

ADULT SERVICES AND HEALTH SCRUTINY PANEL

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

Date: Thursday, 26 June 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 and Communications
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Nomination of Representative to serve on Members Sustainable Advisory Group (report herewith) (Pages 1 - 3)
7. Adult Services Priorities - verbal presentation by Cllr Maurice Kirk, Cabinet Member for Adult Social Care and Health
8. Scrutiny Review of the Transportation of Vulnerable People October 2006 (report herewith) (Pages 4 - 18)
9. Shifting the Balance (Pages 19 - 26)
10. 2008/09 Work Programme (report herewith) (Pages 27 - 36)
11. Nominations to Breast Feeding Review Group (report herewith) (Page 37)
12. Rotherham Health Profile 2008 (Presentation by Steve Turnbull)
13. Healthy Communities Challenge Fund (Presentation by Steve Turnbull)

14. Primary Care in Rotherham (report herewith) (Pages 38 - 40)
15. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 29 May 2008 (attached herewith) (Pages 41 - 52)

**Date of Next Meeting:-
Thursday, 24 July 2008**

Membership:-

Chairman – Councillor Jack

Vice-Chairman – Barron

Councillors:- Billington, Blair, Clarke, Doyle, Hodgkiss, Hughes, St. John, Turner, Wootton and
F. Wright

Co-opted Members

Mrs. I. Samuels, (PPI Forum Yorks Ambulance Serv), Taiba Yasseen, (REMA), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.), Mr K Jack (Speakability) and Lizzie Williams

Rotherham Metropolitan Borough Council

Adult Services and Health Scrutiny Panel

26 June 2008

NOMINATION OF REPRESENTATIVES TO SERVE ON OTHER PANELS

The Scrutiny Panel is asked to consider the nomination of Members to serve on the following Panel:

Members Sustainable Development Action Group

To nominate one representative

Meets on a Friday at 10.30 a.m. at the Town Hall – 5 September 2008, 31 October 2008, 9 January 2009, 6 March 2009, 31 July 2009.

Attached is a brief overview of the aims and objectives of the group.

Members Sustainable Development Advisory Group

Aim: To co-ordinate and support the delivery of the Council's priorities in regards to sustainable development and environmental management

Objectives:

- Work towards supporting and achieving RMBC Corporate plan priorities and the Community Strategy, the Regional Sustainable Development Framework and National Strategy on Sustainable Development.
- Support the integration of the environmental management system throughout the Council
- To support, report and promote the work of the officer's Sustainable Development Officer Group and the LSP's Sustainability Partnership (and other groups as appropriate)
- Monitor the progress of the Local Action 21 project (community based action and awareness)
- To champion sustainability issues
- To maintain communication links with the relevant scrutiny panels and other Member groups which concern sustainability issues
- To feed in relevant information gained from external groups

Current membership (07/08):

Cabinet member for Sustainability & Innovation – Cllr Ken Wyatt (Chair)

Councillor Frank Hodgkiss (as Cllr Wyatt's advisor)

ASH – Councillor John Doyle

ASH – Councillor Jackson

CYPS – Councillor Simon Currie

Democratic Renewal – Councillor Alex Sangster

Regeneration – Councillor Alan Gosling

Sustainable Communities – Councillor Rose McNeely

Sustainable Communities – Councillor Sheila Walker

Planning – Councillor Dave Pickering

Frequency of meetings: approx every 8 weeks

Links to Scrutiny Panels:

ASH

- Huge amount of research taking place on the health impacts of climate change and how services, especially health and social care, will need to change in order to adapt to a changing climate
- Joint energy efficiency project currently taking place between the PCT and Council
- Recent NICE guidance on links between physical activity and the environment

CYPS

- Rotherham Education for Sustainable Development group does a lot to raise awareness in schools around what support environmental groups can give schools
- A lot of work already taking place in schools, including:
 - supporting the DCFS Sustainable Schools initiative

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- Piloting 'GreenCheck', in which the whole school, especially pupils, are involved in implementing the council's Environmental Management System (EMAS) on their campus
- Numerous stand alone environmental awareness workshops
- School grounds projects.
- Schools are a significant source of carbon dioxide emissions but equally are ideally placed to be 'beacons' of sustainable development in their communities and prepare their pupils for a sustainable future
- ABLE project supported by Sustainability Partnership (led by Learning Board)

Democratic Renewal

- Sustainable Development is essentially about balancing economic, social and environmental goals and as such impacts on all aspects of the Council's and LSP's work. A higher quality environment generally leads to a higher quality of life, greater satisfaction, etc.

Regeneration

- Renewable energy, adaptation to climate, etc. fast becoming integral to regeneration
- Acknowledgement that green space/biodiversity has a positive impact on inward investment
- Stern Review on the Economics of Climate Change states that the cost of strong early action on climate change far outweighs the cost of inaction and that there does not need to be a choice between the climate and economic growth. It looks at the economic benefits of moving to a low carbon economy

Sustainable Communities

- Does what it says on the tin! Strong links between sustainable development and sustainable communities

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1.	Meeting:	Cabinet Member for Adult Social Care & Health
2.	Date:	23RD June 2008
3.	Title:	Scrutiny Review of the Transportation of Vulnerable People October 2006
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

This report provides DMT with an update on the implementation of the Transport Scrutiny Action Plan (please see attached update). The Scrutiny Review was initiated by the Performance and Overview Scrutiny Committee following the Older People's Conference in October 2005.

The key areas of progress are in relation to Customer Satisfaction which has resulted in a rating of Excellent from the NAS telephone survey. This compliments the feedback received from ongoing QA systems which form part of the Charter Mark accreditation.

Contracting monitoring continues to be undertaken and work has commenced in exploring options to reduce costs and increase efficiencies through shared services with EDS. Current work underway includes a review by internal Audit of the type and level of resources currently allocated to both CTU and NAS Transport section, to establish whether further efficiencies can be obtained while still maintaining service quality.

6. Recommendations

1. DMT to note the actions undertaken to progress this Scrutiny review.

7. Proposal and Details

The Scrutiny Review was initiated by the Performance and Overview Scrutiny Committee following the Older People's Conference in October 2005. A range of issues were raised at that conference including community transport, public transport to rurally isolated areas, cost of the Supertram, accessibility of buses, need for more community transport provision and need for more transport to day services. The review group decided to narrow its focus to transport for vulnerable adults provided by the council and contracted companies, and in addition, to look at transport for children within its remit.

The review aimed to examine the current situation regarding the transportation of vulnerable people by RMBC and to identify any potential areas for improvement. They undertook a desk top review, interviews with Council staff, consultation with voluntary organisations and day services, and also collated good practice from other local authorities. They used the recommendations from the 2003 best Value Review of the Transportation of People Goods and Services as the basis for the review.

The review group comprised elected members, including Cllr Richard Russell, Cllr Rose McNeely, Cllr Glyn Whelbourn, Cllr Patricia Russell, and Cllr John Doyle. It was supported by Joanna Wehrle from the Partnership office, RMBC, and interviewed a range of officers, service users, providers and other local authorities as part of the review.

The review group found that service users across Adult Social Services (as it was then) and Children and Young People's services are generally satisfied and pleased with the quality of service, with only specific isolated areas identified for improvement. The creation of the Corporate Transport Unit has been recognised as a positive step for the council.

The attached document provides an outline of the key areas of recommendation and the action that has been taken against each of these. It should be noted that work is still underway in identifying areas of improvement, and currently Internal Audit are undertaking a review of the resources and facilities that are currently allocated within NAs and CTU for the purposes of transport, to identify whether any further economies of scale that can be created through further integration. In addition, a review of depots is underway and it is possible that this could further add to efficiencies within the overall transport budget.

NAS have chaired a group which aimed to look at the recommendations raised by the review group and provide a response to each point. The outcome of this review has been an improvement in quality of service through:

- an improvement in the type and level of training that is offered to all staff
- improvements in the quality assurance systems that are in place.

- Improvements to the procedures implemented by transport staff, ensuring that vulnerable people are transported safely.

One area of the review that has not yet been resolved is the commissioning of all transport through the CTU contract with Translinc. Procurement with Translinc requires a five year commitment to vehicles, and as services change and adapt this may introduce an unacceptable level of inflexibility. It is intended to review transport services internally, once the Internal Audit review of resources is concluded, and once service changes that are currently being examined, including day services and Meals on Wheels are resolved. At this point it should be easier to predict service requirements and plan for the longer term.

