

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 8 January 2009

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. CSCI Annual Performance Assessment Report 2008 (herewith) (Pages 1 - 21)
7. BME Health Needs (herewith) (Pages 22 - 25)
8. Annual Health Check Working Group
To nominate 2 Elected Members and 1 Co-opted Member to represent the Adult Services and Health Scrutiny Panel on the Annual Health Check Working Group.
9. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 4 December 2008 (herewith). (Pages 26 - 31)
10. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 1 & 15 December 2008 (herewith). (Pages 32 - 42)
11. Exclusion of the Public and Press
The following item is likely to be considered in the absence of the press and public as being exempt under paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972.

12. Adult Services Budget 2009/2010 - Presentation

**Date of Next Meeting:-
Thursday, 12 February 2009**

Membership:-

Chairman – Councillor Jack

Vice-Chairman – Barron

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

Co-opted Members

Mrs. I. Samuels, Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), 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), Lizzie Williams, Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and Pat Wade (Aston cum Aughton Parish Council)

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:-	Adult Services and Health Scrutiny Panel
2.	Date:-	8 January 2009
3.	Title:-	CSCI Annual Performance Assessment Report, 2008
4.	Directorate:-	Neighbourhoods and Adult Services All Wards affected

5. Summary

5.1 This report summarises the result and findings of the 2008 social care Annual Performance Assessment (APA) process for Rotherham conducted by CSCI (Commission for Social Care Inspectorate) which was published on the 27th November 2008.

5.2 The performance judgement for Rotherham is as follows:

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

5.3 This result recognises that we have improved the quality of outcomes in six areas, achieving an excellent standard in four overall. We have maintained the performance rating received in 2006 and in 2007.

6. Recommendations

6.1 That the Scrutiny Panel for Adult Services and Health notes the outcome of the assessment.

6.2 That the Scrutiny Panel for Adult Services and Health notes the ‘Excellence Plan’ put in place to improve the areas of weakness identified in the report.

6.3 That the Scrutiny Panel for Adult Services and Health notes that the Cabinet Member approves the investment to develop a safeguarding adults team which consists of 10 social workers, a manager and administration support to manage the increase in referral rates.

7. Proposals and Details

- 7.1 The 2008 adult social care Annual Performance Assessment (APA) identifies that Rotherham is Two Star (Good) Authority with Promising Prospects for Improvement. This maintains the score achieved in 2006 and in 2007. This assessment is based on the 2007/08 Self Assessment Survey submitted in May 2008, supplementary evidence requested by the Commission of Social Inspectorate (CSCI) and culminating in the Annual Review Meeting (ARM) which took place in July 2008.
- 7.2 The two judgements are made against the following criteria:
- Delivering outcomes (formerly Serving People Well); and
 - Capacity for Improvement (a combined judgement from the Leadership and the commissioning & use of resources evidence domains).
- 7.3 The report (Appendix A) sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action the Commission of Social Care Inspectorate (CSCI) will take.
- 7.4 CSCI stated that '**Rotherham has made significant and in parts striking improvements**' since last year which can be shown in the table below where 6 out of the 9 areas have improved upon last year.

Judgement Areas	2007 Rating	2008 Rating	Direction of Travel
Delivering Outcomes	Good	Good	
1. Improved health and well being	Good	Excellent	↑
2. Quality of life	Adequate	Good	↑
3. Making a positive contribution	Excellent	Excellent	↔
4. Increased choice and control	Adequate	Good	↑
5. Freedom from discrimination and harassment	Good	Excellent	↑
6. Economic well-being	Good	Good	↔
7. Maintaining personal dignity and respect	Adequate	Good	↑
Capacity to Improve (Combined judgment)	Promising	Promising	
8. Leadership	Promising	Excellent	↑
9. Commissioning and use of resources	Promising	Promising	↔
Performance Rating	2 Stars	2 Stars	

7.5 Key areas of strength affecting people using our services:

- Promotion of healthier lifestyles via information and advice,
- Performance on reviews of peoples care,
- Substantial reduction in the waiting list for occupational therapy and the fall in waiting times,
- Consultation with and involvement of people who use services,
- The range of measures in place to promote safety with high levels of satisfaction demonstrated,
- The excellent range of service standards and systems to test customer satisfaction and perception,
- Publication of complaints procedures and satisfaction levels with outcomes,
- High levels of satisfaction from those who use equipment and adaptation services, domiciliary care service, out of hours services, and support at first contact,
- Progress on direct payments,
- The range of work to promote equality, and achieving level 4 of the equality standards for local government,
- Most people are effectively safeguarded against abuse,
- The extensive range of action to improve performance,
- People with a learning disability are helped to live at home,
- The good progress on person centred planning and reviews,
- High numbers of people are supported to work,
- People with mental health problems are helped to live at home,
- Progress on individual budgets,
- High levels of satisfaction with the timeliness of contact and choice of support,
- Minor and major adaptations are delivered in a timely fashion,
- Services for deaf and blind people are of a high quality,
- Carers services have improved and more are now known to adult social care and
- The focus on support to employment during the carers assessment processes.

7.6 Some of the key areas for development affecting people who use services and identified by the Council are:

- The implementation of an electronic single assessment process,
- Further development and usage of assistive technology,
- Further shaping and influencing of the third sector provision of preventative services, and development of universal information and advice systems,
- Further transformation of the in-house domiciliary care service to an enabling service,
- Progressing the planned programme approach to personalisation,

- Further development of services to ensure older people are fully supported to live independently,
- Helping more younger people with a physical disability to enable them to live at home,
- Manage the increase in safeguarding referral rates.
- The development of additional respite and supported living services, and
- Further improving carers services to ensure consistency of support, including support for employment.

8. Finance

- 8.1 Commissioning and use of resources judgement remained as 'promising'. CSCI rules indicate that moving this domain to 'excellent' would unlock the door to a 3 star rating overall. Although an independent panel within CSCI noted that Rotherham has made good progress around the commissioning and financial planning agenda there was more development needed.
- 8.2 Direct payments are recognised in the Performance Summary Report as a 'strength' and it highlights our work on mental health users in particular. We recognise and have plans in place to improve self directed support for all user groups.
- 8.3 Outcome based commissioning is listed as an area for development, which was part of Adult Services Commissioning Strategy agreed at CMT in February 2008 with plans in place to transform the 3 year contracts into outcome based contracts.

9. Risks and Uncertainties

- 9.1 The main risk is that the Council does not prioritise adult social care improvement as part of its corporate improvement agenda. There is a Performance Assessment Excellence Plan to capture all of the areas for development in one place to mitigate this risk. It should be noted that all areas for development were already contained within our service plan and commissioning action plan. The new LAA improvement plans will help focus the Rotherham Partnership on the social care improvement priority actions and the added value health colleagues and the voluntary sector can provide.
- 9.2 Cabinet Member should be aware that Authorities have to strike the balance between meeting significant demographic pressures, deliver even more efficiencies as described in the Pre Budget Report in November 2008 and also to meet the demands of the Department of Health's transforming social care agenda which was described by Rt Hon Alan Johnson MP during a speech in October 2008 as "it is the innovation in social care – personal budgets, care plans for people with multiple and long term conditions, integrated care, and high quality commissioning – that is leading change not only in Local Government, but also in the National Health Service. Interestingly,

11 Councils dropped a star rating during the 2008 assessment process.

10. Policy and Performance Agenda Implications

- 10.1 It is anticipated that the score for adult social care will have no impact on the Councils CPA score which is announced in February 2008.
- 10.2 The assessment process for 2009 has not yet been confirmed following a period of consultation. There are a number of challenges that are set out in the revised excellent descriptors which raises the bar. The main issue to address corporately is that the Rotherham Partnership through the ALIVE Theme Board must be able to demonstrate reduced incidence of preventable illness and disabling conditions through its Public Health Strategy and health promotion campaigns.

