sugar reduction, 5-a-day and healthy snacks and drinks; this supports the oral health work carried out through the other programmes.

- Input into parent groups by an oral health promotion worker who covers the key issues outlined in the other points.
- Introduction of Brushing Clubs in some Children Centres – programme to be rolled out.
- Ante-natal pilot – this is a pilot to look at how to provide pregnant women and their families with healthy eating messages. This links into the proposed Government initiative of giving those who are pregnant £200 at week 39 to use on having a healthy diet this is due to be launched in 2009. The pregnant women on this pilot are also given the information about 'Cook and Eat' and the weaning sessions which help to reinforce the advice given at the ante-natal sessions about health eating.

Day Centre (learning disability) work will be re-established this year as due to staff shortages then this service had to be suspended. The aims will be to provide one-to-one tooth brushing support for client that have given consent and use the Centres at Wath and Maltby. Contact will be established with key workers to develop and assess each clients oral care plan and parents and carers are to be targeted through social events. Each Centre will have input on a fortnightly basis and the rest of the work provided through specific sessions identified by the staff member who organises the work.

Special Schools have again had their service disrupted by staff shortages and will be re-established as with the Day Centres. There are currently two special schools who receive a programme from the Community Dental Service (CDS). These programmes offer one-to-one work, one programme is continued by teaching staff and the other by CDS staff. The aims, once the programmes have been established, are to roll these out to the other Special Schools in the Borough.

Work with other agencies not covered in the above sections includes the following:

- Training for all PCT workers who are involved in direct patient care or who work with families on a support/health promotion basis.
- Training for Early Years providers throughout the Borough and organised with RMBC Child Care and Early Years teams.
- Support for the Community Dental team.
- Provision of toothbrush, toothpaste, cup packs for Health Visitor and PCT Nursery Nurse.
- Input into PCT run parent groups
- Loan resources for PCT staff proving oral health promotion activity.
- Support and advice to all agencies that we have contact with.

Staffing

The above activity is covered by the following staff:

1 x Oral Health Promotion Worker	16 hours per week
2 x Oral Health/Food Worker	40 hours (20 hours each post) per week
1 x Oral Health Promotion Coordinator	31.55 hours per week

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Funding

Funding comes from two areas to cover the work and is as follows:

1. Oral Health Promotion Worker and Coordinator are funded by the PCT's Community Dental Service at approximately £59,000

2. Oral Health/Food Workers are funded by RMBC at approximately £31,117

b) Dental Health of 12-year-olds in Rotherham

Dental caries is also known as dental decay. It is one of the two most common diseases in England. It can affect both the deciduous and permanent dentitions and in the early stages it is symptom-less. If left untreated it can go onto cause pain, infection and can eventually lead to a dental abscess, which in some cases can lead to hospitalisation of the child for treatment. Decayed teeth that are not restorable need to be extracted. In children the extractions are often carried out under general anaesthesia. Following several deaths of otherwise-healthy children in the past, general anaesthesia for all forms of dentistry must be provided in an acute hospital setting. Figures from Rotherham Foundation Trust Hospital show the current rates of provision of general anaesthesia for extractions for children up to the age of 14:-

Number of children who have had extractions under Poswillo GA list at RFTH

Year	Number of children
2001	1160
2002	1266
2003	1166
2004	1441
2005	1272
2006	1218
2007	1228

The table shows a general increase in the number of children undergoing extractions under general anaesthesia, despite being carried out in a hospital setting general anaesthetics are not without risk.

The British Association for the Study of Community Dentistry (BASCD) co-ordinate a national programme of local epidemiological surveys in children. Dental caries prevalence and severity in a population is measured using the DMFT index. The D represents teeth that are decayed, the M represents teeth that are missing and the F represents teeth that are filled. Caries status is assessed by summation of the number of decayed teeth missing teeth and filled teeth due to caries.
The table below shows the average number of decayed, missing and filled teeth of twelve year in Rotherham, Birmingham and in England as a whole.

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DMFT of children in Rotherham

Age	Year of survey	DMFT/DMFT		
		Rotherham	Birmingham	England
12 year olds	1996/1997	1.25	0.78	0.97
12 year olds	2000/2001	0.99	0.52	0.86

The table shows that although the DMFT of 12-year-olds in Rotherham improved, it is still worse than the DMFT of England as a whole. The table also shows the DMFT of 12-year-olds in Birmingham which has had fluoridated water since 1964. The data shows that the average DMFT of 12-year-old children in Birmingham was 38% better than 12-year-olds in Rotherham in the 1996/1997 survey and this improvement increased to 47% in the 2000/2001 Survey.

The reason for the improvement in DMFT of 12-year-olds in Rotherham between the 1996/1997 and the 2000/2001 surveys is not clear.

The table below shows the DMFT of 5-year-olds in Rotherham and England as a whole. From the table you can see that although the DMFT has improved from the 1995/1996 survey to the 2005/2006 survey, it is still worse than the DMFT of 5-year-olds in England as a whole. From the last survey the average DMFT of 5-year-olds in Rotherham was 1.83. The pattern of decay in 5-year-olds baby teeth is usually repeated in the permanent teeth, this being the case we will see a worsening of the DMFT of 12-year-olds over the next few years unless positive steps are taken to prevent this.

DMFT of five year olds in Rotherham

Age	**Year of survey**	**DMFT/DMFT**	
		Rotherham	**England**
5 year olds	2005/2006	1.83	1.47
5 year olds	2003/2004	1.89	1.49
5 year olds	2001/2002	1.89	1.47
5 year olds	1999/2000	1.80	1.43
5 year olds	1997/1998	1.90	1.47
5 year olds	1995/1996	2.23	1.63

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RECOMMENDATION 8.2.2

Healthy eating initiatives

Below is a brief outline of the current food/oral health activities provided by the two Oral Health/Food Workers. It gives information about the outcomes so far but these outcomes are not complete as the full evaluation has yet to be carried out. Both posts are funded by RMBC; the funding would be needed to continue this work beyond 2007/2008.

Cook and Eat Sessions/ Weaning Programme /Food Policy Work - Overview

Cook and Eat are six ½ day sessions run over a 6 week period. They are practical in nature and target parents with little or no cooking skills. The aim is to teach basic food/kitchen hygiene, how to create an easy cheap balanced meal along with building confidence and self esteem of the participants. There is also the use of maths and English along with the participants directing what recipes they want to cook.

As a development to this work a past participant of these sessions was identified and is now working along side the Oral Health/Food Worker in a voluntary capacity. She has been supported to attend the Volunteer Training provided through Maltby Stepping Stones and now the OCN level one in Food and Nutrition that is provided by the Rotherham Hospital Trust Dietetic Team.

Weaning sessions are 2 hour sessions organised and delivered by the Oral Health/Food Worker in conjunction with Staff within Children Centres and Health. They are provided across Rotherham and have primarily focused on those Centres that do not already receive weaning input from Rotherham Primary Care NHS Trust or where a Children Centre has identified a need. They are provided on a rolling programme and devised to meet the need of each Centre.

A development to this programme has been the identification and training of both PCT & Children Centre Staff to enable them to deliver their own weaning sessions. This was identified part way through the delivery of this work and is felt to be a vital addition due to the number of Centres needing these sessions and the limited time of the worker. Therefore it was felt that to provide equality across the Centre then it is necessary to deliver training along with supervision of other workers so that the work becomes sustainable.

Food Policy Development in Children Centres is another focus area and there is current work underway with one Centre to develop a working model for Centres who want to develop, monitor or review their policy.

Summary

These programmes incorporate a lot of multi-agency work and bring together workers from Health and Children Centres. The aims of the work meets the core health targets such as obesity, heart disease, diabetes, dental disease and cancer prevention yet also supports parents in social and parenting issues. Many parents attending the sessions come from different cultural backgrounds, are expected to attend the sessions because of child protection issues and because of the areas where Children Centres are based come from some of the poorest communities.

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Literacy and numeric abilities have been issues with a small proportion of the participants having some form of learning disability. Due to the work of inclusion workers, family workers and staff involved with Children Centres we have also seen a large proportion of participants who have poor social skills and are isolated within the community.

Future Developments

Funding permitted, the Oral Health/Food Work would develop in the following ways:

- Scoping survey to assess what food work is being carried out across Children Centres – particularly focusing on Weaning and plan further activities in relation to outcomes (staff time permitting).
- Developed programme to extend the training of other Staff to deliver weaning sessions and support the Cook & Eat programme
- Food policy work pilot to be completed and be start to roll out across Children Centres.
- Cook and Eat sessions to continue across Centres
- Weaning input to carry on across Centres
- Develop Home Visiting protocol to support individual who may need additional support after Weaning and Cook & Eat Sessions and where support isn't readily available.
- Develop resource loan service around food work/oral health specifically aimed at Children Centres.

NB: Resources to run the two programmes was provided through NRF and Objective One who, combined, provided approximately £17,000. Some of this was also used to fund the resources for the PCT Oral Health programme which covered training, group input and resource provision as well as the Oral Health/Food Work programmes.

Further information on the outcomes of the healthy eating initiative can be found in Appendix one.

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RECOMMENDATIONS 8.2.3

Rawmarsh Sure Start

The only area where there has been an impact on disease levels is in Rawmarsh who had a dedicated oral health/food worker who worked solely for Rawmarsh Sure Start for five years. Therefore, this being the only variable across the borough then this might have had impact on the reduction; even though it averaged at only half a tooth per 5-year-old surveyed in that area.

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RECOMMENDATIONS 8.2.4

Targeting pregnant women to delay or prevent streptococcus mutans infection

The mouth is sterile in utero and becomes colonised by a range of bacteria during or soon after birth. Streptococcus mutans preferentially colonise hard surfaces like teeth the majority of infants acquire streptococcus mutans around the age of two. Streptococcus mutans are involved in formation of caries in the presence of sugar, but are not the only caries forming bacterium present in the mouth. Therefore improving oral hygiene as well as reducing the frequency of sugar intake by children would help more in reducing caries than concentrating on prevention of streptococcus mutans infection. As this bacterium is carried by 98% of adults it may not be possible to prevent infection.

As mentioned in the oral health promotion section, there is an ante-natal pilot which is aimed at providing pregnant women with healthy eating messages as well as giving advise on accessing dental services. There is also oral health input into PCT run parent groups, training for all PCT workers who support families and Early Years providers throughout the borough as well as provision of toothbrushes, toothpastes and cup packs for Health Visitors and PCT Nursery Nurses. With appropriate funding the oral health promotion team hope to develop programmes for weaning and further food work.

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APPENDIX ONE

Outcomes of Healthy Eating Initiatives

Cook and Eat

The target was to provide seven Cook and Eat courses across the Children Centres leaving Quarter 4 for 'mop up' of any areas missed and to carryout a full evaluation of the impact of the work.

The following is a summary of progress, baseline assessments results along with comments from the evaluations completed by participants.

Centre	Venue used	Sessions Delivered	Dates	Number Attending each session
Coleridge Road	New Life Centre	6	6 Jul – 14 Sep	5
Central Sure Start	New Life Centre	6	5 Sep – 10 Oct	8
Kimberworth Children Centre	Salvation Army	6	18 Sep – 23 Oct	5
Thrybergh/Dalton Children Centres	Thrybergh Children Ctr	6	10 Sep – 15 Oct	2
Total		**24**		**20**

Cook and Eat – Christmas Specials

These were additional sessions carried out for the groups above.

Centre	Venue Used	Sessions Delivered	Dates	Number attending
Coleridge, Thrybergh & Dalton	New Life Centre	1	23 November	5
Ferham Centre	New Life Centre	1	28 November	8
Kimberworth	Salvation Army	1	11 December	5
Ferham Centre Dads Group	New Life Centre	1	6 December	4
Total		**4**		**22**

Comparison of the total number of participant who could:

	At Start	At finish
Wash hands before cooking/after handling raw meat	19	23
Correct use of knives	7	23
Washed food	15	23
Could peel & chop	3	22
Should basic cooking skills	7	22

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Example of Baseline from one session

Out of 5 participants:

- 2 occasionally cooked using fresh ingredients, 3 answered between 1 to 3 times
- 3 felt it was important to be able to cook, 2 didn't at all.
- Only 1 person felt it important to know how to cook healthily the rest felt it was unimportant.
- 1 stated they had good cooking skills, 2 poor and 2 fair.
- 3 felt quite confident about cooking from fresh ingredients, 2 didn't.
- Barriers to cooking was:
    1. Don't know how to 2
    2. Don't know what to cook 5
    3. Don't have the confidence 3
    4. Not enough time 1
    5. Not enough money 5
    6. No where to get ingredients from 3
    7. Do not know if children will eat it 4
    8. Do not have facilities or equipment 3

Evaluations from above course

- All enjoyed the sessions
- Participants enjoyed the recipes cooked, relaxed approach, tasting the food, things made the way they would, learning new skills, meeting new people.
- No one would do anything differently
- All participants would recommend the course
- People remember some of the recipes, how to use ingredients they didn't like but in a way they couldn't taste them, everything, how to experiment with different ingredients.
- All would and have used the recipes at home
- 4 participants have already spoken to people about what they've learnt on the course.

The next part of the evaluation is to go back to participants and carry out the baseline questionnaire again and explore whether they have made changes to how they cook at home since the course.

Plans Quarter 4

Cook and Eat courses at Dinnington and Wath Children Centres Evaluation

Weaning Sessions

By the end of the sessions participants will:

- Know when to start weaning and it's importance
- Know the advantages of home cooked weaning foods
- Be able to make stage 1 & 2 foods
- Know what suitable cups and drinks to give
- Know to brush teeth twice daily with a fluoride 'paste
- Understand the importance of dental visits

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Below are the dates, venues and attendance of sessions provided so far:

Venue	Date	Number attending
Aughton Early years	25 October 2007	10
Aughton Early years	25 October 2007	11
Coleridge Road – The Place	27 November 2007	4
Coleridge Road – The Place	11 November 2007	1
Dalton Children Centre	5 October 2007	4
Dalton Children Centre	20 December 2007	2
Dinnington Children Centre	19 November 2007	4
Dinnington Children Centre	25 September 2007	6
Central Sure Start	12 November 2007	3
Rockingham Children Centre	18 October 2007	5
Rockingham Children Centre	22 November 2007	1
Thrybergh Children Centre	16 November 2007	5
Wath Children Centre	11 October 2007	2
Total	**13 sessions**	**58 contacts**

Initial Assessment Data

Results from a total of 18 respondents

- 16 knew the correct age to start weaning
- All felt that home made foods are best value
- 12 knew the correct age to start using a cup
- 12 knew three first stage weaning foods
- 12 could choose the drinks suitable for babies
- All knew how to store prepared baby foods

Evaluation Data

Results from the evaluation from the respondents above

- All knew the correct age to start weaning
- 17 could name three first stage weaning foods
- All could list the equipment needed to prepare home cooked weaning foods
- All respondents could state more than one advantage to home cooked weaning foods.
- All stated that the session had given them the confidence to try home cooked foods at home.

There were also very positive comments ranging from ‘excellent session’ to ‘reminded me of things I’d forgotten since having my first child’.

Planning for Quarter Four

- 2 sessions organised for Rockingham Centre
- 1 Session Arnold Centre
- 1 Session Kimberworth Centre

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- 1 Session Wath Centre
- 1 Session Thrybergh
- Mentor PCT Nursery Nurse in providing weaning session in Dinnington
- Work with Dalton and Thrybergh Children Centre on the model for introducing or auditing food/drinks policies.
- Continue work on Antenatal programme
- Evaluation

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Social Care and Health Scrutiny Panel**
2.	**Date:**	**29th May, 2008**
3.	**Title:**	**Adult Services Commissioning Strategy** **All Wards Affected**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. **Summary**

5.1 The Joint Strategic Needs Analysis (JSNA) tells us that it will cost, by 2023, an additional £18.4m per year just to maintain the current level of service provision. This report sets out a radical change to the way we spend our money to meet the social care needs and improve the health, Wellbeing and quality of life for people in Rotherham over the next 15 years.

6. Recommendations

6.1 Cabinet Member notes the progress that has been achieved in the continued development of the Commissioning Strategy.

6.2 Joint Cabinet / CMT endorse the strategy.

6.3 Cabinet Member agrees to accept update reports on a quarterly basis as the strategy continues to develop in response to national and local drivers.

7. **Proposals and Details**

7.1 What is the Commissioning Strategy?

Rotherham's Adult Social Care Commissioning Strategy covers a 15 year period (2008-2023). The Commissioning Strategy is a continuous process of identifying current and future social care needs, establishing where we are now in relation to meeting those needs, where we want to be, how we get there and how we review and monitor improvement.

The development of the Adult Services Commissioning Strategy covers the commissioning activity that needs to take place as part of our statutory responsibility.

The strategy has been developed to deliver the following aims:-

- To meet the challenges for social care in Rotherham that the Joint Strategic Needs Analysis (JSNA) identified;
- To change the way we spend our money through undertaking the steps in the Commissioning Framework; and
- To show the difference that we will make for people in Rotherham by delivering a recurrent 3 year action plan.

The strategy complements the Joint Commissioning Strategy that we have recently agreed with the PCT. The joint strategy focuses on both health and social care services where it is critical that they are provided in an integrated and joined up way to improve outcomes for customers. These areas of focus are;

- The management of long term conditions,
- Intermediate care,
- Older people with mental health problems, and
- Reducing hospital admissions from residential and nursing care.

7.2 What are the challenges for social care in Rotherham?

National Policy Drivers

There are 3 key national policy drivers which have shaped the development of our Commissioning Strategy. These policies established a radical vision for a different kind of social care in England.

The policies are:-

- ‘Commissioning Framework for Health and Wellbeing’ (2006) states that we need to focus on people, not just people who are ill, but everybody. It identifies 8 steps to more effective commissioning. We have adopted these steps in our strategy;

- The White Paper ‘Our Health, Our Care, Our Say’ (2006) places the emphasis on effective commissioning to deliver improved outcomes for service users. Our Commissioning Strategy delivers against the requirement to move towards strategic commissioning to promote health and wellbeing and develop preventative approaches; and

- The ‘Putting People First’ concordat (2007) outlines the Government’s commitment to independent living. To respond, our Commissioning Strategy emphasises the redesign of local services to meet the needs of customers.

Local Drivers – Value for Money

Adult Social Care in Rotherham was rated as a ‘good’ service with ‘promising prospects’ under the Commission for Social Care Inspectorate’s (CSCI) new regime in 2007. This year we do not anticipate an improvement in this rating due to two main areas of weakness, namely:

- Our performance in relation to helping people to live at home is deteriorating; and

- An over reliance on high cost in-house services which do not provide value for money nor accord with a comprehensively modernised service.

Despite the Council providing considerable financial commitment to Adult Social Care in the last five years, helping people to live independently costs money and we do not possess the resources required to fulfil current and future need.

Good progress has been made this year to improve value for money. On 10th December 2007, Members approved our ‘shifting the balance’ plans to increase home care provision in the independent sector and we have substantially increased our commissioning capacity through the recent restructure. This responds to an Audit Commission Value for Money report (2006) which criticised our spending on strategy and commissioning. Our new Commissioning Team will implement the wider modernisation of services to improve performance and outcomes.

The commissioning strategy is entirely consistent with the Council's approach to commissioning that was identified in the work of Our futures Group 2.

Local Drivers – Meeting Current and Future Needs

Demographic factors continue to put pressure on budgets. Adult Services and the PCT undertook the JSNA between March 2007 and January 2008. This outlines current and predicted health and well-being outcomes, an account of what people in the local community want from their services and a view of the future, predicting and anticipating potential new or unmet need.