8. Finance

It is the intention of the further work to be undertaken that service efficiencies are identified, through the reduction of contract hire and remodelling of in-house service provision.

Since the publication of the review report, NAS have introduced a charge of £1 per return journey to all day services, following consultation with service users and carers. It is as yet unknown whether this will have an impact on the level of service provided.

9. Risks and Uncertainties

As outlined at 7 above, current service reviews make it difficult to predict need for transport in the immediate future. A further review of transport internal to NAS is required in order to ensure that the service is able to provide support to existing and planned services in future.

10. Policy and Performance Agenda Implications

The efficient procurement and provision of effective, flexible and good quality transport is a feature of good quality service provision and leads to an improvement in the **use of resources** and **quality of life** of service users.

11. Background Papers and Consultation

Transport Scrutiny Review October 2006

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Scrutiny Review Action Plan

Transportation of Vulnerable People – Update

Recommendation	Commentary on progress	Lead	Completion date
<p>1) The relationship between the Corporate Transport Unit, Children and Young Peoples Service and Adult Social Services is unclear and needs to be rectified with more effective communication.</p> <p>Greater clarity is required on the division of responsibilities in terms of transport and what the expectations are of each service to provide to the service user and to one another. Opportunities should be explored where services could combine resources to avoid duplication.</p>	<p>Neighbourhoods & Adult Services (NAS), Children & Young People’s Services (CYPS) and Corporate Transport Unit (CTU) have facilitated joint meetings to coordinate and respond to the Scrutiny Review.</p> <p>Working relationships have been clarified through this process. Tendering exercises have been developed jointly and an SLA is being developed between NAS and CTU to further clarify contracting arrangements to promote continuity.</p> <p>There are limited opportunities for sharing or combining transport services due to the complex requirements of these very different customer groups. NAS have demonstrated collaborative working with CYPS in other areas, for example in providing a driver to cover for sickness absence in CYPS.</p>	<p>Pauline Walker/ Craig Simpson/ Howard Tweed</p>	<p>Completed</p>
<p>2) The CYPS review of</p>	<p>Positive working relationships between CYPS and</p>	<p>Transport</p>	<p>Complete</p>

Recommendation	Commentary on progress	Lead	Completion date
<p>transportation services and its relationship with the CTU should be progressed. Any contract that is providing services for children should be in accordance with any child welfare criteria issued by the Assessment team in CYPS.</p>	<p>CTU continues to progress and this is evidenced by the CYPS/CTU SLA. Although not currently signed off by both parties, the latest issue of this draft document is being honoured by both parties. There remain only minor discrepancies within CYPS to be addressed prior to submission of the final document. The SLA includes procedures agreed by sections of CYPS including Assessment Services, Education Welfare and Safeguarding.</p>	Managers	
<p>3) Consideration should be given where appropriate to transferring transport services in-house or contracting with the voluntary sector to see if efficiencies can be achieved.</p>	<p>This has been explored specifically with Community Transport and due to capacity issues has proven to be nonviable. Community Transport have some suitable vehicles, however they are unable to meet the demand for service provision due to resources. Due to the reorganisation of Day Care provision and the potential for a more flexible service, work has commenced within NAS Transport to facilitate the transfer of some mid week contracts to in-house provision. Further efficiencies may be gained through further reorganisation of weekend work – this is currently being explored.</p>	<p>Pauline Walker</p> <p>Pauline Walker</p>	<p>Complete</p> <p>September 2008</p>
<p>4) The monitoring of contracts and service provision should be reviewed to ensure a consistent corporate approach rather than service based approach is taken.</p>	<p>NAS monitor both in-house and contract hire provision via the monitoring form and spot checks undertaken by Transport Officers. There is direct liaison with RBT and good communication regarding contractual issues. The CTU has a member of staff employed to monitor CYPS contracts.</p> <p>Recently discussions have commenced with the CTU</p>	Pauline Walker	Complete

Recommendation	Commentary on progress	Lead	Completion date
	for the possible assistance of Contracting Monitoring for NAS. NAS are currently in the process of completing an SLA for the transfer of this function to promote continuity.	Pauline Walker/Craig Simpson	September 2008
<p>5) The recommendations of the 2003 Best Value Review are revisited for progress on implementation.</p> <p>In line with the recommendations of the 2003 Best Value Review, a local performance indicator is developed to measure the vehicle downtime in order to maximise vehicle usage and value for money.</p>	<p>Since the Best Value Review in 2003, NAS transport has developed, gaining additional income through Intermediate Care transport. This additional business has further reduced vehicle downtime. There is no staff down-time within NAS however some vehicles are stood down at 'off peak' times & weekends.</p> <p>No vehicle downtime for CYPS since all transport contracted in. With the exception of 1 x 16 seater minibus and 1 driver.</p> <p>Following the BVR in 2003 there was no PI set By the BVR Lead Officer. NAS, CYPS & CTU agreed the potential for a PI to be set against vehicle downtime.</p>	<p>Pauline Walker</p> <p>CYPS</p> <p>Transport Managers</p>	<p>Complete</p> <p>Complete</p> <p>September 2008</p>
<p>6) A review of the complaints procedure should be undertaken and improvements made to how complaints are acted upon and feedback given to the carer/user.</p>	<p>NAS formal complaints procedure is followed. Informal complaints are dealt with directly to the service user via telephone and a personal visit by an appropriate officer. Confirmation is given in writing to the service user with a 'follow up' check. The service user is given a named officer as contact and a direct dial contact number. Information regarding 'putting</p>	Transport Managers	Complete

Recommendation	Commentary on progress	Lead	Completion date
	<p>things right' is included within the Transport Services' standards booklet. NAS also notifies its customers of its performance via the Council's web site and within the Newsletter' On the Buses'</p> <p>Within CYPS/CTU complaints are handled according to policy. Official complaints are handled through the formal Council complaints procedure. Feedback is always given to the complainant regarding the action taken.</p> <p>All complaints across NAS, CYPS and CTU are handled in a timely and efficient manner. Each section follows their Directorate policy. Complaint handling across NAS has improved considerably over the last year and transport complaints are handled in line with NAS good practice and policy</p>	<p>CYPS</p> <p>Transport managers/ Complaints service</p>	<p>Complete</p> <p>Complete</p>
<p>7) To establish levels of customer satisfaction all transport services should undertake confidential, regular and impartial surveys for users and parents/carers. These should be returned directly to the Council, not via schools or day centres.</p>	<p>Within NAS as part of the Charter Mark accreditation, regular customer surveys are undertaken. Monthly surveys are undertaken with a selection of customers and carers, the results of which are published on the Transport internet link and also in the annual newsletter 'On the Buses'. Information regarding survey results and the commitment of NAS Transport to its customers is included within the 'Transport</p>	<p>Transport Managers</p>	<p>Complete</p>

Recommendation	Commentary on progress	Lead	Completion date
	<p>Services Standards' booklet. NAS also notifies customers of survey results via the Council's web site. A recent telephone survey rated the NAS Transport Service as Excellent with a score of 10 with all questions asked scoring a rating of 100%</p> <p>Operational issues relating to entitlement and assessment of need are dealt with through CYPS. All other monitoring and survey work are undertaken by CTU. The CYPS Monitoring Officer is responsible for ensuring compliance with all legal aspects (CRB, license, insurance vehicle tests etc), and under the terms of the Service Level Agreement, CTU should carry out an in depth survey at least annually. The responses to these are sent directly to CTU. The CYPS Monitoring Officer also visits schools on a regular basis and a Transport User Meeting is held bi-monthly attended by CTU/CYPS/RBT and the special schools.</p>	CYPS	Complete
<p>8) To ensure that all escorts and drivers, whether RMBC employees or contracted out, undertake the compulsory training now required for their positions and undertake enhanced Criminal Records Bureau (CRB) Checks. This also applies to temporary staff.</p>	<p>NAS - enhanced CRB checks are undertaken for all staff prior to the commencement of employment. CRB checks are also identified as a transport customer service standard. NAS ensures that training is given in-house on Moving and Handling, wheel chair/passenger restraints and the use of passenger lifts. This also delivered to staff within Learning Disability Services. There is a guidance sheet on</p>	Transport Managers	Complete

