ADULT SERVICES AND HEALTH SCRUTINY PANEL

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

Date: **Thursday, 2 April 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. Domestic Violence - Presentation by Cheryl Henry

7. Annual Health Check - Draft Comments (herewith) (Pages 1 - 25)

8. Age Concern - Presentation by Lesley Dabell, Chief Executive (Pages 26 - 31)

9. Practice Based Commissioning - 2 Years On (herewith) (Pages 32 - 44)

10. Joint Strategic Needs Assessment - Presentation by Dominic Blaydon, Strategic Planning and Commissioning Manager (Pages 45 - 61)

11. Stroke Care Services in the Community (herewith) (Pages 62 - 66)

12. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 5th March 2009 (herewith). (Pages 67 - 74)

13. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 9th March 2009 (herewith). (Pages 75 - 78)

Date of Next Meeting:-
Thursday, 4 June 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), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and Pat Wade (Aston cum Aughton Parish Council)

Agenda Item 7

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**ADULT SERVICES AND HEALTH SCRUTINY PANEL**
2.	**Date:**	**2 April 2009**
3.	**Title:**	**Annual Health Check 2008/09**
4.	**Programme Area:**	**Chief Executive's**

5. Summary

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

6. Recommendations

That Members consider the draft responses in respect of NHS Rotherham, Rotherham Community Health Services, the Rotherham NHS Foundation Trust and Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDASH) and agree or amend them, as necessary.

7. Proposals and Details

7.1 The Annual Health Check is a system is based upon measuring performance within a framework of national standards and targets set by Government. It was previously run by the Healthcare Commission, but responsibility for it has recently been transferred to the new Care Quality Commission (CQC).

7.2 In May 2009, each health trust is required to provide a declaration of its compliance (or otherwise) against the Department of Health's 24 core standards. Overview and scrutiny committees are invited to make comments the declarations. Their comments should be based on the evidence they have gained through their health scrutiny work and, if possible, cross-referenced against the relevant core standard.

7.3 The trusts are required to submit overview and scrutiny comments, unedited, with their declarations. The CQC will take these comments into account when assessing the trusts and awarding them an overall rating.

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

- Cllr Ann Russell (Chair of the Working Group) (C&YP)
- Cllr Hilda Jack (ASH Panel)
- Cllr Barry Kaye (C&YP)
- George Hewitt (ASH Panel co-optee)
- Cllr Chris McMahon (ASH Panel).

7.5 Each trust was provided with a brief against which it was asked to provide a presentation to the working group, focusing on its compliance with the following core standards and answering members' questions:

- C6 (co-operation to meet patients' individual needs)
- C7 (governance),
- C13 (dignity)
- C14 (information and complaints)
- C15 (food) – where applicable
- C16 (information on services)
- C17 (seeking patient views)
- C22 (reducing health inequalities)

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

Appendix A – NHS Rotherham
Appendix B – Rotherham Community Health Services
Appendix C – The Rotherham NHS Foundation Trust.
Appendix D – RDASH

7.7 As in previous years, the four South Yorkshire local authorities have worked together on producing comments for Sheffield Children's Hospital Foundation Trust, Yorkshire Ambulance Trust and Sheffield Teaching Hospitals NHS Foundation Trust. This was done through the South Yorkshire Joint Health Scrutiny Committee, membership of which is the chair of each Scrutiny Committee, plus two others, from each of the four councils. The draft commentaries are still in the process of being finalised.

8. Finance

There are no financial implications arising from this report.

9. Risks and Uncertainties

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

10. Policy and Performance Agenda Implications

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

11. Background Papers and Consultation

Criteria for assessing core standards in 2008/09 – Healthcare Commission, December 2008.

Contact: *Delia Watts, Scrutiny Adviser, direct line: (01709) 822778*
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Metropolitan Borough of Rotherham

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April 2009

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

Dear Mr Buck

Healthcare Commission – Standards for Better Health, OSC Comments on 2008/09 Declaration – COMMISSIONING ARM (NHS ROTHERHAM)

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

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

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

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

- All new GP contracts now have core hours of 8 am to 6.30 pm, Monday to Friday, with no lunchtime or early closing, thus improving patient access to services. In addition, 65% of GP practices now offer extended hours (25 out of 39 practices), giving over 300 hours more access to a GP, which represents a 21% increase. In addition, 2 practices are now opening on Saturday mornings.
- The need for a new GP practice for the Brampton community has been identified and negotiations are currently ongoing.
- The new Community Health Centre will soon provide extended opening hours (8 am to 8 pm), a walk-in service and also accommodate a new GP practice. This will meet the recommendation of the Darzi Review that each PCT area has at least one polyclinic.
- The Trust's performance management systems had highlighted the need to improve the discharge process from the Rotherham Foundation Trust. The Rotherham Foundation Trust responded by employing a Patient Flow Manager, with the remit of improving bed management and updating the discharge policy. Processes are now in place to pick up any problems.
- Independent sector treatment centres are rarely used by Rotherham patients, as the services provided by the Rotherham Foundation Trust are commissioned at levels which result in very short waiting times.
- High quality relationships with partner organisations underpin recent work on care pathways, including back pain and chronic obstructive pulmonary disease (COPD).
- The very low rates of MRSA and C. Difficile infections in Rotherham Hospital – and the substantial reductions that have occurred in recent years - may be attributed, in part, to the commissioning arrangements that have been made by the Trust.
- The Trust has doubled its investment in GP-based counselling services during the last year. These services are aimed at people with mild to moderate mental health problems. (Also supports C18)
- The 20 beds at BreathingSpace now acquired for intensive short stays (of up to 7 days) shows that commissioning arrangements are flexible in order to meet patients' needs.

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[1] DH: Standards for Better Health

- In October 2008, the Trust consulted the Adult Services and Health Scrutiny Panel on proposals for developing mental health services for adults of working age and older adults. The consultation was run jointly by NHS Rotherham, Rotherham Doncaster and South Humber Mental Health, NHS Foundation Trust and Rotherham Metropolitan Borough Council. The outcome of the consultation was reported back to the Panel in March 2009. (Also supports C17)
- The Adult Services and Health Scrutiny Panel has endeavoured to keep up-to-date with the development of Practice-Based Commissioning in Rotherham. Over the last year, there seem to have been problems in getting the PBC group to meet and therefore there has been little to report. However, the Adult Services and Health Scrutiny Panel will be receiving an update at its April meeting, where it hopes some progress will be reported.
- In September 2008, the Panel looked at progress made on the Rotherham Alcohol Harm Reduction Strategy and was also able to make suggestions for issues to be addressed in the updated action plan.

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

- The discrete governance arrangements, with a separate board for NHS Rotherham, ensures complete independence from the Trust's provider arm.
- NHS Rotherham has performed very well in the World Class Commissioning programme. Its place in the top 10% of PCT provides further evidence of its sound governance.
- The Trust is taking a very robust position in negotiations over its contract with Yorkshire Ambulance service, to ensure that performance is improved before agreeing to additional funding. The Trust's recent issuing of a performance notice due to Yorkshire Ambulance Service's underperformance in Rotherham shows that it is committed to using its commissioning powers to improve emergency ambulance services for Rotherham people.
- The Board receives regular reports on all contracts and how they are being performed against.
- Financial control arrangements are sound, with the 'controlled target' set by the SHA expected to be achieved in the current year. This should give the Trust approximately £1.7m surplus that will be carried forward into 2009/10.

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

- NHS Rotherham's core values have been refreshed to include 'dignity and respect'. These aspects are now a key part of all contracts with service providers.
- The commissioning arrangements with Rotherham Foundation Trust will fund a comprehensive programme to refresh all ward accommodation. In addition, patients will have more control over their own environment, being able to control their own lighting, curtains etc.

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- All ward accommodation (except the Admissions ward, which is exempt from the target) is single sex.
- Over the last year, there have been no Serious Untoward Incidents raised over placing patients in inappropriate wards. However, there were 4 concerns raised through PALS regarding multiple moves and one formal complaint where a patient who required specialist treatment was admitted to a surgical ward. The complaint was resolved by having his/her treatment given in the appropriate setting.

C14 (information and complaints)

- The Trust is working closely with Rotherham Hospital on 'real time patient feedback'. This allows problems to be put right much more quickly. In addition, the anonymous nature of complaints encourages patient feedback. (Also supports C17)
- The compliance with the NHS Complaints procedure is evidence of compliance with this.
- PALS recieves over 10,000 contacts a year from Rotherham residents, 90% of which are resolved in 48 hours.

C16 (information on services)

- The Trust provides a Health Advice Centre in Rotherham town centre.
- The Health Information Editorial Group ensures that all patient leaflets are easy to understand.

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

- The Trust has a wide range of relationships with patient groups e.g. citizens' juries, which allow users and carers to directly affect commissioning decisions.
- Although the Rotherham LINk is still in its infancy, the Trust is committed to developing its relationship with it in the coming year.
- Focus groups are also used in planning services and feedback given to all those involved.
- In January 2009, the public were invited to attend an event to launch the 'Better Health, Better Lives' strategy, which demonstrates how the Trust will shape services locally.
- The Trust takes part in the national patients' survey that is part of the Quality and Outcomes Framework element of the GP contract.

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

- The Trust is an active participant in the Rotherham Partnership (which has achieved beacon status) and chairs the Alive theme partnership which is responsible for reducing health inequalities.
- The Trust Board is currently discussing the issue of cardio-vascular disease screening. It is considering investment in a two year project that will screen all 40-to 70-year olds for their CVD risk, but will do so only if there is a good evidence base for supporting such a screening programme.
- Health checks have been built into GP contracts to identify patients' blood pressure, body mass index (BMI), smoking status and alcohol intake. Where appropriate, further tests for related diseases, such as diabetes, are undertaken.
- The Trust has produced a Life Expectancy Action Plan in response to a NHS National Support Team for Health Inequalities visit. The aim of this is to implement additional actions that will make a difference to life expectancy in Rotherham by 2010.
- The Trust is closely involved in an ongoing scrutiny review of the barriers to breastfeeding and one member of staff has been co-opted onto the review group. The contribution made by the Infant Feeding Co-ordinator has been invaluable to the review.
- The Head of Public Health (a post jointly funded by NHS Rotherham and the Council) has attended many scrutiny panel meetings during the last year – highlighting progress on a range of public health initiatives and also helping the Panel identify which health inequality it should focus on for its second health scrutiny review. He also made a significant contribution to the Panel's 'Staying Healthy' themed meeting in September 2008. (Also supports C6)
- The Deputy Director of Public Health also gave a helpful presentation and report on Cardio-Vascular Clinics for people over 40 to the Panel's Staying Healthy themed meeting.
- There is now improved access to contraception, including long-term removable methods.
- The Trust contributes to occupational health through its workplace health team, which advises individuals and works with employers. It is currently providing mental health first aid training, to help with identification of the early stages of mental health issues.

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Finally, we would like to thank you for the presentation given to the Annual Health Check working group in March of this year. It gave Members a good overview of the work of your Trust and demonstrated your commitment to engaging with the scrutiny process. From a scrutiny perspective, close working between our two organisations at officer level (through the Local Authority Health Officers Group) has also been very useful.

Over the next few months both scrutiny panels will be drawing up their work programmes for 2009/10 and will bear in mind the issues raised during this year's Annual Health Check process when doing so.

Yours sincerely

Cllr Hilda Jack
Chair of the Adult Services and Health Scrutiny Panel

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

Metropolitan Borough of Rotherham

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April 2009

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

Dear Mr Buck

Healthcare Commission – Standards for Better Health, OSC Comments on 2008/09 Declaration – PROVIDER ARM (ROTHERHAM COMMUNITY HEALTH SERVICES)

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

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

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

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

- The four GP practices run by Rotherham Community Health Services now have core hours of 8 am to 6.30 pm, Monday to Friday, with no lunchtime or early closing, thus improving patient access to services. The recent acquisition of three of these practices by RCHS gives them a sustainable future.
- The Trust has a key role in Rotherham's Integrated Children's Services.
- High quality relationships with partner organisations underpin recent work on care pathways, including back pain and chronic obstructive pulmonary disease (COPD).
- The Trust's Infection Control Lead has been involved in the setting up of the new Community Health Centre, to ensure that the building is designed with a strong focus on hygiene control.