11. Background Papers and Consultation

- Rotherham Self Assessment Survey submission
- Commission of Social Care Inspectorate (CSCI) Performance Assessment Notebook for Rotherham
- Annual Performance Assessment Report for Rotherham (Appendix A)
- Department of Health Local Authority Funding Circular 'Transforming Social Care', January 2008
- CSCI Consultation on assessment of adult social care, August 2008
- Performance Assessment Excellence Plan (Appendix B)
- Local Government White Paper 'Our Care, Our Health, Our Say'
- Neighbourhoods and Adult Services Service Plan 2008-11
- Adult Services Commissioning Strategy, Action Plan 2008-11

A copy of the Performance Summary Report is available on the website for the public.

Contact Name: Tom Cray, Strategic Director for
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Making Social Care
Better for People

Mr Tom Cray
Strategic Director for
Neighbourhoods and Adult Services
Rotherham Metropolitan Borough Council
Crinoline House
Effingham Square
Rotherham
S65 1AW

27th October 2008

Ref: BDLS & LC

Dear Mr Cray

PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES IN ROTHERHAM

Introduction

This performance summary report summarises the findings of the 2008 Annual Performance Assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the Performance Assessment Notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

And

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2009) and to make it available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08

Areas for judgment	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Excellent
Improved quality of life	Good
Making a positive contribution	Excellent
Increased choice and control	Good
Freedom from discrimination and harassment	Excellent
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgment)	Promising
Leadership	Excellent
Commissioning and use of resources	Promising
Performance Rating	2 stars

The report sets out the high level messages about areas of good performance, areas of development over the last year, areas which are priorities for development and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for development
All people using services	
<ul style="list-style-type: none"> • Promotion of healthier lifestyles via information and advice. • Partnership working across the council and with health. • Performance on reviews of peoples care. • Substantial reduction in the waiting list for occupational therapy and the fall in waiting times. • Consultation with and involvement of people who use services. • The range of measures in place to promote safety with high levels of satisfaction demonstrated. • The excellent range of service standards and systems to test customer satisfaction and perception. • Publication of complaints procedures and satisfaction levels with outcomes. • High levels of satisfaction from those who use equipment and adaptation services, domiciliary care service, out of hours services, and support at first contact. • Progress on direct payments. • The range of work to promote equality, and achieving level 4 of the equality standards for local government. • Effective partnership arrangements providing an increasing range of pathways to support people into work. • Most people are effectively safeguarded against abuse. An audit in year has led to improved safeguarding arrangements. • A radical restructure has been completed with capacity strengthened in key areas. • The extensive range of action to 	<ul style="list-style-type: none"> • The implementation of an electronic single assessment process. • Further development and usage of assistive technology. • Further shaping and influencing of the third sector provision of preventative services, and development of universal information and advice systems. • Further transformation of the in-house domiciliary care service to an enabling service. • Development of outcome based contracts. • Progressing the planned programme approach to personalisation. • Developing an outcome focussed performance management framework.

<p>improve performance.</p> <ul style="list-style-type: none"> • Self evaluation and benchmarking is used effectively. • Effective budget management and investment in adult social care. • A joint commissioning strategy has been agreed, and commissioning capacity increased. 	
<p>• Older people</p>	
<ul style="list-style-type: none"> • The joint 'Active in Age' training for staff that has improved levels of physical activity. • The increase in assessments of older people leading to a service, and an increase in service to 39% of those reviewed. 	<ul style="list-style-type: none"> • Further development of services to ensure older people are fully supported to live independently.
<p>People with learning disabilities</p>	
<ul style="list-style-type: none"> • Health action plans are in place for all people who use services. • The service has Beacon status. • People with a learning disability are helped to live at home. • The good progress on person centred planning and reviews. • High numbers of people are supported to work. 	
<p>People with mental health problems</p>	
<ul style="list-style-type: none"> • People with mental health problems are helped to live at home. • Progress on individual budgets. • High levels of satisfaction with the timeliness of contact and choice of support. • Focused implementation site for delivering race equality. 	<ul style="list-style-type: none"> • Improving the frequency of performance data supplied by the mental health service.
<p>People with physical and sensory disabilities</p>	
<ul style="list-style-type: none"> • Minor and major adaptations are delivered in a timely fashion. • Services for deaf and blind people are of a high quality. 	<ul style="list-style-type: none"> • Helping more younger people with a physical disability to enable them to live at home. • The development of additional respite and supported living services.
<p>Carers</p>	
<ul style="list-style-type: none"> • Carers services have improved. • The active work to identify carers resulting in more being known to adult social care. • The focus on support to employment during assessment processes. 	<ul style="list-style-type: none"> • Further improving carers services to ensure consistency of support, including support for employment.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well-being

The contribution that the council makes to this outcome is excellent.

Almost all people who use services are helped to understand how to stay healthy and maintain their emotional well-being. There is a good range of health literature that is well publicised and easily accessed. Information seen was appropriately available in a range of formats. The council can demonstrate good and effective working relationships with health. For example, a joint commissioning strategy has been produced identifying key action areas. Individual advice and support is available for almost all groups, and initiatives are in place to target difficult to engage communities. There is some evidence of the effectiveness of health improvement work for the wider population with, for example, levels of chronic heart disease and strokes falling, and better than national averages. There is still work to do to reduce health inequalities, and the Local Area Agreement does identify improving health as a priority. A draft comprehensive health needs assessment has been completed for black and ethnic minority communities, and an action plan is being developed. This is a proactive piece of positive action.

Key strengths

- The council has continued to work effectively with partners to further improve the availability of health information and advice.
- There is a wide range of activity to promote health both in the wider population and with those who use social care services. For the latter, the council could evidence impact with individual stories about health improvements, and with data.
- In the learning disability service, all people who use services have a health action plan, and an audit tool has been developed to evaluate how these are improving health. Completed audits to date are showing significant health benefits.
- Regulatory inspection reports speak positively about individual support being available to meet health needs.
- The joint 'Active in Age' training programme for staff in care homes has improved levels of physical activity, mobility and social interaction.
- A carer wellbeing group for men has been set up.
- A memory clinic has been developed.
- Early intervention mental health services have been improved.
- Significant progress has been made reviewing the intermediate care service, and a range of improvements have been implemented, with further planned. It is clear that the service is effective in helping people return home.
- The rate of delayed discharges attributable to the council is zero.
- There is effective investment in rehabilitation to prevent the need for medical and social care intervention. Stays in hospital reflect medical need in almost all instances.
- The Alcohol Harm Reduction strategy was launched in year, and a new

service specification for rehabilitation was agreed. Services were reviewed and relocated, and new assessment procedures introduced. Waiting times for Tier 2 Alcohol services reduced considerably in year, and by the start of 2008-09 there was no waiting list.

- Retention in drug treatment services is good.
- Performance on reviewing people's care needs has improved significantly, and is now good. There is evidence of the effectiveness of these reviews, and high levels of satisfaction from those reviewed.
- Progress has been made on long-term conditions, with the council reporting they have exceeded National Service Framework targets. There is an emphasis on partnership working with a community matron service for case management, and an integrated case management approach.