Recommendation	Commentary on progress	Lead	Completion date
	<p>Wheelchair safety/passenger restraints and the use of passenger lifts in the NAS Services transport procedure file, a copy of which is held in every vehicle. Staff are also trained on Vehicle Defect Reporting, Basic First Aid and minibus training. All staff including relief staff receive the same training and CRB checks at enhanced level</p> <p>CYPS</p> <p>All drivers and escorts contracted by CYPS/CTU have current enhanced CRB checks. Compulsory training was introduced as a requirement of the new contracts, which commenced Sept 2007. Other, compulsory child specific training has been provided such as Emergency First Aid to cover medical issues, Lifting and Handling training and Basic Access Awareness training for those accompanying children in wheelchairs. Other training has also been organised on a voluntary basis. For example, Emergency First Aid, Introduction to Health and Safety, Introduction to Disability Discrimination</p>	Transport managers	Complete
<p>9) Services could consider good practice from Wakefield MBC around the flexibility of drivers and escorts receiving the same training and therefore able to interchange. Ideally drivers and escorts would not be such separate roles but</p>	<p>NAS</p> <p>Driving and Escort duties are included within all Passenger Job Descriptions for driver attendants together with the provision for Community Meal delivery. The driver attendant posts have a specific requirement of a PCV Licence. (Large coach)</p>	Transport Managers	Complete

Recommendation	Commentary on progress	Lead	Completion date
<p>would have the same job descriptions and employees able to serve in both functions.</p>	<p>Relief staff (light vehicles) have Driver/Escort and Community Meal provision duties included within the Job Description.</p> <p>There are 3 direct escort posts within Passenger Transport services and 2 of these staff have undertaken the minibus driver test which has increased staff flexibility.</p> <p>We have a driver training programme for suitable persons to undertake the minibus driver training. This enables staff to drive a passenger vehicle with up to 16 seats. Some Meals on Wheels Staff have undertaken this training to enable flexibility within the service. Some Meals on Wheels staff also undertake Escort duties to cover for staff absences.</p> <p>There is a guidance sheet on 'staff undertaking escort duties' in the NAS Transport procedure file a copy of which is held on every vehicle.</p>		
<p>10) Corporate guidelines should be issued outlining the roles and responsibilities of escorts, including training requirements, with strict consideration of the requirements and welfare of the user. For example escorts should be encouraged to escort service</p>	<p>Some detail is included within the contract specification regarding assisting customer to and from their home ensuring doors are locked and customers are safe. There is also written guidance within the Transport Procedure file held within every vehicle regarding escort duties. This includes Moving and Handling training.</p> <p>It is a responsibility of both drivers and escorts to</p>	<p>Transport Managers and staff</p>	<p>Complete</p>

Recommendation	Commentary on progress	Lead	Completion date
<p>users to their home to ensure there is someone there to receive them. Currently services operate individually on this matter.</p>	<p>ensure customers are escorted to the vehicle from their home and return to their home. Customers are not left at home alone if it is normal practice for a carer/relative to receive them. Procedures are in place to protect service users. Where there are special needs/circumstances regarding a particular customer then individual specific training is delivered. There is also a guidance sheet on 'what to do if you are unable to gain entry to a service user's home'. This is held within the Transport procedure file, a copy of which is held on every vehicle.</p> <p>CYPS</p> <p>The current Transport Policy for Children and Young People – July 2006, includes sections for both drivers and escorts detailing their duties, roles and responsibilities. These, however, do not generally include escorting users to their home. This duty rests clearly with the parent/carers, and drivers/escorts would not be asked to provide this service unless exceptional circumstances required this. Where a child's disability, or that of parents/carers, prevents this from happening, alternative arrangements will be made and the driver/escort instructed accordingly.</p>	CYPS	Complete
<p>11) NAS should review how the T6 form is used to assess needs, to ensure it is being completed with sufficient detail and allows the</p>	<p>Neighbourhoods and Adult Services revised the T6 form when it was first raised by Scrutiny to include additional relevant customer information regarding, mobility etc. The information received by</p>	Transport Managers	Complete

Recommendation	Commentary on progress	Lead	Completion date
needs of service users to be addressed. The use of the computerised case management system (SWIFT) should be explored to see if the transport requirements of service users can be more efficiently recorded and communicated.	transport services regarding individual requirements is taken from the assessment document by the social.		
12) NAS should ensure a full review of their largest contracts is undertaken and if subcontracting is providing a quality service to the Council. Feedback should be given at a Corporate level.	Neighbourhoods and Adult Services Contracts have been reviewed. Establishments now complete a monitoring sheet regarding all transport, both external and in-house. Issues are fed back to the Team Manager for investigation. This information is also forwarded to RBT to identify any breaches of contract. NAS transport section reviews contracts and routes to maximise the use of the in-house transport. Quality monitoring of the contract is undertaken via the contract monitoring form. Random 'spot' checks are carried out by Transport Officers. Issues and concerns are fed back to RBT and through the appropriate management channels. A full QA review undertaken for both the Contract Hire and in-house provision..	Transport Managers/ service managers/ RBT	Complete
13) More detailed information on the needs of individual clients should be provided as part of the tendering process to ensure that the contract can meet these needs.	Within NAS when contracts are set up, general information about the type of service user is given. As needs change frequently it is not possible to provide detailed information about service users at this stage. However, when service users start on service, contractors are given information about specific	Managers, Contract providers	Complete

Recommendation	Commentary on progress	Lead	Completion date
	<p>needs, enabling the contractor to ensure they have a vehicle fit for purpose.</p> <p>CYPS</p> <p>A request has been made via special schools, to release information where requested, on children whose medical needs may require specific transport. Regular Transport User Meetings take place with the special schools, where individual clients can be discussed. The Transport Monitoring Officer investigates individual needs where concerns are raised from any area. Risk Assessments also cover individual needs and advise how these should be addressed during transport.</p>	CYPS	Complete
<p>14) Services should always ensure that all contract arrangements with any contracted companies meet the Council primary objectives of Safe and Fairness.</p>	<p>RBT leads on this process. NAS meet with RBT to advise of the service requirements and objectives and ensure that this is reflected within the contract.</p> <p>There is input from CYPS and CTU which is incorporated within the contracts.</p>		
<p>15) Explore any efficiency savings that could be made by sharing the fleet management with the Primary Care Trust.</p>	<p>NAS</p> <p>Travel times are consistent across all services, making it hard to share resources. Some proposals were put forward from NAS however no action was taken by the SYAS board. SYAS has since gone out to tender for patient transport. NAS and CYPS initially</p>	Transport Managers	Complete

Recommendation	Commentary on progress	Lead	Completion date
	<p>explored assisting with the mid-day transport of special needs children to make a return journey from some schools at lunch time to and also to bring children into school at lunchtime. This has not been developed any further and in the meantime, NAS transport has accepted new work which has increased their efficiency.</p> <p>CYPS</p> <p>“Prime time” transport remains the biggest obstacle here with school opening/closing times coinciding with NAS transport times to care homes/hospital visits etc.</p> <p>Some contractors provide a service for both CYPS/CTU and NAS, although this tends to be on a largely ad-hoc basis and not an area that would realise efficiency savings.</p>		
<p>16) As per the 2003 Best Value recommendations there should continue to be Annual Passenger Transport workshops</p>	<p>NAS - During the Charter Mark assessment process an annual meeting is held with customers to check their views and make recommendations. There have also been meetings with external contractors. RBT monitor the contracts process with an informal ‘open door policy ‘between operators and NAS Transport. Formal customer meetings are to be held on a quarterly basis (next meeting June 08) The current practice for service specific meetings are considered by the working group to be productive and effective.</p>	<p>Transport Managers, RBT</p>	<p>Ongoing</p>

Recommendation	Commentary on progress	Lead	Completion date

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Adult Services & Health Scrutiny Panel
2.	Date:	26 June 2008
3.	Title:	Shifting the Balance – update and plan
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

- 5.1 Shifting the Balance describes the changes taking place in domiciliary care services, to significantly change and reshape domiciliary care services from a service which provides 60% of home care service in-house to one which provides 35% of services in-house and which takes an enabling approach, aiming to increase the independence and consequently, the quality of life of older people in Rotherham. This report outlines the plans that are in place to make this change in a coherent way, seeking to maintain the quality of services while significantly reorganising the allocation of resources to create greater capacity within NAS to provide support to people to help them to live at home for as long as possible.