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

- The discrete governance arrangements, with a separate board for Rotherham Community Health Services ensures complete independence from the Trust's commissioning arm. The RCHS' discrete leadership and management, with its own Managing Director, further supports its independence.
- Whilst Scrutiny members are concerned that the Trust has not delivered the required mandatory training in hygiene control and safeguarding children, we are pleased that this issue has been addressed in recent months. Leaflets on both areas were distributed in payslips in February 2009 and staff have been told that their attendance is required at briefings and training.
- The Rotherham LINk will have a place on RCHS's Board. (Also supports C17)

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

- The new Rotherham Community Health Centre will soon provide extended opening hours (8 am to 8 pm), a walk-in service and also accommodate a new GP practice. This will meet a recommendation of the Darzi Review - for each PCT area to have at least one polyclinic. The new centre will better meet the needs of patients by providing a range of diagnostics as well as primary care services on a single site.

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[1] DH: Standards for Better Health

- Chronic Obstructive Pulmonary Disease has a relatively high prevalence in Rotherham due to its history of heavy industry. The needs of patients with COPD are met in a purpose-build state-of-the art therapeutic environment, BreathingSpace. However, at its November 2008 meeting, the Panel was told that only 47% of bed days were currently being used (compared with a target of 85%). We understand that the recent acquisition of 20 beds for intensive short stays (of up to 7 days) will improve bed utilisation rates. (Also supports C6).

C14 (information and complaints)

- The Trust complies with NHS complaints policy and Procedure and PALS (Patient Advice and Liaison Service), ensuring that any complaints or issues raised through these mechanisms inform future service delivery.

C16 (information on services)

- The Trust uses an independent interpreter service where needed.
- It has also been involved in a Learning Disability Advocacy project to ensure more effective communication with this client group.

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

- Where service developments are being considered, the Trust undertakes public consultation. Recent examples include BreathingSpace and the Rotherham Community Health Centre.
- There have been patients surveys undertaken in the District Nursing, ear care and continence services. In addition, real-time survey in the walk-in centre using touchscreens.

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

- The Trust has been involved in a successful project in Maltby where youth workers worked with teenagers at greatest risk of becoming pregnant. The pilot has been evaluated and is being rolled out more widely.
- There is now improved access to contraception, including long-term removable methods.
- The Trust held a joint conference with the Council which highlighted the need to promote self-esteem and choice to potential young mothers.
- The Trust contributes to occupational health through its workplace health team, which advises individuals and works with employers. It is currently providing mental health first aid training, to help with identification of the early stages of mental health issues.

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- The Rotherham Stop Smoking Service provides a range of services from its town centre premises and is meeting its 4-week quit target.
- The Trust is now meeting its target for weighing and measuring primary school children. (Also supports C6)

C23 (health promotion)

- Having previously not achieved its target for Chlamydia screening, the Trust is on on target, but acknowledges that still more needs to be done.

Finally, we would like to thank you for the presentation given to the Annual Health Check working group in March of this year. It gave Members a good overview of the work of your Trust and demonstrated your commitment to engaging with the scrutiny process.

Over the next few months both scrutiny panels will be drawing up their work programmes for 2009/10 and will bear in mind the issues raised during this year's Annual Health Check process when doing so.

Yours sincerely

Cllr Hilda Jack
Chair of the Adult Services and Health Scrutiny Panel

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

Rotherham Foundation Trust **APPENDIX C**

Metropolitan Borough of Rotherham

Cllr Hilda Jack
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April 2009

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

Dear Mr James

Healthcare Commission – Standards for Better Health, OSC Comments on 2008/09 Declaration

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

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

cont./…

From the 1st Domain: **Safety**

C4a (hygiene and cleanliness)

- Although the Trust's Hygiene Code Inspection resulted in a good outcome, it failed on two sub-sections: identification of which staff had not been trained and the use of mops on one ward. Both issues have now been addressed.

From the 2nd Domain: **Clinical & Cost Effectiveness**

C5a (planning and delivering treatment and care)

- The Trust has produced a comprehensive action plan, with allocated funding, to deliver the recommendations made in its Maternity Services review ('Maternity Matters'). It acknowledges that it needs to be asking and listening to service users to identify what service changes are required. (Also supports C17)

C6 (co-operation to meet patients' individual needs)

- The Trust and its commissioner (NHS Rotherham) work together to achieve very short waiting times (average outpatient wait is 1.34 weeks and average inpatient wait is 2.48 weeks) and a maximum total referral time of 9 weeks.
- During the last year most elective patients were screened for MRSA and systems are in place to ensure all such patients will be screened from 31 March 2009. This has resulted in a very low MRSA infection rates (only 6 cases since April 2009, of which 2 were hospital-acquired).
- C. Difficile infections have reduced by nearly 71% this year, following approximately 50% reductions in each of the previous two years.
- The Trust shares with Yorkshire Ambulance Service a 'call to needle' thrombolysis target of 60 minutes and has its own 'door to needle' target of 30 minutes. Whilst it has been meeting the second target, YAS's underperformance on Category A emergencies has resulted in a failure to meet the 'call to needle' target for a sufficient proportion of heart attack patients. The Trust has therefore agreed with YAS that from 16 March 2009, paramedics will administer the clot-busting injection in the ambulance. It is expected that this new arrangement will enable the joint target to be met.
- The hospital now has an Adult Sexual Assault Referral Centre, which has been well used since its opening. It provides services for both men and women.
- The Trust holds a Genito Urinary Medicine outreach clinic at Rotherham College of Art and Technology, which enables it to target these services at a specific age group. The outreach model is being further developed with many other services moving into community settings in the next year.
- The Trust provides some triage services for PCTs outside Rotherham. One of these services set up in the last year has been the Dermatology triage service provided in Doncaster.

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- The Trust, in partnership with NHS Rotherham and the Council is pioneering the use of the 'InterQual' tool to help decide whether patients are receiving timely and appropriate care in the right place, and whether alternative and more cost effective arrangements could be made. So far it has identified that 83% of trauma beds are occupied by patients requiring therapy. This and other information from InterQual will feed into future commissioning, with the likely need for more hospice and intermediate care beds in the future.
- Pharmacy delays are being addressed by having more pharmacists on the ward, employing case managers to ensure each patient's treatment is managed properly and piloting the use of lockable bedside drug cabinets.
- The Trust has a Patient Flow manager with the remit of improving bed management and updating the discharge policy. This year there have been 15 'Section 5' cases who were discharged late due to the shortage of social workers.
- In October 2008, the Adult Services and Health Scrutiny Panel was consulted on proposals for developing mental health services for adults of working age and older adults. The consultation was run jointly by NHS Rotherham, Rotherham Doncaster and South Humber Mental Health, NHS Foundation Trust and Rotherham Metropolitan Borough Council. The outcome of the consultation was reported back to the Panel in March 2009. (Also supports C17)
- The ongoing problems with the Trust's Patient Transport contract with Yorkshire Ambulance Service were addressed at the Adult Services and Health Scrutiny Panel's July 2008 meeting. The Trust's Business and Service Manager for Operational Services gave a report on the activity undertaken by YAS on behalf of Rotherham NHS Foundation Trust. Issues of concern included bringing patients in too early for their appointments, the length of time patients were being kept waiting after an appointment for transport home and that some patients were missing appointments because there were not receiving their letters until after the date. Movement of YAS fleet and staff to the emergency service sometimes compromises the performance of the patient transport contract.
- The Trust acknowledges that although it has access to the Mental Health Crisis team when treating young people who have self-harmed, it needs to work more closely with CAMHS[1] (for children admitted to the general hospital for clinical care as a consequence of mental health problems such as bulimia and anorexia nervosa) .

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

- The Trust has frameworks for Board and Risk Assurance and a risk management strategy that encompasses the whole organisation. It also has also developed a Patient Experience Strategy and a patient safety strategy).

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[1] Child and adolescent mental health services

- Performance monitoring is undertaken at monthly board meetings, using a Performance Accelerator approach which shows the evidence that supports the monitoring.
- Price Waterhouse Coopers undertakes Internal Audit Reviews on behalf of the Trust, adding rigour and independence to the process.
- Corporate Governance committees include representatives of Divisional Patient Services and Standards Managers.

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

- The Patient Experience Tracker asks patients five questions and provides electronic, real-time data. When Matrons ask patients to complete this survey electronically, they also ask for verbal suggestions for improvements. (Also supports C14)
- The Trust contributes to the National Inpatient Survey, plus others that focus on specific areas such as maternity and Accident & Emergency.
- The lead cancer nurse (a joint appointment with NHS Rotherham and the Trust) is working on an End of Life pathway across the health community that has arisen from a national initiative to give people a choice about where they die. (Also supports C6)
- The Trust has developed a set of core values that are supported by Foundation Trust Members and Governors, which are now reflected in the NHS Constitution.
- Security staff are employed in Accident & Emergency to deal with incidents arising from patients who are under the influence of drugs and alcohol. A&E staff are also trained in conflict resolution. However, the Trust will not compromise staff safety and will call the Police if necessary. Wherever possible, such patients are dealt with out of the view of other A&E patients.
- In response to concerns around parking on the hospital site, there has been a review of hospital visiting times, which has succeeded in resolving the problems.
- The Trust's Site Utilisation Plan involves a £40m investment, some of which will lead to increased privacy and dignity for patients.

C14 (information and complaints)

- The National Inpatients Survey identified shortcomings in the Trust's complaints system in 2006/07 changes in practice to raising awareness of complaints has seen the Trust in the top 20% of Trusts nationally. Price Waterhouse Coopers have undertaken an internal audit of the complaints procedure and a revised procedure is currently going before the Board following the changes to the complaints process following the dissolution of the Healthcare Commission. The new procedure will provide a multi-level response so that the hospital can do all it can to resolve an issue itself (including offering redress). Only after the exhaustion of the complaints procedure, will complainants be referred to the Ombudsman.

cont./…

- The recent Urgent and Emergency Care review revealed that improvements are required in the systems to share care plans as these are not always received by carers.

C15 (food)

- Food is available from the hospital's restaurant from 8 am to 2 am and also via 24 hour vending facilities. Patients can request food 24 hours a day through the snack box system. In addition, visitors are allowed to bring in food for patients, under strict conditions.
- Menus are planned on a three week rotation and are on the Trust Intranet.
- Matrons do ward rounds with a focus on food and there are protected meal times throughout the hospital. The Trust has volunteers for assisted feeding.
- There is quarterly monitoring of catering provision, including the examination of complaints. Food has been tested by Board members at the February Board Meeting.
- Appropriate portion size and cultural requirements are catered for.
- Food hygiene training is provided for all new staff and annual refresher training thereafter.
- The Trust is now considering a move to using a cook-chill system (the 'Cuisine Menu'), which will enable patient to choose when they have their meals.

C16 (information on services)

- Appointment letters contain a map of the site and contact details to enable patients to change the appointment if necessary.
- Patient information leaflets in foreign language formats and for those with impaired vision are available on request. In addition, specific specialties have specific patient information leaflets.
- Information is provided on Patient Choice, although the very short waiting times offered by the Trust mean that the majority of Rotherham patients choose to be treated locally.