Key area for development

- For single assessment – see outcome 4.

Improved quality of life

The contribution that the council makes to this outcome is good.

The independence of most people who use services and their carers is promoted. The learning disability service has been awarded Beacon status for its performance in helping people into work, listening to what they have to say and supporting them to live in their own home. People with mental health problems are also helped to live at home and considerable progress has been made providing direct payments demonstrating that the service is offering personalised services. The council is working to minimise the impact of disabilities and considerably more equipment to aid independence was delivered in year. There has been additional investment in, and more people have accessed, grant funded services. Signposting to preventative services has increased, and the council does monitor a sample of those referred onto other services to assess satisfaction with outcomes. For older people, the picture is more mixed, with good levels of intensive home care but fewer people helped to live at home. The council has however, reduced the number of older people admitted to care on a permanent basis. Whilst performance on this does remain behind comparators, the rate of improvement is greater, so the gap is narrowing over time. There has been an increase in assessments of older people leading to a service, and an increase in service to 39% of those reviewed. Carer's services have substantially improved and although performance remains behind comparators, there is an action plan in place, and evidence this year, suggests there is room for optimism for further continuous improvements.

Key strengths

- There has been active work to identify carers, with increased publicity and carers' champions in GP surgeries. A scheme to support carers in an emergency has been developed. All of this has resulted in a good increase in the numbers of carers known to adult social care services.
- Work with the PCT has resulted in a substantial reduction in the waiting

list for occupational therapy, and a 75% fall in waiting times. Minor and major adaptations are delivered in a timely fashion. There is a high level of satisfaction from those who use equipment and adaptation services.

- User satisfaction surveys, visioning days and the star ratings of the council provided regulated services, evidence that the council uses and provides good quality services.
- The 'Every Contact Counts' initiative is an innovative proactive way of ensuring older and vulnerable people receive services at an early stage, and is proving successful with 500 visits resulting in 246 referrals.
- An excellent range of measures is in place to promote safety, with high levels of satisfaction demonstrated.
- The in-house domiciliary care service is being transformed to an enabling service. There are now key milestones in place with a view to achieving the transformation in 2008. In the meantime, there is a high level of satisfaction from those using the current service.
- There is very positive feedback about the mainstream telecare service, Rothercare, with people saying it helps them to maintain their independence.
- Services for deaf and blind people are of a high quality, and a charter mark for customer excellence was retained.
- People with profound and multiple learning disabilities have their needs met through commissioning at an individual level.
- The access process has been modernised to ensure effective signposting to preventative services, and to improve information and knowledge about existing preventative services. There is an intranet site for staff to access information about preventative services.
- There have been considerable improvements in year in systems to test customer satisfaction and perception, and the council can now evidence that the majority of people who use services feel safe as a result.
- Directly provided and commissioned social care preventative services are proving to be successful, with people being diverted from residential care and unnecessary stays in hospital.

Key areas for development

- The council acknowledges that telecare needs to develop further and has a plan in place to implement a wider range of assistive technology.
- Support for younger people with a physical disability to enable them to live at home has fallen, and is low. The council has responded by setting new targets for the physical disability team, and provision of new resources to help meet these.
- There is further work to do to shape and influence the third sector provision of preventative services. This was identified in the Joint Strategic Needs Assessment, and work has started, and is planned for, in the commissioning strategy.
- Further development of services to ensure older people are fully supported to live independently.

Making a positive contribution

The contribution that the council makes to this outcome is excellent.

Almost all people who use services and their carers continue to be well supported to develop their confidence, ability and skills and to contribute to the wider community. Rotherham very actively seeks the views of the wider population and those who use services. There is an embedded culture of consultation and involvement and the council can point to numerous examples of ways in which people who use services have influenced service design. The council's innovative learning from customer's service, the use of customer diaries and the visioning days, are worthy of particular note. There is good support from the council to enable volunteering, and a good level of new volunteers have been identified in year. Rotherham's adult social care service has achieved 'Standard Bearer' status from the Cabinet Office for Customer Service Excellence.

Key strengths

- The Rotherham senior citizens network has been established.
- The council has an innovative service to learn from customers. This involves a number of people who use services meeting regularly to, amongst other things, improve accessibility of information, learn from complaints and carry out customer inspections of services. This had clearly led to a number of service improvements.
- Visioning days are a successful and integral part of service development, and have been given national recognition. These involve events with large numbers of people who use services and other stakeholders, to help shape priorities.
- Regulatory inspection reports confirm people do have a say in the running of the services that they use.
- The 'Home Truths' project tests the quality of services through video and handwritten diaries, by people recording their experiences of using services.
- The use of people's forums and focus groups.
- People who use services and carers have been involved in the mental health self assessment.
- The council has local performance indicators to monitor customer satisfaction. Performance improved in year. Almost all people said they were satisfied with opportunities to get involved, and that the council listens and acted as a result.

Key areas for development

- None

Increased choice and control

The contribution that the council makes to this outcome is good.

There have been considerable improvements in the timeliness and completion of assessments for older people, with business process re-engineering taking place in year, and the opening of 'Assessment Direct'. This means that most older people accessed timely assessments in year. This improvement is set within the context of considerably more new assessments. It is notable that since January there has been no backlog for assessments and 100% of people have been seen within 4 weeks. The increase in demand for assessments and reviews did lead to a slight fall in the timeliness of provision of services but management action has now reversed this fall. Review processes are effective. New processes and protocols have been put in place for carers assessments and performance has improved with more assessments completed in year. More statements of need have been issued in year but performance remains low in relation to other similar councils. This is due to the high volume of reviews conducted in year. Systems have been changed, and this should ensure further progress.

Almost all people who use adult social care and their carers are well informed about services via a wide range of appropriate methods. The council has an excellent range of service standards, all one page and user friendly. The care website has been improved in response to customer feedback. People who fund their own care have their own dedicated range of information.

The range of services is relatively broad, and the council is increasingly working to extend choice. For example, as stated elsewhere in this report there is further work underway to modernise the home care service, improve intermediate care and carers services. There is a need for more respite and supported living for people with a physical disability and to ensure older people are fully supported to be as independent as possible.

Key strengths

- In the learning disability service performance on reviews has substantially improved with 90% of people receiving a review in 2007-08.
- Regulatory reports and consumer surveys provide evidence that people believe they are treated with respect.
- Good progress has been made with person centred planning and reviews.
- Information on how to make a complaint is well publicised. Performance on complaints has improved in year with almost all people saying they are kept informed of the progress of their complaint. Satisfaction with outcomes has also increased and is good. There is considerable evidence of the council acting on complaints and improving services as a result where necessary.
- There is a high level of satisfaction with support at first contact with adult

social care. Almost all people said the council provides information that is clear and understandable.

- The council has assessed what services are needed outside of normal office hours and launched a new service in year. Satisfaction with the service has increased.
- There is a good range and level of advocacy services with plans to extend access to advocacy further.
- The council actively promotes rights of access to records with leaflets handed out to all customers during the assessment process and information is on the website.
- Self-assessment opportunities have increased in year.
- Excellent progress has been made in year on direct payments and in the mental health service on individual budgets. There is considerable evidence that people feel more in control as a result.
- Regulatory inspection reports on council operated services confirm care plans are detailed and reflect peoples needs.
- In the mental health service, almost all people report that they are satisfied with the timeliness of contact, and most are satisfied with the choice of support.