6. Recommendations

- **Note the content of this report**
- **Receive a further report outlining detailed plans**

7. Proposals and Details

The decision to shift the balance in home care provision was taken at Cabinet Member meeting on 10th December 2007 and requires significant steps to be taken including:-

- Increase in capacity in independent sector home care
- Reduce service provision in house
- Reorient in-house service towards reablement/first contact
- Support significant staffing and culture change
- Implement significant systems , IT and other back office changes to support the new service

This report outlines the systems and processes that have been set up to meet the significant challenge of shifting the balance to improve services for our customers. A number of activities are underway, involving staff from across Neighbourhoods and Adult Services.

As part of this process, trades unions have been consulted with, through the monthly Strategic Consultative Committee, and through separate meetings arranged to update and outline plans. Trades unions have been invited to take part as active partners in the process. This involvement has been encouraged, however there have been some problems in getting Trades Unions engaged. While we have tried to organise meetings to suit all representative availability, representation at meetings has been patchy and inconsistent, resulting in some messages not being fed through or being misinterpreted. This has required follow up meetings to provide explanation.

Shifting the Balance Steering Group

The Steering Group was set up in January 2008 and meets fortnightly. The role of this group is to coordinate the various activities that are underway, to provide a challenge to the sub-groups, to performance manage the groups and to ensure that our objective is achieved. This group also makes decisions based on the information available from the various groups and activities about how to make the change in service.

The group has met fortnightly since February and has coordinated the work of the sub groups.

The group has a number of sub-groups and their form and function is described below:

Weekly Impact Group

Chaired by Doug Parkes, this group reports weekly with an analysis of the number of staff hours provided in-house and in the independent sector. This group will be able to track progress towards the goal of 35% provided in-house. The group also provides financial analysis and hours of care provided

across the sector. This group is able to model existing trends and predict outcomes based on data provided.

The group has developed tracking and monitoring sheets and a database.

Commissioning Group

Chaired by David Stevenson, this group is responsible for working with the independent sector and ensuring that they will be ready to take on the work load that is expected to be directed towards them this year. This group will be responsible for increasing the capacity within the independent sector and developing a plan to ensure that brokerage service are up to speed with developments.

Reablement Team

Chaired by Howard Osborne, with support from Vicky Brown, this team is developing the information, background and resources that we will need to develop the new reablement service. They are benchmarking with other local authorities, looking at best practice and the different models that can be applied to the reablement principle. They are to make good links with CSED (Care Services Efficiency Delivery Programme) and explore the effective use of IT in delivering the new service. They will also use the information they acquire to develop proposed job descriptions and training plans to support our workforce development plan.

Based on their deeper understanding of the model and how it can be delivered they will develop proposals for the Rotherham approach to reablement in order to answer the question – what does reablement mean in Rotherham, and to create a service that is right for the citizens of Rotherham.

Communication Plan

Led by Dave Roddis, this plan ensures that staff within home care services and staff within NAS, our partners, stakeholders and trades unions, and elected members are fully informed of the progress we are making. They ensure that there are regular updates in As One, and will have a role to play in developing and communicating information about the new service with carers, users and other relevant staff. A regular Bulletin for home care staff has been developed to ensure that everyone is kept involved and a Question and Answer sheet has been developed so that people's questions can be answered quickly.

Turnaround Team

Led by Howard Osborne, with support from Carol Grice, this group is looking at the immediate changes that will have to be made. They will undertake a Business Process Reengineering (BPR) analysis of the service and explore how the work could be organised more efficiently. They will review the roles of the staff in place, including Domiciliary Care Officers, Domiciliary Care

Administrators, and front line staff. They will also develop a better understanding of the patches and rotas that are in operation and identify quick wins. They will also undertake a detailed examination of how work can be transferred to the independent sector. Part of this process will be to engage with staff, service users, and trades unions in developing a better understanding of the service and how it can be transformed. Once this phase of the group is complete, and all have a good understanding of the service then a clear map will be developed to indicate how these changes will be made. At this stage the following activities have been agreed:

- Some staff are being asked to work unacceptable levels of overtime which risks the health and safety of staff and service users alike. This overtime will be reduced through the transfer of existing work to the independent sector. This is a high priority task.
- Travel time is being examined to establish whether there are more efficient ways to allocate the work.

Staffing Change Group

Once the Turnaround Team has delivered its report, the Staffing Change group will undertake to define the exact staffing requirements of the new service. It will look at current levels of overtime, contracts, sickness and other HR issues and will also develop new job descriptions, and develop a change proposal for the staff. This will be with the intention of moving to a more flexible and efficient service in the future. This group will also undertake consultation with trades unions and staff and will undertake the HR role in relation to redeployment, etc once we have a fuller picture of the changes required. There are some issues related to the way in which Single Status has been resolved and how people's working hours have been defined. This will need to be resolved through the work of this group.

Please see attached list of groups and members.

These groups provide the project with excellent representation across NAS. However, it is clear that leadership of this project is with Shona McFarlane, Director of Health and Wellbeing, Howard Osborne, Agency Manager, David Stevenson and Dave Roddis.

8. Finance

The shift to achieve a balance of 35/65 has the potential to achieve full year savings of £1.440m. The proposed savings are indicative at this stage and exclude the impact of TUPE and Job Evaluation. Further work is underway to examine potential savings in respect of travel time and other overheads, how the service is structured and overtime costs.

9. Risks and Uncertainties

This is a significant and challenging change which requires the support, not only of staff from across NAS, but also support across the wider council. The

aims and objectives of the challenge are to produce a service that is fit for the future and which delivers positive outcomes for service users. It is acknowledged that there will be some difficult decisions to make, and that everyone involved will need to support the process. Failure to provide this support would risk achievement of the savings target and result in fewer resources to invest in service provision for vulnerable adults and older people.

There is potential failure of the independent sector to develop the capacity to take up work. New contracts have been let which enable the independent sector to stabilise and recruit staff on better contracts than previously. In addition, existing providers are being approached to establish whether they will take on spot contracts where needed. Support is being provided to providers through provider forums and contracts officers, and there are discussions underway about supporting providers with a recruitment fair or similar recruitment methods.

Consultation has been identified as a key issue. As can be seen, trades union representation has been built into the 3 key work streams. Effort has been put in to ensuring trades unions are involved, informed and consulted. This has not always proved easy with difficulties in arranging meetings to suit diaries of some representatives and an apparent issue with communication between representatives. It has now been agreed that consultation will be through the various work streams and a formal briefing after each Steering Group meeting to inform about decisions made.

10. Policy and Performance Agenda Implications

Shifting the balance will result in more **choice and control** for service users, through developing a richer mix of providers. It will also contribute to an **improved use of resources** and modernised services, through more effective commissioning. Existing resources will be used more effectively to support more older people to live at home.