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

- Over the last year the Trust has been involved in Maternity, Children's and A&E Services Reviews.
- As part of Transforming Care the Trust is implementing the Future Ward initiative which considers all aspects of the ward, including aesthetics, to enhance the patient's stay. (Also supports C13 and C15)

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- Users were involved in designing the Trust's award-winning patient information leaflets.
- There are regular Foundation Trust Membership Surveys on a variety of issues including its trust-wide no smoking policy.
- The Trust, in partnership with the Council, has run a BME Partnership Consultation Event, "Have your say about the Trust Services", from which a BME Hospital Action Plan is being produced. (Also supports C6)
- The Trust contributes to the Patient Opinion website which allows it to receive and respond to comments by patients. There is no externally-imposed target for responding to comments, but the Trust has set itself the timescale of acknowledging comments within one working day and providing a 'personalised rounded response' within 10 working days.
- There is an ongoing programme of patient journeys being undertaken in conjunction with the Rotherham LINk. Until the end of 2008, these journeys were undertaken by the Rotherham Hospitals PPI Forum.

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

- The Trust contributes to the Public Health Strategy through its participation in the Rotherham Partnership, addressing such issues as smoking, sexual health, drugs, alcohol, obesity and infant health. Its representative is a member of the Public Health Steering Group. (Also supports C6).
- Occupational Health initiatives include exercise and weight management for Trust staff.
- The hospital and its grounds have been smoke-free since 2007, in accordance with the policy supported by the Trust membership. The smoking team is on-site 7 days a week to challenge patients and visitors who contravene the ban. All patients are offered support in giving up smoking, including nicotine replacement therapy.
- The Trust is closely involved in an ongoing scrutiny review of the barriers to breastfeeding and one member of staff has been co-opted onto the review group. The contribution made by the Infant Feeding Co-ordinator has been invaluable to the review. (Also supports C6)

Finally, we would like to thank you for the presentation given to the Annual Health Check working group in March of this year. It gave Members a good overview of the work of your Trust and demonstrated your commitment to engaging with the scrutiny process. From a scrutiny perspective, close working between our two organisations at officer level (through the Local Authority Health Officers Group) has also been very useful.

cont./…

…/page 7

Over the next few months both scrutiny panels will be drawing up their work programmes for 2009/10 and will bear in mind the issues raised during this year's Annual Health Check process when doing so.

Yours sincerely

Cllr Hilda Jack
Chair of the Adult Services and Health Scrutiny Panel

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

RDASH **APPENDIX D**

Metropolitan Borough of Rotherham

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

April 2009

Christine Boswell
Chief Executive
Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust
St Catharine's House
Tickhill Road, Balby
Doncaster DN4 8QN

Dear Ms Boswell

Healthcare Commission – Standards for Better Health, OSC Comments on 2008/09 Declaration

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

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

cont./…

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

From the 1st Domain: **Safety**
C2 (safeguarding children)

- There is a Trust Named Doctor (Medical Director) and Named Nurse (Nurse Director) responsible for safeguarding children, such as those whose parents have substance misuse problems. Both are Executive Board members.

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

- In October 2008, the Adult Services and Health Scrutiny Panel was consulted on proposals for developing mental health services for adults of working age and older adults. The consultation was run jointly by NHS Rotherham, Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust and Rotherham Metropolitan Borough Council. The outcome of the consultation was reported back to the Panel in March 2009. (Also supports C17)
- The integrated community service provision has been in place at Swallownest Court in Rotherham for the last few years. Integration with the local community was helped by early opportunities to discuss what services would be provided and to which patient groups.
- Trust staff meet regularly with partners from other local health and social care organisations at all levels.
- The Trust is committed to communicating to the public the scope and remit of the out-of-hours service.
- There are plans to extend and strengthen the Crisis Service in the next 12 months, particularly with respect to services for older people (age 65+) in crisis.
- In order to improve the Trust's performance in the area of discharges facilitated early with crisis resolution home treatment team support (as identified in the Review of Hospital Services for People with acute Mental Health Problems) the Trust has improved communication between the Inpatient services and the Crisis Resolution and Home Treatment service to better facilitate early discharge from inpatient care. The Trust has also recently consulted on a new service provision model which will also facilitate early discharge from inpatient care with the crisis resolution and home treatment team support.

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

- The Foundation Trust's Membership numbers almost 9,000 (with over 6,000 from the public, service users and carer constituencies). 2,000 of these are from the Rotherham public and 4 of the 37 elected governors also come from this area.

cont./…

[1] DH: Standards for Better Health

- The Trust's approach to the Annual Health Check is very robust, with biannual meetings of the Core Standards working Group to test whether there is continued evidence to support compliance with core standards. In addition, the Performance and Assurance group meet monthly to address any problems.
- External assurances have been received from the Audit Commission on internal controls, e.g. the Statement of Internal Control which gave an 'unqualified opinion'.
- Internal audit is provided by South Yorkshire and North Derbyshire Internal Audit Service and its Deputy Head works with the key audit groups (the Core Standards and Risk Management Groups).
- The Board Assurance Framework and Risk Management Framework were reviewed in 2008/2009.
- Committee structures have been reviewed to ensure integrated governance. This enables non-executive directors to ensure they know what is happening.
- There are regular Board to Board meetings with other healthcare organisations. These meetings involve executive and non-executive directors and have the aim of developing inter-organisational governance.
- The Head of Corporate Risk and Assurance (a new post) monitors and reports on all risks to Board of Directors and Council of Governors.
- The Council of Governors includes a learning disability position. The minutes of the meeting are provided in an easy read format.
- Following the Serious Untoward Incident in 2006 (when a mental health service user was convicted of killing his wife in Rotherham) and the subsequent Strategic Health Authority commissioned independent review, the Trust has ensured that there is clear guidance and training for staff on how the Trust expects staff to manage third party information that is of clinical significance. The Trust has also updated the safeguarding section in the clinical risk assessment and the safeguarding policies in relation to adults and children to include assessment of domestic abuse and violence. (Also supports C2)
- In March 2009, the Adult Services and Health looked at the issue of suicide prevention and how the Trust is working in partnership with NHS Rotherham to reduce the risk of suicide in high risk groups. Further aims are to promote mental well-being in the wider population, reduce the availability and lethality of suicide methods, improve the reporting of suicidal behaviour in the media and promote research on suicide and suicide prevention.

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

- Users and carers are also involved in PEAT (Patient Environment Action Teams) assessments looking at issues such as mixed/single sex accommodation. The teams have a remit to look at all of the Trust's premises.
- The Trust's patient survey results (independently commissioned by the Healthcare Commission) are consistently higher than England average. (Also supports C14)

cont./…

- There is mandatory staff training and development around customer service.
- Work has begun on the new single complaints process with the Council, but new national guidance is still awaited. (Also supports C14)
- The trust has a Staff Council and undertakes regular staff surveys.
- There is a developing relationship with the Rotherham LINk. (Also supports C17)
- The Trust works closely with MIND, ReThink and other third sector organisations in Rotherham to provide information and support to service users and carers. The outpatient clinic also has a 'patient and service user information desk' which is provided by the third sector. NHS Rotherham and NHS Doncaster jointly commission an advocacy service called 'Speak Up', which is available through the inpatient services. Discussions are also taking place with commissioners about the provision of Independent Mental Health Advocates, which are a requirement under the new Mental Health Act.

C14 (information and complaints)

- The Trust Complaints policy was revised in February 2009.
- Compliments/Complaints performance information is routinely published.
- There is a customer service focus for PALS/Complaints management.
- The 'Your Opinion Counts' forms can be used to tell the Trust about an individual's experience of using RDASH services and may be completed either electronically or manually. Should the service user request it, a personal response is given.
- Service User Consultation Groups involve patients when a specific development is being planned.

C16 (information on services)

- A policy on the Development of Information for Service Users was developed in March 2009.
- Information is available on the Trust website, which also has a 'Browsealoud' facility to read the highlighted text aloud. This is particularly useful for people who do not have English as their first language, who have a learning disability or a visual impairment. The website includes an equality and diversity webpage.
- An audit of care/treatment leaflets is currently underway. Leaflets are available in different languages and formats (on request).
- The Get it Write group looks at all new and updated leaflets to ensure that the written information is clear and in an easy read format, using recognised signs and symbols to help those with learning difficulties.
- All Foundation Trust Members receive a quarterly newsletter about services, which is a useful resource for signposting.

cont./…

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

- The Trust's Council of Governors is elected from the membership and also represents local partner organisations. It allows local people, staff, service users and carers to have a say in how the Trust develops. (Also supports C7)
- The Trust's User Carer Partnership Council involves users, carers and officers from the Trust and meets on a bi-monthly basis to consider a wide agenda. Sub-groups undertake specific pieces of work, such as the development of a care plan folder for service users that gives written information regarding the CPA and provides a place to keep copies of their care plans and other relevant information. (Also supports C13)
- In addition there are governance groups that are specific to each service and also service user consultation groups.
- Staff survey results are initially discussed at the staff council (which includes the full range of Trade Union and management representatives) and then cascaded to team meetings. Action plans are drawn up for agreed changes which are then implemented and monitored.

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

- The Trust is involved in partnership working through Local Area Agreements, Drug Action Teams and Local Implementation Teams. The planned development of Comprehensive Area Agreements will involve even greater joint working to address health inequalities.
- There are Mental Health Promotion programmes in place with NHS Rotherham, including initiatives such as Mental Health First Aid Training.
- The Trust's Health Wellbeing and Recovery Strategy focuses on service users and staff and covers issues around physical and mental wellbeing, such as diet and exercise.

Finally, we would like to thank you for the presentation given to the Annual Health Check working group in March of this year. It gave Members a good overview of the work of your Trust and demonstrated your commitment to engaging with the scrutiny process. From a scrutiny perspective, close working between our two organisations at officer level (through the Local Authority Health Officers Group) has also been very useful.

Over the next few months both scrutiny panels will be drawing up their work programmes for 2009/10 and will bear in mind the issues raised during this year's Annual Health Check process when doing so.

Yours sincerely

Cllr Hilda Jack
Chair of the Adult Services and Health Scrutiny Panel

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

- OPENING TIMES -

OFFICES

Open 9am-5pm, Monday to Thursday
Open 9am-4.30pm Friday
Drop in is Monday – Friday, 9.30am – 3.30pm

49-53 St Anns Road, Rotherham
S65 1PF

Tel: 01709 829621 Fax: 01709 821327
(answerphone available outside office hours)

ONE STOP SHOP

ADVICE & INFORMATION "DROP-IN"

Mon - Fri 10.00am – 12.30pm re- opening 1.30pm - 3pm
Wednesday 10am – 12.30pm (closed pm)

Tel: 01709 835214

INSURANCE

Mon - Fri 9.30am – 4.00pm
Sat 10.00am – 1.00pm

Tel: 01709 835195

Unit 15, The Old Town Hall
(next door to the Mayor's Parlour)
Howard Street, Rotherham
S60 1QX

(answerphone available outside office hours)

Registered Charity (No. 1039771)

AGE Concern Rotherham

Your Guide to our Services

March 2009

www.ageconcernrotherham.org.uk

Age Concern Rotherham is an independent charity whose charitable objectives are to make the lives of older people in Rotherham as fulfilling and rewarding as possible.

Last year, we responded to well over 20,000 requests for help from the over 55yrs in the borough. We offer our support through twenty one services across the borough to ensure that those who are most socially – isolated, are able to access them. This guide provides further details of these services. Please feel free to call the named contact if you would like to find out more.

Each year we have to raise substantial funds to enable us to continue to support people to the level we do. If you would like to become involved with, or find out more about fundraising in aid of Age Concern Rotherham, please contact:

Angie Nickson
on 01709 829621

OR

Email:

angie.nickson@ageconcern-rotherham.org

- OPENING TIMES -

COMMUNITY INFORMATION

Office Opening hours
9am-5pm, Monday to Thursday
9am-4.30pm, Friday

Unit 15, The Old Town Hall
(next door to the Mayor's Parlour)
Howard Street
Rotherham
S60 1QX

Tel: 01709 835214
(answerphone available outside opening hours)

HOME SERVICES

Open 10am – 3pm, Monday to Friday
St Anns Road, Rotherham S65 1PF

Tel: 01709 786955
Fax: 01709 821327
(answerphone available outside office hours)

- Help people stay active by maintaining links with the wider community.
- Access to intergenerational projects and learning opportunities.
- Listen and respond to views and comments and participate in decision making.
- Opportunity for the older person to have a real say in the running of this service by enabling older people to continue their own chosen lifestyle.