Key areas for development

- Single assessment - At present, some people do have to tell their story more than once.
- Progressing the planned work to ensure access to a full range of modernised services.

Freedom from discrimination and harassment

The contribution that the council makes to this outcome is excellent.

The council has been proactive in reviewing eligibility criteria in year with people who use services and their carers, and does have evidence of impact of the criteria. A review of information about the criteria also took place, and it was revised so that it is now clear and easy to understand. The council did find some inconsistencies in application and have actions in place to address this.

The council has been doing proactive work in year to establish if people who fund their own care actually access assessments. As a result of this, approval has been given to enhance the support for self-funders, to offer assessments **and** an annual review. This is to fully ensure that assessments are available to all, regardless of whether a person intends to fund themselves for a service or not.

The council has reached level 4 of the Equality Standards for Local Government. There is evidence that the council does meet most people's individual diverse needs with an appropriate and growing range of services. Action is clearly being taken to increase take up of services from under represented groups, with for example, work being done at the point of admission to hospital with people from ethnic minority backgrounds. Rotherham's mental health service is a focused implementation site for delivering race equality.

Key strengths

- People from black and ethnic minority communities do have equal access to assessments and services, and the council has been doing further work engaging with black and ethnic minority (BME) people at the point of admission to hospital, to further ensure accessibility and awareness of services.
- As an employer the council sets good standards, in that the proportion of BME in the workforce, reflects the proportion in the community as a whole.
- The council has published a disability equality scheme, which was put together after extensive consultation. Rotherham can demonstrate that it is meeting its responsibilities in this area.
- The council has undertaken 100% of the identified equality impact assessments.
- There is good evidence of consultation with people with a disability. Deaf/blind people were identified as a priority, and the council can point to progress and improved outcomes.
- There has been a good improvement in the percentage of council buildings that are accessible, with plans in place to achieve full compliance.
- A good range of advocacy services are available with plans in place to expand these.
- There is evidence of satisfaction with assessment processes, and that individual needs are met. People are assigned to a team for assessment.

Key area for development

- As an employer there is some work to do to ensure the council's workforce reflects the proportion of disabled people in the community, however, there are active measures in place to encourage people with a disability to apply for jobs.

Economic well being

The contribution that the council makes to this outcome is good.

There is an effective protocol between the council and the PCT covering continuing care and there were no disputes in year.

There are partnership arrangements in place to provide an increasing range of pathways to support people into work. Improving employment opportunities for all adults in Rotherham is a focus within the Local Area Agreement. A project started in January 2008 to support access to work for people with mental health problems. It is too early to assess the full impact of this, although early signs are positive. In physical disability services, the council reported good outcomes with people being assisted to find or maintain employment in a variety of ways. An

employment plan is in place to create further opportunities. There is a growing range of ways in which carers are supported and the council provided case studies evidencing the effectiveness of support offered. The adequacy of support is to be further reviewed when developing the new carers strategy in year.

The development of early intervention services is resulting in most people who receive support making reduced contributions. However, as stated earlier, there is work to do to ensure that older people's independence is further promoted.

An effective partnership arrangement exists to help people who use services to maximise their income.

Key strengths

- The council has improved attendance and leadership at the continuing care panel. This has been successful in that there is now a more equitable balance of funding which is moving towards the national average.
- The council continues to support high numbers of people with a learning disability into work.
- The new assessment form for carers is designed to ensure that employment support is addressed. Support to enable carers to work has been strengthened by improved day, respite and home care services to fit in with work patterns. There is increased access to direct payments to enable carers to arrange care around employment commitments. The new carers emergency scheme assists carers to make arrangements for emergency cover.
- People reported high levels of satisfaction with information they received about charges for social care, and with financial assessment home visits.

Key areas for development

- Continuing to support carers in employment.
- Ensuring the effectiveness of the project to support people with mental health problems into work.

Maintaining personal dignity and respect

The contribution that the council makes to this outcome is good.

Most people are effectively safeguarded against abuse. Work on awareness raising in year has contributed to an increase in referrals. The council has made sure that internal front line staff are aware of how to identify safeguarding issues and respond appropriately to concerns. There is still a training need for independent sector staff but considerable progress has been made in year. Privacy and confidentiality is assured in most cases through appropriate policies and procedures. A safeguarding board is in place, all partners are represented, and there is a multi-agency information sharing protocol. Serious case review processes are in place and the first one, now being undertaken, should help to advance practice in this area. The council and partners are working on production of a multi-agency safeguarding strategy, which is due to be finalised by December

2008. The council has improved access to preventative services in year, and there are early indications that early intervention has led to an increase in referrals to safeguarding. For example, via the 'Every Contact Counts' scheme.

The council and PCT have finalised a policy on interpersonal relationships. This has been developed with people who use services. Next steps are planned and include staff training on the new policy and to ensuring monitoring of practice.

Key strengths

- New South Yorkshire wide safeguarding procedures were launched in year.
- The council is proactive in dealing with contracted services that are offering poor quality services, and ceases contracts and/or placements when necessary.
- Resources dedicated to safeguarding have increased.
- The work in year to raise awareness of safeguarding has included visioning and leadership days, poster and publicity campaigns, and the 'Every Contact Counts' initiative. This has helped to ensure that council and PCT staff and the police, are trained to identify safeguarding issues.
- There is a specific safeguarding website and access arrangements have been improved and referrals can be made to a 24/7 hotline.
- Audits of practice have helped to improve safeguarding arrangements. Examples include:
 - New safeguarding standards and a framework to capture safeguarding issues have been developed.
 - An elected member champion is now in place.
 - Performance indicators have been developed.
 - Easy read procedure cards have been produced.
- All people admitted to care homes have access to single rooms.
- In the wider safeguarding arena, citizens have said that they feel much safer in their homes and communities, and there has been a reduction in crime.

Key area for development

- Safeguarding referral rates have increased but do remain low in relation to comparators. The council needs to do further work to understand why this is.

Capacity to improve

The council's capacity to improve services further is promising.

There is highly competent and determined leadership, a shared vision and targeted priorities for improvement. The council and the PCT are taking a joint approach to transforming social care and developing personalised services. A three year joint work programme has been agreed. Leaders are highly ambitious and champion the needs of almost all people who use services. People who use services and carers are extensively consulted on provision and there is clear

evidence of how their contribution effects developments. A comprehensive and developing range of measures are in place to ensure effective staff contribution. Plans are comprehensive and strategically linked, and there is good evidence of coordinated working across the council, and with partners. Plans for improvement have clear targets, and are bringing about improvements in many areas. The council has responded well to last years performance report and has considerably improved outcomes for people who use services. Performance management arrangements overall are effective, and can demonstrate that targets are mostly met. There are a small number of areas where plans for performance indicators were not met and where further improvements are needed.

The council and partners have produced a joint strategic needs assessment, which they inform us, is being held up by the Care Services Improvement Partnership as an exemplar. Expenditure on social care mostly reflects national and local priorities, and further modernisation is planned and underway. For example, the planned changes to domiciliary care and in-house older peoples residential care. The newly approved commissioning strategy does include investment in areas that would further modernise services, and does reflect achieving the outcomes in 'Our Health Our Care Our Say'. The council has a clear understanding of the social care market and commissioners do take action to deal with failing services that it contracts with. The council intends to introduce a quality assessment framework for the independent sector providers and proposes to link this to incentives for high achievers.