The JSNA will be developed over time to give us a sophisticated methodology for assessing needs in the future. This, linked with other needs assessments undertaken across the Council, will provide the opportunity to approach emergent issues with innovative solutions based on accurate estimates.

The JSNA tells us that by 2015 the older people's population will have increased by 23% and that there will be additional social care needs associated with continence, falls and the prevalence of long term conditions such as coronary heart disease. This will place additional unsustainable pressures on the General Fund if we continue with our current configurations of un-modernised service provision.

The JSNA has informed our new Commissioning Strategy. The is what the JSNA has told us;

- People want to remain healthy and in their own homes,
- People want to do things for themselves,
- To improve value for money and better outcomes then we need to move away from direct provision to commissioning diverse services from a range of providers,
- People want to influence and be involved in our commissioning decisions, and
- People want access to a range of different services so they can make a personal choice about which care package will keep them independent.

7.3 <u>What difference will this strategy make?</u>

The Commissioning Strategy Action Plan sets out how we will implement the actions arising from the JSNA to improve outcomes for the borough over the next 3 years. The 7 outcomes that we will be seeking to achieve are:-

- Helping people in Rotherham to adopt and maintain a health lifestyle, enjoy an improved quality of life and sense of wellbeing,
- Developing community based alternatives to residential care, including extra care housing so that we promote independence, improve health and emotional wellbeing,
- Increasing the uptake of direct payments and individual budgets; and to give people choice and control,
- Developing preventative services such as assistive technology so that we keep people safe and in their own homes,
- Placing users and carers at the heart of commissioning activity so that they are integrally involved in key commissioning decisions by 2011,
- Commission an improved range of support for carers in Rotherham so that they know that the Council is supporting them in their caring role,
- Put in place effective performance and financial management arrangements to support the delivery of the commissioning outcomes, quality, VFM and safeguarding by 2008.

There are a number of actions required to help us to deliver these outcomes so that we improve value for money, performance and raise the standards of quality. These include;

- Continuous updating of the JSNA so that we map services against changing needs;
- Implementing the Sustainable Market Management Plan so that we drive market diversification and improvement;
- Developing a Quality Standards Framework for contracted providers so that there are enforceable quality standards in place; and
- Annually reviewing contracts so that they deliver performance and quality objectives.

8. Finance

8.1 The Directorate currently spends around £80 million per year on purchasing social care. The emerging results from the JSNA indicate a potential 23% increase in demand for services by 2023. This is due to an ageing population, increased life expectancy, increased levels of dementia, increased falls and conditions associated with being older and living longer. Continuing on the current paths of investment, without a fundamental shift in our modernisation strategy, will require a 23% increase in funding, an additional £18.4 million per year by 2023.

8.2 Each element of the action plan will need to have an underpinning financial profile which considers the de-commissioning and investment implications.

8.3 The Commissioning Strategy is intended to deliver improved value for money for current and future need.

8.4 The delivery of the Commissioning Strategy must be aligned to the MTFS in order to deliver annual efficiency savings and to evidence VFM.

9. Risks and Uncertainties

9.1 There are two significant risks. The first is related to current performance. Current service provision is good, but the development of preventative services has suffered from the necessary reductions in funding due to financial pressures. We have not maximised the use of our available budgets by commissioning intelligently from a range of providers where costs are much lower. The Commissioning Strategy sets out how we will improve our use of resources and mitigate the risk of poor performance in helping to keep people living independently at home.

9.2 The second risk relates to future performance. The Council will be unable to fund the significant gap from its budget. The Commissioning Strategy establishes a combination of developmental activity including; preventative services, maximising independence through an enabling approach, self directed support and the reinvestment of efficiencies. This will go some way towards bridging the funding gap.

10. Policy and Performance Agenda Implications

10.1 This strategy will assist the Local Authority to meet key strategic objectives including;

All of the social care outcomes framework, but specifically 'Commissioning and use of Resources';
Local Area Agreement Targets;
NAS Service Plan; and
Annual Use of Resources Assessment

11. Background Papers and Consultation

Commissioning Framework for Health and Wellbeing
Department of Health White Paper – Our Health, Our Care, Our Say
Social Care Outcomes Framework
Rotherham JSNA
Service Plan 2008-2011
CSCI State of Social care 2007
Commissioning KLOE

The Commissioning Strategy is attached.

Consultation

Placing users at the heart of the strategy is central to our commissioning decisions. The Commissioning Team plan contains several actions to get better involve users in planning and decision making;

- Users will be involved in the highest level of commissioning decisions and we will provide training and support to enable them to do this,

- Utilising the new Local Involvement Network (LINk) to provide an opportunity for local communities to challenge the way we commission and provide services.

- Undertaking a new annual consultation event with customers, carers and stakeholders on the future of health and social care services, and

- Using our recognised excellence in customer consultation and involvement we will use our range of forums to inform and shape future commissioning arrangements.

Consultation has taken place and feedback to date has been positive with a high level of engagement with service users, carers, partner agencies and providers.

Contact Name: Kim Curry, Director of Commissioning and Partnerships
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DRAFT

Commissioning Strategy for Adult Social Services in Rotherham

2008-2023

Foreword

Our Mission:

'Services are available in a way that enables people to exercise power and control over their own life.'

Our Vision:

To provide integrated local services so that:

- People can exercise choice, retain their independence, be offered protection and have equality of access.
- Communities are active and shape local services to meet their characteristics and needs.
- Neighbourhoods are safe, free from crime and places to be proud of.

In order to achieve this vision, services need to be designed to enable people to remain independent and continue to live in the community, to minimise admissions to hospital and long stay residential care whilst avoiding delayed discharges from hospital.

We are pleased to introduce this Strategic Commissioning Strategy for Adults for the Borough of Rotherham which has been developed by Neighbourhoods and Adult Services. The Directorate believe that this strategy is an important step in making sure that the needs, wants and aspirations of local people are central to the commissioning process.

Our goal is to empower people to lead as active and rewarding a life as possible by securing the necessary services to support them and by removing both any social and physical barriers to involvement

In order to meet the challenge of delivering the White Paper 'Our Health, Our Care, Our Say: A New Direction for Community Services' it is clear that we need to change the way in which services are commissioned and provided. We have to balance the need for a more personalised approach and better outcomes for people with the need to balance budgets and ensure value for money for the people of Rotherham.

This strategy sets out the vision for the future and gives a clear statement of intent to our partners and stakeholders.

Signed on behalf of:

Rotherham Neighbourhoods and Adult Services:

……..

Tom Cray, Strategic Director,
Neighbourhoods and Adult Services, Rotherham Metropolitan Borough Council.

Executive Summary

This is Rotherham's Adult Social Care Commissioning Strategy which covers a 15 year period (2008-2023). It details the commissioning activity that needs to take place to deliver our statutory responsibility and improve outcomes for customers.

The strategy has been developed as a result of the learning from the Joint Strategic Needs Analysis (JSNA) so that we meet the current and future social care needs of the borough.

This strategy will be delivered in a series of 3 year action plans. The first of these plans will deliver the following 7 strategic objectives;

- Helping people in Rotherham to adopt and maintain a health lifestyle, enjoy an improved quality of life and sense of well being
- Developing community based alternatives to residential care, including extra care housing so that we promote independence, improve health and emotional well being,
- Increasing the uptake of direct payments and individual budgets; and to give people choice and control,
- Developing preventative services such as assistive technology so that we keep people safe and in their own homes
- Placing users and carers at the heart of commissioning activity so that they are integrally involved in key commissioning decisions by 2011.
- Commission an improved range of support for carers in Rotherham so that they know that the Council is supporting them in their caring role.
- Put in place effective performance and financial management arrangements to support the delivery of the commissioning outcomes, quality, VFM and safeguarding by 2008.

This strategy sets out how we will improve the performance and value for money issues within Adult Social Care. The service is currently rated 'good' with 'promising prospects' under the Commission for Social Care Inspectorate's (CSCI) new regime in 2007.

In order to maintain and improve our judgment then we need to modernise the way we commission and provide services. Helping comparatively low numbers people to live at home and an over reliance on high cost in-house services and residential care are our main areas of weakness.

Good progress has been made this year to improve value for money. On 10th December 2007, Members approved our 'shifting the balance' plans to increase home care provision in the independent sector and we have substantially increased our commissioning capacity by freeing up resources created by the restructure. This responds to an Audit Commission Value for Money report (2006) which criticised our spending on strategy and commissioning.

Despite the Council providing considerable financial commitment to Adult Social Care in the last five years, helping people to live independently costs money and we do not possess the resources required to fulfill current and future need. Demographic factors continue to put pressure on budgets.

Adult Services and the PCT undertook the JSNA between March 2007 and January 2008. This outlines current and predicted health and wellbeing outcomes, an account of what people in the local community want from their services and a view of the future, predicting and anticipating potential new or unmet need.

The JSNA tells us that by 2015 the older people's population will have increased by 23% and that there will be additional social care needs associated with continence, falls and the prevalence of long term conditions such as coronary heart disease. This will place additional unsustainable pressures on the General Fund if we continue with our current configurations of un-modernised service provision.

The JSNA has told us:

- People want to remain healthy and in their own homes,
- People want to do things for themselves,
- To improve value for money and better outcomes then we need to move away from direct provision to commissioning diverse services from a range of providers,
- People want to influence and be involved in our commissioning decisions, and
- People want access to a range of different services so they can make a personal choice about which care package will keep them independent.

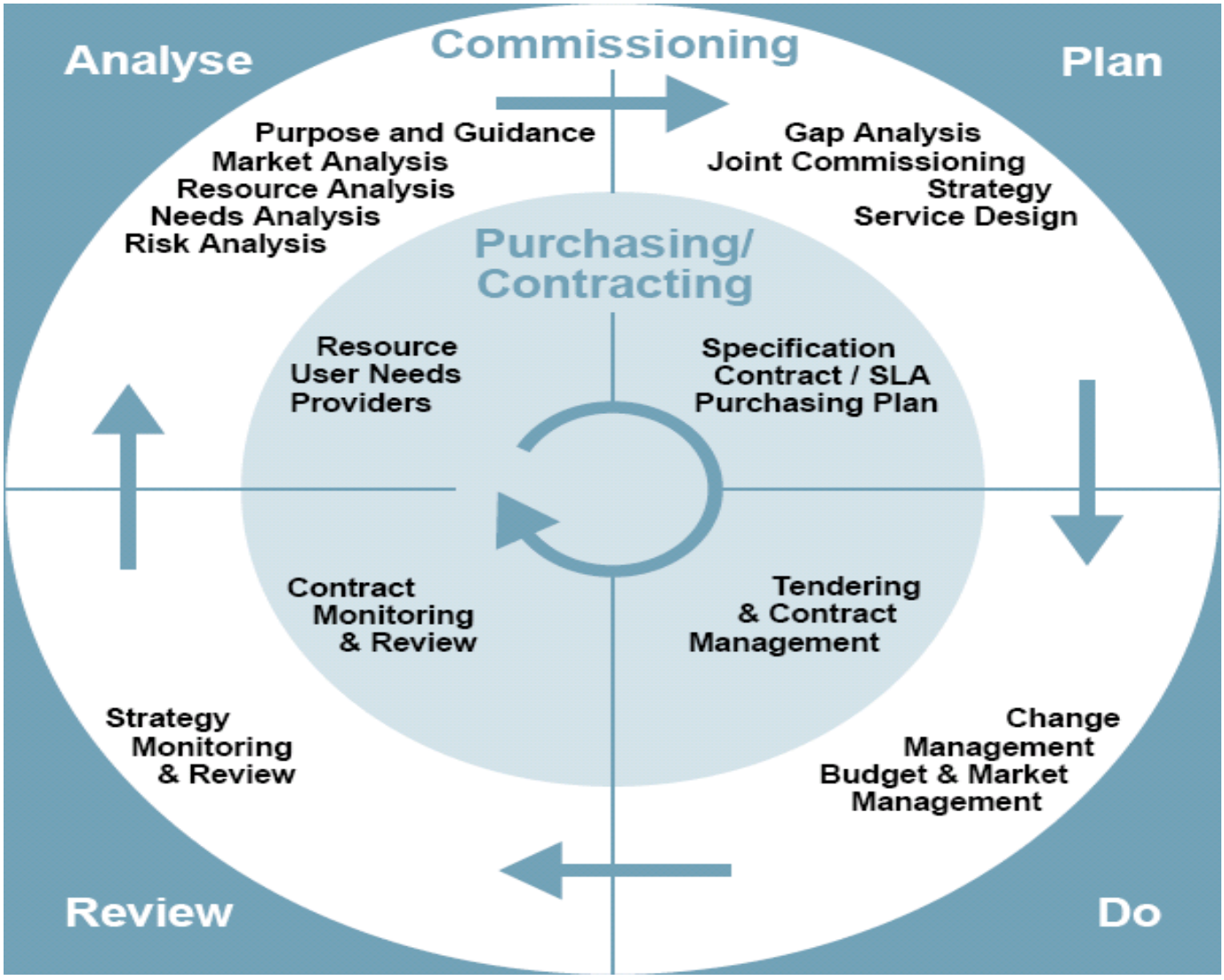
Adult Services Commissioning Strategy sets out how we will respond to some of these issues so that we make investment in the right areas to meet need, continue to disinvest in services which do not provide value for money or meet people's expectations. By taking this strategic approach we will improve outcomes for customers, improve performance and use of resources.

Introduction

1. This strategy will deliver intelligent commissioning of person centred, outcome focused services that meet the needs, aspirations and life ambitions of people in Rotherham by 2023. This will be achieved through the process of strategic commissioning.

2. Strategic Commissioning is the process of specifying, securing and monitoring services at a strategic level, to meet people's needs. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors (Audit Commission 2003). The Neighbourhoods and Adult Services Directorate has set out in its Service Plan the strategic objectives for the next three years. Strategic Objective 4: 'Deliver quality, innovative, efficient, value for money services to our customers through Commissioning by the year 2010' is the beginning of a process of change in the way services are commissioned and provided.

3. The Commissioning cycle is illustrated by the diagram below:



4. The strategy will set out how the Council will work with all its partners and stakeholders to shape and develop services and the care market over the next 15 years. It will enable providers from the statutory, independent and third sectors to maintain and develop a range of services which are flexible to meet current and future needs.

5. These services need to be designed to enable people to remain independent and continue to live in the community, to minimise admissions to hospital and long stay residential care whilst avoiding delayed discharges from hospital.

6. This is an overarching commissioning strategy. Separate more detailed commissioning and procurement plans will be developed for specific service user groups such as older people and people who are physically disabled.

7. This strategy will outline the strategic commissioning aims and objectives for the next 15 years. This will be supported by an annual implementation plan and a 3 yearly refresh of the strategy. The action plan attached to this strategy (Appendix 1) covers the period 2008-2011.

8. There will also be a separate strategy setting out how the Council will commission services with the Primary Care Trust. This is the Joint Commissioning Strategy. This will focus on 4 key areas of activity, namely;

   - The management of long term conditions,
   - Intermediate care,
   - Older people with mental health problems, and
   - Reducing hospital admissions from residential and nursing care.

9. The newly established Commissioning and Partnerships Department will be tasked with commissioning services to promote the health and wellbeing of the community working closely with partners in the commercial, statutory, independent and third sectors.

10. A programme of modernisation has already commenced to ensure that social care services will be fit for purpose in the future.

11. This strategy contains a needs analysis of Rotherham's population. A Joint Strategic Needs Analysis (JSNA) has been completed with the Primary Care Trust. This will be regularly updated and revised to give the most accurate reflections of demographic information gathered and used to inform future planning of services.

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

13. The Directorate currently spends around £80 million per year on purchasing social care. The emerging results from the JSNA indicate a potential 23% increase in demand for services by 2021. This is due to an ageing population, increased life expectancy, increased levels of dementia, increased falls and conditions associated with being older and living longer. Continuing on the current paths of investment, without a fundamental shift in our modernisation strategy, will require a 23% increase in funding, an additional £18.4 million per year by 2023.

14. This strategy provides the cornerstone of our commissioning programme into the future. It reaches beyond Adult Social Care in supporting the corporate objectives of the Council, creating the right environment to support community wellbeing.

Section 1

Strategic Commissioning in Rotherham

1.1 Strategic Commissioning provides a different approach and will require us to look at the needs of the whole population. We will need to work with a range of stakeholders and partners and look to forge links beyond those organisations normally associated with social care, such as the wider business community.

1.2 Such a change in the way services are commissioned cannot be achieved immediately. This strategy will look at the long term needs of the population and begin to reshape services to meet those needs. There may be some opportunities to change things quickly but in the longer term a radical shift in the current approach, for example, the use of block contracts to commission traditional services.

1.3 This commissioning strategy will encourage the involvement of people with care and support needs to develop and plan services for the future. We have commenced a process of consultation and involvement to make sure the hopes and aspirations of local people are reflected in the plans for the future.

1.4 The success of this strategy will be based on meeting the eight steps identified in the consultation document 'Commissioning framework for health and wellbeing' (DH 06.03.07) that will deliver improved health and wellbeing outcomes. Section 5 of this strategy outlines the way in which we will address these steps.

1.5 The strategy links closely to the Corporate Plan, Community Strategy and Local Area Agreement.

1.6 The development of more choice for users is at the heart of this strategy and the plans to extend the use of Direct Payments and Individual Budgets will help in achieving this.

1.7 There are a small but growing number of people in Rotherham who secure and pay for their own care services. We must make sure that a variety of services and information about those services is readily available.

1.8 This strategy sets out a vision for the future of the social care market in Rotherham. Based on a gap analysis and mapping of current provision, the market will need to develop to provide:

- Predominately home based services including extra care and supported housing
- Increased levels of self assessment and self directed care
- Use of assistive technology
- Emphasis on prevention
- Responding to outcomes identified by users and carers
- A flexible approach to meeting the needs and preferences of users and carers
- The promotion of social inclusion
- Shift in contracts to reflect an outcome based approach
- A partnership approach from commissioners and providers

- Specialist services with the Primary Care Trust for those with complex health and social care needs

1.9 In order for this commissioning strategy to be effective, there will need to be a wide range of associated joint commissioning activities with partners and stakeholders. This will ensure that the best possible range of services is available to enhance individual and community wellbeing.

Section 2

Structure of the Strategy

2.1 The strategy provides a framework for the strategic commissioning of adult social care services for the next 15 years to 2023 and beyond. It relates to adults over the age of 18. There will be specific arrangements for the commissioning of services for adults with a learning disability and for adults with a mental health problem as these services are provided on an integrated basis with health partners.

2.2 A three year action plan detailing the Local Authorities commissioning objectives is attached as Appendix 1 of this strategy.

2.3 The strategy will provide guidance to reshape commissioning activity to best meet the needs of local people, encouraging innovation and good practice.

2.4 There will be a significant impact on the current arrangements for procurement and contracting with providers. The emphasis will be on securing the best possible outcomes for users and carers and contracts will need to reflect this shift.

2.5 Responsibility for the development and delivery of the strategy will rest with the Neighbourhoods and Adult Services Directorate, primarily within the Commissioning and Partnerships section.

2.6 Whilst this plan sets out the general direction of travel for the next 15 years, there will be a 3 yearly refresh of the strategy and yearly implementation plans.

2.7 The initial implementation plan will be produced alongside this strategy identifying the areas where there is a need for urgent action and reform.

2.8 The Council has a medium term financial strategy that is reviewed each year as part of the budget cycle. This will support the investment and disinvestment required to meet the changes required to ensure that the appropriate services are commissioned to meet need.