OPENING TIMES 9am – 4pm

FULL DAY - £25, HALF DAY WITH LUNCH - £15
HALF DAY NO LUNCH £10

Price does not include transport

For further details, please contact:
Christine Wright on 01709 786952
or email: chris.wright@ageconcern-rotherham.org

Nail Cutting Service

This service will shortly become available to people aged 50 plus and will be delivered by NHS trained staff.
The cost will be between £12 - £15 per appointment.

This can be either done in your own home or will be offered in our
St Ann's Road Centre.

For further details and to add your name to the waiting list please contact Christine Wright on 01709 786952
Monday to Friday 10 a.m. – 4 p.m.

Or email: chris.wright@ageconcern-rotherham.org

HOME SERVICES DEPARTMENT

Domestic Services

We offer a quality cleaning service by fully trained workers, subject to availability in your area. The service is available Monday to Friday and we charge an hourly rate with a minimum of 2 hours per visit. You can choose how often you wish to book the service (weekly, fortnightly or monthly). A deep cleaning service and a shopping service are also available on request.

For further details, please contact: Client Services on 01709 786955, fax: 01709 821327
Monday – Friday 10am – 3pm
(answerphone available outside office hours)

Email: info@ageconcern-rotherham.org

Accident Prevention

This service is offered to people over 55 years and involves looking at accident reduction, fire safety, security and energy efficiency within their homes.

For further details about this service, please contact:
01709 786955 Mon – Fri 10am – 3pm
Fax: 01709 821327
Email: info@ageconcern-rotherham.org

Handy Person Service

Our fully insured and trained handy persons offer a range of services to older people in the home including minor household DIY jobs, a decorating service and a home security service. Please contact us for details of various service charges. We will purchase materials on your behalf for a small extra charge.

Minor Household DIY / Repairs

Simple task undertaken are:-

Putting up shelves	Replacing Curtain Rails
Changing Tap Washers	Unblocking Sinks
Fitting Smoke Alarms	Moving Furniture
Putting up Security Lights	Assembling Flat Packs

Decorating

Our Handypersons can decorate up to a maximum of two rooms per household. Please note that due to demand there is a waiting list for this service.

We can help older residents to reduce the risk of being a target for potential burglars, bogus callers and/or uninvited guests with the following services:

Home Security Service

If you feel particularly at risk of becoming a victim of burglary, please contact us and our Handyman will pay you a visit. A Handyperson will assess your needs and install security and safety devices such as locks, door chains, spy holes and smoke alarms.

Tidy Gardens, Safer Homes

This service, run by the Age Concern Rotherham Handy Persons team, is to help people over 55 years of age who may find it difficult to maintain their home and garden.

They will carry out basic gardening to 'tidy up' gardens and offer a basic home security check at the same time. This useful service is chargeable, on a not for profit basis. If you or anyone you know might benefit from this service or would like to find out more, please contact us as follows:

Monday – Friday 10am – 3pm
The Handy Person Service, 01709 786955
Email: info@age concern-rotherham.org

HOSPITAL DISCHARGE SUPPORT SERVICE

This is a free service for older people and their carers following discharge home from hospital, offering support, information, assistance and befriending, to clients and carers of people who have a chronic illness or long term health problem.

This service is provided by two staff members and a team of well trained volunteers (for additional befriending), and will complement any Health or Community based provision, ensuring a holistic approach to all physical and emotional needs helping older people to adjust to any changes following a hospital admission.

Hannah Massey or Stephanie Smith - 01709 786958
Email: hannah.massey@ageconcern-rotherham.org /
Stephanie.smith@ageconcern-rotherham.org

HEALTH AND WELLBEING CENTRE

At the Age Concern Health and Wellbeing Centre, we ensure that the service we provide is of the highest standard by delivering a quality service of which older people deserve. The Centre is located on St Anns Road on Monday. The centre employs caring staff who are committed to developing new initiatives which enable older people to live in their own homes longer. Our trained staff are well supported and will have achieved or be working towards National Vocational Qualifications.

What can we offer?

- Opportunities for new friendships and experiences.
- social interaction and stimulation to relieve loneliness and isolation.
- Stimulating range of cultural events, arts, crafts, games, gentle exercise, coffee mornings & social trips.
- assurance that dietary requirements meet the needs of each person offering a nutritionally balanced hot meal.

WILL WRITING SERVICE PROVIDED BY COLLECTIVE LEGAL SOLUTIONS

Age Concern Rotherham is keen to promote the will writing referral service, established in conjunction with local will writer, Janina Wyzykiewicz, of Collective Legal Solutions.

Janina, a former manager and auditor with Barclays Bank, employed by them for in excess of twenty years, belongs to a network of experienced Legal Services Consultants. She prides herself on providing a bespoke, personalised service, tailored to the individual needs of her clients. All business is conducted in the privacy and comfort of clients' own homes for their added convenience, saving them both time and money in traveling costs.

As an Age Concern Rotherham client, you are automatically entitled to receive a full 15% discount off the standard retail price of any service provided by Janina. Also, each time Janina writes a will for an Age Concern client, she has kindly agreed to donate a sum, equivalent to 5% of the value of any business placed, to Age Concern Rotherham.

So if you are interested in making a difference to existing and future clients of Age Concern Rotherham **then please call Dean Harrison or Trevor Nickson on 01709 835195**

INSURANCE OFFICE

The following Age Concern Insurance Products can be purchased:

Home Insurance

Buildings and Contents Cover designed for people over 50.

Car Insurance

Affordable & Quality cover with no upper age limit.

Motor Breakdown Services

Great value cover for up to 35% less than similar cover with traditional organisations.

Quoted November 2007

Travel Insurance

Choice of single or Annual Multi-trip cover with no upper age limit. Cover for your medical conditions wherever possible*.

**Subject to medical and acceptance by underwriters and the appropriate premium having been paid.*

Gas and Electricity

Developed in association with E.ON – The new name for Powergen to provide great value on gas and electricity bills.

Aid Call Personal Alarms

An Emergency response alarm service for use in and around the home.

Funeral Plans

Your family will be spared the worry of having to decide on the arrangements, and the financial stress of paying for them will be eased.

Charity Flowers

Collect an application form to send a bouquet of flowers to a loved one. Any profits Age Concern Rotherham make from selling these products go directly to support Age Concerns charitable activities.

Approval code: ACOEM2V1FEB05

Contact Dean Harrison / Trevor Nickson – 01709 835195
Email: **insuranceservices@ageconcern.rotherham.org**

COMMUNITY INFORMATION DEPARTMENT

Advice and Information

We can deal with enquiries relevant to older people, such as benefits, housing, health and general welfare. We can provide:

- information factsheets and leaflets

- assistance with form filling
- further contact addresses if specialised help is required

Tel : 01709 835214

Email: kelly.parker@ageconcern-rotherham.org

Information Desk / "Drop-In"
Unit 15, The Old Town Hall, Howard Street, Rotherham
9.30am – 3.30pm Monday to Friday. Drop in.
2pm – 4pm Monday to Friday. Form filling by Appointment

Where you can call in to speak to someone and get information.

Tel: 01709 835214

Linkline

This service involves staff/volunteers telephoning vulnerable over 55 yr olds each morning to check they are all right. It can be on a permanent basis, up to seven days a week, or on a temporary basis such as when a carer is away.

This is a free service.

For further information, please contact Kelli Parker on 01709 829621 or 01709 386836
Or email: Kelly.parker@ageconcern-rotherham.org

Advocacy

We can help speak up for and support an older person with complex issues or problems. This may be in relation to services provided by a council department, government agency or one of the utilities.

01709 835214
Email: kelly.parker@ageconcern-rotherham.org

(Home visits and advocacy are available by arrangement)

Residential Care Advocacy – can support through decision making in relation to care homes.

Contact Lynne Crofts – 01709 386833
Email: lynne.crofts@ageconcern-rotherham.org

OPPORTUNITIES FOR VOLUNTEERS!

Would you like to be involved in making a difference?
We always need volunteers to help us in our work.

What could you get out of volunteering with Age Concern Rotherham?

* A way of supporting your local community
* Share skills and gain satisfaction
* Work experience & enhanced employment prospects
* Opportunities to build confidence & learn new skills
* Social contact – New friends
* Being a valued member of a respected organisation
* Reimbursement of your expenses
* Satisfaction! Making the most of your time

What personal qualities do you need?

* Just a liking for and empathy with older people
* The ability to show someone you care
* The ability to work as part of a team
* A willingness to listen and converse well
* Training and support provided.

For more information, please contact:
Claudia Hart or Saba Iram on 01709 786957
Or email; claudia.hart@ageconcern-rotherham.org

NHS Rotherham

Practice Based Commissioning – an update March 2009

Scrutiny meeting 2.3.2009

PBC has now been in place in Rotherham for three years and remains the cornerstone for Department of Health plans for clinical engagement. Much of the first year was spent working with practices to engage them around PBC, and in developing a neighbourhood (or consortia) approach. PCT information systems were also developed allowing practices to review their secondary care activity against defined budgets, which were pooled with existing prescribing budgets.

The last twelve months has seen some further progress across PBC, both in terms of processes that enable PBC neighbourhoods to commission, and specific initiatives leading to improved patient care.

NHS Rotherham, along with five other PCTs were reviewed as part of a King's Fund study of PBC performance across the regions. All PCTs were also assessed through a Mori poll of GPs. The findings in Rotherham are fairly consistent with national findings in that uptake has been slower than DH expectations.

The PCT has been enabling PBC locally by developing the following themes:

1. Direct Incentives – A locally enhanced service (LES) worth a total of £940K per year has been made available to all practices to cover management time and achieving a number of key targets in developing PBC and quality in Primary Care. This equates to approximately £3.70 per patient.
2. An Innovation Fund of £250K has also been made available to all practices, which can be accessed on submission of valid business proposals, to provide up-front costs required to commence initiatives.
3. Transparent Sign-Off Processes – The PBC Sub-Committee of Board has been meeting since June 2007 to review business proposals.

PBC has achieved the following key benefits in Rotherham:

1. Closer practice to practice working, utilising the neighbourhood approach. All of Rotherham's practices are signed-up to PBC although some are more active than others.
2. Systematic in-practice reviews of their outlying referral positions both at practice and GP level.

3. The submission of fifty one ideas for service redesign. Thirty have been approved, the remainder have either been deferred, discontinued or are currently work in progress.
4. The freeing up of resources to target specifically local needs.

Key obstacles faced in developing PBC

1. Mismatched Expectations – PBC was put forward by the Department of Health as a broad brush policy, which would lead to improved general patient care. This inevitably created different views on what was reasonable to expect of practices as they picked up a commissioning role.
2. Practice PBC capacity – All of Rotherham's practices are engaged in PBC to some level. However, the level to which practices engage varies considerably, based upon capacity of clinical staff and practice management, and clinician will to be involved. All practices have a PBC GP lead but often they are the only GP within the practice dedicating specific time to the initiative.
3. Commissioning vs Providing – This is a national issue and is not restricted to PBC, however the practices have found it difficult to separate the two, and hence the majority of proposals are for the PBC neighbourhood to provide a service.
4. Identification of Core Services – Many of the proposals involve paying the practice to provide a service (as per the last point). However, as the national GMS/PMS definitions around "core services" are vague, this means that the PCT is often having consider paying for initiatives that some other practices may be doing as part of their normal contract.
5. Financial – The PCT has invested £2m in PBC over the last three years, not including management resource. Due to the nature of the initiative, it has taken time to develop and evidence value. Whilst this is now starting to happen, there is a financial risk that PBC does not in the longer term provide value for money in terms of benefits realised.
6. Engagement – PBC is not and has never been mandatory for practices. There is therefore a risk that some practices may disengage at some point, compromising existing work streams.