Key strengths

Leadership

- A radical restructure has been completed in year and capacity has been strengthened in key areas.
- There is an effective joint health and social care learning disability service.
- A workforce development strategy is in place, and data shows that the council has staff in place who are skilled.
- The council is working with the independent sector to ensure that there are people with skills and capability in place. A Learning and Development Officer has been appointed specifically for the sector, and training with a focus on common induction standards is being piloted. A comprehensive training programme is being developed, and funds were made available in year to the sector to improve learning. An evaluation found that these did encourage applications across the sector. There was a good increase in the numbers of independent staff accessing training courses in year.
- SCILS, a social care information and learning service was launched which is receiving positive feedback from providers.
- The council has been rated as a 4 star council in the Audit Commission's 2008 Corporate Performance Assessment.
- An extensive range of actions are being taken to improve performance and include:
 - Team and individual targets, and weekly performance clinics held with social work managers.
 - Named accountable managers to improve specific areas of

- performance.
- Regular reporting to senior managers.
- Investing to improve.
- As a result the number of assessments has doubled and reviews trebled. An historical backlog of 300 new assessments has been removed and management changes have been made in poorly performing teams. There have been considerable improvements in the blue badge scheme and waiting times for adaptations.
- Self-evaluation and benchmarking is used effectively.
- Excellent performance has been maintained on consultation and involvement.
- Staff contribute to planning and delivery of services, through visioning days, road shows, service and team planning, and personal development reviews.
- Effective systems are in place to communicate with staff, and include newsletters, employee opinion surveys, focus groups and the 'Reach In' panel of 300 council wide employees who are surveyed on topics within the council. Additionally, there is an employee involvement programme for staff to communicate with senior managers.

Commissioning and use of resources

- The council is purchasing care from good or excellent services at a higher proportion than average.
- A good level of efficiency savings were made, which were re-invested, and the council manages the budget effectively.
- The council has information about costs and quality, and uses this in service planning.
- The medium term financial plan demonstrates the council is investing in a modernised adult social care service.
- A joint commissioning strategy has been agreed, and capacity in joint commissioning has been increased.
- The council has a clear understanding of the social care market, and there are innovative measures to ensure that people's needs are met, such as the agreement to conduct annual reviews for self-funders.
- There are effective systems to proactively monitor and audit the quality of services provided by the independent sector. The council has demonstrated in year, that it will take action to investigate concerns and cease contracting if necessary. The emphasis is, however, on working alongside providers to improve services whenever possible.

Key areas for development

Leadership

- Progression of the planned programme approach to personalisation.
- Further work to ensure staff in the independent sector are adequately trained.
- Progression of plans to develop universal information and advice regardless of eligibility.
- Development of an outcome focussed performance framework, particularly for preventative services.
- Improving the frequency of performance data supplied by the mental

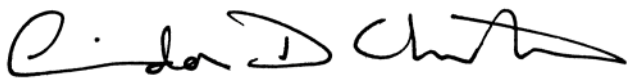
health service.

Commissioning and use of resources

- The development of outcome-based contracts.
- Further modernisation of the in house domiciliary care service.

A service inspection is being considered for this council for 2008/09 performance year.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Linda D Christon', written in a cursive style.

LINDA CHRISTON
REGIONAL DIRECTOR

Commission for Social Care Inspection

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	ADULT SERVICES AND HEALTH SCRUTINY PANEL
2.	Date:	8th January 2009
3.	Title:	BME Health Needs
4.	Programme Area:	Chief Executive's

5. Summary

The Public Health Strategy for Rotherham requested that a comprehensive report on Black and Minority Ethnic Communities Health Needs be produced. This paper outlines the progress to date and informs members of the interim findings.

6. Recommendations

Members are asked to:

- 1. Note the progress made in assessing health needs of BME communities**
- 2. Consider and discuss the interim findings**

7. Proposals and Details

Background to Health Needs Assessment (HNA)

Health Needs Assessment is a systematic method for reviewing the health issues that face a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.

HNAs follow the following general process:

1. Getting started: What population are you assessing?
2. Identifying health priorities
 - a. Population profiling
 - b. Gathering data
 - c. Perception of needs
 - d. Identifying and assessing health conditions and determinant factors
3. Assessing health priorities for action
 - a. Choosing health conditions and determinant factors with the most significant size and severity impact
 - b. Determining effective and acceptable interventions and actions
4. Planning for change: Action Planning

Progress

To date a small team of officers from NHS Rotherham, RMBC and REMA have progressed the Health Needs Assessment. We are now in the process of drawing up our conclusions and action planning. Details of progress can be found below:

We conducted research on all BME communities to gather a comprehensive picture of health needs. This was backed up by indepth community consultations with five specific communities. These communities were chosen for a variety of reasons to give a broad picture of needs in different communities. The initial focus has been on the more established communities and new economic migrants were not included in the detailed consultation.

The five communities were:

- Pakistani / Kashmiri
- Chinese
- Yemeni
- Black African, and
- Irish

Desk based research focussed on readily available data from a variety of sources, including national data, RMBC and NHS data.

The community consultation exercises involved indepth family interviews conducted in homes, gender specific focus groups by ethnic minority and a general event open to all communities.

Findings

The findings are focused around four themes:

1. Demography / Changes and nature of the population
2. Health Conditions and Access to services
3. Lifestyles and Behaviours
4. Wider Determinants of Health

The final report will be shared with members in due course, however, it was thought prudent to share some of the findings with ASH scrutiny panel at this stage.

- Demography: Rotherham has seen an increase in the population size of BME communities and a growth in the diversity of communities in the Borough. The growth from 2001 to 2006 equates to an additional 5,400 people. The age profile of BME communities is significantly younger than the White British community – this is evidenced by 11% of school children being from BME communities in 2008.
- Health Conditions: The evidence and consultation exercises demonstrated increased prevalence of Coronary Heart Disease (CHD) and Diabetes in BME communities, particularly South Asian communities. South Asian communities tended to access services appropriately but were prone to began the disease journey at a significantly earlier age than the rest of Rotherham. BME communities have higher rates of Infant mortalities and low birth weights. There was some evidence of raised admissions for mental health conditions but this was complicated by the close association between mental health conditions and overall levels of deprivation.
- Lifestyles / Behaviours: The consultation exercises pointed to a good understanding of mental health issues, stress and anxiety. Uptake of preventative services seemed to be reasonable for childhood immunisation but low for cancer screening. Smoking rates are recognised at being higher in some BME communities and the consultation exercises suggested that female smoking was a hidden problem.
- Wider determinants: Many BME communities live in multiple deprivation and this impinges on health conditions. Access to employment, low wages, access to leisure services and community safety were all themes emerging from the consultation.
- Infrastructure: Whilst some areas and services were good at equality monitoring this was far from universal and made some of the analysis difficult. Some of the findings challenge the stereotypes and suggest the need for additional training.

8. Finance

No financial issues from the Health Need Assessment. The action plan that will be produced will need to be costed and evaluated.

9. Risks and Uncertainties

Due to the lack of equality monitoring across all services there is doubt about some of the findings. Migration inwards and outwards from the Borough will continue to present a complex environment for assessing need and taking appropriate action.

10. Policy and Performance Agenda Implications

The analysis suggests that actions may need to be taken to address aspects of health in BME communities. This will directly influence the achievement of national indicators, LAA targets and vital sign targets on public health and health services.