Section 3

The Way Forward

3.1 Neighbourhoods and Adult Services Service Plan Strategic Objective 4 is to 'Deliver quality, innovative, efficient, value for money services to our customers through Commissioning by the year 2011'. This strategy outlines the direction of travel required to meet this objective.

3.2 A move towards more inclusive commissioning and procurement has already begun. The recent home care contract tendering process was conducted in partnership with user and carer representatives. This is in line with the Government's social care regional grant. We need to make sure that people are much more involved in the design, commissioning and evaluation of services and how their needs are met.

3.3 The overall strategic direction is to strengthen the Council's commissioning function in line with the new National Commissioning Framework. The emphasis will be on enabling people to do things for themselves. There will also be a move from direct provision to commissioning from the independent and 3rd sectors. In addition there will be a continuation in the development of partnerships with all stakeholders to facilitate delivery of services.

3.4 This strategy is designed to embed a service user focus and make sure that people who use services and their carers have access to a choice of good quality services which are responsive to their needs and preferences. This will include the development of specialised support services to enable more people to stay closer to home rather than be placed in out of district specialist services.

3.5 From a service development perspective, there must be a true partnership with providers. This strategy builds on the existing liaison frameworks to involve and value providers' expertise and knowledge in developing commissioning strategies as well as service development.

3.6 The Council has reviewed its Medium Term Financial Plan and agreed a range of measures which commenced in April 2007. In addition to this, each element of the action plan will have a supporting financial plan to address de-commissioning and investment issues.

3.7 A purchasing plan (Appendix 2) has been developed and is designed to address the pressures identified by the Joint Strategic Needs Assessment and achieve the Directorate's vision for the future to ensure the following outcomes:-

- Promotion of independence, improving health and emotional wellbeing
- A focus on enabling and re-ablement.
- A focus on increasing equality and giving all people the opportunity for an improved quality of life.
- Commissioning for quality, efficiency and value where value is added at every point in the process.
- A greater focus on prevention, early intervention, self assessment and self care.

- Wider range of providers offering innovative provision better tailored to people's needs.
- Seamless transition with service configured around need.
- Commissioning at an individual level through Direct Payments and Individualised budgets to give people choice and control.
- Commission outcome focused social care services
- Achieve an excellent rating in the Social Care Outcomes Framework

3.9 This is a fifteen year strategy and as such will provide a framework for the actions needed to achieve change. An annual implementation plan and three yearly refresh of the strategy will keep targets and objectives realistic and focused.

Section 4

Commissioning for Health and Wellbeing

4.1 The Commissioning framework for health and wellbeing (Appendix 3) is designed to enable commissioners to achieve:

- a shift towards services that are personal, sensitive to individual need and that maintain independence and dignity;
- a strategic reorientation towards promoting health and wellbeing, investing now to reduce future ill health costs;
- a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities.

(Commissioning Framework for Health & Wellbeing (DH 06.03.07).

This section outlines the commissioning objectives for health and wellbeing in Rotherham that have been identified as a result of applying the framework and links them to the outcomes framework for social care (A New Outcomes Framework for Performance Assessment of Adult Social Care, Commission for Social Care Inspection Consultation Document 2006).

4.2 **Step 1: Putting people at the centre of commissioning**

Commissioning Objectives

4.2.1	We will make sure that all citizens have access to good quality information about local health, social care and wellbeing services.
4.2.2	We will encourage users and carers to influence services and voice their concerns. In order to ensure that people's voices are heard a widespread consultation process on the future of Health and Social Care services has commenced and will be ongoing to support the development of the commissioning process to better meet the needs of local people. There will be a variety of methods of consultation including surveys, focus groups, large group events and more innovative approaches using the internet for discussion groups.
4.2.3	We will commission an improved range of services for carers to make sure that our commitment to them is demonstrated and we support their caring role.

Contributing to Outcome 3: Making a positive contribution – Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people and 4. Increased choice and control - People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences.

4.3 Step 2: Understanding and Planning for the Needs of Individuals and of the Local Population

Commissioning Objectives

4.3.1	The Joint Strategic Needs Assessment has highlighted a number of key priorities for action. This needs to be maintained accurately and regularly and its profile raised in the Council and PCT.
4.3.2	In order to ensure that people are given the best possible chance of maintaining and improving their health and wellbeing, a detailed analysis will be made of local intelligence of those at risk. This information will be used to identify those at most risk of deterioration of their health and wellbeing and to enable resources to be targeted to those most in need. This will include preventative services that will be developed

Contributing to Outcome 5: Freedom from Discrimination - Those who need social care have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm, 6: Economic Wellbeing - People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this and 9. Commissioning and use of Resources - Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

4.4 Step 3: Sharing and Using Information More Effectively

Commissioning Objectives

4.4.1	The introduction of Person Held Records will assist in embedding the principles of the Single Assessment Process in the absence of an electronic solution.
4.4.2	By 2008 everyone with both long term health and social care needs will have a care plan if they want one and by 2010, everyone with a long term condition will be offered a personal care plan. In order to meet these requirements, more integrated assessment and care planning will be necessary.
4.4.3	The development of three new customer service centres at Maltby, Aston and Rawmarsh, and the introduction of Assessment direct, will streamline the assessment process for service users and their carers and with the co-location of teams, communication will be vastly improved.
4.4.4	Opportunities for joint commissioning will be explored with the PCT and the Joint Commissioning Strategy will be implemented and updated to reflect local need.

Contributing to Outcome 1: Improving Health and Wellbeing - Services promote and facilitate the health and emotional wellbeing of people who use the services.

4.5 Step 4: Assuring High Quality Providers for all Services

Commissioning Objectives

4.5.1	Consultation has already commenced on the Joint Strategic Needs Assessment with providers locally.
4.5.2	We will be working with existing and new providers to support the development of services to meet the need of the local population.
4.5.3	The Sustainable Market Management Plan, set out in Appendix 3 will ensure that there are appropriate and adequate residential and domiciliary services available at the right price to meet need and deliver effective outcomes both now and in the future.
4.5.4	The key to this plan is to embed a service user focus and make sure that people who use services and their carers have access to a choice of good quality services which are responsive to their needs and preferences.
4.5.5	The plan sets out the Directorate's longer term view. In order for providers to develop appropriate services, there is a need to remove uncertainty and promote sustainability. The strategy therefore is to establish longer term contracts with a guaranteed level of business and to structure contracts more effectively by procuring services on a geographic basis.
4.5.6	Achieving value for money will require a shift in the balance of service provision. To do this, each sector should be assisted to utilise its strengths and skills. In house services should be used to deal with more complex cases and to focus on enabling and re-enablement due to the skills in this sector. The independent sector should focus on stable ongoing care packages. The voluntary sector should focus on prevention and self assessment. To improve control and consistency, all services will be procured through a brokerage approach. This will free up assessment time for social workers to deal with increasing demand in this area.
4.5.7	The market management plan also reflects the need to be firm but fair. The Directorate, as a commissioner, has duties of care for both the needs of vulnerable people and finance. The plan sets out mechanisms for monitoring service quality and evaluating service effectiveness using evidence based benchmarking criteria. The process will include the introduction of electronic monitoring and wider use of customers and focus groups in monitoring quality and performance. Performance against such criteria can be used to either commend excellent providers and improve, or ultimately terminate contracts with poor providers.
4.5.8	From a service development perspective, there must be a true partnership with providers. The plan builds on the existing liaison frameworks to involve and value providers' expertise and knowledge in developing commissioning strategies as well as service development.

4.5.9	The market management plan also recognises the need to give people greater choice and control by extending direct payments and introducing individualised budgets. As this will change and reshape the way services are delivered. Providers will be involved in workforce planning and development and this will be achieved through the establishment of Independent Sector Workforce Planning and Development Liaison Officer.
4.5.10	The development and implementation of the Market Management Plan will establish productive working arrangements between commissioners and providers and result in the development of a market that is effective and well managed.

Contributing to Outcome 2: Improved Quality of Life - Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential and 9: Commissioning and use of Resources - Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

4.6 **Step 5: Recognising the Interdependence between Work, Health and Wellbeing**

Commissioning Objectives

4.6.1	We will work with statutory and voluntary organisations and the wider business community to encourage them to use workplaces as settings for health improvement.
4.6.2	For all those organisations that we contract with to provide care, we will expect as part of that contract that they will actively support and promote the health and wellbeing of their employees.

Contributing to Outcome 2. Improved Quality of Life - Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential and 6. Economic Wellbeing - People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this

4.7 Step 6: Developing Incentives for Commissioning for Health and Wellbeing

Commissioning Objectives

4.7.1	Currently the pooled budget between Health and Social Care is used to purchase a variety of Intermediate Care services. The current arrangements have been reviewed to reflect the need for change to best meet the needs of people with health and social care needs.
4.7.2	From 2008/09 funding for all Intermediate Care services will be transferred to a pooled budget. The incorporation of services into one pooled budget will clarify the commissioning and financial arrangements for Intermediate Care. It will place the service in a position where it can be jointly commissioned. It will enable the development of co-ordinated care pathways from residential rehabilitation services to community and day care provision. Finally it will facilitate the delivery of integrated teams, case management and single assessment.
4.7.3	The co-location of health and social care staff will become a reality in when the first of three community resource centres will open at Maltby with further developments planned at Aston and Rawmarsh.
4.7.4	This will be the first step in a fully integrated assessment and care management approach which will streamline processes and ensure a speedier response to people in need.

Contributing to Outcome 4: Increased choice and control - People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences

4.8 Step 7: Making it Happen – Local Accountability

Commissioning Objectives

4.8.1	The Local Involvement Network will be established and will provide an opportunity for local communities to challenge the way in which public money is spent. We will consider how we need to use the LINk as it develops in Rotherham.
4.8.2	There will be an annual consultation event and processes to ensure that the commissioning of services is meeting the needs, hopes and aspirations of the local community.
4.8.3	We will continue to refine and update the JSNA to support future planning.

Contributing to Outcome 3: Making a positive contribution – Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people.

4.9 Step 8: Making it Happen – Capability and Leadership

Commissioning Objectives

4.9.1	The newly established Commissioning and Partnerships Directorate will support the development of the skills required to commission for health and wellbeing.
4.9.2	The team will work across the Council and with partner agencies to support social inclusion and wellbeing.
4.9.3	Services will be delivered in order to promote people's independence with an extension of the use of Direct Payments and Individual Budgets.
4.9.4	The local care market will be further developed to ensure a sufficient supply of a range of services to meet the needs of the local population
4.9.5	The development of quality standards for all services will be completed in partnership with users, carers and providers

Contributing to Outcome 8: Leadership - The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services.

Section 5

National and Local Context

5.1 This section will outline the key national and local policy drivers that affect the commissioning process for adults.

National Drivers

5.2 The White Paper 'Our Health, our care, our say: A New Direction for Community Services' (DH 2006) encompasses community health and social care delivery. Its key themes across health and social care include the shift to:

- Personal and responsive health and social care services that reflect people's needs and wishes
- Prevention, public health and wellbeing linking to Choosing Health the Public Health White Paper which requires co-delivery and if appropriate, joint commissioning, between local government and NHS in partnership with communities, business, and the third sector. The statutory functions of both the Director of Adult Social Services and the Director of Public Health will lead this process
- Tackling inequalities
- More focussed support for people with long term conditions
- More service outside of hospital, care closer to home
- More integrated services and working arrangements between the NHS and social services

5.3 Success will be measured against the new Social Care Outcomes framework that contains seven outcomes and two cross cutting themes. These are:

- Improved Health
- Freedom from Discrimination or Harassment
- Personal Dignity and Respect
- Improved Quality of Life
- Making a Positive Contribution
- Exercise of Choice and Control
- Economic wellbeing

Cross-cutting themes:

- Leadership
- Commissioning and use of resources

5.4 The final report of the Office of the Deputy Prime Minister's Social Exclusion Unit 'A Sure Start to Later Life – Ending Inequalities for Local People highlights the need to bring services together to better provide for the needs of older people. This strategy will seek to develop such an approach.

5.5 Research undertaken by the University of York found that the following Outcomes were valued by Older People (Outcomes-focused Services for Older People Glendinning, C., Clarke, S., Hare, P., Kotchetkova, I., Maddison, J. and Newbronner, L.2006 SCIE Knowledge Review, 13 Social Care Institute for Excellence, London): -

- **Change Outcomes** – Improvements in symptoms, physical functioning and morale.

- **Maintenance and prevention outcomes** – meeting physical needs, ensuring personal safety, having a clean and tidy home, keeping alert and active, having social contact and company, having control over daily routines.

- **Service process outcomes** – the ways that services are accessed and delivered, including feeling respected and treated as an individual, having a say and control over services, good value for money and compatibility with other sources of help, respect for religious and cultural preferences.

5.6 In 2006, the Kings Fund commissioned a year long review headed by Sir Derek Wanless to determine how much should be spent on social care for older people in England over the next 20 years. The review examined social and health care policy, services and spending as well as demographic, social and technological trends. When assessing the impact of the ageing population it is important to establish whether people are living longer because of later onset of disease or whether they are living longer after developing a long term condition. If longevity is due to late onset of disease then the burden on health & social care services correlates to population growth. However if people are living longer after they have developed a long-term condition there will be a disproportionate rise in the number of people with a disability compared to population profiles.

5.7 Wanless concludes that increases in healthy life expectancy are not keeping pace with improvements in life expectancy. As life expectancy increases a smaller proportion of that time will be disability-free. This is likely to lead to a greater reliance on community based health & social care services than would normally be extrapolated by population growth profiles.

5.8 Wanless predicts that by 2025 there will be a 54% increase in the number of older people who are unable to carry out one Activity of Daily Living (ADL). This increase takes account of any improvements in medical technology and moderate reductions in lifestyle conditions. This increase in the number of people with impairment and dependency will increase the demand for social care, putting pressure on available resources and funding.

5.9 The New Local Performance Framework builds on the commitment within *Our Health, Our Care, Our Say,* to develop a shared outcome based performance framework. It brings together national standards and priorities set by government with local priorities informed by the Local Strategic Partnership. The framework forms part of the Local Area Agreement, which is the vehicle through which partner organisations, led by the local authority, identify the steps required to improve local services.

5.10 The Local Area Agreement incorporates 35 local improvement targets, which have been selected from 198 national indicators. The national indicators will be the only indicators reported to Central Government. They are the only trigger for performance management by Central Government, other than concerns highlighted by the inspection activity.

5.11 'Putting People First' -A shared vision and commitment to the transformation of Adult Social Care (DH 10.12.07) is a ministerial concordat outlining the need for the development of a new adult care system. The protocol outlines the Government's commitment to independent living. The emphasis is on a collaborative approach between local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training. The emphasis will be on the redesign of local systems to meet the needs of citizens.

5.12 The Local Authority Circular 'Transforming Social Care' (LAC(DH) (2008) 1) sets out the information required to support the transformation of social care as previously highlighted in the Department of Health's Green Paper, *Independence, Wellbeing and Choice* (2005) and reinforced in the White Paper, *Our Health, our care, our say: anew direction for community services* (2006). The direction of travel is clearly towards the personalisation of services with a strategic shift towards early intervention and prevention.

Local Policy Context

5.13 The following statement is taken from Rotherham's Community Strategy and is one of 5 key themes describing its vision:-

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

5.14 Rotherham's Vision and Core Values

Rotherham's vision is made up of *five strategic themes* which will direct the future work of the Rotherham Metropolitan Borough Council. They provide, underpinned by the cross-cutting themes, the strategic framework for the 2020 Vision.

Rotherham Metropolitan Borough Council will aim to be:-

- A **learning** council – which listens, learns and is progressive *(Rotherham Learning)*.

- An **achieving** council – demonstrating leadership and ambition for Rotherham. We will be effective and will act and be regarded with confidence. Rotherham Metropolitan Borough Council will be a champion for the borough and its people, we will be a talented Council and provide inspiration to achieve the borough's goal. *(Rotherham Achieving).*

- A council which is **alive**, passionate and visionary. We will engage and seek to empower local people and partners. Our employees' wellbeing will be a key priority. We will be known as a fun and creative organisation. *(Rotherham Alive).*

- A **safe** council – demonstrating honesty and integrity in all that we do, we will be worthy of respect of local people and partners. *(Rotherham Safe).*

- A **proud** council – proud of the borough, our work and our staff. We will operate democratically, transparently and accountably, and be inclusive and fair. We will be responsive and accessible. Our contribution within the borough will be recognised and valued. *(Rotherham Proud).*

- The Commissioning Strategy is also consistent with the framework produced by Our Futures Group 2.

5.15 Neighbourhoods and Adult Services Service Plan sets out the Mission Statement ' 'Services are available in a way that enables people to exercise power and control over their own life' and the vision statement '.

To provide integrated local services so that:

- People can exercise choice, retain their independence, be offered protection and have equality of access.
- Communities are active and shape local services to meet their characteristics and needs.
- Neighbourhoods are safe, free from crime and places to be proud of.

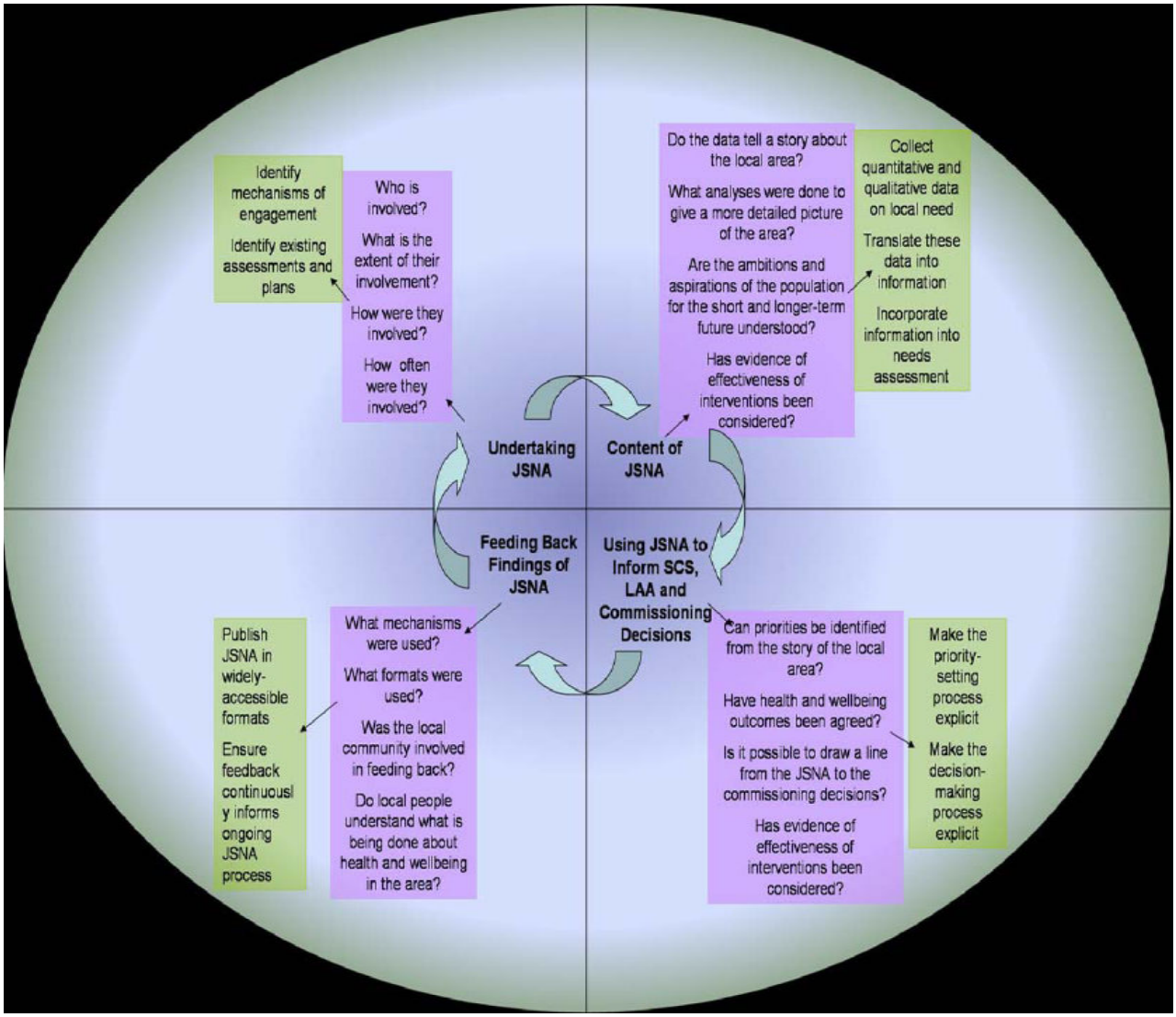
5.16 The Commissioning Strategy will assist in the achievement of the vision and core values by commissioning flexible, culturally appropriate services to support local people to remain independent for as long as possible .