Financial Performance

Due to the revised budget setting process this year whereby the Hospital Services and Prescribing budgets have been merged, there is little likelihood of any practices making savings on their budgets. There is saving projected in prescribing but this has been more than offset by the increase in secondary care expenditure. GP referrals have seen significant increases as have acute admissions.

NHS Rotherham

The next steps

Every year, the DH publishes revised guidance on PBC. This year is no exception except that it has been received in March 2009, which leaves little time to digest and revise funding methodologies for implementation for 2009/10. However, NHS Rotherham is looking to strengthen the process by which GPs and other clinicians inform the planning processes. A new lead PBC manager has been recently appointed and a senior administrative support post advertised.

K Boughen

24.3.2009

NHS Rotherham

Improving Primary Care
Financial Support and Incentives
2008/09

1. The PCT has identified four key areas across Primary Care where opportunity exists for significant improvement in 2008/09. These are: Practice Based Commissioning (PBC), prescribing, e-booking, and delivery of the health inequalities action plan.

2. Practice Based Commissioning has now been in place for two years. Much good work has been undertaken and Rotherham patients are starting to experience the benefits. These include many more in-house referrals preventing the need to travel to the hospital, and several services are now in place offering convenient community based care to patients.

3. The PCT's prescribing position has also improved considerably over the last five years. There is opportunity in 2008/09 to sustain this position and where possible secure further efficiency improvements.

4. The last six months have seen a significant improvement in the utilisation of E-booking. There is opportunity to secure and improve further on this position.

5. Delivery of the Health Inequalities Action Plan is a key priority for the PCT in 2008/09, aimed at targeted primary care treatment of people with long term conditions.

6. This document summarises the overall financial arrangements for 2008/09, to provide clarity on the following:

   - A revised approach to setting PBC budgets which will offer practices that under spend the opportunity to benefit from these savings, whilst protecting the overall interests and financial duties of the PCT.
   - A comprehensive package of incentives, worth a potential £940K, focusing upon PBC, health inequalities, secondary care management, e-booking and prescribing management.
   - Continuation of the PBC Innovation Fund

7. The PCT has attempted to follow national guidance where possible, but in places the local model will be specific to Rotherham, utilising feedback of stakeholders to develop common sense based, sustainable governance

that is aligned with the Primary Care strategy. The primary objective is support better experience and outcomes for patients.

PBC Budgets

8. Currently secondary care activity and prescribing budgets are subject to differing arrangements in the calculation of how "freed-up resources" are achieved. However, both leave the PCT at risk of serious financial risk, compounded by having two different models for each budget. The existing position creates a likelihood that at some point in future years a practice/neighbourhood will under spend, but the PCT will have no funds to make available due to an overall overspend.

9. To negate this risk, from 2008/09 secondary care and prescribing budgets will be unified together and grouped across all practices. This will create a PCT wide PBC "pot" in the region of £165m.

10. Practices will continue to receive indicative budgets at practice level, which will be the budgets against which they may wish to develop business cases. These will also be the budgets against which the practices are assessed against for the proposed LES component in budgetary management.

11. Should the total PCT pot be under spent as a whole at the end of 2008/09, then 70% of this total under spend will be made available to those practices who have under spent their practice indicative budget (on a pro-rata basis). Should the total PCT PBC pot be over spent at the end of 2008/09, then no freed-up resources will be made available to any practices.

12. Both secondary care and prescribing budgets were subject to a top slice (or risk pool) in previous years. By having one PBC budget in 2008/09, this will remove the need for such a risk pool. The budget will be broken down to practice level, and any freed-up resources against the total Rotherham PBC budget would be made available to under spending practices on a proportional basis.

13. Should freed-up resources be achieved by practices, then any payments received either through the locally enhanced service or the Innovation Fund will be the first call on the freed-up resources. This is consistent with the treatment of under spends in previous years.

14. The method by which PBC budgets will be calculated at PCT and practice level is set out in Appendix One.

Local Enhanced Service (LES)

15. Moving to one PCT PBC budget pot will allow the PCT to structure a LES for 2008/09 that supports practices in focusing upon maximising improvements in primary care, whilst being enabled to work on local schemes where benefits can be offered to patients.

16. The LES investment from the PCT is a total of £940k. This figure is equal to £3.70 per patient, and represents a commitment from the PCT to continue enabling practices to engage in improving primary care.

17. The LES will be paid as income to practices which achieve against the following individual components.

PBC LES COMPONENT	TOTAL VALUE			PAYMENTS
1. Practice to Practice working	40p	Sharing of best practice and joint development of business proposals. Each group to commit to one representative on Advisory Group	40p	• 10p to be paid on submission of plan stating which practices will be worked with and areas to be covered (Minimum list size 15,000 and all to meet minimum 6 times per year) • Up to 30p at end 2008/09 on submission of evidence that joint working has taken place across a combined list size of at least 22,000 (the list size of the smallest current PBC neighbourhood)
2. Delivery of Better Patient Outcomes (Health Inequalities Action Plan)	70p	Delivery of specific improved patient outcomes (outside of QOF and other existing incentives) (3 measurable targets subjective to each practice) in improving care across area such as: • Diabetes / Other Long Term Conditions • CVD Risk • COPD Audit • End of Life Care	70p	• 15p to be paid on submission and agreement of 3 clinical outcome target proposal for the year (subjective to practice). • 55p to be paid on submission of evidence that 3 clinical outcome targets for the year have been hit.
3. Secondary Care	80p	Completion/Continuation of PBC	10p	• 10p to be paid on submission

Management		schemes from 2007/08		of form agreeing to complete/continue PBC schemes from 2007/08 (by end May 2008).
		Continuation of in-house referral logs	20p	• 10p to be paid on submission of form agreeing to continue in-house referral logs (with minimum data capture) by end May 2008. • 10p for submission of logs to PCT at end of 2008/09 with evidence of in-practice investigation into variation.
		Investigation into referrals to top 12 specialties (Method of identifying top specialties to be recommended by Advisory Group/PE)	30p	• 10p to be paid on submission of form agreeing to investigate referrals into 6 of the top 12 specialties (by end May 2008). • 20p for submission of evidence to PCT at end of 2008/09 that inappropriate referrals have been addressed at practice level against best practice.
		Plan to support effective use of urgent care including addressing of inappropriate or avoidable emergency admissions.	20p	• 5p to be paid on submission of plan to support urgent care. • 15p to be paid on successful completion of action plan at end of 2008/09.

4. Budgetary Management	£1.30p	Breakeven against practice secondary care budget	30p	• 30p for practice breakeven or under spend against secondary care budget at end of 2008/09.
		Breakeven against practice prescribing budget	£1.00	• 50p for breakeven to 4.99% under spend at end of 2008/09. • A further 25p for 5% to 9.99% under spend at end of 2008/09. • A further 25p for 10% or over under spend at end of 2008/09.
5. Choose and Book	50p	Utilisation (converted unique booking reference number - UBRNs) of Choose and Book system, for first consultant outpatient appointments over the period 1st April 2008 to 31st March 2009 Ensuring referral letters are sent in line with 3:1:1 rule to enable patients to be treated within the 18 week pathway	50p	• 10p (per registered patient) for submission of practice C&B action plan agreeing to achieving a minimum of 65% utilisation for total first consultant outpatient referrals (to be submitted by end of 31st May 08). This aspiration payment will be recovered if the target of 65% utilisation is not achieved or the practice has more than 10% of its referral letter breach the 3:1:1 rule.

				• 15p (per registered patient) on achieving 65% utilisation (converted UBRNs) over the period 1st April 2008 - 31st March 2009 • 25p (per registered patient) on achieving 90% utilisation (converted UBRNs) over the period 1st April 2008 - 31st March 2009
TOTAL PER PATIENT			**£3.70**	
TOTAL ACROSS ROTHERHAM (254,000 POPULATION)			**£939,800**	

NHS Rotherham

Innovation Fund

18. The Innovation Fund will continue to be made available to practices in 2008/09, which will offset the fact that some practices who under spend on their local budget may not receive any resources as a result of the total PCT PBC pot overspending.

19. This will be increased to a minimum of £250K, and will be made available to practices on submission of valid business proposals. Therefore, resources will be available to all practices regardless of whether they have under spent. Any freed-up resources at practice level created through under spends at the total PCT PBC pot will be the first call for business proposals.

20. It is assumed as per previous years that many business proposals will not require funding over and above the LES However, the mechanism of the Innovation Fund means that where viable proposals are developed, they can be agreed at any point throughout the year regardless of whether the practice has under spent.

NHS Rotherham

Appendix One
PBC Budget Setting Methodology 2008/09

Budget Setting

The guidance 'Practice based commissioning – budget setting refinements and clarification of health funding flexibilities, incentive schemes and governance' states;

'The budgets should be based on the last available 12 months costed activity at 2008/09 prices'

Last year we used 2005/06 as the base for budgets however we now have the complete year available for 2006/07, so we propose to use this for the base year.

FACT will need to re-run all the activity from this year to apply the rules published in 'Payment by Results 2008/09' to the 2006/07 activity and to apply the tariffs that have been published for 2008/09.

This re-calculation of the 2006/07 data will ensure that technical changes will not affect the PBC budgets as the rules will then be applied consistently between years. We are aiming to complete this work and to share with practices by the 1st of May.

The Scope of PBC Budgets
The scope of the secondary care budget in 2008/09 will be the same as the budget practices received in 2007/08. However, in 2008/09 the PCT prescribing budget has also been included.

Move to fair shares
When this work is completed we will then need to calculate fair shares using the 'DOH fair share allocation toolkit'.

The guidance states that;

'If the fair share target budget is within 10% the PCT does not have to carry out any pace of change movement. Where the difference is over 10% then the minimum reduction expected is 1%'

It is suggested that the approach taken in 2008/09 reflects the national guidance and is the same approach that was taken in 2007/08 and where we move outliers at a rate of 1%. However, it is suggested that Rotherham PCT undertakes a review of the pace of change involving public health specialists during 2008/09 to inform future year's budgets.

We will need guidance on what percentage is required for practices over 10% away from the fair share budget. The guidance suggests that the following should be taken into account;

1. The fair share allocation
2. QOF prevalence/Deprivation data
3. Secondary Care utilisation review

April 2008

JOINT STRATEGIC NEEDS ASSESSMENT
ROTHERHAM
EXECUTIVE SUMMARY

2008

1. Introduction

What is a Joint Strategic Needs Assessment (JSNA)?

The Joint Strategic Needs Assessment (JSNA) establishes the current and future health and social care needs of a population, leading to improved outcomes and reductions in health inequalities. The JSNA informs the priorities and targets set by Local Area Agreements, leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities throughout the Borough.

The JSNA marks the beginning of a process which will inform service reconfiguration, commissioning and decommissioning of services. The JSNA will evolve over the coming months and years as the demographic and health profile of the population changes. Information gathered in the Joint Strategic Needs Assessment will be used to create a needs profile for Rotherham. It will be used to target resources at those in most need.

Why do we need a JSNA?

Since 1 April, 2008, Local Authorities and Primary Care Trusts are under a statutory duty under the Local Government and Public Involvement in Health Act to produce a Joint Strategic Needs Assessment (JSNA).

The Operating Framework for the NHS in England 2008/2009 refers to the importance of the JSNA in informing PCT Operational Plans. The JSNA underpins a number of the World Class Commissioning competencies.

The JSNA forms the basis of the new duty to co-operate. This partnership duty involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

Joint Strategic Needs Assessment Core Dataset

This document fully complies with the Department of Health's JSNA Core Dataset, published on 1st August, 2008. It focuses on health and social care needs, breaking these down to Area Assembly level so a good understanding of these needs can be established for joint commissioning purposes.