11. Background Papers and Consultation

Commissioning Strategy - Sustainable Market Management Plan –
Cabinet Member, 10.12.07

Commissioning Strategy - Outline Purchasing Plan - Cabinet Member,
10.12.07

Budget Pressures Report - Cabinet Member, 10.12.07

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ROTHERHAM METROPOLITAN BOROUGH COUNCIL
NEIGHBOURHOODS & ADULT SERVICES DIRECTORATE

Health & Well Being

SHIFTING THE BALANCE

Group	Membership	Tasks/Purpose
<p>Steering Group</p>	<p>Shona McFarlane Doug Parkes Vicky Brown David Stevenson Service Manager (A & C) Tom Sweetman Human Resources Modernisation Manager Dave Roddis Odette Stringwell Mark Scarrott</p>	<ul style="list-style-type: none"> • Develop action plan. • Monitor work of groups • Regular reports to CMT/Cabinet Member • Solutions. • Resource Management • Sign off/approval
<p>Weekly Impact Group</p>	<p>Workstream lead: Doug Parkes Brokerage Representative Janice Newbery or Janice Morris David Stevenson Terry Shaw Carol Grice Steve Lightfoot Mike Guyler</p>	<ul style="list-style-type: none"> • Monitor use of staff hours • Identify and monitor transfer of existing work to independent sector. • Monitor allocation of new work • Identify and report hot spots • Monthly report to DMT (DP) • Monitor budget • Monitor impact on unit costs (DP)

<p style="text-align: center;">Staffing Strategy Group</p>	<p>Workstream Lead: Carol Grice (phase one) or Modernisation Manager Human Resources Operational staff/managers Trade Unions Kath Amies</p>	<ul style="list-style-type: none"> • Analysis of current workload and staffing • Vacancies, overtime, sickness • Identification of actions needed to reduce to 35/65. • Communication with staff <ul style="list-style-type: none"> ➤ Ongoing meetings with unions ➤ 1:1 interviews with staff ➤ Develop new model and role ➤ Implement training plan
<p style="text-align: center;">Turnaround Team</p>	<p>Workstream lead: Tom Sweetman Innovation Team Members BPR Home care staff Service users Jane Thompson Operational Managers Trade Unions Carol Grice</p>	<ul style="list-style-type: none"> • BPR analysis of existing work systems • Review staff roles • Review areas/patches • Identify quick wins • Proposals for new management structure and use of IT • Identification of work that can be transferred • IT system
<p style="text-align: center;">Commissioning Group</p>	<p>Workstream lead: David Stevenson Doug Parkes Assessment & Care Management Rep Andy Hare Angela Rouse</p>	<ul style="list-style-type: none"> • Increase capacity in independent sector • Day to day links with independent sector to ensure work transfers smoothly • Develop understanding of reablement and their role in future vision • Understand sector and ensure intelligent commissioning of new work • IT System

<p>Reablement Team</p>	<p>Workstream lead: Modernisation Manager or Vicky Brown Service Quality Independent Sector Providers Jayne Dickson Nigel Mitchell Gary Haigh</p>	<ul style="list-style-type: none"> • Develop a detailed understanding of the service model (benchmark, model, report) • Make links with CSIP/CSED • Use of IT to assist new model • Influence/develop training plan • Develop job descriptions and person specification (link to staffing group)
<p>Communication Plan</p>	<p>Workstream lead: Dave Roddis Operational Managers Doug Parkes</p>	<ul style="list-style-type: none"> • Briefing notes to go out to all staff and stakeholders • Regular updates (feed into AS One) • Regular communication with independent sector, voluntary sector and elected members • Information to users, carers • Customer views – baseline survey, outcome analysis (over time)

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	ADULT SERVICES AND HEALTH SCRUTINY PANEL
2.	Date:	26 June 2008
3.	Title:	Panel's Outline Work Programme 2008/09
4.	Programme Area:	Chief Executive's

5. Summary

This report suggests an outline work programme for the Panel for the 2008/09 municipal year.

6. Recommendations

That

- (a) The thematic approach suggested in Appendix 2 be approved, subject to any amendments made by the Panel.**
- (b) The Panel begins a scrutiny review of support for Breastfeeding in Rotherham**
- (c) A second health scrutiny review be identified either now or later in the year.**
- (d) The Panel reviews the support available to people on Incapacity Benefit who wish to return to work.**
- (e) A half day session focusing the work of local health trusts and service commissioning be planned for July 2008.**

7. Proposals and Details

7.1 Themed Meetings

The Adult Services and Health Scrutiny Panel has a remit that covers two wide-ranging areas: Adult Social Services and all aspects of adults' health. With such a breadth of issues that it could scrutinise, it is important that the Panel's work programme focuses on a realistic number of key issues.

7.1.1 In 2007, health minister Professor Lord Ara Darzi set about a wide-ranging review of the NHS which focused on eight clinical pathways:

- Staying Healthy
- Maternity and Newborn
- Long Term Conditions
- Children's
- Planned Care
- Acute Episode
- Mental Health
- End of Life.

These same pathways were used by NHS Yorkshire and the Humber¹ when it recently produced its recommendations in response to the Darzi review².

The 'Maternity and Newborn' and Children's pathways fall within the remit of the Children and Young People's Scrutiny Panel, with the remaining 6 coming within the Adult Services and Health's terms of reference.

It is suggested that the Panel holds themed meetings to focus on three of them in this municipal year: *Staying Healthy, Long Term Conditions and Mental Health*. The relevant health trusts could be asked to give an overview of how they are responding to the SHA's recommendations to improve that pathway and specific issues could form the basis of separate reports and presentations. The issue of adult access to dental services (originally planned for the 2007/08 municipal year) could be incorporated into the Staying Healthy themed meeting. An extract from Healthy Ambitions – explaining the recommendations for each of the three pathways is given at Appendix 1.

7.1.2 The Panel has already identified supporting people on incapacity benefit back into work as an issue worthy of review. By holding a themed meeting on the broader subject of *employment*, scoping for this review could begin, as well as scrutiny of a number of related issues.

7.1.3 The Panel's terms of reference require it to *monitor performance* of services within its remit. It is proposed that during the year, two meetings are allocated for this purpose.

¹ Our local strategic health authority (SHA)

² Healthy Ambitions, NHS Yorkshire and the Humber, May 2008

7.1.4 Many services require co-operation between the Council and the Primary Care Trust. It is suggested that some of these services be scrutinised at a themed meeting focusing on *joint working*.

7.1.5 A draft work programme incorporating all the themed meeting suggestions is given at Appendix 2.

7.2 Reviews

7.2.1 The Panel is committed to reviewing two health issues during the year. One will look at how Rotherham can increase breastfeeding rates and the other has yet to be identified. A presentation on Rotherham's Health 2008 Profile will be considered at the Panel's 26 June meeting. This may help Members identify a second topic. Alternatively, a second health review could be identified partway through the year, when the Panel reviews its work programme.

7.2.2 Currently, about 14,000 people in Rotherham claim incapacity benefit, some of which would like to get back into work, but find it hard to do so. At the end of the 2007/08 municipal year, the Panel supported the suggestion of reviewing the support available to this group.

7.3 Training

In September 2007, the Panel's chair and vice chair attended a capacity building day for elected members, organised by the regional health scrutiny network. It focused on local health structures, health finance, commissioning and health inequalities. It was intended that a more locally focused session be organised for all the Panel's members during the early part of 2008. However, given that there could be a change in co-optees (as the period of co-option ended in May 2008) and elected membership, it seemed better to wait until the new municipal year before organising this.

It is suggested that a half day session focusing the work of our local health trusts and service commissioning be planned for July 2008.

8. Finance

All scrutiny panel meetings and reviews are met from current democratic services and scrutiny budgets.

9. Risks and Uncertainties

By producing a comprehensive draft work programme, with only limited capacity for adding additional items, there is a possibility that some of the planned work may be superseded by more urgent items or that the Panel will lack the capacity to respond to new issues as they arise. However, by reviewing the draft work programme partway through the year, this risk should be reduced.

10. Policy and Performance Agenda Implications

The Adult Services and Health Scrutiny Panel's work supports the Council's Alive priority theme.

11. Background Papers and Consultation

- Healthy Ambitions, NHS Yorkshire and the Humber, May 2008

Suggestions for various items on the work programme have been made by Panel members, the Cabinet Member for Adult Social Care and Health, Neighbourhood and Adult Services directors and local health trust colleagues.

The proposals have been drafted in conjunction with Cllr Hilda Jack – Chair of the Adult Services and Health Scrutiny Panel.

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EXTRACT FROM HEALTHY AMBITIONS¹**Staying Healthy****What is the problem?**

- Three largest threats to health in Yorkshire and the Humber for the next decade are alcohol abuse, rising obesity and smoking.
- Alcohol consumption and binge drinking is rising.
- Rising levels of obesity. We are getting fatter, faster than other regions. Obesity can cause diabetes, heart disease and reduce life expectancy.
- Smoking remains the single biggest cause of premature death in our region.
- Information and opportunities aren't easily available on how to keep healthy.

What are we recommending?

- Alcohol: improve screening and identification of people with alcohol use problems, offer tiered support services; use influence to reduce availability of cheap alcohol.
- Obesity: every area to commission local weight management services; areas to work together to commission bariatric surgery where this is the best for morbidly obese people; programme of local work with partners on food policy and skills for adults; improve opportunities for active leisure.
- Tobacco: commission free nicotine replacement therapy; systematically use every NHS opportunity to encourage and support giving up smoking.
- Overall – recommend investment switch from treatment to prevention.