11. Background Papers and Consultation

Contact Name :

Stephen Turnbull, Head of Public Health, 01709 822774,
steve.turnbull@rotherham.gov.uk

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 4th December, 2008

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Doyle, Hughes, St. John and F. Wright.

Also in attendance were Mrs. I. Samuels, Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

Apologies for absence were received from Councillors Clarke, McMahon and Turner, and Mr K Jack, Councillor J Richardson, Ms J. Mullins and Ms L. Williams.

202. COMMUNICATIONS.

Personalisation Agenda

The Chair announced that a suggestion had been made by Kim Curry, Director of Commissioning and Partnerships, to run a training session on the whole personalisation agenda and the progress Adult Services had made. A date of 19 February 2009 had been suggested and members of the Panel were asked whether they preferred this to take place in the morning or the afternoon.

Members agreed to consider this and for a decision to be made at the next meeting on 8 January 2009.

203. DECLARATIONS OF INTEREST.

There were no declarations of interest.

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

There were no members of the public and press present.

205. CARERS STRATEGY - PRESENTATION BY KIM CURRY, DIRECTOR OF COMMISSIONING AND PARTNERSHIPS

Kim Curry, Director of Commissioning and Partnerships gave a presentation in relation to the Carers Strategy.

The presentation drew specific attention to:-

- What the carers said whilst the review of the old strategy was being undertaken
- The new Carers Strategy
- Local Contexts
- National Strategy – “Carers at the Heart of the 21st Century

- Families and Communities”
- Consultation
 - Our Vision for Carers
 - What we will do
 - The 7 Main Aims
 - Better access to information
 - Training and support to carers
 - Carers assessments and early identification
 - Flexible support services
 - Better access to health services
 - Training – employment and finances
 - Protecting and supporting the lives of children and young carers
 - Carers Grant
 - 2008/09 £1,243,000
 - 2009/10 £1,333,000
 - 2010/11 £1,427,000
 - Action Plan monitoring and evaluation
 - Performance

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

- Whether the Carers Strategy allowed for family carers to have respite.
- Was the Carers Information Centre to be included in the strategy and if so would funding be made available to run it.
- It was difficult to get appointments at some GP surgeries in South Yorkshire. Why did this happen when there is supposed to be standards set which all surgeries should be working to. It was confirmed that all surgeries were supposed to be working to core opening times. 50% of surgeries were actually working longer than this and were offering extended hours.
- Would training for carers include how to transfer patients from one location to another? Confirmation was given that the training would include the correct way to lift a cared for person.
- Whether there was a national definition of what was a carer. It was confirmed that a national definition was available and had been included in the strategy
- Was data kept in relation to carers?
- Concern was expressed about children and young people caring for parents when they should be attending school.
- How widespread was it that children were carers for parents?
- The Government had announced an extra £150m of new funding to double the amount of respite care available over the next 2 years. What tangible improvements would carers in Rotherham see from this?
- Were there any plans for Rotherham to be involved in the Department of Health’s pilot for annual health checks for carers? It

was confirmed that this had been flagged up in the strategy.

206. JOINT DISABILITY EQUALITY SCHEME

Members of the Panel considered a report which contained an update from service areas on the progress made on the Joint Disability Equality Scheme.

Sayed Ahmed gave an update in relation to Rotherham Hospitals which highlighted that

- Consultation and Engagement had been undertaken
- Key areas of work centred around the deaf community which included looking at the consistency and competency of signers, training undertaken
- Work had been undertaken in respect of Accident and Emergency and the views of the public had been sought

Caroline Naylor reported on progress made in Neighbourhood and Adult Services. She confirmed that there had been 15 actions on the RMBC Action Plan, and progress had been made on all of them.

Zahid Qureshie reported on progress made by EDS which included:

- A council wide review of Fire Safety Policy and arrangements, ensuring compliance with the Fire Safety Reform Order had been completed. This included an Emergency and Evacuation Strategy for employees and the public from all Council buildings
- All new local authority buildings now complied with Part M of the Building Regulations and the Requirements of the DDA.
- Relevant groups and individuals were now always involved in all new and major planning applications. Rotherham Access Audit Group received all planning applications by email and was able to feed comments directly into the planning officer. Feedback was provided regarding outcomes and justification for decisions made.
- Options in order to provide specific disability equality training to all its hackney carriage drivers were being explored. Go-Skills offered training for licensed drivers including a BTECH qualification and an NVQ Level. They were looking to offer the courses throughout the Yorkshire and Humber region and were looking to local authorities to sign up to a Quality Partnership Agreement.

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

- Concerns were raised about access to the hospital. The road outside the hospital was extremely difficult to cross and a query was made as to why there was no crossing. It was agreed that contact would be made with the Highways department to establish whether anything could be done to rectify this.

- A member of Speak Up commented that no consultation had been undertaken with them in relation to the disability scheme. Also there were no disabled people involved at a strategic level. It was felt that there should be representatives at all levels and a query was raised as to how many disabled people were included in the membership of the Access Audit Group. It was agreed that this information would be sought and fed back to members of the Panel.
- How many crossings had the noise to alert blind people when they could cross, as there didn't appear to be that many? It was agreed that this information would be sought and reported back to the Panel.
- What assistance was provided for people with Autism who have a high IQ, as they do not class as disabled. It was confirmed that work was being undertaken nationally with regard to this.

Resolved:- That a performance clinic be held on the JDES and that Councillors J Doyle and H Jack and Mr J Evans and Ms L Williams be representatives at this meeting.

207. EXCLUDED ADULTS EMPLOYMENT PLAN

Simon Cooper HR Manager, Policy and Partnerships, presented the submitted report in relation to the Excluded Adults Employment Plan.

The report outlined the developments and actions that had been taken this year and provided a framework for the further and ongoing development of supporting disadvantaged and excluded individuals into employment.

Each of the services within Adult Services had a plan or strategy that identified employment as a key development activity. In the case of the Joint Learning Disability Service, they had in place a developed and recently revised Employment Strategy. In the case of older people and people with physical disabilities, their actions in relation to employment were embedded in the Opening Doors and Older People "Wellbeing in later Life".

Some of the achievements that had been delivered through these plans included:

- Top band performance on employment of people with learning disabilities into work (paid and permitted earnings)
- People with learning disabilities employed as trainers, and as consultants in high profile and valued roles
- Service directory for people with physical disabilities produced in a

range of formats

- Delivery of training, with service user involvement, direct to employers.

The plans had been revised and brought together to form one strategy for Neighbourhoods and Adult Services. This strategy would be further developed over the next year, with the Head of Learning Disability Services taking a lead on its development and delivery across the whole of NAS, with the intention of persuading and influencing those who provided employment to recruit people from excluded groups. This would be more effective if undertaken across a corporate agenda, so a key action would be joining the RMBC Work and Skills Group, and tapping into the new working neighbourhoods programme aimed at tackling worklessness in the most deprived communities in the Borough.

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

- How much emphasis was put on educational qualifications when advertising jobs and was personal experience taken into consideration? It was reported that RMBC were looking to undertake work placements in the future, and look beyond purely educational qualifications.
- How do the council overcome health and safety legislation?

Jackie Bickerstaffe gave a presentation at this point which updated members of the panel on the work undertaken in respect of excluded adult employment.

Concerns were raised at the length of time that had been given in relation to this work and how little appeared to have been achieved.

Finally, Jonathan Evans and Victoria Farnsworth from Speak Up gave a presentation on the work they did and how it had changed their lives.