5.17 The development of this strategy is one of the actions identified to meet Strategic Objective 4 of the Neighbourhoods and Adult Services Service Plan 2008-2011.

Section 6

Joint Strategic Needs Assessment

6.1 This section will examine the indications from the Joint Strategic Needs Assessment of the potential needs of service users and carers that will need to be addressed by this strategy. The following diagram illustrates the purpose of the JSNA:



6.2 Rotherham Borough comprises a diverse and vibrant blend of people, cultures and communities. It is made up of a mix of urban areas and villages all interspersed with large areas of open countryside. About 70% of the Borough is rural in nature, but it is well connected to all areas of the country by its proximity to the motorway and inter-city rail networks. In 2005, Robin Hood Doncaster/Sheffield Airport opened to bring international links to the Borough's doorstep.

6.3 Currently at 251,500 Rotherham's population is increasing steadily, as people are attracted to the borough to enjoy the good quality life and economic opportunities, a trend expected to continue for many years ahead. In common with the rest of the UK, Rotherham has an aging population with the number of people aged over 70 expected to grow by approximately 70% over the next 25 years. The borough's ethnic minority population is growing fast, but currently stands at 3.1% below the national average.

6.4 The Council is faced with a significant challenge of balancing the financial implications associated with the demographic pressures identified in the joint strategic needs assessment (JSNA), with its ambitions for achieving an excellent rating in the Social Care Outcomes Framework. Achieving an excellent rating will assist the Council to improve its overall performance rating within the Comprehensive Performance Assessment/Comprehensive Area Assessment.

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

6.6 The JSNA will be the main vehicle for our understanding of the population in years to come. Rotherham is cited as a model of good practice by the Care Services Improvement Partnership (CSIP) for the production of is JSNA. The document and analysis will become increasingly sophisticated in future years and give us improved data upon which to base future commissioning decisions.

Section 7

The Care Market in Rotherham

This section of the strategy looks at the care market in Rotherham. For the purpose of this strategy we are defining the market as available care provision and support (supply) and the joint strategic needs analysis (demand).

We recognise that the current service mapping and needs assessment will need further analysis and interpretation in order to make a meaningful change to commissioning activity

Structure of Market

7.1 There is a diverse range of social care providers in Rotherham ranging from sole providers to nationally quoted companies together with a mix of voluntary and private sector providers. However there is a growing presence of single national providers.

7.2 The independent residential sector is well established and consists of a good mix of new build and refurbished establishments. Standards are relatively high compared with the national picture. The share of the market is predominantly independent sector and will increase with the planned decommissioning and new build of two 60 bedded local authority homes including EMI provision by autumn 2008.

7.3 Whilst Rotherham currently places less than 10% of Adults outside the Borough there is a shortage in the provision of residential care for people who are physically disabled. Demographic analysis over the next five years has also identified a shortfall in places for older people with mental health problems.

7.4 The home care sector is made up of a small number of independent sector providers with the remainder of service being provided in house. There is an ongoing strategy to increase the sectors share of the market which is underpinned by a range of market management principles e.g. longer term contracts.

7.5 A diverse range of services are provided by the 3rd Sector covering such services as home care, day care, advocacy, information and interpretation.

7.6 The care sector has experienced significant pressures in recruitment and retention of staff mainly due to the local development of call centres and service industry. Joint monitoring and reporting arrangement have been introduced and will be evaluated as part of a workforce development strategy. Pay rates and house prices in Rotherham are reasonably comparable with neighbouring Councils.

7.7 The market analyser shows the mix in the market between In House and Independent Providers and makes comparison with other Local Authorities. Rotherham's aim is to maintain the level of Adults placed outside its boundaries below 10%. With regard to the percentage of people in residential care supported by the Council further work needs to be undertaken to identify who is funding the remaining 47%. It is possible that they are self funders who may be eligible for financial support from the Council when their savings drop below savings thresholds.

7.8 In terms of home care market development, it has been agreed that there will be an incremental shift in how these services are commissioned. This objective was endorsed by Elected Members on 10th December 2007 and is to be achieved by March 2009 through:

- Shifting the balance of home care from the in-house service to the independent sector from 60% to 35% (around 3,600 hours per week). This will result in the market share moving from 65% to 35% in favour of the independent sector.

- Reconfiguring in-house home care services to support people in greatest need. This will be achieved by developing in-house services as an enabling and reablement service to maximise the independence of individuals that we support in their own homes.

- This reconfiguration will also include a move towards providing an improved rapid response service and urgent care provision to meet the needs of individuals with complex long term conditions.

LOCAL AUTHORITY MARKET ANALYSER – ROTHERHAM MBC

Source CSCI Survey Results

LOCAL PROVIDER CHARACTERISTICS

Percentage of Adults Placed in Residential Care outside Authority Boundaries

	Rotherham	IPF	Met Districts	England
31-Mar-03	9.4%	15.4%	17.1%	17.1%
31-Mar-04	9.9%	15.6%	16.8%	18.0%
31-Mar-05	9.8%	15.2%	17.5%	18.6%
31-Mar-06	9.2%	16.5%	17.1%	18.9%

Percentage of Adult Residential Care Market with Council Supported Residents

	Rotherham	IPF	Met Districts	England
31-Mar-03	68.6%	61.0%	60.0%	45.3%
31-Mar-04	55.6%	59.3%	58.9%	49.9%
31-Mar-05	55.4%	58.1%	56.6%	48.3%
31-Mar-06	54.1%	56.0%	60.1%	47.4%

Around 50% of people in homes in Rotherham are self-funders or placed by other Local Authorities. There is potential for increased public funding when their assets run out.

Percentage of Total Hours of Home Care Provided in House

	Rotherham	IPF	Met Districts	England
September 2003	40.0%	47.4%	45.7%	33.5%
September 2004	41.4%	44.6%	41.6%	30.7%
September 2005	40.4%	40.5%	35.3%	26.6%

IPF Institute of Public Finance – Local Authority similar to Rotherham socio-economic

Local Costs and Charges

7.9 Rotherham is a low wage economy and land prices are comparable with South Yorkshire Neighbours.

7.10 The Council operates charging policies for residential and non residential services based on statutory financial assessment frameworks. Flat rate charges are only applied to the provision of meals i.e. meals on wheels, meals at day centres and luncheon club meals. Full details of the charges and charging policies are set out in the Council's website.

7.11 The Commission for Social Care Inspection's (CSCI) recent performance assessment commented on the high levels of expensive in house services when compared with similar Councils. The proportion of in house home care service is around 60% compared with the comparator group average of 30%. Whilst the quality of services is fairly consistent across the sectors the cost of in house services is double that of the independent sector.

7.12 The Audit Commission Value for Money Profile Report 2006/07 for Rotherham Adult Social Care indicates that services are high cost and medium quality. Unit costs are significantly higher than the comparator group average. Rotherham is ranked 13 out of 14 for the costs of intensive social care and ranked 12 out of 14 for the unit cost of home care. The aim of this strategy will be to set out objectives to incrementally achieve a low cost high quality service by commissioning more services from the independent sector. This will provide opportunities for future investment in the 3rd Sector in Rotherham to meet the preventative agenda.

Contracting Arrangements

7.13 There is a diverse range of social care providers in Rotherham ranging from sole traders through to nationally quoted companies. The mixed economy of care principle has been fully embraced by Rotherham resulting in a healthy mix of statutory, voluntary and private sector providers. The aim of the commissioning strategy is for the Council to continue and extend its purchasing influence in ways that stimulate and support providers to invest in services and increase standards within a sustainable economy.

7.14 In the residential sector there is minimal use of block contracts, this is particularly resulting from the Choice of Accommodation Directive. Here service users identify a home of their choice which can meet their assessed need, the Council then spot contracts with that home. However, to underpin this, the Council sets a guide price based on a fair cost of care; this guide price was established by Consultants jointly commissioned by the South Yorkshire Local Authorities together with Independent Sector providers. The Council is planning to introduce an inflationary formula taking account of pay and non pay factors to uplift this annually.

7.15 Intermediate Care in a residential setting is currently procured on a block and spot basis.

7.16 The Council applies normal tendering arrangements for purchasing home care; contracts have a block and spot element and cover a three year term. A formula based on inflation indicators is applied annually. The latest home care contracts have been awarded on a zoned basis aligned to area assembly boundaries.

7.17 A range of procurement mechanisms are used to purchase services from the Third Sector, these Service Level Agreements are for a term of three years and are inflated using a pay and non pay formula. These arrangements are underpinned by the local Compact.

7.18 The Council has a variety of arrangements in operation for paying for services, Residential and Domiciliary Care services are paid for using a 'self billing system' which reduces the infrastructure costs for providers. For other services traditional billing arrangements apply.

Contracting Options

7.19 A range of options are currently being considered to change the focus of contracting, these include; payment of quality premiums, setting a price based on costs of providing home care and in accordance with 'Our Health Our Care Our say' principles, outcome based commissioning.

7.20 We are also working with the Primary Care Trust to formalise Joint Commissioning arrangements whilst also consulting with colleagues in South Yorkshire to examine the potential for regional commissioning of residential care.

Market Performance

7.21 Existing systems for collection of data

Maintaining standards and continuous improvement is a key objective in Rotherham's commissioning plans. Contracts and service level agreements contain quality assurance requirements. Various methods have been established to manage quality assurance and include:-

- Establishment of a central team of contracting and quality assurance officers
- Announced and unannounced visits to Providers offices, care homes and service users homes
- Service user opinion surveys.
- Care management and operational management feedback
- Computerised recording and matching of comments and complaints
- Range of group and individual meetings with providers
- Reference to the Commission for Social Care Inspection reports and Local Market Analysis.
- Benchmarking with other similar Local Authorities
- National and Local Performance indicators
- A future development is the introduction of electronic monitoring

Evidence of the success of the local quality assurance mechanisms is demonstrated in the table below which shows how well Rotherham compares with other Councils. However Rotherham's strategy is to seek continuous improvement and a further range of options are being considered to deliver this e.g. tendering on the basis of quality outcomes by setting a price for home care, electronic recording of visits.

7.22 Assessment of Effectiveness and Quality of Existing Services

The analysis below is taken from CSCI Inspection result in 2007 and demonstrates how standards in Rotherham compare with other local authorities. Whilst standards are consistently higher the Council will strive within its commissioning framework to raise standards further.

Review of Market Performance – Commission for Social Care inspection Local Market Analysis Survey March 2007

Residential and Nursing Care

Table 1.1 Percentage of all standards met by Older Peoples Residential care homes				
Local Authority	Private	Voluntary	Rotherham Av	England av
84.9%	78.9%	61.9%	80.0%	78.1%

Table 1.2 Percentage of all standards met by Older peoples Nursing care homes				
Local Authority	Private	Voluntary	Rotherham Av	England av
N/A	86.7%	N/A	86.7%	77.1%

Table 1.3 Percentage of all standards met by Younger Adults Residential care homes				
Local Authority	Private	Voluntary	Rotherham Av	England av
95.5%	85.3%	97.7%	88.0%	82.0%

Table 1.4 Percentage of all standards met by Younger Adults Nursing care homes				
Local Authority	Private	Voluntary	Rotherham Av	England av
N/A	87.1%	92.4%	88.9%	79.9%

Domiciliary care

Table 1.5 Percentage of all standards met by Domiciliary Care Agencies				
Local Authority	Private	Voluntary	Rotherham Av	England av
68.2%	74.2%	100%	75.8%	77,2%

Other

Table 1.6 Percentage of all standards met by Adult placement Schemes				
Local Authority	Private	Voluntary	Rotherham Av	England av
100%	N/A	N/A	100%	75.9%

7.23 Along with other Councils, Rotherham carries out a Home Care Service User Experience Survey. The latest survey was completed in February 2006. The overall satisfaction level was 94.6% which places Rotherham in the top banding. Likewise a question around whether care workers do the things that the user wants was 88.3% again placing Rotherham in the top performance band.

7.24 In addition Best Value reviews have been completed for residential care and domiciliary care. Quality is generally good; action plans are being implemented to address gaps.

7.25 The Council will use its purchasing influence in ways that will stimulate and support providers to invest in services and increase standards.

7.26 We have reviewed our contracting and commissioning arrangements to underpin the provision of outcome focused services and have already achieved:-

- the mix between block and spot contracts within domiciliary care to ensure a sustainable independent sector.
- the establishment of geographical 'zones' to improve efficiency, reduce travelling times and improving continuity in staff – user relationships.
- the evaluation of quality premium payments to recognise quality and enable continuous improvement in standards.

7.27 A range of measures are being developed to improve monitoring systems and communication arrangements:-

- Electronic monitoring for domiciliary care services is being developed.
- Evidenced based random sampling is being introduced to reconcile services charged for with services delivered.
- In order to improve the Council's commitment to providers, a provider satisfaction survey will be undertaken on a bi annual basis.
- Contract terms and conditions will be revised in consultation with providers to extend the collation of service related management information, including outcome based commissioning.

Section 8

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Section 9

Glossary of Terms Used in this Document

9.1 **Advocacy**
Help given to people to enable them to express their opinions, e.g. about what community care services they require, and/or rights to which they or their advocates believe them to be entitled. An advocate can be a friend or relative authorized to speak or act on behalf of a person.

9.2 **Assessment**
The collection and interpretation of data to determine an individual's need for health, personal and social care and support services, undertaken with the individual, his/her relatives or representatives, and relevant professionals.

9.3 **Audit Commission**
An independent body responsible for ensuring that public money is spent economically, efficiently and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services.

9.4 **Block Contract**
A contract which guarantees a given volume of business with the service provider, usually enabling the contractor to obtain a reduction in the unit cost of service provided.

9.5 **Care Package**
A collective name for the service(s) a person can expect to receive following assessment.

9.6 **Carer**
A person providing care who is not employed to do so by an agency or organisation. A carer is often a relative or friend looking after someone at home who is frail or ill; the carer can be of any age.

9.7 **Care Management**
The process of meeting needs at an individual level, which is sometimes known as micro-commissioning.

9.8 **Care Services Improvement Partnership (CSIP)**
The Care Services Improvement Partnership (CSIP), part of the Care Services Directorate at the Department of Health, was set up on 1 April 2005 to support positive changes in services and in the wellbeing of people with mental health problems, people with learning disabilities, people with physical disabilities, older people with health and social care needs, children and families with health and social care needs and people in the criminal justice system with health and social care needs.

9.9 **Commissioning**
The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by a local authority, NHS, other public agencies or by the private or voluntary sectors.

9.10 **Commission for Social Care Inspection (CSCI)**
The single independent inspectorate for all social care services in England.

9.11 **Community Care**
Care or support provided by social services departments and/or the NHS to assist people in their day-to-day living.

9.12 **Community strategies**
Plans that promote the economic, environmental and social wellbeing of local areas by local authorities as required by the Local Government Act 2000.

9.13 **Contract**
A mutual agreement enforceable by law.

9.14 **Contracting**
Putting the purchasing of services in a legally binding agreement.

9.15 **Decommissioning**
The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning outcomes.

9.16 **Day Care**
Day-time care usually provided in a centre away from a person's home, covering a wide range of services from social and educational activities to training, therapy and personal care.

9.17 **Direct Payments**
Payments giving recipients the means of controlling their own care at home, allowing more choice and flexibility. They are regular monthly payments from social services enabling people to employ their own personal assistants for care, instead of receiving help arranged by social services.

9.18 **Director of Adult Social Services (DASS)**
A statutory post in local government with responsibility for securing provision of social services to adults within the area.

9.19 **Directors of Public Health (DPHs)**
A chief officer post in the NHS responsible for public health, they monitor the health status of the community, identify health needs, develop programmes to reduce risk and screen for early disease, control communicable disease and promote health.

9.20 **Domiciliary Care**
Services provided to people at home to assist them in living independently within the community, e.g. meals on wheels, community nursing and home helps.

9.21 **Extra Care Housing**
Also known as very sheltered housing, it is a style of housing and care for older people that falls between traditional sheltered housing and residential care homes.

9.22 **Fair Access to Care (FACS)**
Guidance issued by the Department of Health to Services/Local Authorities about eligibility criteria for adult social care.

9.23 **Green Paper**
A preliminary discussion or consultation document often issued by the government in advance of the formulation of policy.

9.24 **Independence Wellbeing and Choice**
Independence, Wellbeing and Choice: Our Vision for the Future of Social Care for Adults in England is a Green Paper setting out the government's proposals for the future direction of social care for adults of all ages in England.

9.25 **Independent sector**
An umbrella term for all non-statutory organisations delivering public care, including a wide range of private companies and voluntary organisations.

9.26 **Individual budgets**
Individual budgets bring together a variety of income streams from different public care agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her care needs.

9.27 **Intermediate Care Services**
Care which bridges hospital and home care and is often rehabilitative.

9.28 **Joint Commissioning**
The process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action.

9.29 **Local Area Agreement (LAA)**
A Local Area Agreement is a three-year agreement that sets out the priorities for a local area in certain policy fields as agreed between central government, the local authority and Local Strategic Partnership (LSP). The agreement is made up of outcomes, indicators ad targets aimed at delivering a better quality of life for people through improving performance on a range of national and local priorities.

9.30 **Local Strategic Partnerships (LSPs)**
LSPs bring together representatives of all the different sectors (public, private, voluntary and community) and thematic partnerships. They have responsibility for developing and delivering the sustainable Community strategy and Local Area Agreement.

9.31 **Long-term conditions**
Those conditions (for example, diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.

9.32 **Our health, Our care, Our say**
Government White Paper setting out details of its future policy on health and social care services.

9.33 **Performance Indicators (PIs)**
Measures used to judge whether objectives have been met. Various PIs exist including Best Value, Supporting People, Audit Commissioning, NHS and locally set PIs.

9.34 **Primary Care Trusts (PCTs)**
Local managed free-standing primary care NHS bodies, responsible for delivering health care and health improvements to local residents. They commission or directly provide a range of community health services as part of their functions.

9.35 **Providers**
Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.

9.36 **Public Service Agreement (PSA)**
An agreement negotiated between central government and a local authority to deliver improved outcomes in return for greater freedom in the means of delivery, and financial incentives. It specifies how public funds will be used to ensure value for money.

9.37 **Respite Care**
Help to carers to give them a temporary break from the care they provide, which may be for very short periods of a few hours or for longer periods of time.

9.38 **Single assessment process (SAP)**
An overarching assessment of older people's care needs to which the different agencies providing care contribute.