What difference will it make?

- Halt the rise of obesity.
- Systematic, effective support for people wanting to quit smoking.
- Early, effective help for those with alcohol problems.
- Reduction in smoking and alcohol abuse will improve life expectancy, quality of life and health outcomes.
- Will help to contain rising costs of NHS and ensure better use of resources.
- Improved prevention of physical and psychological harm.
- A healthier, happier region with better, sustainable NHS support.

¹ NHS Yorkshire and the Humber's regional response to the Darzi Review

Long Term Conditions

What is the problem?

- People with long term conditions are the most intensive users of health services, and their number is set to rise as the number of older people increases. Long term conditions account for 77% of hospital bed days.
- Some care for people with long term conditions is provided in hospital – in future this may not always be necessary given the availability of new medicines, technology and support at home.
- People may have to travel to hospital for diagnostics, which could be provided closer to home.
- Lack of information can limit the ability of people and their families to support themselves as much as they would like.
- Poor management of some conditions can have major consequences e.g. lower limb amputations for diabetics.

What is being recommended?

- Personal care plans agreed annually with patients to manage their long term conditions.
- Actively identify people in the community at risk from long term conditions and reduce their risk of needing hospital admission.
- More support for people to manage their own conditions.
- Better coordination of care.
- Better use of new technology to help self-care.
- Focus on prevention of problems.

What difference will it make?

- Reduction in unnecessary hospital admissions.
- More support for people and their families to manage their own condition.
- Reduction in poor outcomes e.g. lower limb amputations.
- Money will be spent where it is needed most and where it helps most.
- Keeping people in our region healthier for longer.

Mental Health

What is the problem?

- We have an above average suicide rate (9.5 per 100,000 as opposed to 8.4 nationally) and rising – against a national trend.
- People have long waits for psychological therapy services.
- Establishment of early intervention teams has been slow. Early intervention is critical to chances of making a full recovery from a first episode of psychosis.
- Services do not always link together well – for example substance misuse and mental health; learning disabilities and mental health; children and adolescent mental health services and adult mental health.
- Considerable variation in services provided across the region.
- Complexity of services making it hard for patients to reach the most appropriate services and access different elements of service.
- Complicated referral systems.
- Services required to support some patients in general hospital settings.
- An ageing population is likely to lead to a rise in dementia. Appropriate (and better) services need to be developed to meet the needs of the future and delay deterioration of mental health in older people.

What are we recommending?

- Help when it is needed – no queues.
- The adoption of a vision for mental health “to live free from discrimination, disability and poverty”.
- A single access point to ensure you get the right support quickly.
- Investment in community mental health services to ensure capacity meets demand.
- Mental health teams attached to GP practices.
- Modernised dementia services.

What difference will it make?

- Quick access to the right services.
- Reduction in waiting.
- Better capacity and capability to deal with rising dementia.
- Improved services for people of all ages.
- Reduction in inequalities and better outcomes.

ASH Panel Draft Work Programme 2008/09 as at 18 June 2008

Date	Adult Services	Health	Other/ Joint NAS & Health
24 July 08 MONITORING	<ul style="list-style-type: none"> • Complaints Annual Report • Decommissioning of RMBC care homes • Consultation Strategy • CSCI performance assessment • Local Area Agreement - revisit 	<ul style="list-style-type: none"> • Alcohol Strategy – action plans • YAS Comms move to Wakefield - update • PCT Service Plan • PTS contract update 	<ul style="list-style-type: none"> • Joint commissioning strategy with PCT
4 September 08		<ul style="list-style-type: none"> • STAYING HEALTHY • Adult Access to dentistry • Smoke-free Rotherham - Progress • Well Woman and Well Man clinics 	<ul style="list-style-type: none"> • LINKs
2 October 08	<ul style="list-style-type: none"> • Review and update Carers Strategy 	<ul style="list-style-type: none"> • LONG TERM CONDITIONS • Practice-based commissioning – 2 years on • Breathing Space – Progress Report 	<ul style="list-style-type: none"> • Integrated teams for people with Long term conditions • Centre for Independent Living
6 November 08	<ul style="list-style-type: none"> • EMPLOYMENT • Review of supporting people on incapacity benefit to get back into work – set up review group • Welfare to work strategy • Review of Employment opportunities for people with Learning Disabilities - Update • Excluded Adults employment plan 		
4 December 08	BUDGET PRIORITIES		<ul style="list-style-type: none"> • Work Programme - Review
8 January 09	BUDGET	<ul style="list-style-type: none"> • Breastfeeding Review Report 	

12 February 09 MONITORING	<ul style="list-style-type: none"> • Advocacy strategy • State of Social Care in England • Local Area Agreement - revisit • Incapacity Benefit to Employment Review report • Extra Care Housing – 2 years on 	<ul style="list-style-type: none"> • Annual Health Check • Scope 2nd Health Scrutiny Review 	
5 March 09		<ul style="list-style-type: none"> • MENTAL HEALTH • Older People's Mental Health Strategy - update • Suicide prevention initiatives 	
2 April 09			<ul style="list-style-type: none"> • JOINT WORKING • Joint Strategic Needs Assessment • Joint Commissioning – update • Intermediate Care • Continuing Care • Service User Engagement • LD Service & Mental Health Services

1. Meeting:	ADULT SERVICES AND HEALTH SCRUTINY PANEL
2. Date:	26 June 2008
3. Title:	Nomination onto Breastfeeding Review Group
4. Programme Area:	Chief Executive's

Background

The link between breastfeeding and better health, through childhood into adulthood has been conclusively proven.

The Panel has agreed to undertake a scrutiny review to look at how breastfeeding can be encouraged in Rotherham.

Although the review group will be responsible for detailed scoping the review, some areas that might be looked at are:

- Rotherham data for the last 5 years on (a) breastfeeding initiation rates (b) breastfeeding at 6-8 weeks
- Infant feeding project centres
- Peer support agenda
- Support of hospital midwives
- Unicef Baby Friendly accreditation
- Role of the voluntary sector
- Health Equity Audit – Breastfeeding
- Good practice from other areas.

Recommendations

- (a) that the Panel nominates 4-5 members to sit on the Breastfeeding Review Group;
- (b) that the Children and Young People's Scrutiny Panel be asked to nominate 1-2 members to joint the review group.

26 June 2008

PRIMARY CARE IN ROTHERHAM

Contact Details:

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

Purpose:

The panel are asked to consider the proposals to develop and improve primary care services in Rotherham.

Background:

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

Analysis of Key Issues:

- Primary Care services in Rotherham are generally of a high standard. All Rotherham residents are able to register with a GP mostly within a mile of their home. The PCT as the commissioners of those services has a responsibility to ensure that the public across Rotherham is able to access good quality primary care services 24 hours a day.
- Primary Care services are important because for most people they are the first port of call at times of illness and have a key role to play in helping to prevent long term ill health.
- The strategy for the future will focus on ensuring consistent high standards of delivery and access for the public across an extended working week and will address five key principles:
 - Quality - There is significant variation in outcomes and cost between practices, we will seek to further understand these differentials and by targeted investment seek to improve services, particularly in the most deprived areas. To this end the PCT are commissioning two additional practices to be based at the Primary Care Centre in Rotherham town centre and in Wath and are currently commissioning the out of hours service provision.
 - Access - We are currently working with a number of practices to increase access in the early mornings, evening and weekends. The Walk-in Centre based in the town centre will also offer extended access until 8.00pm in the evening.

- **Range of Services** - Many practices provide a wide range of services which enable patients to access health care near to home. this is not universally the case and some patients still need to attend hospital for minor tests and care which in other localities is available in the surgery. To support practices to increase the range of services we will be:

 - investing in new, fit for purpose buildings, Maltby and Swallownest will complete in 2009
 - developing a hub and spoke model of care which will see a greater range of services provided to the public in centres. In many cases these services will be linked to other public sector services and available to patients from all practices in the locality. The Primary Care Centre will be one such hub. Maltby, Swallownest and other localities identified for development.
 - As the opportunity arises to develop practices to achieve a minimum list size of 5,500.