208. ADULT SERVICES SCRUTINY REVIEW

Angela Power, Scrutiny Adviser presented the submitted report which presented options for a Scrutiny Review for Members and co-optees to decide which area they would like to scrutinize.

The suggested areas to review were:

- Supporting people off incapacity benefit and back into work
- Supporting and promoting independence in older people

Resolved:- (1) That the review on Supporting and promoting independence in older people be agreed.

(2) That the Panel nominate 4-5 members to sit on the Review Group and anyone else they may wish to co-opt at the next meeting of the Panel.

209. CABINET MEMBER FORWARD PLAN

Members considered the Cabinet Member Forward Plan for December 2008 to February 2009.

Resolved:- That the Cabinet Member Forward Plan be noted.

210. SCRUTINY WORK PROGRAMME

Members considered the Adult Services and Health Scrutiny Panel Draft Work Programme for 2008/09.

Resolved:- That the content of the Draft Work Programme be noted.

211. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 6 NOVEMBER 2008

Resolved:- That the of the meeting of the Panel held on 6 November 2008 be approved as a correct record for signature by the Chair.

212. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 20 OCTOBER 2008, 3 & 17 NOVEMBER 2008

Resolved:- That the minutes of the meetings of the Cabinet Member for Adult Social Care and Health held on 20 October 2008, 3 and 17 November 2008 be received and noted.

1D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 01/12/08**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 1st December, 2008**

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

69. MINUTES OF THE PREVIOUS MEETING HELD ON 17 NOVEMBER 2008

Resolved:- That the minutes of the meeting held on 17 November 2008 be approved as a correct record.

70. FUTURE YEARS MEETING - LEEDS

Resolved:- That approval be given for Councillor F Hodgkiss to attend the "Future Years" meeting in Leeds on 8 December 2008.

71. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2008/09

Mark Scarrott, Service Accountant (Adult Services) presented the submitted report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2009 based on actual income and expenditure to the end of October 2008.

The approved net revenue budget for 2008/09 was £68.5m which included funding for demographic and existing budget pressures together with a number of efficiency savings identified through the 2008/09 budget setting process.

The report showed that there were budget pressures, with a projected net overspend of £262,000 (+0.38%), to the year end, after factoring in a number of management actions to mitigate these pressures.

The latest year end projections showed there were the following main budget pressures:-

- Direct Payments (£186k), within Physical and Sensory Disabilities and Mental Health services. Performance was on track to exceed the target which if achieved would lever £360k in Performance Reward Grant funding for the Council in March 2009
- Additional unforeseen placements into residential care for clients with Physical and Sensory Disabilities (£145k: a net increase of 7 placements)
- Overspends within employees budgets (£260k) including increased use of in-house residential care bank staff and an overspend within domiciliary care management and administration teams over and above budget

- Pressures had also been identified in respect of increased energy costs (£194k) within residential and day centres. The increase in energy costs was being monitored across all directorates within the Council.
- The above pressures were being partially offset by additional income from continuing health care placements (£523k)

The latest financial forecast assumed the full savings identified in the budget setting process for 2008/09 in respect of shifting the balance of home care provision from in-house to the independent sector. The implementation of this was currently experiencing delays due to further consultation and negotiation with the Trade Unions and employees. It was likely that these delays would increase the forecast overspend. This was being monitored closely and further work was being undertaken to both quantify and minimise any additional pressure on the budget.

The report also assumed full decommissioning of the five residential care homes into the two new homes by the end of December in accordance with the planned timetable. Any delays would impact on current financial projections and any further impact on budget would be reported as soon as they were identified.

Budget clinics with Service Directors and managers were now taking place on a monthly basis to monitor financial performance against approved budget and to consider further options for managing expenditure within budget.

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

- The delays in the implementation of “shifting the balance” were partly due to high sickness levels within Home Care which was resulting in an increase in the level of overtime and therefore putting further pressure on the budget. Members were concerned about this and asked what had been done to overcome this problem. A request was made for a report to be presented to a future meeting of the Cabinet Member and also to Scrutiny to update members on progress made.
- It was felt that the overspend in relation to physical and sensory disability was an ongoing problem and a query was raised as to whether any forward planning was being undertaken to overcome this. It was confirmed that work was being carried out jointly with NHS Rotherham to forecast future demographic pressures and build these into the Medium Term Financial Strategy.
- Concerns were raised that more emphasis was being put on Performance Indicators instead of what was more beneficial for the service user.

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of October 2008

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 01/12/08

be noted.

(2) That a report in relation to work being undertaken on reducing sickness levels be presented to a future meeting of the Cabinet Member and the Scrutiny Panel for Adult Services and Health.

72. ADULT SERVICES 2ND QUARTER (APRIL TO SEPTEMBER) PERFORMANCE REPORT 2007/08

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2008/09 key performance indicator 2nd quarter results for the Adult Services elements of the Directorate.

At the end of the quarter, 73% (19) key performance indicators were on track to achieve their year end targets. This compared to 64% the previous year.

There were 7 indicators which were rated as "off" target which were:

- C32 – Older People helped to live at home
- C29 – People with physical disabilities helped to live at home
- C62 – Services for Carers
- D55 – Acceptable waiting times for an assessment
- D39 – Statement of need
- C73 – Younger adults admitted to residential or nursing care
- NI132 – Timeliness of Social Care assessment (all adults)

Kim Curry, Director of Commissioning and Partnerships updated members on the progress made in relation to safeguarding. She reported that there was an inspection pending. A team had been set up to manage the ten social workers and this team would be responsible for the investigation. Members requested that a report be presented to the Scrutiny Panel for Adult Services and Health in relation to the investigation.

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

(2) That a report be presented to the Scrutiny Panel for Adult Services and Health in relation to the safeguarding investigation.

73. CARERS FORUM - VERBAL UPDATE

Linda Hayne, Assistant Manager from RAIN and Jeanette Mallinder gave an update in relation to the Carers Information Centre.

Jeanette reported that it was essential that more resources and assistance was given to support the Carers Information Centre as funding was due to cease at the end of December 2008. She highlighted the benefits that the centre provided to carers throughout Rotherham and

urged members to ensure that it remained open.

74. 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, as amended.

75. PARK LEA DAY SERVICES

Jackie Bickerstaffe, Head of Learning Disability Service presented the submitted report in relation to Park Lea Day Services.

The report summarised the reasons why Park Lea was not suitable as a long term base and set out proposals for the future of the service which was currently provided at Park Lea.

Resolved:- (1) That the transfer of services from Park Lea to other community bases and the action plan outlined in Section 8 be considered.

(2) That the content of the report be noted.

(3) That a further report be presented to the Cabinet Member following the consultation exercise.

76. DATE AND TIME OF NEXT MEETING:- 15 DECEMBER 2008

Resolved:- That the next meeting be held on Monday 15 December 2008 commencing at 10.00 am.

The construction of the two new residential homes was now complete and the timetable for full decommissioning of existing homes into the two new homes was expected to be completed by the end of December.

The Assistive Technology Grant (which included funding from NHS Rotherham) was being managed jointly and was being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. The appointment of a project manager had resulted in a review being carried out together with NHS Rotherham and an agreement in principle that the funding would be used to procure lifeline connect alarms, low temperature sensors and fall detectors in peoples homes.

A small element of the Department of Health specific grant (£20k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2008/09. The balance of grant was being allocated across the independent residential care sector in accordance with the grant conditions and would be fully spent in 2008/09.