9.39 **Social exclusion**
Social exclusion occurs when people or areas suffer from a combination of linked problems including unemployment, poor skills, low incomes, poor housing, high-crime environment, bad health and family breakdown. It involves exclusion from essential services or aspects of everyday life that most others take for granted.

9.40 **Spot purchasing**
A method of purchasing services for individuals to achieve the most flexible responses to an individual's needs.

9.41 **Statutory body**
An organisation set up as required by an Act of Parliament or other legislative body. The statutory duties of these organisations are laid out in legislation.

9.42 **Third Sector**
Includes the full range of non-public, non-private organisations which are non-governmental and 'value-driven'; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit. This includes voluntary, community, faith organisations and social enterprises.

9.43 **Voluntary and community sector**
An 'umbrella term', referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, which operate on a non profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national and they may employ staff or depend entirely on volunteers. Also known as, and referred to in this document as the **third sector.**

9.44 **Wanless report**
'Securing good care for older people – Taking a long term view' – a report providing a comprehensive analysis of the demand for social care with estimates for spending requirements over the next 20 years based on a detailed examination of the factors affecting demand and how improvement in outcomes can be achieved cost-effectively. Importantly, the review also considered whether there is a fairer and more cost-effective way of funding social care than the current means-tested system.

9.45 **White Paper**
Documents produced by the government setting out details of future policy on a particular subject.

9.46 **Your Health, Your Care, Your Say**
The listening exercise with the public about what their priorities are for future health and social care services. It comprised four regional events, a range of local events and other activities including questionnaires. The process culminated in a national Citizens' Summit. The events were deliberative, with a Citizens' guide given to participants beforehand to introduce the key issues.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Social Care and Health Scrutiny Panel**
2.	**Date:**	**29th May 2008**
3.	**Title:**	**Intermediate Care Review**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

The Adult Board endorsed the recommendations of The Intermediate Care Review on 11th October 2007. Subsequently The Joint Commissioning Team has developed an implementation plan, aimed at achieving the key objectives set out in the review. This is a progress report on that implementation plan. There have been some delays, due to the failure to appoint to the newly agreed Joint Service Manager post. Remedial actions are now in place to bring the plan back on target.

6. Recommendations

It is recommended that Members;

- **Note progress that has been made on implementation of the intermediate care review.**

7. Proposals and Details

Progress on the implementation plan is summarised below.

Establishment of pooled budget arrangements

Rotherham MBC Finance Department are finalising the value of the pooled budget. Current budget allocation across RPCT and RMBC on therapy services has been identified and this is being translated into a single block budget for 2008/09. This block budget will be contained within the overall pooled budget arrangement.

Pooled budget contributions from RPCT and RMBC have been calculated and verified by both financial sections.

Joint Commissioning Arrangements

The Adults Board have agreed that the intermediate care services be subject to joint commissioning arrangements. The Joint Commissioning Team will act as Commissioner on behalf of The Adults Board. Provider responsibility will be held by Neighbourhood & Adult Services. Therapy services will be subject to subcontracting arrangements between RMBC and RPCT, with a ring-fenced therapy budget.

The Joint Commissioning Team has developed a draft service specification, service level agreement and performance management framework. The performance management framework links directly to that for The Adults Board and addressed a number of the key NAS performance indicators. These documents are currently being considered by partners from provider and commissioning before signing off.

Service reconfiguration

Rotherham MBC and Rotherham PCT have agreed, financed and established a service manager for intermediate care. This post is currently being recruited to. The service manager will have overall responsibility for the service. The post will directly line manage all social care staff. The post will also act as contract manager for the therapy service.

The original intention was to address issues of service reconfiguration after appointment of the service manager. However because there has been a delay in the appointment of this post it has been agreed that the NAS Provider Services will work with the Commissioner to develop a new admission protocol which will open the service to referrals from the community. Work on the new admission protocol has begun and will be overseen by a multi-agency group covering health and social care.

8. Finance

Finance officers from Rotherham MBC and Rotherham PCT have reported that the proposals on the new pooled budget reflect current budget allocations.

Final agreement is still being sought from RPCT Provider Services on the budget allocation for therapy services. RMBC Finance have nearly completed their work on confirming the value of the overall pooled budget for 2008/09.

Work on the pooled budget agreement, which covers the contribution by RPCT to the pooled budget using Health Act Flexibilities, is nearly complete. RPCT Finance and RMBC Finance are in agreement on the wording of the document. We are just waiting for confirmation of the final pooled budget value.

9. Risks and Uncertainties

There are some risks associated which are currently being managed;

The delay in appointing the service manager has meant that we are unable to address some of the performance issues and service reconfiguration issues that still exist. The service is currently under-performing, in some cases due to difficulties with recruitment of front line staff. Failure to employ a service manager would interfere with implementation of the review recommendations.

The residential service is still acting almost exclusively as a hospital discharge tool. By opening up the service to community based referrals it should start to address some of the strategic objectives of NAS. In particular it should reduce admissions to residential care and increase the number of people who are supported at home. Failure to implement could lead to increased costs in residential and home care.

10. Policy and Performance Agenda Implications

The review recommendations, if implemented, should have a positive impact on the following adult services key performance indicators;

BVPI 54	Older people helped to live at home
AO/C72	Older people aged 65 or over admitted to residential/nursing care
AO/B12	Cost of intensive social care for adults and older people
AO/C32	Older people helped to live at home
AO/D41	Delayed transfers of care

The review will also assist the local authority in achieving the outcomes set out in the Adult Social Care Framework for Performance Assessment. The main standards of performance which are relevant to Intermediate Care include;

- The promotion of services which facilitate **health and emotional well-being**
- **Promoting independence** and supporting people to make the most of their potential
- Ensuring that people are encouraged to participate fully in their community
- Access to **choice and control** of good quality services, responsive to individual need
- Development of corporate arrangements which promote consistent, sustainable and effective improvement
- **Commissioning** and delivery of services to clear standards of both quality and cost

11. Background Papers and Consultation

- Intermediate Care Review - Main report
- Draft service specification
- Draft partnership agreement

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REVISED IMPLEMENTATION PLAN – INTERMEDIATE CARE REVIEW

Action	Lead officer*	Target date	Update – March 2008
Establish pooled budget arrangements			
Verification of the baseline pooled budget for 2007/08	Chris Stainforth Mark Scarrott	March 08	Finance Dept at RMBC are finalising the pooled budget value for 2008/09.
Verification of the baseline pooled budget for the PCT provider block SLA		March 08	Joint Commissioning Team have identified current spend on therapy services. RPCT Provider Services are in dispute about the final value of this element of the pooled budget
Verification of pooled budget contributions from RPCT and RMBC		March 08	Baseline figures from 2006/07 have been established. Waiting to Finance Dept at RMBC to apply uplift on their element of the contribution
Agreement on uplift for 2008/09		March 08	No action taken on this yet
Agree pooled budget arrangements		March 08	Pooled budget agreement has been written. Agreed by RPCT and currently being considered by RMBC
Agree joint commissioning arrangements	Joint Commissioning Manager	March 08	PMF & reporting arrangements in in draft form. APB has agreed that the JCT will act as commissioner.

Action	Lead officer*	Target date	Update – March 2008
Put in place Service Level Agreements			
Approve Service Specification for the Intermediate Care Service	Joint Commissioning Manager	Feb 08	Service level agreement still being developed, advice from legal being sought
Approve Service Level Agreement with RMBC to deliver the intermediate care service			
Approve service level agreement between RMBC and RPCT provider Services to deliver intermediate care therapy services		March 08	No action taken on this yet. Pending agreement on pooled budget
Approve joint performance management framework		Feb 08	PMF to be agreed by commissioners at APB on 7th Feb 2008. Director of Health & Well Being has indicated support. Should sign off after APB endorsement
Approve new GP contract		Aug 07	Completed
Service reconfiguration			
Appoint service manager for intermediate care	Director of Health & Well Being (RMBC)	May 08	Post readvertised on 13.3.08, due to poor response from initial advert
Approve new admissions protocol for the intermediate care beds		Sept 08	Under development

Action	Lead officer*	Target date	Update – March 2008
Remove ring-fence at Netherfield for people under 60 years	Service Manager Intermediate care	March 08	Request for variation of registration conditions has been submitted to CSCI and is being dealt with
Approve reconfiguration of the intermediate care residential service, introducing a split between step-down and intermediate care provision		Sept 08	On hold until service manager in place
Develop protocols for monitoring long term impact of the intermediate care residential service		Sept 08	This is a key performance issue and although it has been held pending appointment of the service manager, work has now started
Recruit specialist mental health occupational therapy post	Service Manager CMHT	May 08	RDASH ready to recruit – funding issues are being resolved
Service reconfiguration			
Complete review of Community Rehabilitation Team	Joint Commissioning Manager	June 08	Review has started. Review Group has been convened. Preliminary report to APB scheduled for April 08

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Social Care and Health Scrutiny Panel**
2.	**Date:**	**29th May, 2008**
3.	**Title:**	**Adult Services Performance Assessment Excellence Plan** **All Wards Affected**
4.	**Programme Area:**	**Neighbourhoods and Adult Services**

5. Summary

This report outlines 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.

6. Recommendations

That Cabinet Member is asked to note the progress made against the excellence plan.

7. Proposals and Details

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 outweigh the 29 areas of weakness. This meant that we 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 (Appendix A) captures each of the identified areas of weakness made by 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.

The is the first progress report since the plan was presented to the Cabinet Member for Adult Social Care and Health on 10 December 2007 and the Adult Services and Health Scrutiny Panel on 10 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. Key achievements to date are:

- **Health & Wellbeing**,
  We have increased level of reviews from 45% to 75%
- **Improved Quality of Life,**
  We have undertaken 331 more assessments**,** we have reduced the back log of assessments from 300 to 0, we have helped 374 more older people to live at home this year compared to last year and we have reduced waiting times for major adaptations from 183 days to 52 days.

- **Making a Positive Contribution**
  We have become Standard Bearers for Cabinet Office Customer Service Excellence Standard.
- **Increased Choice and Control**
  We have reduced assessment times from 11 weeks to 1 week we have increased statement of need from 83 to 93.
- **Economic Wellbeing**
  We have supported 246 more carers.

8. Finance

The costs associated with this improvement plan have been incorporated into the budget recently agreed by Members.

9. Risks and Uncertainties

The main risk is that we fail to deliver on our promises made to Members, Customers and CSCI that we would make improvements to the Adult Social Care service. This is being mitigated through the implementation of this excellence plan. The leadership team that is now in place will be able to demonstrate an ability to follow through on promises by delivering against this plan. This has been viewed as a weakness in the past both internally and externally.

10. Policy and Performance Agenda Implications

The ability to deliver continuous improvement and better outcomes for residents is crucial to achieving good inspection ratings. Our performance is regularly assessed by the CSCI throughout the year. This assessment is based on a Self Assessment Survey which is submitted in May, supplementary evidence requested by CSCI and culminating in the Annual Review Meeting (ARM) in July. The inspection framework covers two judgements; how well we are 'delivering outcomes' for local people our 'capacity for Improvement'. The excellence plan is shaped around our desire to deliver better outcomes for local people. This year's results will be announced in November 2008.

11. Background Papers and Consultation

The Annual Performance Report from CSCI has been discussed with the Cabinet, the Cabinet Member, Scrutiny Panel, Customers and Staff.

The excellence plan is attached.

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Annual Performance Excellence Plan Progress Update
14th March 2008

Outcome 1 – Improving Health and Emotional Well Being

Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. There are opportunities for physical activity.

1) Improve performance on reviews from 45 to 75 – COMPLETE

We have significantly improved our performance on reviews over the past 3 months and are currently achieving **75.17.** This improvement equates to 2000 more service users receiving a review of their needs than in the previous year.

This has been achieved by:

- Establishing a centralised review team.
- Putting in place a support framework for SWIFT input.
- Setting individual and team targets monitored weekly through the use of Performance Clinics.
- Putting in place new managerial arrangements to strengthen the focus and prioritising of reviews.

2) Develop and implement the Single Assessment Process (SAP) – ON TARGET

SAP has been the subject of detailed discussion with the PCT, Foundation Trust and GPs and a way forward to introduce a person held SAP record, in the absence of a national electronic solution has been agreed. It is proposed to introduce Person Held Records that will be kept with the Service User. The record will be multi-agency and will contain assessment and care planning information and will include a SAP summary record.

The Person Held Record and guidance have now been updated through the involvement of both staff and service users. The implementation for this remains on target for December 2008.

3) Progress recommendations of the review of the intermediate care service – OFF TARGET

Progress in ongoing with the implementation of the 26 recommendations that were identified in the review. Below are actions that are in the latter stages of completion, these include:

- New GP contract agreed
- Pooled budget in process of being verified
- New admissions protocol for residential beds being developed

- Ring fence removed for people under 65
- Specialist mental health OT recruitment approved
- Intermediate Care Service Manager post being re-advertised

The Adults Planning Board closely monitors performance and has agreed a Joint Performance Management Framework.

4) **<u>Evidence the impact of health initiatives for those who use social care – ON TARGET</u>**

A variety of health initiatives have been undertaken. These include:

- The Active Always Programme which encourages older people to attend exercise classes in 7 areas of Rotherham, one area, Kimberworth Park has received "Closing the Gap" funding to expand the range of activities which has proved successful. The popularity of these events has resulted in 3 additional areas receiving these opportunities later this year.

- The training programme for Residential and Nursing homes (OCN accredited Active in Age) is expanding to encourage activity for residents and more staff have been trained across the statutory and independent sector. This has improved services for residents and levels of physical activity in the homes.

- Learning Disabilities have a peer support scheme where a Healthy Trainer provides one to one support to encourage service users to adopt a healthy lifestyle.

- Residents in residential homes have been supported by the smoking cessation service to stop smoking.

All these activities will have a positive impact on the lives of those that take part through improvements to their health, mobility and independence.

Outcome 2 – Improved quality of life

Access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.

1) **<u>Support those with a physical disability to enable them to live at home, improving from 3.12 to 4.2, including maintaining the improvements made in the last 6 months on the waiting times for major adaptations – ON TARGET</u>**

Waiting time for an adaptation following a referral from an OT continues to improve. Average waiting times were 183 days last year compared to 52 days this year. We anticipate sustaining top band (5 out of 5) for D54 - equipment delivered in 7 days. Weekly Performance clinics focusing on assessments and reviews have been taking place which focus on targets that have been set at individual and team level.

New targets have been set for the physical disability team to focus on new assessments, the team have been provided with resources to enable them to meet their targets.

2) Increase Support for Carers from 4.28 to 9 – ON TARGET

We are currently performing at 8.14 against the original target of 9, a stretch target has been set to 12.15. This performance has been achieved by a variety of actions, including:

- Greater awareness of the need to undertake separate carers assessments
- Better identification of the support provided to people to undertake the caring role, separating this from user focussed services.
- Increased data validation and cleansing
- Increased publicity about carers rights to an assessment
- Expanding the training support provided to carers
- Referring carers to support groups and increasing awareness of leisure discounts that are open to them.
- Establishing a Carers Emergency Scheme which has had more than 50 carers expressing an interest in joining the scheme prior to a launch taking place. These assessments are currently being undertaken by a dedicated worker. RotherCare will be utilised as the initial 24/7 response and then Crossroads have been commissioned to provide homecare support for up to 48 hours after an emergency plan has been activated should the situation deem this necessary. Publicity material is now available and is currently being distributed across the borough.

As a result 246 more carers have been supported this year.

3) Put in place signposting to preventative services for older people and people with a physical disability – ON TARGET

We are currently in the middle of modernising/streamlining our assessment access process (Assessment Direct) to ensure effective signposting of people towards preventative services. Communication to staff has improved through the drive of the Service Quality Team. An audit of leaflets has been undertaken both internally and externally increasing staff access to information and maximising opportunities for promoting available services. Additionally staff are routinely notified of any new preventative services that are available such as the Poppy Handyman scheme run by the Royal British Legion, through manager briefings and team meeting.

Falls prevention is a key area and referrals are made directly to the falls nurse within our services. However a new multi-disciplinary Falls Group has been established to explore opportunities to develop the service further for the benefit of service users.

4) Influence further development of third sector provision to ensure services are modernised and preventative services are developed to meet assessed strategic needs – ON TARGET

The development of the Commissioning strategy will give explicit information on the direction of travel for NAS over the next 15 years. Within the strategy we have addressed the need to tackle the preventative agenda. It is this agenda that will provide the basis for third sector involvement. Commissioning Strategy is now completed the consultation process has commenced with a number of events with all stakeholders are taking place shortly. The strategy will be in finalised by April 2008.

In partnership with Voluntary Action Rotherham (VAR) we are in the process of completing impact assessments for all contracted services. The Development Worker attached to the Adult Services Network is critical to this and the future change agenda, it has been agreed with the PCT that we will jointly fund this post for the next 3 years. Regular meetings are now taking place to ensure open dialogue on a range of issues including the JSNA and Commissioning Strategies ensuring that all developments take into account the views of community and voluntary services.

The Local Area Agreement contains a number of PI's within the Stronger Communities Theme. These relate to maintaining and enhancing the health, vitality and independence of Rotherham's Third Sector. A seminar and performance clinic was held in September and an action plan is being developed by the Council through VAR to ensure these PI are on target.

Mental Health Provider 'capacity building' seminars have commenced to inform and consult on service modernisation and guide on accessing external grants (Future Builders), developing Social Firms, and develop capacity around self-directed budgets. A Provider Framework Agreement is currently being negotiated to assist with implementation.

5) Develop further systems to establish if those who use services feel safer as a result and if any further measures are needed – ON TARGET

An extensive review has been completed to identify how we test customer satisfaction and perception. This has resulted in the development of a framework regularly testing customer feedback through a variety of methods such as:

- Face to face surveys following Assessments and Reviews
- Random Telephone surveys
- Strengthened consultation through User Forums

Questions have been developed through the Directorates 'Learning from Customer' Forum. They have identified a number of local performance indicators/measures which focus on improving outcomes for the people of Rotherham. Baselines have been established and customers have defined our targets for 2007/08 and 2008/09.

Current Performance:

- 84% feel that due to the services they receive they feel safe in their home/community
- 78% feel that the service they receive improves their health and emotional well-being
- 74% feel the services they receive improves their quality of life
- 88% feel that services they receive help them to live at home
- 83% feel that the service helps maintain and promote their independence

85% of people report feeling safer in ‘no cold calling’ zones.

Outcome 3 – Making a Positive Contribution

Maintaining involvement in local activities and being involved in policy development and decision-making.

No improvement actions identified in the annual performance assessment, however, Neighbourhoods and Adult Services have been identified as one of the first authorities to receive the Charter Mark Standard Bearers award by the Cabinet Office. This is in recognition of our 'Learning from Customers' approach and the high standards of customer service that has been seen through recent Charter Mark inspections. This was formally be announced on the 10th March at the same time as the launch of the new 'Customer Service Excellence Standard' which replaces the Charter Mark standard. We have already agreed a timetable for a full assessment of all our services. Assessment will take place in June 2008 under the new methodology. We will one of the first organisations to do this.

Outcome 4 – Increased choice and control

Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

1) **Improve the timeliness of assessments - Particular areas of concern relate to assessments in the mental health and learning disability services – ON TARGET**

We have been working closely with the Department of Health CSED Project over the past 4 months and have completed business process re-engineering on all our customer access channels for conducting assessments. This has taken into account how customers access the service through to them receiving an assessment removing duplication, streamlining back office process, and increased accessibility. 'Assessment Direct' will go live on 1st April, this will include:

- Radically changing how we deal with the customer face to face to a 'one stop shop' approach where customers will be given an appointment at the first point of contact.
- Putting in place a 'golden number' telephone access point.
- Putting in place 24/7 emergency out of hours services utilising the 'golden number'.
- Rolling out a further three Customer Service Centres across the borough over the next 12 months.