- **Premises** - We will be working with practices to ensure that all GP services are provided from good quality modern premises.
- **Choice** - We want to ensure the people of Rotherham are able to exercise choice over which GP they elect to register with.

Patient, Public and Stakeholder Involvement:

To date, public input to this process has been by way of consultation on specific issues eg. the Primary Care Centre. A wider consultation with stakeholders and the public is now being undertaken.

Health, Economic and Equality Impact:

Currently there is huge variation in the provision of primary care. A mapping exercise is underway to enable the PCT to identify the capacity gaps and invest for improved service in the areas of greatest need.

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

Financial Implications:

The PCT intend to invest in Primary Care services over the next five years in line with the proposals outlined above.

Analysis of Risks:

There are significant risks in developing a new vision:

- this represents change and there is a risk that not all parties will support the direction of travel
- the resources, financial, manpower and buildings may be an issue
- the process will need to be the subject of consultation. It is possible that patients will not wish to see change in some areas and the PCT will need to

offer assurances regarding how this will improve services.

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

Recommendations:

The Scrutiny Panel are asked to consider the proposals outlined in the report and the presentation.

Key Words:

Primary Care

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 29th May, 2008

Present:- Councillor Jack (in the Chair); Councillors Barron, Billington, Blair, Clarke, Doyle, Hodgkiss, Hughes, St. John, Turner and Wootton.

Also in attendance were Ann Clough (ROPES), Vicky Farnsworth (Speak Up), Jonathan Evans (Speak Up), Ray Noble (Rotherham Hard of Hearing), Janet Mullins (Rotherham Diversity Forum), Irene Samuels (Individual with interest in ambulance and other patient transport issues), Lizzie Williams (Service Users).

Apologies for absence were received from Councillors F. Wright and Kingsley Jack (Speakability).

140. COMMUNICATIONS

(A) SAFEGUARDING ADULTS TRAINING

The Chair announced that a half day training session had been arranged to give a basic awareness of issues around safeguarding adults. It was suitable for Elected Members and co-optees undertaking visits to residential and nursing care providers. A flyer had been emailed round separately but hard copies were circulated to all attendees.

(B) SOCIAL SERVICES VISITS

The Chair announced that the Social Services Visits would now be opened up to all ASH Panel co-optees. These were generally held on the 3rd Monday of each month at 9.30 am, and all co-optees were asked to confirm their attendance for each as transport needed to be arranged.

(C) PANEL WORK PROGRAMME

The Chair announced that the panel would be considering the detail of this year's work programme at the next meeting. She highlighted some of the key areas:

Adult Services

- Review of the number of people in Rotherham on incapacity benefit and what actions were being taken to support those who want to go back to work
- Ensure service quality is maintained with the increasing provision of social care by the Independent Sector
- Examine Continuing Care and how it was funded
- Look at how new individual budgets system would be implemented
- Assess how the Council was supporting Independent Living

Health

- Focus on the key public health issues for Rotherham, identified in Rotherham's 2008 Health Profile
- Look at Adult access to Dentistry
- Undertaken a scrutiny review to look at how breastfeeding rates could be improved in Rotherham
- As part of a cross-panel piece of work, scrutinise the health service implications of EU migration into the Borough
- Other health issues, including the availability and effectiveness of well women and well man clinics, the issue of female incontinence after childbirth and stroke services provision in Rotherham.

141. DECLARATIONS OF INTEREST.

Councillor Hilda Jack declared a personal interest in item 143 (Co-option onto the Adult Services and Health Scrutiny Panel) and item 148 (Performance Assessment Excellence Plan). Janet Mullins declared a personal interest in item 149 (Adult Services 3rd Quarter (April to December) Performance Report 2007/08)

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

There were no members of the public and press present.

143. CO-OPTION ONTO THE ADULT SERVICES AND HEALTH SCRUTINY PANEL

Councillor Jack presented the submitted report for members to consider co-optee representation for the two municipal years beginning May 2008.

RESOLVED:- (1) that the following individuals be co-opted onto the panel for two 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
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

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

(3) That a request be made to the host organisation, for a representative of the Rotherham Local Involvement Network (LINK) to attend Panel meetings once the LINK was established.

(Councillor Hilda Jack declared a personal interest in the above item, as her husband, Kingsley Jack was a proposed co-optee)

144. TOBACCO CONTROL UPDATE

Steve Turnbull, Head of Public Health presented the submitted report, which looked at 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

The existing tobacco control strategy looked at the implementation of the Smokefree law and therefore needed to be refreshed. This started with a local multi-agency tobacco control event in November and also included a visit by a Department of Health – Tobacco Control National Support Team (TCNST).

There were a range of targets which the tobacco control and the local stop smoking service would work towards. These were:

	Target	Current Position
Smoking Prevalence	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 was intended to look at the two key themes of:

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

The TCNST gave positive feedback on Rotherham's progress and highlighted 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 supported much of the intended direction and asked for some specific developments to be looked at which included:

- undertaking a market needs assessment at community level
- developing and expanding a series of Key Performance Indicators to evaluate progress
- development of a shared policy on smoking and home visits across the partnership
- supporting RDASH to secure good compliance with Smokefree legislation on 1 July 2008
- developing further ways to protect children and families from second hand smoke
- further development of the Stop Smoking Service
- further enhancement of the role of Trading Standards, particularly around under age sales and illicit and counterfeit tobacco

The report gave an overview of the Stop Smoking Services, which included how the service was made up, what it offered and the potential developments and priorities over 2008/09.

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

- Reviewing the effectiveness of stop smoking interventions
- Using social marketing techniques to target routine and manual occupational groups
- Evaluation of the Locally Enhanced Scheme (LES) for effectiveness and value for money
- Further development of the 'Stop before the Op' scheme
- Provision of training and support for stop smoking interventions in partner organisations
- Ensuring that midwifery services can access and use brief awareness training

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

A question and answer session ensued and the following issues were discussed:

- The fact that there were no gender issues reported
- Whether the 4 week target was unrealistic, and whether it was possible to set a target for a longer period of 3, 6 or 9 months.
- The introduction of more effective drugs to assist people when trying to give up smoking.

- The need to promote how harmful smoking can be to a foetus during pregnancy, and whether literature could be produced highlighting this.
- Whether information could be produced on the effects of passive smoking
- How the 'voucher scheme' worked
- How targeted use of local media would help raise awareness
- Whether information which was available in Braille was produced in different languages
- Whether the Alive Theme Board would be responsible for monitoring the RCTA's performance against targets
- Whether RDASH compliance meant that smoking would be banned in its are of Rotherham Hospital.

Resolved: (1) That the feedback from the National Support Team (Tobacco Control) be noted

(2) That the broad themes of the forthcoming Tobacco Control Strategy be supported

(3) That the increased capacity and range of services of the Stop Smoking Service be noted

(4) That the continual development of the stop smoking services be supported.

145. WATER FLUORIDATION REVIEW UPDATE

Councillor Doyle presented the submitted report in relation to the update on the Water Fluoridation Review.

He reported that the water supply in Rotherham was not currently artificially fluoridated, although Rotherham Primary Care Trust (PCT) were in favour of it as a measure to reduce dental decay, particularly in children aged five years or below.

In February 2007, members of the Adult Services and Health and Children and Young People's Scrutiny Panels set up a review group, which undertook a review looking at the issue of fluoridation. The terms of reference of the group were:

- To determine whether adding fluoride to water was 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

The report gave updated positions of the Strategic Health Authority and

the PCT in respect of the recommendations made. Feema Francis, Locum Consultant, presented the recommendations of the PCT.

A question and answer session ensued and the following issues were discussed:

- Whether the women on the ante natal pilot were being given £200 or just health eating advice. It was confirmed that the reasoning behind this was to encourage the mother to think about herself and her unborn child. It was felt that week 39 in pregnancy was too late to begin thinking about a healthy diet and that this should be done at the beginning of the pregnancy
- It was felt that a more effective way of tackling damage to teeth was to reduce the sugar intake of a child. The PH in the mouth alters when consuming sugar which then turns to acid and attacks the coating on the teeth
- A suggestion was made to encourage the use of fluoride toothpaste rather than fluoridation of water.
- Whether funding had been secured for the health eating initiatives and if not what the implications would be for the continuation of the work. It was confirmed that a reduction in funding would result in a decline in dental health in those areas
- The effect Jamie Oliver's initiative to encourage more people to cook would complement the work already being done.