2. Demographic Profile

The population of Rotherham is predicted to increase by 6% to 271,100 by 2018. Factors contributing to growth include; longer life expectancy and increased migration. There will be a significant growth in the population of older people. The number of people over 65 is predicted to increase by over 33% (from 42,200 to 56,365) by 2025. The increase in the number of people over 85 will be greater at 80% (from 5,200 to 9,360) by 2025.

The age and gender distribution in Rotherham is similar to the national profile. Up to the age of 72 years the number of males and females are fairly equal. After this age the ratio of females increases. The birth rate in Rotherham has been steadily increasing since 2002, reflecting the national trend. There has been a continued rise in the proportion of births to mothers born outside the UK, 23% in 2007 compared to 13% in 1997.

Rotherham's BME population is relatively small but growing and becoming increasingly diverse. It is estimated that there are 15,200 (6.2%) people from BME communities living in Rotherham. Population projections predict a 61% increase in the non-white population by 2030. The age profile of the current BME population is younger than the general population with a high concentration of people in their middle years.

Rotherham is currently the 68th most deprived borough out of 354 English districts. The Index of Multiple Deprivation (IMD) classification has improved from 63rd (2004) and 28th (2000).

Key issues

The biggest demographic issue facing Rotherham is the impact of an ageing population. Over the next 10 years illnesses associated with ageing will become more prevalent. This presents a substantial challenge to current models of service provision. Another trend is the increasing BME population, although the age profile of the BME population will continue to be younger than the overall population there will be increasing numbers of older people from BME communities.

3. Social and Environmental Context

There are approximately 110,000 households in Rotherham. Approximately 68% own their own home with one quarter living in socially rented accommodation. Only 3.9% of households suffer overcrowding, significantly lower than the national and regional rates. 14% of households consist of an older person living alone.

71.8% of the working-age population is in employment, slightly below the regional average (73.3%) and national average (74.5%). Over the last ten years there has been a dramatic improvement in Rotherham's employment rate. Rotherham's average unemployment rate during 2007 was 5.1%, below the national (5.4%) and regional rates (5.6%). There were 3,870 people claiming Job Seekers Allowance or Pension Credit in 2008. 76.6% were males and 23.4% females. 80.8% have been claiming this allowance up to 6 months with only 6.8% claiming over a 12-month period. Levels of income deprivation in Rotherham are relatively high with the Borough ranked 70th most deprived out of 354 English Districts.

Rotherham has relatively good access to housing and services rated 285th out of 354 for the IMD Barriers to Housing and Access to Services.

Key issues

Most of the data reported in this section pre-date the national economic downturn. Projections made by Yorkshire Forward predict a fall in employment below 70% over the next year and an increase in numbers of claimants. In previous downturns worry associated with reduced job security and the direct impact of unemployment have impacted on people's short term mental and physical health and this has led to long term impacts on their overall well-being. The national downturn is likely to have an impact on NHS spending at some point in the future and reductions in income will impact on people's ability to pay for social care.

4. Lifestyle / Risk Factors

In Rotherham 25.3% of adults smoke compared to the national average of 24.1%. On average there are about 500 deaths per year resulting from smoking related conditions. The rate of smoking in pregnancy (25%) is well above the England average (16%) and the national target for 2010 (15%).

In Rotherham the death rates for alcohol-attributable conditions are higher than the national average for both males at 49.2 per 100,000 and females 25.5 compared with 47.2 and 23.8 respectively. Rotherham MBC is ranked 241 on this indicator for males and 238 for females out of 354 English Districts.

Results from the 2005-6 Active People survey show Rotherham to be in the bottom 25% Borough for physical activity. 18.7% of adults take part regularly in sport and active recreation. Participation rates are comparable with other local authorities in the same region however.

The estimated prevalence of obesity for adults in Rotherham is 27.7%. This is above the national prevalence of 23.6% and the regional prevalence of 24.1%. QOF data from obesity registers maintained by Rotherham GP practices for 2007-8 indicated an obesity prevalence of 10.1%, far below predicted levels and suggesting that a lot of obesity remains undiagnosed.

Key issues

The key issue arising from this chapter is how health health and social care agencies can effectively work with people so that they can change their patterns of exercise, diet, smoking and alcohol consumption. More work is needed to understand what the long-term impact of current and future health promotion programmes will be. From a service provision perspective programmes that increase peoples healthy life expectancy have the potential to substantially ameliorate the increased demand for services that would otherwise come from an aging population.

5. Burden of Ill health

Over the last ten years mortality rates have decreased in Rotherham although they remain higher than the England average. Infant mortality rates are at an all time low.
Life expectancy at birth in the UK has reached its highest level. A newborn baby boy or girl could expect to live 77.2 and 81.5 years respectively. However life expectancy in Rotherham is significantly lower than the national average. Rotherham is ranked 296th and 294th for males and females respectively compared to other English Districts. The gap in life expectancy between areas of deprivation and affluence has also widened. There are more premature deaths in Rotherham than nationally. The three most significant causes of years of life lost are cancer, circulatory disease and accidents.

The Rotherham population has been living longer over the last 20 years, but the additional years have not necessarily been in good health or free from disability or limiting illness. Healthy life expectancy (expected years of life in good health) and disability free life expectancy (expected years of life free from disability) have all increased between 1991 and 2004, but life expectancy has increased at a faster rate.

It is estimated that in 2008 there were 24,270 people over 65 in Rotherham with a limiting long-term condition, 10% of the population. By 2025, it is estimated that this will rise to 34,305, 13% of the population. It is estimated that 16,267 people in Rotherham aged 18-64 had a moderate or serious physical disability in 2008, 6.4% of the population. This is very close to the national average of 6.2%.

Key issues

The key issue highlighted in this chapter is the changes in increased prevalence of people with life limiting long term conditions. Health interventions are becoming increasing succesful in improving life expectancy. A key issue is how to increase healthy life expectancy at least as quickly as increases in life expectancy so that future demand for health and social care services are sustainable.

6. Mental Health

Treatment of mental health accounts for more than 12% of the NHS budget. The number of people with mental health problems is likely to rise by 14.2% to 9.88 million by 2026. The health and social care costs of mental health in England are around 22.5 billion per year. Treatment of mental health accounts for more than 12 per cent of the NHS budget

The most significant challenge to mental health services is the rise in the number of people with dementia. Dementia is one of the main causes of disability in later life. The World Health Organisation's Global Burden of Disease report, accorded disability from dementia a higher weight than that for almost any other condition because it has a disproportionate impact on capacity for independent living. There are currently 1152 people on GP dementia registers in Rotherham compared with a predicted prevalence of 2851. It is estimated that by 2025 the number of people in Rotherham with dementia will have risen to 4397, an increase of 54% from 2008.

It is estimated that 35 per cent of people with depression are not in contact with services. There is some evidence that early identification of depression can lead to reductions in service costs. Increasing the number of people receiving interventions increases service costs early on but should result in savings further down the care pathway.

Key issues

Mental health is the already biggest cause of ill health in Rotherham. There are two key issues for the future. The first relates to the potential impact of the economic downturn, personal income and employment for those in working age are key determinants of mental health. The second issue is the increasing numbers of people with dementia. A significant amount of work has been done already to realign and extend the Older Peoples Mental Health Service so that it can meet changing needs. The main challenge is the development of an effective community service which promotes independence, maintains cognitive function, prevents secondary conditions and supports carers. This should be underpinned by quality inpatient provision and long term care.

Reducing prevalence rates through preventive strategies could save care costs further down the line. It is estimated that the cost saving from a 30% reduction in dementia prevalence amongst 65-84 year olds would equate to approximately £1.5 million in specialist service. This does not include costs of generic services.

7. Learning Disability

There are approximately 2,000 people aged over 50 years in Rotherham who have a mild, moderate or profound learning disability in Rotherham. This is set to increase to 2,226 by 2015 (14%) and to 2,513 (27%) by 2025. The number of people over 80 years with a learning disability is predicted to increase by 69% in the next 13 years.

The life expectancy of people with learning disabilities in Rotherham is 67 years for men and 69 years for women. This is 10 years less for men and 12 years less for women compared to the general population. People with learning disabilities are 2.5 times more likely to experience health problems. They are also 4 times more likely to die of preventable diseases. People with learning disabilities are 58 times more likely to die before the age of 50. They are more likely to have a long-term illness or another disability. Despite this, life expectancy for people with learning disabilities is increasing. As life expectancy increases so too do the incidence of age-related conditions such as stroke, heart disease and cancer.

The Rotherham Learning Disability Service currently knows 860 adults who are aged 18 years and over, most of whom have a moderate or severe disability. Up to 20 new young people are referred to the adult team each year and the number of people dying is 10 per year. At this rate the Rotherham Learning Disability Service will know approximately 930 people and 1,030 people by 2015 and 2025 respectively, an increase of 8% and 20%.

The total budget for Learning Disability Services in Rotherham during 2007/08 was £26.8 million. This constitutes 24.5% of the budget for adult social care, 3.5% above the national average of 21%.

Key issues

The demographic profile of the learning disability population is going to change over the next ten years. Improvements in neo-natal care mean that more children born with learning disabilities will survive and these children will may long term care and support needs. Similarly, improvements in general health care will mean that there will be an increasing number of older people with learning disabilities. There will be a growing population of older people with learning disabilities who contract conditions associated with ageing. Current service models are not necessarily appropriate for these types of need.

8. Social Care Needs Assessment

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In Rotherham there are currently 15,970 people (38%) in Rotherham who are over 65 years and have a formal social care need. Of these 8,300 are unable to perform one or more activity of daily living. The number of people with a social care need is predicted to increase by 24% in the next 10 years. Rotherham MBC spent £109.3 million on adult social care in Rotherham, 13.1% of the total budget

There are approximately 30,000 carers who provide unpaid informal care, 12% of the population. 52% of carers are over 50 years and around 5% are over 75 years old. There is a heavy reliance on informal care within the BME community.

Over 22,600 home care hours are currently provided each week in Rotherham, with approximately 3,100 people in receipt of service. The cost of home care in Rotherham for 2008/09 was £9,738,519. The average cost per person is £3,517 per year. If service provision tracks the growth of the older population home care provision will grow 15% by 2014 and then by a further 24% by 2018.

There are currently 2,413 beds in residential and nursing homes. Approximately 75% are for older people with the remaining 25% for people with a learning disability, physical disability or mental health need. There are approximately 1,210 residential and nursing places provided per week for older people in Rotherham. Assuming that the number of placements grows at the same rate as the older population this is set to increase to 1,380 places by 2014 and 1,490 by 2018. The cost for residential and nursing care for older people in Rotherham was £19,217,963 for 2008/09.

Key issues

The ageing population will have a significant impact on the costs of adult social care. Using the current service model and assuming that social care spending tracks the increase in the population of older people, Rotherham will need to invest an additional £16.4 million in adult social care by 2014 just to stand-still.

There is evidence that developing care and support services in the community reduces care costs further down the line. However it is unclear how much of a saving is made by shifting towards a community-base model of social care. Moving towards such a service model would require a significant transfer of resources from institutional care to the community. There would need to be

significant reconfiguration of existing community-based services accompanied by an overall increase in adult social care investment.

9. Access to Health

In Rotherham 75% of women who were pregnant had been given a health and social care assessment of need within 12 completed weeks of pregnancy. This is predicted to increase to 93% against a local target of 75%. There are a small minority of women (121 or 6.74%) who are not accessing maternity services in the first six month period. It is estimated that a significant proportion of these women are be from BME communities.

Approximately 50.9% of adults and 73.4% of children regularly visit an NHS dentist in Rotherham, above the national average of 48.3% and 69.0% respectively. There has been an overall increase of 3.3% in the proportion of the population seen by an NHS dentist from 52.6% in June 2006 to 55.9% in June 2008.

In Rotherham the uptake for the flu vaccination for people aged 65 years and over was 76% in 2007-08. This is higher than the World Health Organisation target of 75% for 2010.