A number of back office processes have already been streamlined. This has resulted in the complete reduction of all backlogs and performance since 1st January is showing that 100% of all assessments have been seen within 4 weeks of notification, now averaging at 1 week. 331 more assessments have been undertaken so far this year.

2) Improve Carer's Assessments – ON TARGET

Performance on carer's assessments continues to improve and we have almost achieved our target for this year. This has been and will continue to be achieved through:

- New documentation is being implemented consistently across all services, including mental health services.

- New protocols put in place for joint assessment and support for Young Carers with Children and Young People's Service which are in draft format and due for completion by the end of March. This should have a positive impact and improve the process for both young carers and staff.

- Promoting carers right to an assessment through publicity in the Carers Information Centre, carers events and through the carers emergency scheme.

- The new carer emergency assessment officer completing full carers assessment when required which now offers an independent assessment from the operational social work teams.

The carer's assessment is now more holistic. Social work staff now promote additional services that can offer support, advice and information.

3) Ensure people receive a statement of their needs, improving D39 from 83.08 to 95 – ON TARGET

Current performance against this is 93 and is on target to achieve 95. We have set a stretched target of 97 for the year-end. This has been achieved through improving our focus on delivering this for our customer. We have put in place streamlined processes that ensure that more customers receive statements of need immediately following assessments and reviews. So far this year 646 more statement of needs have been completed.

4) Progress planned improvements to the out of hours service – ON TARGET

Following consultation with our customers and staff in March 2008 there will be the launch of a new Adult Social Services 24/7 Emergency Out of Hours Service. The service will primarily function through the already well established RotherCare service which currently operates a 24/7 service. RotherCare will be strengthened through training, improving back office processes and increasing accessibility of support workers to deliver a customer focused 'one-stop-shop' service between 5.30pm and 8.00am (Mon – Thurs) and 5.30pm (Friday) and continuously through the weekend to 8.00am (Monday).

Customers will be able to access the service through one 'Golden Number' which will be publicised by a variety of methods. The service will be supported by a number of back office frameworks to ensure that

customers' needs are fully met and we are providing a seamless service. These include:

- Fast Response Team
- Out of Hours Duty Social Worker and Support Officer
- On Call Senior Management
- Emergency Home Care provision through Care Force.
- Carers Emergency Scheme with provision through Crossroads

5) **Improve Complaints procedures – keeping people informed of progress, further improving satisfaction with the outcome of complaints, and ensuring as far as possible that people would be prepared to use the procedure again, improving satisfaction with complaint outcome from 61% to 65% - ON TARGET**

In July 2007 we strengthened the management arrangements of our complaints service. A robust Performance Management Framework was put in place which focused on improving the complaints service through response, quality and learning from the customer. This included:

- Development of Local Performance Indicators and Targets in conjunction with customers
- Improving information given to customers throughout the process.
- Reporting performance on a monthly basis.
- Tracking mechanisms put in place to ensure prompt response
- Training for all Complaint Investigators
- Routinely testing customer satisfaction with the complaints service
- Learning from Complaint sessions taking place with customer involvement on every complaint with actions for improvement monitored through to implementation.

As a result:

- Performance on response times has improved from 72% (06/07) to 92% (January 2008)
- Satisfaction has improved for overall outcome 56% (06/07) to 66% (Jan 08)
- Satisfaction with handling has improved from 52% (06/07) to 68% (Jan 08)

Outcome 5 – Freedom from discrimination or harassment

Equality of access to services. Not being subject to abuse.

1) **Involve service users and carers in the annual review of eligibility criteria – ON TARGET**

We are currently reviewing our eligibility criteria with service users and carers. This is being carried out in a number of ways:

- Face to face surveys through conducting the Annual Review
- User Forums (Carers Forum, Rotherham Older Peoples Forum etc.)
- A survey of the people who did not meet FACS over the past 12 months.

Findings of this study will be available at the end of March and will be reported to Cabinet Member in April 2008.

2) <u>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 – OFF TARGET</u>

We are currently benchmarking in the region with authorities that have comparable BME populations in order to help identify possible areas of best practice in encouraging the uptake of social care services. Early findings indicate that comparable authorities are experiencing similar difficulties.

Local initiatives which have been undertaken in partnership with the PCT include:

- Undertaking a BME Health Needs Assessment (a systematic method for reviewing health and social care needs). An initial DRAFT report has been completed (November, 2007) and results presented to the steering group. Further work includes a Family Health questionnaire which has been developed and initially piloted (Health Trainers/Community Researchers will undertake face to face interviews) and agreed consultation plan which includes running focus groups and a large event is planned for 31st March 2008. All work is being reported via the ALIVE Theme Board of Rotherham LSP.

- Delivering Race Equality (DRE) in Mental Health – RPCT has a focused Implementation Site for Delivering Race Equality in local Mental Health services. The Steering Group has developed a final draft action plan and are currently looking at a recruitment strategy (nationally set local targets for employing Community Development Workers) that will help meet the local target. Consultation with BME communities identified initial areas of priority work, which include C&YP, Older People and Working Age. Work is progressing on an audit of need and draft report produced on BME Older People's - A Health Needs Assessment.

In order to improve the take up of social care service a specific initiative, jointly working with the Rotherham Hospital Foundation Trust will engage with BME communities at the point of patient admission. It will gather qualitative information to identify client/patient levels of service awareness and their intentions on accessing follow-up service should they require them. The current pilot and timescale (a two-week period) has been extended to 6 months due to the small numbers of throughput of BME older people. Officer time has been made available to carry out patient interviews.

3) <u>Establish how many self funding people access services without an assessment to judge whether there is a need to further promote the availability of assessments – ON TARGET</u>

A comprehensive survey has been completed across all residential and

nursing care services has been completed. This discovered that there are 320 self funders paying for this provision which equates to 21%. After further investigation only 118 of the self funders (37%) accessed service after an assessment had taken place.

A review of the accessibility and quality of current advice and information provision to prospective service users is currently being undertaken and will include verbal advice by staff, provision of written documentation i.e. leaflets and Internet provision.

Local recommendations derived from the report 'A Fairer Contract for Older People' report are being implemented, these include ensuring there is a reference to contract terms and conditions for older people entering residential care.

This information has also been included in the JSNA and has been taken into account during the development of the Commissioning Strategy.

Outcome 6 – Economic Well being

Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.

1) Support the employment of carers – ON TARGET

The employment status of carers that we are aware of has improved both from the implementation of the new assessment for and also the changes to the Carers Register which identifies their employment status and desires which provides us a targeted audience to consult with around the development of carer sensitive employment policies. However these are still very few in number.

Social care staff offer carers support through:

- Improving day, respite and home care services to fit in with their work patterns.
- Increasing access to Direct Payments as a method of enabling the carer to arrange their own care around their employment commitments.
- Promoting the availability and benefits of flexible working arrangements that enables the carer to request a change of hours they work, a change to the times they are required to work or to work from home there are policies now in place in the 3 largest employers in the borough the Council, PCT and the Acute Trust. These policies include Carers being able to take a reasonable period of unpaid leave to deal with emergencies involving a dependent. For example if the cared for falls ill, becomes injured or there is breakdown in care arrangements. It is expected that carers take annual leave.
- Encouraging and referring those carers wanting to return to work to Phoenix Enterprises and the Stepping Stones projects which involve the Rotherham Transitional Labour Market, offering support and assistance.
- Promoting the Carers Emergency Scheme which is a new service for carers that has just commenced which is concerned about what would happen to the person they care for if they are taken ill or have to deal with an emergency. Social care services will assist the carer in making arrangements for emergency cover. This also includes temporary homecare provision if the carer's employment is at risk due to their caring duties.

A review of the impact of these existing initiatives will be undertaken as part of the development of a new Carers Strategy in line with the National guidance that is due for release later this year.

Outcome 7 – Maintaining personal dignity and respect

Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

1) Promote basic adult protection awareness training in the independent sector – ON TARGET

Regular planning meetings are being held between Safeguarding Manager and Learning and Development (L&D) Manager to identify potential training providers.

Additional sector specific, basic training has been agreed by the Safeguarding Manager and L&D Manager and a schedule of training courses produced and distributed to providers for 2008/09.

Sixteen independent sector specific off-site training courses have been organised, these commenced on 6th December and will end on 28th March 2008. 82 staff have been trained from December to January and a further 190 staff are booked onto the remaining courses, further bookings are still being received. Additionally a small number of staff are choosing to attended the Directorate's in-house staff training course.

Training course flyers have been produced and distributed; additional promotion has taken place at the provider forums. The L&D Team continue to contact providers to seek additional course bookings and weekly monitoring of bookings is taking place and being reported. On-site training courses have also been offered and arranged for larger organisation who felt they would benefit from this.

An L&D team member now attends the independent sector forum meetings to promote the opportunities that are available and work with providers to identify their training needs and advise on possible solutions.

2) Raise awareness of adult protection in the mental health sector – ON TARGET

There has been an increase in adult protection referrals from Mental Health teams, in 2006/7 3 safeguarding investigations took place and to date this year this has increased to 7. This has been achieved through:

- Training and awareness raising commenced and ongoing
- New procedures launched in November 2007.
- Distribution of leaflets, posters & mini-guides.
- Staff briefings delivered to NAS/ Safeguarding Committee Members/ Voluntary Sector/ Independent Providers/ Supporting People.

Promotion will continue and further briefings are planned for Area Assemblies, Warden Service, Mental Health Service

3) Finalise the policy in development regarding inter-personal relationships – ON TARGET

This policy is being developed by learning disability services. It is nearing completion, at draft stage and will be out for consultation soon. Service users and carers have been involved in its development, and it is being developed jointly with Public Health Services in the PCT.

4) Secure partnership funding for the Adult Protection Committees and progressing the safeguarding agenda – ON TARGET

Directors within the PCT have agreed to jointly fund the Adult Protection Committee; this is awaiting ratification from the PCT Board.

New South Yorkshire wide procedures have been produced and launched in November 2007, this included a sub-set of local procedure as a appendices. In addition to the leaflets, posters & mini-guides have also been distributed. The awareness of these new procedures has been raised through staff briefings which have been delivered to social work teams, the Safeguarding Committee Members, voluntary sector organisations, independent providers, supporting people staff. Further briefings planned for Area Assemblies, the Warden Service and Mental Health Service.

This launch and issuing of the new procedures and publicity material has raised profile of adult protection and resulted in an increase in referrals (including whistle blowing incidents).

Additionally Case Conference training including how to investigate cases and chair meetings has been undertaken by a variety of safe across different agencies. A Support Officer is due to commence next month who will facilitate the Case Conference process.

Leadership

The CASSR has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Service. In addition to meeting the requirements for a grade 3 the following criteria are met in delivering excellent leadership.

1) Strengthen links with the independent sector to ensure relevant occupational and professional standards across all adult social services – ON TARGET

As part of the restructure, a Learning & Development Officer post specifically for the independent sector has been established and appointed. The role will:

- Conduct training needs analysis and prepare training programme specifications according to sector requirements.
- Commission and coordinate a range of training programmes to meet the identified needs of the workforce.
- Commission core training programmes to support and meet National Minimum Care Standards training requirements, and vocational and professional awards.

The new L&D Officer has now been introduced to the providers and job role explained. Drop-in sessions were held in January 08 as well as on-site visits which included providing support and guidance on the submission of workforce development funding applications.

In order to improve communication channels the Quality Care Partnership (QCP) Manager attends the L&D Group and has regular meetings with the L&D Manger to discuss independent sector learning needs and links with their Skills for Care projects in this region.

An action plan to increase learning and development support to the independent sector has been completed and implemented. This document will be continually revised, responding to the changing needs that are identified during the training needs analysis which will be completed shortly. This will then provide a clear summary of the future needs to drive improvement in the quality of service provided in this sector which will be demonstrated in improving their customer satisfaction levels which are monitored by our officers as put of the compliance review.

2) Put in place training opportunities for the independent sector – ON TARGET

The Learning & Development team have been increasingly proactive during 2007/8 and have arranged for:

- A series of workshops promoting the portfolio of training opportunities offered with a specific focus on common induction standards have taken place and been well attended. The impact of these workshops has been a noticeable increase in the number of

staff nominated to attend training events.

- A comprehensive training programme to be available to independent sector staff covering a range of programmes such as movement and handling, first aid, tissue viability, adult protection, Mental Capacity Act Awareness Sessions, as well as supporting the registration on distance learning programmes.

- Funds to be made available to the independent sector for improving learning and development. In December 2007 a Panel considered 22 applications from a range of providers and approved grants totalling £99,000. The funding will enable providers to support induction training and support training programmes including Certificate in Mental Health awards, and NVQ's in Health and Social Care. Other funded applications included learning programmes on 'what it means to be person-centred', 'providing a quality nail cutting service', 'reminiscence techniques', 'practice assessor training course', 'introduction to mentoring', and achieving the 'MATRIX quality standard'. Clear monitoring systems and quality assurance measure are in place and an evaluation process will be conducted in April demonstrating the impact to both providers and customers.

- Eight independent sector staff to commence the Level 3 Certificate in Mental Health in January 2008.

With the appointment of a dedicated worker for the independent sector relationships are becoming stronger. This will undoubtedly have a positive impact on the skills of independent sector staff and the quality and range of services they provided to their customers in the future.

3) <u>Improve Performance Assessment Framework Indicators (PAF PIs) – ON TARGET</u>

6 indicators were identified for improvement by CSCI in Rotherham's 2007 Performance Assessment. Performance on 3 of these of these has been covered in previous sections.

The remaining indicators are;

- C32 Older people helped to live at home
- C29 Physical disabilities helped to live at home
- C72 Admissions to residential care

Weekly performance clinics are being held with social work managers with team and individual targets in place. 16 clinics have taken place since December. The results of these actions are that;

- Number of assessments has doubled,
- Number of has reviews trebled,
- Backlog of new assessments from historical level of 300 has been removed

- 374 more older people to live at home this year compared to last year.
- 47 less admissions to residential and nursing care
- Management changes have been made in poor performing teams,

We are very clear what our areas for improvement will be over the next 12 months and are confident that we can continue to improve performance and include Occupational Therapy assessments and preventative services.

4) Implement electronic social care records – OFF TARGET

The implementation of ESCR (Electronic Social Care Records) in Rotherham has progressed significantly since last November. On 18th March the start of a 'go-live' pilot commenced which involves the social work team in the south of the borough inputting records using the new system. To assist this process scanners have been set up following work with RBT and staff will be able to comment on the new system.

A weekly appraisal of the Project plan has been complemented by several workshops attended by staff. Again during these sessions staff were able to contribute their thoughts to the development of the process. These events have allowed all concerned to have valuable insight into the complexity, skills and resources necessary for the official 'go-live' date to be achieved and a success in its delivery.

Swift has been upgraded in order to ensure the best possible environment for the launch and the social work team involved are excited about being the first group to scan in ESCR information. The pilot will mark the culmination of work between the Council and partners to deliver solutions that are focused on delivering a better service to our customers.

Full implementation will be November 2008.

5) Improve the availability of data from the mental health service – ON TARGET

We are now able to access mental health data to plan services, project performance and agree action plans. Current performance on mental health users helped to live at home (C31) is projected to improve from 4.5 to 5.1.

Commissioning

The CASSR commissions and delivers services to clear standards of both quality and cost, by the most effective, economic and efficient means available. In addition to meeting the requirements for a grade 3 the following criteria are met in delivering excellent commissioning and use of resources.

1) With the Director of Public Health, complete the detailed analysis of needs for the population and strategic commissioning plan - COMPLETE

The multi-agency task group has completed the the joint strategic needs assessment after detailed consultation and evidence gathering across all agencies and sectors in Rotherham. A summary document now has been compiled and has been circulated to all stakeholders.

The impact of the document has and will continue to shape both the Joint and NAS commissioning strategies. The first consultation event which pulls together all these agendas took place on the 22nd February.

2) Continue to modernise the in-house domiciliary care service to ensure it offers an enabling service – ON TARGET

Decision reached by Cabinet Member on 10.12.07 to significantly shift the focus and balance of domiciliary care services. Following careful analysis of current unit costs, performance and outcomes achieved, it was agreed to shift the balance of services from 60% in-house, 40% independent sector (HHI September 2007 baseline) and to develop the remaining in-house service as an enabling/reabling service, based on national examples of good practice but focussing specifically on Rotherham's needs. There is a steering group in place to deliver this challenging agenda, and several workstreams are in place to deliver on the following:

- developing a Rotherham Vision for reablement,
- developing a workforce plan , revising job descriptions and terms and conditions to create a well-trained, supported an informed work force.
- The Turnaround Team is undertaking a BPR exercise and seeking to create more efficiency in the current and future service.
- The Commissioning Team is focused on the development of quality independent services
- a communication team to ensure that everyone including staff, service users, carers, trades unions and the wider service are being kept informed.

Initially there will be a minimal impact from the above actions. However a greater impact will be evident over the coming months as the balance moves towards the independent sector and re-investment can be utilised into re-ablement and preventative agendas that will recognised as a positive change by our customers.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Services and Health Scrutiny Panel**
2.	**Date:**	**29 May 2008**
3.	**Title:**	**Adult Services 3rd Quarter (April to December) Performance Report, 2007/08** **All Wards Affected**
4.	**Programme Area:**	**Neighbourhoods and Adult Services**

5. Summary

This report outlines the 2007/08 key performance indicator 3rd quarter results for the Adult Services elements of the Directorate.

6. Recommendations

That Scrutiny is asked to note the results and the remedial actions in place to improve performance.

7. Proposals and Details

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. 7 indicators are rated 'off target', which again is an improvement from the last quarter when 9 indicators were rated 'off target'.

Currently we are projecting 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 we have undertaken (D40), increasing the help we give 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.

Exceptions

D40 - Reviews completed of those on service

Weekly performance clinics are being held with social work managers. 6 clinics took place since December. The sessions hold social work team managers accountable for their team's performance and ensure that managers prioritise workloads so that we help more people. This has helped bring performance back on target and on track to deliver our stretch target within the Local Area Agreement a year early. We anticipate that 2,000 more people will received a review by the end of the year compared to last year.

C28 - Intensive Home Care

This indicator is based on a sample week in September where we survey the number of people receiving intensive home care. Although the number of people receiving intensive care increased from 568 to 569 this year, Rotherham's over 65 population increased by 205. This means that performance on the proportion of people that we provide intensive home care packages for has dropped slightly.

C62 - Services for carers

Performance remains well ahead of target profile and is set to exceed the target of 9% with a current projection of over 12%. This improvement is up there with the best in the Country when it was one of the worst services compared to the national position just only two years ago.

C32/C29 - Older people and those with physical disabilities helped to live at home

Weekly performance clinics are being held with social work managers. 6 clinics have taken place since December. The number of assessments that we have completed has doubled (from 50 to 100 assessments per week) in this time and we have completed eradicated the historic backlog of new assessments. People now wait just one week for an assessment instead of 12 weeks last year.

As a consequence of us dramatically increasing the number of reviews, we have identified significant numbers of people who have been inaccurately counted as receiving a service. There errors are being corrected and has resulted in a deterioration in performance.

D54 - Equipment delivered in 7 days

We have improved the timeliness of the delivery of certain items of equipment and 2010 Rotherham in particular have improved their performance. However, we have looked into the detail of the recording system and have found that equipment previously reported as being delivered within 7 days was incorrect. We are working closely with the PCT and REWS to improve equipment delivery times.