Resolved:- (1) That the current position on consultation on water fluoridation by the NHS Yorkshire and the Humber be noted

(2) That the PCT's response to the report's recommendations be noted.

146. ADULT SERVICES COMMISSIONING STRATEGY

Further to minute 121 of the Cabinet Member for Adult Social Care and Health meeting held on 21 April 2008, the panel considered a report on Adult Services Commissioning Strategy.

The report set out the radical change to the way the Council would 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.

A discussion ensued and the following issues were raised:

- The introduction of direct payments which enabled people to purchase services to suit their needs. Members were advised that people were moving away from purchasing the more traditional services.
- Concerns about whether the introduction of direct payments would cause closure of specialised services. These concerns were dispelled as the Director of Commissioning and Partnership confirmed that they would be working closely with providers to

ensure the required services were maintained

- Whether patient dignity would be included within the strategy. This was confirmed to be a key outcome.
- Whether members of the public had been involved in the decision making process
- Concerns about the privatisation of homes as there was an issue in relation to continuity of care. It was confirmed that consistency of care had been included as a condition in the tender process
- Whether the Commissioning Strategy addressed learning disabilities
- The requirement for an additional £18.4 million per year by 2023 and whether the council would be able to meet this

Resolved:- That the progress that has been achieved in the continued development of the Commissioning Strategy be noted.

147. INTERMEDIATE CARE

Shona McFarlane, Director of Health and Wellbeing presented the submitted report about the progress made on the implementation of the intermediate care review.

She advised the panel that progress had been made in respect of:

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

A question and answer session ensued and the following issues were discussed:

- The post of Service Manager for intermediate care had now been filled on a temporary basis
- Whether the commissioning arrangements would be successful and what the hardest challenges might be. It was envisaged that there would be little or no challenges as all those involved were committed to providing this service
- How the joint commissioning arrangements would be review to ensure they were fit for purpose. It was confirmed that the Joint Commissioning Team act as Commissioner and would hold monthly performance meetings to monitor progress.

Resolved:- That the progress made on implementation of the intermediate care review be noted.

148. ADULT SERVICES PERFORMANCE ASSESSMENT EXCELLENCE PLAN

John Mansergh, Service Performance Manager presented the submitted report, which outlined the progress being made to improve on areas of weakness identified by the Commission for Social Care Inspectorate (CSCI) in the 2007 Annual Performance Assessment of registered Adult Services.

The 2007 social care Annual Performance Assessment identified Rotherham as a '2 Star' (Good) Authority with promising prospects for improvement. The report identified 60 areas of strength and 29 areas of weakness.

The areas of weakness identified were captured in the Neighbourhoods and Adult Services Performance Assessment Excellence Plan and each weakness was given to a Director with clear timescales for completion. Progress was managed by the Directorate Management Team and reported to members on a quarterly basis.

The first progress report was presented to Cabinet in December 2007 and the Adult Services and Health Scrutiny panel in January 2008, and of the 29 actions within the plan, 26 had been rated 'complete' or 'on target' and 3 'off target'.

The 3 'off target' actions were:

- Progress recommendations of the review of the intermediate care service
- Raise awareness of services, the help available for older people from black and minority ethnic groups, and to improve access to services from BME post assessment, achieving targets for E47 and E48
- Implement electronic social care records

The plan also highlighted recent improvements to services. Key achievements to date were:

- Health and Wellbeing – level of reviews had increased from 45% to 75%
- Improved Quality of Life
 - Backlog of assessments had been reduced from 300 to 0
 - 374 more older people had been helped to live at home
 - Waiting times for major adaptations had been reduced from 183 days to 52 days
- Making a positive contribution – RMBC had become Standard Bearers for Cabinet Office Customer Service Excellence Standard
- Increased Choice and Control
 - Assessment times had been reduced from 11 weeks to 1 week
 - Statement of need had increased from 83 to 93

- Economic Wellbeing – 246 more carers had been supported

A question and answer session ensued and the following issues were discussed:

- Why the review of intermediate care had taken so long to do. This had been due to problems experienced recruiting a Service Manager as it was a specialised post.
- Whether the development of the Single Assessment Process would mean that the service user would be responsible for looking after it. It was confirmed that records would be kept in a persons home, and would be most beneficial for those who had a joint package
- How many residents had the council managed to help quit smoking. Smoking in residential care homes had decreased, but there were still smoking rooms available.
- Whether there were any particular problems raised by the Maltby Pilot relating to the implementation of electronic social care records. The delays had been due to problems with the IT interfaces which were being addressed.

Resolved:- That the report be received and the progress made against the excellence plan be noted.

(Councillor Jack declared an interest in this item as she was a member of the Royal British Legion)

149. ADULT SERVICES QUARTER 3 (APRIL TO DECEMBER) PERFORMANCE REPORT

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2007/08 key performance indicator 3rd quarter results for the Adult Services elements of the Directorate.

At the end of the quarter, 17 key performance indicators were on track to achieve their year end targets and 7 were rated 'off target'. These were both improvements from the previous quarter.

It was anticipated that 4 areas of service would have delivered 'step change' improvements by the end of the year. These related to doubling the number of reviews that had been done (D40), increasing the number of carers (C62), improving the number of people that were given a statement of how their needs would be met (D39) and the reduction in the time people had to wait for an assessment from 12 weeks to 1 week (D55)

The exceptions were outlined as detailed below:

- D40 – Reviews completed of those on service
- C28 – Intensive Home Care
- C62 – Services for Carers
- C32/C29 – Older people and those with physical disabilities helped

to live at home

- D54 – Equipment delivered in 7 days
- C72 – Permanent admissions of older people to residential/nursing care
- E82 – Adults (over 18's) assessments leading to a provision of service
- E47 Ethnicity of older people receiving an assessment
- LPI 102 – Number of protection plans in place

A question and answer session ensued and the following issues were discussed:

- Had more people been employed to help double the number of reviews being undertaken? It was confirmed that 16 posts which had previously been frozen had been filled and there were changes in working practices.
- In relation to C32/C29, what methods were being used to turn these numbers around. Social Workers were being set more challenging targets and prioritising their workloads and more discussion was taking place with service users.
- With more emphasis being placed on keeping older people at home, would people still be able to go into care homes if they preferred. As part of choice and control assessment, choice would be taken into account.
- The CSCI had advised that Adult Social Care must improve performance on 6 specific indicators by December 2008 in order to achieve the aims for 3 star Adult Social Care service. These were:
 - C29 – Adult 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

Members queried whether these indicators were achievable.

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

(Janet Mullins declared a personal interest as members of her family used the Homecare and Equipment Services)

150. REPRESENTATION ON OUTSIDE BODIES

Resolved:- That representation by Members on outside bodies for 2008/9 be as follows:

Domestic Violence Forum – Councillor Colin Barron

Rotherham Women's Refuge – Councillor Beryl Billington and Janet Mullins

151. NOMINATION OF REPRESENTATIVES TO SERVE ON OTHER PANELS

Resolved:- That the following appointments and nominations be made to the Panels, bodies etc. listed below, for the 2008/2009 Municipal Year:-

- (a) Members Consultation Advisory Group
Chairman (Councillor Doyle) and Councillor Turner (substitute)
- (b) Member Development Panel
Councillor Peter Wootton
- (c) Members Sustainable Development Action Group
(Deferred to next meeting)
- (d) Looked After Children Scrutiny Sub-Panel
Chairman (Councillor Hilda Jack) and Janet Mullins
- (e) Health, Welfare and Safety Panel
Jonathan Evans and Councillor Wootton (substitute)
- (f) Review of the Community use of School Buildings
Councillor John Doyle

152. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 10 APRIL 2008

Resolved:- That the minutes of the meeting of this Panel held on 10 April 2008 be approved as a correct record for signature by the Chair.

153. MINUTES OF MEETINGS OF THE CABINET MEMBER AND ADVISORS FOR ADULT SOCIAL CARE AND HEALTH HELD ON 7 AND 21 APRIL 2008

Resolved:- That the minutes of the meetings of the Cabinet Member and Advisors for Adult Social Care and Health held on 7 April and 21 April 2008 be received and their content noted.