80% of women aged 50 to 64 years attended breast screening sessions in 2007, 4% above the national average and 2% above the regional average. There has been a significant increase in the number of women aged 65 to 70 years who have been screened. The proportion of women in this age group has increased from 31.7% to 67.7% in 5 years.

In 2006 39% of attendees at GUM Clinics in the Yorkshire and Humber region were seen within 48 hours, an improvement of 23% from the previous year. In Rotherham 74% of attendees were seen within 48 hours in February 2007, increasing to 83% by May 2007.

Key Issues

The Rotherham Health Community is performing well on all aspects of the core data set identified in this chapter.

10. User perspectives on social and health care

Focus groups and individual interviews were held with service users and carers, in accordance with the CSED toolkit on service user engagement, to inform the development of the Joint Strategic Needs Assessment. The main outcomes from this engagement process were;

- Support for a services which promote independence and maintain people at home
- More support for carers both in the caring task and their own well-being
- Development of low-level support services
- Targeting people who are socially isolated
- Better supported housing options including Extra Care Housing
- Alleviation of the impact of the economic downturn
- Access to transport and activities, especially in the evenings

This chapter also brings together some of the patient surveys that have been carried out over the last 2 years. The National Survey of Local Health Services Survey showed a high level of satisfaction with the GP service in Rotherham. For example, 86% felt that their GPs dealt with the main reason for their visit “completely” to their satisfaction, 12% above the national average. 63% felt they were able to visit a dentist regularly as an NHS patient but patients wanted more access to NHS dentists.

The National Survey of Adults In-patients showed a high level of satisfaction with in-patient care in Rotherham. 79% felt that the doctors and nurses worked well together as a team. 89% felt they had enough privacy when being examined in the A&E Department and were treated with respect and dignity while they were in the hospital. 91% felt that the length of time was acceptable when they were on the waiting list to go into hospital for treatment. 85% felt that they did not have to wait a long time to get to a bed on a ward.

The National Mental Health Survey shows a high level of satisfaction with mental health services in Rotherham. 80% said they have confidence in mental health professionals, had enough say in decisions about their care and treatment and their diagnosis had been discussed with them.

Key issues

Within the focus groups and individual interviews there was a strong understanding of and support for the strategic direction in health and social care. There is also a high level of satisfaction with

many of the services delivered by both NHS Rotherham and Rotherham MBC. The challenge is to develop public and patient engagement so that both organisations can maintain a regular dialogue with service users and carers while implementing significant changes to the way we deliver services.

11. Children and Young People's Needs Assessment

Rotherham is below average on most national indicators compared with the national and regional averages. Breast feeding and smoking in pregnancy are the indicators where Rotherham performing particularly poorly.

23.5% of children (0-15) were deprived of income. 16% of the children of Rotherham live in the 10% most deprived areas of England. 29.6% of the children of Rotherham live in the 20% most deprived areas of England[2 p76].

Recent data indicates an improvement in both the recording of breastfeeding and also the percentage of mothers breastfeeding at 6-8 weeks. However, both targets remain significantly below plan. [1]

Rotherham is not meeting its target on under 18 conception rates. A total reduction in rates of 4.9% has been achieved from 12.6% in 2005. However the governments target for 2010 is a 50 % reduction.

Initial figures from the national weighing and measuring programme suggest a plateau in the rise in childhood obesity locally. This PSA target has been achieved, halting the rise in obesity in Year 5 and Year 6. However rates are still high at 10% and 18% respectively. All measures are higher than the England average.

Key issues

This core data set does not cover all aspects of children's services. However from those that have been considered two questions stand out. What can we do to improve the health of women before and during pregnancy to give children the best start of life? Also, what can we do to address the rising challenge of obesity?

12. Area Assembly Needs Assessment

Rother Valley South

The current life expectancies for men and women are 0.3 and 1.7 years above the local average. The area assembly has a relatively low incidence long term conditions. The area has a very low prevalence of chronic mental health problems and learning disabilities. Low prevalence rates in long term conditions are reflected in the relatively low rates of hospital admission. Rother Valley South has relatively low levels of provision of social care except homecare where it is slightly above average.

Rother Valley West

The current life expectancies for men and women are 0.6 and 0.3 years above the local average. The area assembly has a relatively low incidence long term conditions. The area has a higher than average levels of very low prevalence of chronic mental health problems, including the 2nd highest prevalence of depression in the borough. Low prevalence rates in long term conditions are reflected in the relatively low rates of hospital admission. Despite being an area of relatively low need, Rother Valley West has higher than average provision of homecare and Rothercare. Also, located in the area assembly is the largest volume of residential care in the borough.

Rotherham North

Rotherham North has the lowest life expectancy for men and women in the borough. Despite this prevalence rates of specific long term conditions appear to be low. GP registers have the 2nd lowest rates of COPD, CVD and diabetes in Rotherham. GP registers in Rotherham North also have the lowest numbers of people with heart failure. A&E admission rates are on or below the local average as are elective hospital admissions. Rates of unplanned hospital admission for working adults are slightly higher than the local average but are lower for older people. The proportion of homecare, Rothercare and intermediate care services were below the local average. Volume of sheltered accommodation and residential care placements are also lower than in other areas of Rotherham.

Rotherham South

For both men and women the average life expectancy is below the local average. Women have the joint lowest life expectancy, the same as that for Wentworth South and Rotherham North. Prevalence rates of specific long term conditions appear to be high across the full range.

Evidence for the prevalence of long term conditions is supported by hospital admission rates. Rotherham South had the highest hospital admission rates across the borough during 2007/08. Despite indications that Rotherham South has the greatest need for social care services, analysis of social care data indicates that actual service usage is relatively low. There is relatively high usage of preventive services such as intermediate care and warden support in sheltered housing. However there is a relatively low take-up of homecare provision and only 7.4% of residential placements were located in the area.

Wentworth North

Women have the 3rd highest life expectancy in the borough, whereas men have the 3rd lowest life expectancy, below the local average. Prevalence rates of specific long term conditions appear to be below the borough average across the full range. Data from GP registers indicates that there are low rates of incidence. Evidence for low prevalence of long term conditions is supported by hospital admission rates. Wentworth North has some of the lowest hospital admission rates across the borough. Despite indications that there Wentworth North has the lowest level of need, analysis of social care data shows that actual service usage is relatively high. There is high usage of homecare, warden support in sheltered accommodation and residential care. Preventive services such as intermediate care and Rothercare are below average usage.

Wentworth South

Women have the joint lowest life expectancy. Men also have a life expectancy which is below the local average. Prevalence rates of specific long term conditions appear to be below the borough average across the full range. Data from GP registers located within Wentworth South indicate that there are low rates of incidence. Despite the relatively low prevalence of long term conditions, hospital admission rates tend to be higher than average for the borough. In 2007/08 the area assembly had 4.3% more A&E admissions than the local average. There were 1.4% (460) more elective admissions and 2.9% (529) more unplanned admissions. Wentworth South is a high-user of social care services compared to other assembly areas. It has the highest provision preventive services but also has significantly higher levels of intermediate care provision compared to other areas.

Wentworth Valley

Women and men have a life expectancy longer than the local average, both being 2nd highest in the borough. However from GP register data it appears that there is a relatively high prevalence of CVD, COPD and diabetes. Wentworth Valley has the 2nd largest proportion of people with these conditions on GP registers. Evidence for the prevalence of long term conditions is supported by hospital admission rates. Wentworth Valley has higher than average hospital admission rates for A&E, elective and unplanned admissions. Wentworth Valley is a relatively low user of preventive social care services. It is however a higher user of direct social care compared to other assembly

areas. It has the 3rd highest provision of homecare and the 2nd highest number of people living in residential care

13. Next steps for JSNA

This JSNA is a major step forward in understanding the health and social care needs of Rotherham's population. It brings together in one document a wealth of information on current needs and in key areas such as demographic changes, predictions of future social care needs, and predictions of future numbers of people with dementia it goes beyond current needs analysis and starts the process of predicting how needs will change in the future.

The primary purpose of the JSNA is to inform current joint commissioning plans but it is also an opportunity to evaluate our future needs for commissioning intelligence.
There are two areas in particular where our analysis could be further developed;
The first is more analysis at locality level, some of our current information can only be easily expressed for the whole of Rotherham and work is needed to make more data available at area assembly level.

The second area is reconfiguring services so that they address future needs. We need a better understanding of how demand for services will increase in the future if we continue with current service models. We need to demonstrate how much potential there is to modify future demand by commissioning programmes in areas such as, enabling healthy lifestyles at different ages, the earlier detection of long term conditions and the development of community care. A key challenge is to identify programmes that will improve healthy life expectancy so that the gap between healthy life expectancy and life expectancy contracts. Strategies focusing on this outcome will ensure that the growth in numbers of people with limiting lifelong conditions is kept within manageable limits.

The Children Act 2008 requires local authorities† to prepare and publish an overarching plan setting out their strategy for discharging their functions in relation to children and young people. The Children and Young People's Plan (CYPP) is prepared by local authorities and their partners through the local children's trust co-operation arrangements, feeding into and informed by the Sustainable Communities Strategy. A key element of the CYPP is the requirement to carry out a comprehensive needs assessment, in partnership with all those involved in the planning process, and to review it on a regular basis. The needs assessment is based on the requirement to improve the five Every Child Matters (ECM)9 outcomes for children, young people and their families: be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic wellbeing. The scope of the CYPP therefore extends to all services affecting children in the locality, not just those provided by the local authority. With its focus on outcomes, partnership

working and consultation, the CYPP process is fully consistent with that of JSNA, with JSNA taking the needs of the full age range of the local population into account.

Strategic alignment of the CYPP and JSNA, using consistent and identical datasets, will encourage the planning of services that consider children in the wider context, as part of families, schools and communities. JSNA should take into account the needs of all children, including particularly vulnerable groups such as looked after children, children with disabilities, children in transition and those with caring responsibilities.

The data to inform the health and wellbeing aspects of the five ECM outcomes will eventually be contained within the core dataset for JSNA, together with a wider range of information that can be used to support the CYPP. The Child and Maternal Health Intelligence Unit (CHIMAT, Annex A), is currently developing a specific needs assessment tool for children, based around the requirements of the CYPP and with clear linkage to the JSNA core dataset.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Services and Health Scrutiny Panel**
2.	**Date:**	**2nd April, 2009**
3.	**Title:**	**Stroke Care Services in the Community**
4.	**Directorate :**	**Neighbourhoods and Adult Services**

5. Summary

5.1 This report puts forward proposals for the use of new funding which the Department of Health (DH) allocated to Rotherham MBC to assist with the delivery of effective stroke care. Rotherham has received an allocation which equates to £144,000 for the next two years. The funding is ring-fenced for the purpose of providing support services to stroke survivors and their carers. This report seeks an exemption from Standing Order 48.1 in tendering for contracts over £50,000 due to the specialist nature of the social care provision and the limited number of service providers.

5.2 An internet search did not find any other providers who could show a track record of providing specialist community based services. DH Guidance was based on Stroke Association service models. Other local authorities including Sheffield and Wakefield have not gone out to tender for the same reason.

6. Recommendations

6.1 That the report be noted..

7. Proposals and Details

7.1 This report follows the one agreed by Neighbourhoods Management Team on 18th November 2008. The recommendations from this report were that RMBC;

- Establish an outreach service based at the Stroke Unit consisting of a Stroke Care Co-ordinator,
- Establsih a Family and Carers Support Service, and
- Establish a Community Integration Service.

7.2 These services will be the first stage towards developing a jointly commissioned integrated stroke care pathway.

7.3 The Joint Commissioning Team consulted service users and carers regarding services to be commissioned that would provide most benefit in Rotherham. Consultation took place during September and October with the following groups;

- Stroke Support Group,
- ROPES ,
- Service user group – joint planning,
- Citizen's Jury ,
- Long Term Conditions Priority Group, and
- Stroke Pathway Group

7.4 Individual interviews also took place with stroke survivors and carers.

Stroke survivors, carers and service user engagement groups were very much in favour of a family and carers' support service and support to facilitate community integration. There was also a great deal of support for the development of the role of Stroke Care Co-ordinator to improve timescales for carrying out assessments and implementing care packages.