C72 - Permanent admissions of older people to residential /nursing care.

A corporate performance clinic was held on 18th October. Performance is now improving but the target of 95 will not be met. A new Continuing Care protocol has been in place since October, meaning that some admissions are accessing more PCT funding and will therefore not be included within the indicator if funded above certain levels. The Director of Assessment and Care Management is attending all panel hearings and is scrutinising all admissions and we believe that the outcome of current actions will improve the indicator from last year's position. However, the number of people we admit to residential and nursing care is high compared to other Councils.

E82 - Adults (over 18's) assessments leading to a provision of service

The indicator has improved slightly and is better than last year. Our ability to quickly assess every person that requests our help has been critical to improving this indicator.

E47 Ethnicity of older people receiving an assessment

Since our last report, performance on this indicator has remained the same. Work is taking place with our Equalities Officer to identify actions that are needed to develop a better and diverse range of services that are sensitive to age, culture, religion, sex and gender.

LPI 102 - Number of protection plans in place

This local indicator remains on track to achieve the stretch target of a 60% increase in performance from last year. This demonstrates that the Directorate is responding well to reported concerns involving vulnerable adults.

8. Finance

Local Area Agreement (LAA) 'pump priming' monies of £180k is available for improving performance on reviews, direct payments and helped to live at home services. £129k has been committed but £60k worth of direct payments investment has not been identified for expenditure as the target is on track to be achieved.

9. Risks and Uncertainties

Compliance with the Performance Assessment Framework is a statutory requirement. Adult Social Services view the arrangements as a means towards managing continuous improvement of performance across a wide range of activities and programmes. There is a risk that the desired improvement rate will not be achieved and therefore there would be an impact on inspection ratings and customer satisfaction. Where an indicator is rated 'off target' a remedial action plan is in place and is closely monitored by the Performance Team.

10. Policy and Performance Agenda Implications

Members should be aware that routine monitoring by CSCI will remain an essential component of the wider performance assessment process, and of its potential implications for Adult Social Services. CSCI have advised that Adults Social Care must improve performance on 6 specific indicators. These have been prioritised for further action at individual team level within the Directorate's Performance Assessment Excellence Plan. Failure to improve against the 6 critical indicators will prevent us from achieving the aims for a 3 star Adult Social Care service by December 2008. The critical indicators are;

- C29 – Adults with Physical Disabilities Helped to Live at Home
- C32 – Older People Helped to Live at Home
- C62 – Services for Carers
- C72 – Admissions to Residential and Nursing Care
- D39 – % of People receiving a Statement of Need
- D40 – % of Adults and Older People receiving a Review

11. Background Papers and Consultation

The report has been discussed with Neighbourhoods and Adult Services Directorate Management Team. The December performance results for Adult Services are attached (Appendix A) and are compiled using the Corporate 'Performance Plus' management software. The indicators rated 'on target' are shown as a green star and those that are rated off' target are shown as a red triangle alert.

Best Value Performance Indicators for 2007/08 guidance documents.
http://www.audit-commission.gov.uk/performance/guidance.asp

CSCI Performance Assessment Handbook
http://www.csci.org.uk/professional/for_councils.aspx

Rotherham Local Area Agreement (LAA) 2006-09
http://www.rotherham.gov.uk/NR/rdonlyres/48DDD350-6AA3-4900-B568-6A7DF7BA5853/0/LAAFinalAmmendedSubmissionMay2006.pdf

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Appendix A: Neighbourhoods and Adult Services - Performance Indicator Outturns for December 2007

Line No.	YTD	Measure	Good performance & Measure type description	Baseline 06-07 & Paf Band	Qtr 1 June 07	Qtr 2 September 07	Qtr 3 December 07	DoT 06-07v Dec07	07/08 Target	Dec Q3 & [Y/End projected] PAF Banding or/All England Quartile Rating	Responsible Director
Outcomes Framework 1: Improving Health and Emotional Well-being											
1		AS LPI PAF D40 Adult and Older clients receiving a review as a percentage of adult clients receiving a service (KT)	Bigger is better, 100 is best % Percentage	45.66 2 of 3	14.74	26.41	44.32	✓	75 LAA	Band 3 [4] of 4	Brian Doughty
2		AS LPI PAF D41 Number or Delayed Transfers of care per 100,000 population aged 65 and over	Within range 0<20.12 is best Rate calculation	9 rounded 5 of 5	12.31	13.86	15.21	✗	<20.12	Band 5 [5] of 5	Brian Doughty
3		AS LPI PAF D41 (RMBC) Number of delayed transfers of care per 100,000 population aged 65+	Zero is best Number Count	0.00	0.00	0.00	0.00	→	0.00	Not PAF / banded	Brian Doughty
Outcomes Framework 2: Improved Quality of Life											
4		BV053 (PAF C28) Intensive home care per 1000 65+	Bigger is better, 16+ is best Rate calculation	13.99 4 of 5	15.1 Estimate	14.8 Estimate	13.94 Actual	✗	16.00	Band 4 [4] of 5 Top Q17.02 R= 3rd	Brian Doughty
5		BV054 (PAF C32) Older People helped to live at home	Bigger is better, 100+ is best Rate calculation	79.79 2 of 5	72.39Rev (77.61)	70.95Rev (72.29)	71.17	✗	102 LAA	Band 2 [5] of 5 Top Q100.54 R= 1st	Brian Doughty
6		BV056.03 (PAF D54) %Equipment <£1000 in 7 days (KT)	Bigger is better, 100 is best % Percentage	90.67 5 of 5	82.93	88.51	87.59	✗	95.00	Band 5 [5] of 5 Top Q93 R= 2nd	Brian Doughty
7		AS LPI PAF C29 Adults with physical disabilities helped to live at home	Bigger is better, 5+ is best Rate calculation	3.05 2 of 5	3	2.9	2.6	✗	4.2	Band 2 [4] of 5	Brian Doughty
8		AS LPI PAF C30 Adults with learning disabilities helped to live at home	Bigger is better, 3+ is best Rate calculation	3.13 5 of 5	3.04	2.98	3.02	✗	3.20	Band 5 [5] of 5	Shona McFarlane
9		AS LPI PAF C31 Adults with mental health problems helped to live at home	Bigger is better, 2.3+ is best Rate calculation	4.5 5 of 5	n/a	n/a	n/a	?	4.8	Band 5 [5] of 5	Kim Curry
10		AS LPI PAF C62 Services for Carers	Bigger is better, 12+ is best % Percentage	4.28 2 of 5	1.06 Excl MH	6.15	7.80	✓	9.00	Band 3 [5] of 5	Brian Doughty
11		AS LPI 102 Number of protection plans in place	Bigger is better Number count	25	8	Accum' 19 Proj'd 44	Accum' 30 Proj'd 42	✓	40	Not PAF / banded	Brian Doughty
Outcomes Framework 4: Increased Choice and Control											
12		BV195 (PAF D55) Acceptable waiting times for assessment (KT)	Bigger is better, 100 is best % Percentage	75.94 2 of 5	77.85	82.58	84.13	✓	85	Band 3 [4] of 5 Top Q88.35 R= 3rd	Brian Doughty
13		BV196 (PAF D56) Acceptable wait for care packages (KT)	Bigger is better, 100 is best % Percentage	96.74 5 of 5	95.11	95.67	95.32	✗	98.00	Band 5 [5] of 5 Top Q92.69 R= 4th	Brian Doughty
14		BV201 (PAF C51) Adults receiving direct payments (KT)	Bigger is better, 150+ is best Rate calculation	137 4 of 5	150	140	154	✓	150 LAA	Band 5 [5] of 5 Top Q126.56 R= 4th	Kim Curry
15		AS LPI (PAF C72) Number of admissions of supported residents aged 65+ to residential and nursing care	Lower is better, 0<90 is best Rate calculation	106.36 3 of 5	120.44	120.82	112.73 Best est = 98.51	✗	95	Band 2 [4] of 5	Brian Doughty
16		AS LPI (PAF D39) % of people receiving a statement of their needs and how they will be met	Bigger is better, 100 is best % Percentage	85.02 2 of 5	86.13	89.13	92.16	✓	97	Band 3 [4] of 5	Brian Doughty
17		AS LPI (PAF C73) Number of admissions of supported residents under 65 to residential and nursing care	Lower is better, 0<1.5 is best Rate calculation	2.25 4 of 5	0.19	1.09Acc' 1.49proj	1.42	✓	1.49	Band 5 [5] of 5	Brian Doughty
18		AS LPI PAF E 82 Assessments of adults and older people leading to a provision of service	Within range 68<77 is best % Percentage	85.77% 3 of 5	84.22%	85.46%	85.23%	✗	80.00%	Band 3 [4] of 5	Brian Doughty
Outcomes Framework 5: Freedom from Discrimination											
19		Ethnicity KT - Assessment / reviews	Lower is better, 0<10 is best % Percentage	1.04	0	0.13	0.08	✓	<10	Not PAF / banded	Brian Doughty
20		Ethnicity KT - Services	Lower is better, 0<10 is best % Percentage	0.37	0.1	0.1	0.09	✓	<10	Not PAF / banded	Brian Doughty
21		AS LPI PAF E 47 Ethnicity of older people receiving assessment	Within range 1<2 is best % Percentage & Rate calculation	1.78% 3 of 3	0.88%	0.97%	0.77%	✗	1.90%	Band 2 [3] of 3	Brian Doughty
22		AS LPI PAF E 48 Ethnicity of older people receiving services following an assessment	Within range 0.9<1.1 is best % Percentage & Rate calculation	0.85% 2 of 3	1.19%	1.17%	1.02%	✓	0.91%	Band 3 [3] of 3	Brian Doughty
Outcomes Framework 6: Economic Well-being											
Outcomes Framework 7: Maintaining Personal Dignity and Respect											
23		AS LPI (PAF D37) Availability of single rooms	Bigger is better, 95<=100 is best % Percentage	100 5 of 5	Annual Measure Proxy measure = 100 Dec 07				99	Band 5 [5] of 5	Kim Curry
Outcomes Framework 8: Leadership											
24		Ethnicity KT - Staffing	Lower is better, 0<10 is best % Percentage	<1 rounded	n/a	n/a?	3.87Est	✗	0	Not PAF / banded	All Directors
25		AS LPI (PAF D75) Practice Learning	Bigger is better, 17+ is best Rate calculation	17.47 5 of 5	n/a	Accum' 16.3 proj'd 34	20.76	✓	21.6	Band 5 [5] of 5	Kim Curry
Outcomes Framework 9: Commissioning and Use of Resources											
26		AS LPI (PAF B11) Intensive home care as a % of intensive home and residential care	Within range 27<45 is best % Percentage & Rate calculation	28 rounded 5 of 5	n/a	n/a	29.35 est	✓	31.00	Band 5 [5] of 5	Brian Doughty

Red Triangle = Warns not on target and high risk – Action needs to be taken immediately to improve performance if we are to achieve target.

Green Star = Shows that performance is on course to achieve or exceed the year end target

✓ Improvement in performance

✗ Deterioration in performance

→ No change in performance against last reported position

YTD Signifies this PI is one of the CSCI critical PI's for 2007/08

Rotherham Metropolitan Borough Council

Adult Services and Health Scrutiny Panel 29 May 2008

REPRESENTATION ON OUTSIDE BODIES

To determine membership of Panels and Groups etc for 2008/2009

DOMESTIC VIOLENCE FORUM
(2 Representatives Required)

Rotherham Women's Refuge
(2 Representatives required)

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 10th April, 2008

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

Also in attendance were Ann Clough (ROPES), Jonathan Evans (Speak Up), Vicky Farnsworth (Speak Up), Val Lindsay (Patient Public Involvement Forum), Janet Mullins (Rotherham Diversity Forum), Ray Noble (Rotherham Hard of Hearing Society), Irene Samuels (PPI Forum Yorkshire Ambulance Service), Hayley Wilcock (Speak Up) and Lizzie Williams (Service Users)

Apologies for absence were received from Councillors Hodgkiss, Mr. G. Hewitt (Rotherham Carers' Forum) and Thomlinson (Patient Public Involvement Forum).

128. APOLOGIES FOR ABSENCE AND COMMUNICATIONS

(A) JOINT DISABILITY EQUALITY SCHEME (JDES)

Further to Minute No. 125 of the meeting of this Panel held on 28 February 2008, the Chair welcomed Sayed Ahmed from the Rotherham NHS Foundation Trust, Kath Atkinson from the Rotherham PCT and Stuart Carr Facilities Manager, Rotherham MBC who their organisations' position on funding for the co-ordinator's post and other for delivering the JDES.

Sayed Ahmed, reported that the Trust wanted to continue having the post of co-ordinator and confirmed that it had been put aside for this. He added that a meeting had been arranged to discuss the future plans and the service to be delivered.

Kath Atkinson, reported that the PCT was currently reviewing the process and deciding whether it felt the co-ordinator post was the best way forward.

Stuart Carr, confirmed that the Corporate Management Team had recently received information on the JDES and fully supported it. However it had deferred the decision about funding for the co-ordinator post. The Counci was discussing the matter with the other two partners, and were planning to look again at the job description and outcomes.

A discussion and a question and answer session then took place covering the following issues:-

- More disabled people needed to be involved in discussions to make sure targets were met

- More regular consultation with disabled people

- All three partners needed to work together towards a joint formula and to keep the panel updated of progress/problems.

Resolved:- That the information be noted.

(B) CO-OPTEES

The Chair announced that the current term of office for co-optees was coming to an end and this would be the last meeting in the municipal year. He wished to place on record his thanks to all the co-optees for their contribution to the work of the Panel. He advised that the format for recruiting co-optees was changing and that an application system was to be introduced. Application forms would be sent out to the various organisations and individuals shortly.

The Chair referred to the end of the PPI Forums and wished to place on record his particular thanks to PPI Forum representatives.

Ann Clough responded on behalf of the co-optees.

129. DECLARATIONS OF INTEREST.

Janet Mullins declared a personal interest in item 134 below (Annual Health Check Responses), and Vicky Farnsworth and Jonathan Evans declared personal interests in item 133 below (Adult Services Impact Assessment of Service Level Agreements).

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

There were no members of the public and press present.

131. LINKS UPDATE

Steve Turnbull, Head of Public Health, gave a presentation about the Local Involvement Network (LINk) for Rotherham.

The presentation covered:

- The progress made to date
- Details of the Consultation Event held on 25 February 2008
- The role of the Steering Group
- The Procurement Timeline

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

- What effort had been made to include young people and hard to reach groups in the process

- The type of organisations interested in hosting LINks – would they be profit making or non profit making?
- Whether LINks would have the power to enforce a decision and if so how
- Not being enough funding to enable the host to deliver all that was required of them
- What the funding would be used for
- What would happen at the end of the 3 year period if the government refused to continue funding – would RMBC have to to find future funding?
- Whether the accounts would be audited

Resolved:- That the information be noted and Steve Turnbull be thanked for his informative presentation.

132. LOCAL AREA AGREEMENT 2008 - 2011

Steve Turnbull, Head of Public Health, gave a presentation on the report on the Local Area Agreement 2008-2011. It covered:

The process
- Agree priorities
- Refresh and align key strategies and plans
- Role of scrutiny panel
- June 2008 deadline for completion

Picking the right measures
- Existing commitments
- Do-able and sustainable
- Competing incentives
- Quality assurance
- Evidence base
- What reward will we get for doing it?
- Target setting

The new Agreement would bring some major changes, make the relationship between local and national priorities more clear, reduce national performance monitoring and give greater financial flexibilities at a local level.

Members considered the list of potential Indicators, which had been chosen following extensive work and negotiation between partners, the Council and Chief Executive Officers' Group, Government Office, Cabinet and members.

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

- Indicator 151 (overall employment rate) this was a very important

indicator, but could be difficult to achieve in the current economic climate.

- Indicator 136 should be included in the chosen final list of indicators.
- Indicator 17 as an achievable target. Perception of crime was considered to be a difficult issue to measure.
- Indicator 152, which related to working age people on out of work benefits. It was felt that this was an important issue for Rotherham, many more people claimed Incapacity Benefit.
- It was suggested that Indicator 173 should be considered to replace Indicator 152 as this covered "people falling out of work and onto incapacity benefits. However, it was also pointed out that people on Incapacity Benefit would often like to work, but found there were many barriers to this.
- The need for the LAA to be written in "plain English" to make it easy for anyone to read and understand it. It was suggested that "Speak up" be consulted when dealing with this issue.
- It was suggested that Indicator 137 (healthy life expectancy at 65) be included as there was no reference to general health in adults in the suggested indicators. However, it was pointed out that there were difficulties with this measure and Indicator 120 (All-age all cause mortality rate) did, in fact, indirectly measure actions to improve health in older years.

Resolved:- (1) That subject to the above comments and inclusion of Indicator 136 (People Supported to live independently through Social Services (all ages)), the emerging list of potential indicators be supported

(2) That the direction in negotiating the Local Area Agreement 2008-2011 and further steps to completing the work be supported

(3) That a further report be submitted on the final list of indicators.

133. ADULT SERVICES IMPACT ASSESSMENT OF SERVICE LEVEL AGREEMENTS - UPDATE

Shona McFarlane, Director of Health and Wellbeing, gave a presentation relating to Adult Services Impact Assessment of Service Level Agreements.

The presentation covered:

- Reductions in funding to community and voluntary sector organisations (organisations listed below)
  - Yemeni Community Association – Advocacy Service
  - Age Concern Rotherham – Day Care Services
  - Physical Disability & Sensory Impairment Services - Talking Books

- Physical Disability & Sensory Impairment Services – Green Lane Resource Centre – Transport Budget
- Lost Chord – Interactive Arts Sessions
- Rotherham Ethnic Elderly Group / Asian Information Group (REEG)
- United Multicultural Centre
- Mental Health Services – Rotherham MIND Drop in Service
- Mental Health Services – ROCC Resource Centre - RETHINK
- Mental Health Services – Innovations Employment Service
- Physical Disability & Sensory Impairment Services – SENSE Supported Living Scheme
- Physical Disability & Sensory Impairment Services – Talking Newspapers
- Physical Disability & Sensory Impairment Services – Rotherham Disability Information Service (RDIS)
- Learning Disability Services – Speak Up Self Advocacy
- Learning Disability Services – Rotherham Advocacy Partnership
- Learning Disability Services – MENCAP Holiday Service

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

- Whether older people were in a position to pay for some of the services which were affected, ie Age Concern Rotherham – Day Care Services
- Concerns were raised about the “talking books” as it was felt that it was not always practical for older people to go to the library
- Where the savings made were being transferred to

Resolved:- That the information be noted and Shona be thanked for her presentation.

(Jonathan Evans, Vicky Farnsworth and Hayley Wilcock declared a personal interest in the ‘Speak Up’ element of the above item being representatives from that organisation).

134. ANNUAL HEALTH CHECK RESPONSES

Delia Watts, Scrutiny Advisor, presented the report submitted which explained the Annual Health Check process and gave the Overview and Scrutiny responses to the local health trusts’ declarations.

The Annual Health Check had replaced the old ‘star ratings’ assessment system and its overall aim was to promote improvements in healthcare.

During April 2008, each health trust was required to provide a declaration of its compliance against the Department of Health’s 24 core standards, together with comments from Overview and Scrutiny Committees and

patient and public involvement forums and strategic health authorities.

The four South Yorkshire local authorities worked together on comments for Sheffield Children's Hospital Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust. The draft commentary for the Children's Hospital Trust had been reported to the Children and Young People's Scrutiny Panel.