Learning Disabilities

The small balances of funding carried forward from 2007/08 were to be used for the equipment for Parkhill Lodge and within supported living schemes.

The refurbishment at Addison Day Centre, funded from the Council's Strategic Maintenance Investment fund was now complete.

There had been delays in the start of the refurbishment of the REACH Day centre due to insufficient funding. Fund had now been identified and the project was due to be completed by March 2009.

Mental Health

A small balance remained on the Cedar House capital budget and would be used for the purchase of additional equipment. A large proportion of the Supported Capital Expenditure (SCE) allocation had been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes. Suitable properties were being identified and spending plans were being developed. The possibility of funding equipment purchased for direct payments was also being considered to reduce the current pressures on the revenue budgets. Further options were also being considered to provide more intensive supported living schemes with a range of providers.

Management Information

Part of the capital grant for Improving Management Information was carried forward into 2008/09. The funding had been earmarked to further develop Electronic Social Care Records within Health and Social Care

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 15/12/08

working with the Council's strategic partner RBT and Children and Young People's Services. At the end of August the Department of Health announced a new capital grant for Adult Social Care IT infrastructure over the next three years (£276k). Spending plans were still being developed with RBT to integrate social care information across both health and social care.

Resolved:- That the Adult Services forecast capital outturn for 2008/09 be received and noted.

80. JOINT ROTHERHAM CARERS STRATEGY 2008 -2011

Kim Curry, Director of Commissioning and Partnerships presented the submitted report in relation to the Joint Rotherham Carers Strategy 2008-2011.

Carers in Rotherham save the local economy £462 million per year which is an average of £15,260 per carer. Of those carers over 7,000 provide over 50 hours of care per week, and it is anticipated that every year, in Rotherham another 8,000 people become carers. This number was likely to rise over the next 10-15 years.

The purpose of the 2005-2008 strategy was to help Rotherham's health and social care economy (statutory and voluntary) to support carers, so that those who wished to could continue to provide care. Whilst there were many issues that affect all carers, the strategy acknowledged both the uniqueness of each individual carer's situation and the specific needs of individual who was cared for. Annual action plans made the process more accessible to scrutiny through monitoring the delivery of value for money services that met identified needs.

During the course of the last year a number of significant achievements had been delivered which included:

- The number of carers who had received an assessment or review of their needs in the last year had doubled
- An 24/7 emergency response service for all carers had been provided with access to home based respite when required
- Training opportunities for carers on a broader base of relevant issues such as the implications of the Mental Capacity Act had been expanded
- Support had been given to the continuation and enhancement of the Carers Information Centre which now had fully trained volunteers
- Establishing the Carers Leads Group which involved representatives from all Council Directorates, the Primary Care Trust and the Acute Trust.

Consultation had taken place with carers and statutory organisations throughout the year and a provisional action plan had been developed for

the next 3 years.

The Carers Strategy had 7 main objectives which had been informed by Rotherham carers and the national strategy. The strategy will provide carers with:-

- Better access to information
- Training and support for the caring role
- Assessment and early intervention
- Flexible support services
- Better access to health services
- Training, employment and financial support and Protection and support for young carers

The current strategy was at the end of its intended focus and as the new National Carers Strategy was being developed, the action plan for 2008/09 would change radically and be incorporated into a new Joint Rotherham Carers Strategy 2008-2011.

A successful "Who Cares" event took place in July 2008 to consult on the implications of the new strategy and what action needed to be taken to enhance current services. This had been enhanced by a series of smaller focus groups around health, financial, community employment, training and equalities issues.

There were a number of actions identified which had an impact on the use of resources. These will be addressed through existing resources which were supplemented by the Carers Grant. Rotherham had been allocated:

- | | |
|-------------|------------|
| • 2008/2009 | £1,243,000 |
| • 2009/2010 | £1,333,000 |
| • 2010/2011 | £1,427,000 |

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

- How the carers grant funding would be utilised. It was confirmed that it would only be spent on those issues which had been raised by carers
- What was the ratio of male and female carers? It was felt that there was a need to profile male carers better.
- How were emergency carers informed when they had been accepted on to the register?
- It was felt that there was a need to encourage more people to request assessment as some people didn't realise that they were carers.

Resolved:- (1) That the report be received, and the Joint Rotherham Carers Strategy be accepted as a replacement of the recent 2005/08

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Strategy.

(2) That the performance to date and proposed actions be noted.

81. CSCI ANNUAL PERFORMANCE ASSESSMENT REPORT 2008

Tom Cray, Strategic Director for Neighbourhoods and Adult Services presented the submitted report which summarised the results and findings of the 2008 social care Annual Performance Assessment (APA) process for Rotherham conducted by CSCI (Commission for Social Care Inspectorate) which was published on 27 November 2008.

The performance judgement for Rotherham was as follows:

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

The result recognised that we had improved the quality of outcomes in six areas, achieving an excellent standard in four overall. We had maintained the performance rating received in 2006 and 2007.

Dave Roddis, Service Quality Manager then took Members through the delivering outcomes and capacity for improvements and the progress which had been made in relation to each of them. These were:

Judgement Areas	2007 Rating	2008 Rating
Delivering Outcomes	Good	Good
1. Improved health and well being	Good	Excellent
2. Quality of Life	Adequate	Good
3. Making a positive contribution	Excellent	Excellent
4. Increased choice and control	Adequate	Good
5. Freedom from discrimination and harassment	Good	Excellent
6. Economic well-being	Good	Good
7. Maintaining personal dignity and respect	Adequate	Good
Capacity to Improve (Combined judgment)	Promising	Promising
8. Leadership	Promising	Excellent

9. Commissioning and use of resources	Promising	Promising
Performance Rating	2 Stars	2 Stars

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

- It was felt that there was a need to undertake more training on safeguarding next year.
- The budget for physical disability was always overspent, and it was felt that this needed to be addressed
- There was a need to maintain assistance for helping people to live at home.
- Concerns were raised in respect of the 80/20 split in light of the problems experienced with the 65/35 split. It was felt that lessons needed to be learnt in respect of this.

The Cabinet member asked for letter to be sent to all staff involved thanking them for all their hard work. The Strategic Director for Neighbourhoods and Adult Services agreed to compose a letter and send it out to all staff.

The Chair of Scrutiny requested that the report be presented to the next Scrutiny Panel in January 2009.

Resolved:- (1) That the Cabinet Member for Adult Social Care note the outcome of the assessment.

(2) That the Cabinet Member for Adult Social Care note the 'Excellence Plan' put in place to improve the areas of weakness identified in the report.

(3) That the Cabinet Member approved the investment to develop a safeguarding adults team which would consist of 10 social workers, a manager and administration support to manage the increase in referral rates.

(4) That the report be presented to the next Adult Services and Health Scrutiny Panel on 8 January 2009.

82. 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, as amended.

83. SETTING THE MAXIMUM CHARGE FOR THE NEW RESIDENTIAL HOMES FOR OLDER PEOPLE - 2008/2009

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which detailed the proposal for setting the maximum charge for the two new homes for the remainder of this financial year.

Resolved:- (1) That the Council adopts a policy of subsidising residential care in local authority homes for older people

(2) That the current maximum charge of £475 per week be applied to the new residential care homes for older people

(3) That the charges agreed be effective from the date the new homes become operational.

84. DATE AND TIME OF NEXT MEETING:- 12 JANUARY 2009