The South Yorkshire Joint Health Scrutiny Committee met with senior management from the Sheffield Teaching Hospitals NHS Foundation Trust and a draft response, combining comments made by representative of each Authority had been drafted. This was attached at appendix A to the report, for Members to note.

A joint meeting of the Overview and Scrutiny Committees had taken place with the Yorkshire Ambulance Service NHS Trust (YAS) to discuss issues of shared interests. As a joint health scrutiny protocol had not yet been agreed by the individual councils, it was agreed that for this year each council would present their comments individually. The draft commentary for YAS was given at appendix B to the report.

An Annual Health Check Working Group had been set up, comprising members of the Children and Young People's and Adult Services and Health Scrutiny Panels to draw up draft responses for Rotherham PCT, Rotherham and Doncaster and South Humberside NHS Foundation Trust (RDASH) and Rotherham NHS Foundation Trust. These responses were given at Appedices C to E.

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

- The problem of excessive waiting times for patients who travelled via ambulance to appointments. Some members felt that this had been addressed and improvements had been made, but others had still been experiencing problems. It was suggested that, where waiting times of over an hour were experienced, a formal complaint should be made.
- Concerns were raised about the effect closing the Rotherham call centre would have on the nurse practitioners who were currently based there.
- The possibility of introducing patient liaison panels in all areas as it was felt that they were beneficial.
- Praise was given to the Rotherham Trust for the improvements made to the hospitals in Rotherham.
- The PCT's revised Patient and Public Engagement Strategy

Resolved:- (1) That the response for Sheffield Teaching Hospitals drafted by the South Yorkshire Joint Health Scrutiny Committee be noted.

(2) That 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 be agreed.

135. FORWARD PLAN OF KEY DECISIONS

A discussion and a question and answer session on the Forward Plan of Key Decisions covered the following issues:-

- Commissioning Strategy
- Individual budgets and impact on pay for personal carer assistants
- Main changes to the carers' Strategy

Resolved:- (1) That the Forward Plan of Key Decisions be noted

(2) That a further report on individual budgets be submitted to a future meeting of the Panel.

136. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 28TH FEBRUARY, 2008

Resolved:- (1) That the minutes of the meeting of this Panel held on 28 February 2008 be approved as a correct record for signature by the Chair.

(2) That George Hewitt's substitution on the Annual Health Check Working Group be endorsed.

137. MINUTES OF MEETINGS OF THE CABINET MEMBER AND ADVISERS FOR ADULT SOCIAL CARE AND HEALTH HELD ON 10TH AND 31ST MARCH, 2008

Resolved:- That the minutes the meetings of the Cabinet Member and Advisors for Adult Social Care and Health held on the 10 March and 31 March 2008 be received and their content noted.

138. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the Council)).

139. IN HOUSE RESIDENTIAL ACCOMMODATION CHARGES 2008/09

Doug Parkes, Business Development Manager, presented the report

submitted, which detailed the proposals for setting the interim maximum charge (full cost) to service users for the provision of in-house residential care for 2008/09 financial year.

The Council had a statutory duty to set a "full cost" charge for residential accommodation it provided in Local Authority Homes for

- Those residents who refused to provide details of their financial circumstances
- Those service users who had been able to pay.
- Those service users who were placed and financially supported by another Local Authority.

Charges for the two new homes would only be determined using CIPFA guidance once the full staffing/running costs were known.

Details of the proposed charges were set out in Appendix 1 to the report.

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

- Whether there were any implications in not following the CIPFA guidance.
- Costs of private and local authority residential care

Resolved:- (1) That the information be noted

(2) That, as far as this Panel was concerned, support be given to:

(a) the charges set out in the Appendix to the report
(b) the interim charges being effective from 6 April 2008

(3) That a further report be submitted to Members setting out the maximum charges for the two new residential care homes.

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 7th April, 2008

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

Apologies for absence were received from Councillors Doyle and Hodgkiss.

115. SUPPORT TO PEOPLE WHO SELF FUND THEIR CARE

Consideration was given to a report of the Business Finance and Commissioning Manager on a requirement to develop and enhance the information and advice available to people who self fund their care.

The Commission for Social Care Inspection included the following issue as an area for improvement in its 2006/07 Annual Performance Assessment of Social Care Services for Adult Services for Rotherham.

'*Completing the work to establish how many self funding people access services without an assessment to judge whether there is a need to further promote the availability of assessments'.*

The report gave an update of the progress to date and set out an Action Plan (Appendix 1) to improve support provided to self funders.

People who self fund their care are entitled to have an assessment of need. A range of support mechanisms are in place to assist people to make an informed decision. There is a requirement to develop and enhance the information and advice available to self funders.

The Joint Strategic Needs Assessment of residential and nursing care provision identified that there are 320 people in care homes who fund their own care. Of these, 118 (37%) accessed the service with a needs assessment, 202 (63%) people made their own arrangements.

The Directorate needs to do more to assist the majority of these self funders who take up residential care placements without having an assessment.

A more detailed survey of self funders is being undertaken to inform how the Directorate can improve the support it provides to self funders.

There are a number of initiatives in place to support self funders in Rotherham. These include:-

- Access to the Deferred Property Scheme
- An independent advocacy service specifically for people entering or living in residential care
- A Nursing and Residential Care Information Directory booklet
- Information on the Council's website

The impact of these initiatives and the implementation of the Action Plan will enhance the support already provided to people who self fund their care.

There is a risk that failure to improve support to self funders could impact on the Directorate's Performance rating and the Council's Comprehensive Performance Assessment (CPA) rating.

Members raised questions with regard to:-

- Out of Authority placements
- Independent advocacy service and rate of referrals
- Social Worker caseloads and role of In Care Team

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

(2) That the Action Plan (Appendix 1) be agreed.

116. INTERMEDIATE CARE REVIEW

Consideration was given to a report of the Director of Health and Wellbeing which set out progress on the implementation of the Intermediate Care Review.

The Adult Board endorsed the recommendations of The Intermediate Care Review on 11th October 2007. Subsequently the Joint Commissioning Team has developed an implementation plan, aimed at achieving the key objectives set out in the review.

Despite some delays due to the failure to appoint to the newly agreed Joint Service Manager post, remedial actions are now in place to bring the plan back on target.

The report summarised progress with regard to:-

- Establishment of pooled budget arrangements
- Joint Commissioning arrangements
- Service reconfiguration

Particular reference was made to the service reconfiguration and complete review of the Community Rehabilitation Team.

One Member referred to the need to progress the Sheltered Housing Review as a matter of urgency and to the role of Wardens and Home Carers in preventative work.

Resolved:- (1) That the implementation of the Intermediate Care Review be noted.

(2) That a report on pooled budget arrangements and percentage split between the Local Authority and Rotherham Primary Care Trust be reported to Members prior to acceptance.

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

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM IN ORDER TO KEEP MEMBERS FULLY INFORMED)

117. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

118. CURRENT INVESTIGATIONS

The Director of Health and Wellbeing gave a verbal report on the current situation with regard to investigations into allegations of incidents at residential homes.

The meeting was informed of staffing issues and the timescale of the investigations.

Members raised a number of questions which were responded to by the Director of Health and Wellbeing.

Resolved:- That the verbal report be noted.

(Exempt under Paragraph 2 of the Act – information which could reveal the identity of an individual).

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 21st April, 2008

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

Apologies for absence were received from Councillors Doyle and Hodgkiss.

119. MINUTES OF THE PREVIOUS MEETING HELD ON 7 APRIL 2008

The minutes of the meeting held on 7 April 2008 were approved as a correct record.

120. MINUTES OF A REVIEW OF GUARDIANSHIP MEETING HELD ON 7TH APRIL, 2008

The minutes of the Review of Guardianship meeting held on 7 April 2008 were approved as a correct record.

121. COMMISSIONING STRATEGY

Kim Curry, Director of Commissioning and Partnerships, presented the submitted report which set out a radical change to the way the Council spend their money to meet the social care needs and improve the health, well-being and quality of life for people in Rotherham over the next 15 years.

The strategy had been developed to deliver the following aims:-

- To meet the challenges for social care in Rotherham that the Joint Strategic Needs Analysis (JSNA) identified
- To change the way money was spent through undertaking the steps in the Commissioning Framework
- To show the difference that we will make for the people in Rotherham by delivering a recurrent 3 year action plan

The strategy complemented the Joint Commissioning Strategy that had recently been agreed with the PCT which focussed on both health and social care services where it was critical to provide an integrated and joined up way to improve outcomes for customers. The areas of focus were:

- The management of long term conditions
- Intermediate care
- Older people with mental health problems

- Reducing hospital admissions from residential and nursing care

There were three key national policy drivers which shaped the development of the Commissioning Strategy. These were:

- Commissioning Framework for Health and Well-being (2006)
- The White Paper 'Our Health, Our Care, Our Say' (2006)
- The 'Putting People First' concordat (2007)

The local drivers were value for money and meeting the current and future needs.

Adult Social Care in Rotherham had been rated as a 'good' service with 'promising prospects' under the Commission for Social Care Inspectorate's new regime in 2007. It was not expected that any improvement would be made on this rating namely due to:

- Performance in relation to helping people to live at home had deteriorated
- An over reliance on high cost in-house services which did not provide value for money nor accord with a comprehensively modernised service.

Despite the Council providing financial commitment in the last five years, to helping people to live independently, they did not possess the resources required to fulfil current and future need.

Demographic Factors continued to put pressure on budgets. Adult Services and the PCT had undertaken a Joint Strategic Needs Analysis (JSNA) between March 2007 and January 2008 which outlined current and predicted health and well-being outcomes.

The JSNA informed the new Commissioning Strategy and highlighted the following:

- People want to remain healthy and in their own homes
- People want to do things for themselves
- To improve value for money and better outcomes we need to move away from direct provision to commissioning diverse services from a range of providers
- People want to influence and be involved in commissioning decisions
- People want access to a range of different services so they can make a personal choice about which care package would keep them independent.

The action plan, which was appended to the report, set out how the actions arising out of the JSNA to improve outcomes would be implemented over the next 3 years and what these outcomes would be seeking to achieve.

Resolved:- (1) That the progress made and the continued development of the Commissioning Strategy be noted

(2) That the Joint Cabinet/CMT endorse the strategy

(3) That update reports be presented on a quarterly basis as the strategy continued to develop in response to national and local drivers

(4) That the report be presented to the Adult Services and Health Scrutiny panel for information.

122. CAPITAL BUDGET MONITORING REPORT 2007/08

Mark Scarrott, Service Accountant (Adult Services), presented the report submitted, to inform members of the anticipated outturn against the approved Adult Services capital programme for the 2007/08 financial year.

The capital monitoring report provided detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April 2007 and 31 March 2008 and the projected final outturn position for each scheme.

The approved 2007/08 capital budget for Adult Services had been revised to take account of slippage in a number of schemes since the last report. The main revision was in respect of the two new residential care homes which were experiencing some delays on completion. Actual expenditure to the end of March 2008 was £9.2m, with a number of invoices pending payment for actual work completed.

Members raised concerns about the potential cost pressures in relation to the new residential care homes and in particular the delay from Economic and Development Services (EDS), who project managed the scheme, in determining the extent of the potential additional costs. Members felt that the Director of EDS should be asked to report to the next meeting with an updated financial position.

Resolved:- (1) That the Adult Services forecast outturn for 2007/08 be received and noted.

(2) That a report be presented to the next meeting in relation to the potential additional cost pressures in respect of the two new residential care homes.

123. INDIVIDUAL BUDGETS FOR ADULTS WITH SOCIAL CARE NEEDS

Kim Curry, Director of Commissioning and Partnerships, presented the submitted report which set out proposed changes to the delivery of social care through individual budgets. Individual budgets would promote a much greater choice in services for people with social care needs and empower them to take decisions affecting their lives, giving them greater choice and flexibility in how their needs were met.

They were a relatively new concept and would require considerable preparation prior to implementation. It would include ensuring that service users, carers, staff, partner and provider organisations were signed up to and championing this approach in order to achieve a total transformation of the way services were provided and delivered.

Assessment and care management procedures and social work activity would need to be radically changed to make sure that everyone who was eligible for an individual budget was offered the opportunity to use on.

A pilot scheme called "In Control" had been implemented for Mental Health service users to manage their care and had proved very successful with 93 service users moving from a direct payment to an individual budget. This demonstrated the potential for other individuals living in Rotherham to benefit from this approach.

New management arrangements would be required to ensure individual budgets were implemented across all customer groups and it was proposed that an Individual Budgets Project Manager post be established. Details of the post were appended to the report. In addition it was proposed to reconfigure the existing staffing and support arrangements to achieve the roll out with minimal impact on customers.

A discussion and question and answer session ensued and the following issues were covered:

- What the difference was between direct payment and individual budget, for which a definition was given
- How the shift in care would affect the service user
- The need to ensure that a wide range of options were available.

Resolved:- That the report be received and the direction of travel endorsed.

124. NAMING OF NEW RESIDENTIAL HOMES

Shona McFarlane, Director of Health and Wellbeing, presented the submitted report which outlined proposed new names for the two new residential homes which were being built at Rawmarsh and Dinnington.

Each home required a name, to provide them with an official postal

address, to enable a postcode to be allocated and to provide them with an identity in the locality.

The Cabinet Member, Ward members and the Dinnington St John's Town Council had been asked to consider the following names:

- Lord Hardy Court, Rawmarsh – in recognition of Peter Hardy, long standing MP in the Wentworth area
- Davies Court, Dinnington – in recognition of David Davies, Town Council Leader.

Both suggestions had been fully approved by all concerned.

Resolved:- That the recommended names for the new homes be approved.

125. SHIFTING THE BALANCE - UPDATE

Shona McFarlane, Director of Health and Wellbeing, presented the submitted report, outlined the plans to reshape domiciliary care services from a service which provided 60% of home care service in-house to one which provided 35% of services in-house. The plans would seek to maintain the quality of services while significantly reorganising the allocation of resources to create greater capacity with Neighbourhoods and Adult Services to provide support to people to help them live at home for as long as possible.

As part of the process, trades unions had been consulted with, through both the Strategic Consultative Committee and separate meetings which had been arranged to update and outline plans. Some problems had been experienced in getting the trades unions engaged, and whilst every effort had been made to arrange meetings to suit all representative availability, representation at meetings had been patchy and inconsistent. This had resulted in some messages not being fed through or messages being misinterpreted and had required follow up meetings to provide explanation.

The Shifting the Balance Steering Group was set up in January 2008 and met fortnightly. They co-ordinated the work of the sub groups detailed below:

- Weekly Impact Group
- Commissioning Group
- Reablement Team
- Communication Plan
- Turnaround Team
- Staffing Change Group

The Director of Health and Wellbeing outlined to members the purpose of each of the groups and their objectives.

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

(2) That a further report be received outlining detailed plans

(3) That this report be presented to the Adult Services and Health Scrutiny Panel for information.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING 4 ITEMS IN ORDER TO PROCESS THE MATTERS REFERRED TO WITHOUT FUTHER DELAY)

126. REVENUE BUDGET MONITORING 2007/08

Mark Scarrott, Service Accountant (Adult Social Services), presented the submitted report which provided outturn position for the Adult Services Department within the Neighbourhoods and Adult Services Directorate for the financial year 2007/08 based on actual income and expenditure to the end of March 2008.

He reported that the forecast position for the year was now an anticipated underspend of £107,000. All management actions had been incorporated into the financial projections and additional underspends had been identified within Learning Disability services since the last report. This had been mainly due to further delays in residential placements and additional income received.

There were still 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. This was mainly within residential care due to increased demand and an increase in the average cost of care packages.

The pressures had been reduced by:-

- 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
- Achievement of management actions identified from budget performance clinics

Members asked whether it was likely that this figure would change again before the year end. The Service Accountant confirmed that as part of the corporate timetable the accounts for 2007/08 would be finalised within the next 2 weeks and following that the final outturn position would be available.

Resolved:- That the report be received and noted.

127. OCCUPATIONAL THERAPY SERVICES

Tom Sweetman, Innovations Manager, gave a presentation on Occupational Therapy (OT) Services.

He gave an overview of where the service was in relation to backlog which had been slowly deteriorating since October 2007 and as at March 2008 stood at 21 months.

He outlined action which had taken place to try to rectify the situation and these included:

- OT overtime made available across the entire service
- £29k contributed towards locum support/overtime
- Adaptations team working along OT's to develop assessment process
- Errors in SWIFT system – Cases showing as being in the backlog were not real cases – resulted in 200 being removed.
- Telephone assessments put in place
- 2010 provided support through "man in van"
- Home Improvement Agency – undertook minor fittings

All of the above assisted in reducing the number in the backlog from 1180 to 490, and the average wait currently was 6 months. It was hoped that by the end of April this figure would be down to 250.

The Innovations Manager then listed the suggestions for the way ahead. This included:

- A full review of OT assessment and delivery process was needed
- Records on SWIFT were not being closed by OT's but Neighbourhoods and Adult Services were.
- OT Services were still not at full staffing capacity but this was as a result of them awaiting the new Service Level Agreement
- The measures which were brought in to reduce the backlog needed to become the norm
- Mobile working
- Assessment Direct
- Establish Disability Living Centre to offer assessments and equipment.

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

- It was felt that the measures taken to remove the backlog of assessments were not sustainable in their current form
- The OT Service should not be highlighted as a distinct part of the

Joint Commissioning Strategy

- There was a need to undertake a market testing exercise to ensure that the Council receives better value for money
- The Director of Commissioning and Partnerships raised the risks to performance and the impact upon other elements of the Joint Commissioning such as Intermediate Care
- Members felt it necessary for the report and presentation to be presented to the Adult Services and Health Scrutiny Panel
- Concerns were raised about Decent Housing and members asked for an update report in relation to the current position to be brought to the next meeting
- Members asked for a letter to be sent to the PCT from the Chair setting out their wishes for future provision.

Resolved:- (1) That the council reaffirm its commitment to the Joint Commissioning Strategy, however the OT Service should not form a distinct part of the strategy

(2) That a market test be undertaken

(3) That a letter be sent to the PCT from the Chair

(4) That the report and presentation by presented to the next Adult Services and Health Scrutiny Panel

(5) That an update report be brought to the next meeting relating to the position on decent housing.

128. AGE CONCERN

At the request of Members an update was given in relation to Age Concern and their decision to cease day care provision.

Sam Newton confirmed that all the people who were receiving day care were currently being assessed to establish whether they still required care. She agreed to update members at a future meeting when everyone had been assessed.

129. LISTERDALE DAY CARE CENTRE

The Chair asked for an update on the proposed closure of care homes, and in particular Listerdale Residential Home and Day Care Centre.

The Director of Health and Wellbeing confirmed that no care homes would be closed until the two new residential care homes had been opened and were functional. Any day services that were situated within homes would be relocated prior to the home closing.

130. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 4 of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

131. MODERNISATION OF REVENUE AND PAYMENTS

Kim Curry, Director of Commissioning and Partnerships, presented the submitted report to inform members of the plan to commence discussions with Trade Unions and staff with the intention of transferring the Directorate's Revenue and Payments Team to RBT Revenue and Benefits.

This key objective of this transfer would be to improve the experience for users/carers/intermediaries by improving response times, removing duplication, establishing single points of contact, extending payment opportunities and enabling people to better manage their finance.

The main function of the Revenue and Payments team was outlined, together with the customer and business related benefits resulting from the transfer.

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

- Whether RBT would close cash centres and only use pay points
- The charges involved with using pay points

Resolved:- That the report be received and its content noted.

132. DATE AND TIME OF NEXT MEETING:- MONDAY 19 MAY 2008