7.5 This proposal for an outreach service is based on this feedback and accords with the guidance in the Local Authority Circular regarding use of the grant. It is proposed that the project is run as a pilot for two years and then re-commissioned once long term funding has been secured.

7.6 It has been agreed that Rotherham MBC employ the Stroke Care Co-ordinator, funded through the grant and located in the Stroke Unit. The Co-ordinator will manage a case-load of stroke survivors living in the community. The post will oversee the work of the Family and Carer Support and Community Integration Service. The Stroke Care Co-ordinator will enhance the assessment and care management function of Rotherham MBC.

It will increase capacity in assessment and care management and provide specialist support in identifying the support needs of people who have suffered a stroke.

7.7 It is proposed that Rotherham MBC enter into a partnership arrangement with the Stroke Association to deliver the Family and Carer Support Service and the Community Integration Service. The Stroke Association has developed significant expertise in establishing and managing these types of service and the pilot approach allows the models to be tried and tested before being commissioned on a recurrent basis. The Stroke Association operate approximately 200 similar services across the country and have established an excellent reputation.

8. Outcomes

8.1 The proposed services should deliver against all of the social care quality markers identified in the Stroke Strategy subject to appropriate service specifications.

9. Finance

9.1 The grant funding consists of a 3-year grant allocation of £96K per year (£288,000 in total) but permission has been obtained from the Stroke Policy Unit to use the money to fund a 2-year pilot programme that would run from April 2009 for the Family and Carer Support Service.

9.2 It is proposed to commission this service from the Stroke Association at a cost of £100,000 per annum after extensive consultation with service users and providers. The remaining funding of £44k per year will be used to employ a Stroke Care Co-ordinator within the Council to oversee the work of the service and enhance the assessment and care management function. This funding runs alongside a significant allocation in the NHS Rotherham Operational Plan. The numbers that are anticipated to take up the service should justify the expenditure and therefore ensure value for money.

Breakdown of Grant Allocation

	2009-10	**2010-11**	**Total**
Stroke Care Co-ordinator	£44,000	£44,000	£88,000
Family and Carer Support/Community Integration Service	£100,000	£100,000	£200,000
		Total	**£288,000**

9.3 In compliance with standing order 38 (exemptions from contract standing orders), the views of the Assistant Chief Executive (Legal and Democratic Services) and the Strategic Director of Financial Services were sought and they agree with the recommendation for the reasons outlined in the report.

10. Risks and Uncertainties

10.1 Uncertainty about commitment/funding to re-commission services after the pilot period. To mitigate against this risk, an exit strategy will be developed by March 2010.

11. Policy and Performance Agenda Implications

11.1 This initiative will have a positive impact on the following adult services key performance indicators.

NI124	People with a long-term condition supported to be independent
NI139	Independence for older people through rehab & intermediate care
NI131	Delayed transfers of care from hospitals
NI134	The number of emergency bed days per head of weighted population
NI139	Older people receiving the support they need to live independently.

11.2 In particular investment into the stroke care pathway will assist the local authority in achieving the outcomes set out in the Adult Social Care Framework for Performance Assessment. The main standards of performance which are relevant to include;

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

11.3 The new service will be underpinned by a performance management framework, which measures the impact on these key indicators.

11. Background Papers and Consultation

- National Stroke Strategy available from the Department of Health at www.dh.gov.uk
- Local Authority Circular LAC (DH) (2008) 2 available from the Department of Health at www.dh.gov.uk
- The Stroke Association website at www.stroke.org.uk

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ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 5th March, 2009

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

Also in attendance were Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

Apologies for absence were received from Councillors Hughes, F. Wright, Mrs Irene Samuels and Victoria Farnsworth (Speak Up).

232. COMMUNICATIONS.

Members' Seminar – Adults with Autism in England

The Chair reminded Members of the Panel that a Seminar had been arranged on Tuesday 10th March, 2009 in relation to Adults with Autism in England. It would take place in the Council Chamber at the Town hall commencing at 10.00 am and all members were invited to attend.

Victoria Farnsworth

The Chair announced that Victoria Farnsworth, a co-optee from Speak Up had recently given birth to her second daughter, Jessica Lily. She suggested that the Panel's congratulation be passed on to Vicky via the Scrutiny Officer.

233. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

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

There were no members of the public and press present.

235. RESULTS OF THE CONSULTATION ON THE MODERNISATION OF MENTAL HEALTH SERVICES

Chris Stainforth, Director of Finance and Performance presented the submitted report which detailed the findings of the consultation on the proposed improvements to the mental health services provided by Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

The consultation ran for 3 months and finished on 9 December 2008. The

proposals centred around the consolidation of older people services on the Rotherham General Hospital site and adults of working age services at Swallownest. Facilities would be radically improved for inpatients although the number of beds would be reduced. Community provision would be expanded to be able to deliver a modern service model and enable may more patients to be cared for effectively in a home environment.

A comprehensive document which included responses from all the consultation methods was produced and had been made available for members view. The document brought together the key themes and significant findings from the consultation and set out how they would be dealt with over the coming months.

The general view from the consultation was one of support for the changes, particularly improvements to inpatient accommodation and an expansion of community services for older adults. However, concerns were expressed at the reduction in the number of beds and the ability of community services to cope wit the expected increasing number of elderly patients. There were also many useful comments that would be taken into account as part of the design of the new facilities and the development of community services.

The consultation attempted to reach the widest number of patients, carers, staff and public and stakeholders as possible and details of these were contained within the comprehensive document.

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

- Whether there were adequate out of hours services available for out-patients and if so were they adequate. It was confirmed that there was a 24 hour phone line for people in crisis and a liaison service with the ambulance service which were currently meeting response times. However comments had been made during the consultation period, which were being addressed and it was hoped to make the service even better
- How to deal with a patient who refused to see their GP, but were obviously in crisis. Advice could be offered, with the possibility of the GP being called to make an assessment without actually speaking to the patient. If they were of the opinion that they were in need of help then they could be referred.
- Were referrals only made via GPs or was it possible for family and friends to make them on behalf a potential patient. Confirmation was given that if it was an initial referral then it would need to come through a GP.
- Whether there was provision for adults with Autism Spectrum problems. Work was being undertaken with Learning Disability colleagues to offer a joint service to adults with autism spectrum problems.

- Reference had been made to a review of day services being undertaken but to date no one had seen the document produced. It was agreed that a copy would be circulated to members of the panel.
- Other than the crisis 24 hour helpline, it was queried whether there was to be any other helplines. It was confirmed that a non-crisis helpline would be operating from the summer under the single point of contact number.
- How Social Services and the Local Authority were involved in the developments
- Whether there was funding in place to commence the building work when necessary. Funding would be a combination of a capital scheme loan and re-utilising reserves which had been built up. A business case had been put together and if this was approved the loan would be applied for. Early indications were positive for the loan being granted.
- Concerns were raised about the effect on a small number of NHS Rotherham staff working on the inpatient wards. Confirmation was given that some staff would need to be relocated, but that one to one interviews would be taking place with all staff concerned.
- The timescales for the health equity audit was queried and it was agreed that a copy of this would be circulated when it was available.
- Should the transport review reveal that public transport provision was not adequate to Swallownest, would there be any scope for funding additional bus services. It was agreed that this would be investigated and reported by the Panel.
- What the timescales NHS Rotherham was working towards. It was confirmed that additional work was being undertaken in relation to older adults and it was agreed that a further report would be presented to the Panel after the audit of integrated services.

Resolved:- That the findings of the consultation be noted and the continuation of the project to modernise mental health services be approved.

236. MENTAL HEALTH FIRST AID - UPDATE

Debbie Smith, Deputy Director of Operations presented the submitted report which updated members on the current progress and future plans for Mental Health First Aid Training in Rotherham.

Mental Health First Aid (MHFA) is the help given to someone with a mental health problem prior to professional help being obtained. The aims were:

- To preserve life where a person may be a danger to themselves or others
- To provide help to prevent mental health problems developing into

more serious states
- To promote the good recovery of good mental health
- To provide comfort to a person experiencing a mental health problem
- To raise awareness of mental health issues in the community
- To reduce stigma and discrimination

MFHA did not teach people how to become therapists but it did teach them how to recognise the symptoms of mental health problems, how to provide initial help and how to guide a person towards appropriate professional help. It was a 12 hour training programme taught by accredited MHFA Instructors.

It was hoped that MHFA training would contribute towards the delivery of local targets relating to adult health and well-being, social inclusion and promoting equality and the local economy. It was also within NHS Rotherham's 5 Year Strategic Plan as part of the Transformational Initiative on "Improving Mental Health Promotion".

Mental Health problems account for 5 out of 10 leading causes of disability worldwide and in they are the leading cause of Disability Adjusted Life Years, which is the number of health years of life lost. One in six people in Rotherham of adult working age will have a common mental health problem (anxiety or depression) at any one time.

Mental health promotion, which included training such as MHFA could reduce the risk of some people developing a mental health problem, help people developing a mental health problem to access appropriate services quicker thereby improving the outcome and finally reducing the stigma of mental health problems.

NHS Rotherham recognised that good mental health was also a protective factor for physical health. It improved the health outcomes and recovery rates for things like coronary heart disease, diabetes and stroke. Poor mental health was associated with slow recovery rates for physical health problems, poor self-management conditions and health damaging behaviours.

MHFA was just one of the recommended actions within the Rotherham Mental Health Promotion Strategy. Through the implementation of the strategy and programmes like MHFA the aim was:-

- Improvements in mental health literacy (people having a better knowledge about mental health/ill health and where to go for help)
- Early detection of mental health problems, with support and signposting, targeting employers, carers and frontline staff
- People with mental health problems having improved access to support from family, friends and colleagues
- People having a better understanding of how to look after their own mental health

- Reduced stigma and discrimination towards people with mental health problems.
- NHS Rotherham has subsidised all 20 courses, 9 will delivered by the end of March 2009 with a further 10 in 2009/10.

Since August 2008, 73 people had attended MHFA courses, on of which targeted workers working with BME communities.

Initial evaluations of this training had shown that workers had felt that it was something which would assist them in their working practice.

Recent case studies from Managers in one organisation who had attended the training had shown that it was being used both within the organisation and outside. People were reporting more confidence to be able to offer help and signpost people to appropriate services.

The MHFA had been thoroughly evaluated on a national and international level and progress on the training Rotherham was reported to the Mental Health Planning Team.

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

- Whether it was felt that that there was enough capacity in the existing mental health services in order to meet the needs of new service users identified through the Mental Health First Aid initiative. Confirmation was given that counselling and therapy would assist but fuller detail would need to be sought from the author of the report.
- Would members of the Panel be able to attend the MHFA training sessions. It was agreed that this question would be taken back to the author and the response would be reported back.
- What training was available for GPs in the area? There was an assessment process undertaken with the PCT but this would not be specific to MHFA. It was agreed that this would be taken back to the author of the report and the response would be reported back.

Resolved:- That the report be noted and responses referred to above be sought and fed back to members of the Panel.

237. SUICIDE PREVENTION INITIATIVES

Debbie Smith, Deputy Director of Operations presented the submitted report which updated members on the current progress and future plans for suicide prevention in Rotherham.

It was reported that there were around 20-25 suicides in Rotherham per year but compared with other similarly deprived boroughs Rotherham's suicide rates were less than what would be expected.

A population level suicide audit was recommended by the Mental Health National Service Framework and the first was undertaken by NHS Rotherham for 2007/08, although RDASH did carry out reviews on suicides on patients under their care.

The aim of the audit was to ascertain any issues that primary care teams thought might have been relevant about individual suicides and see whether there were overall trends and learning points from individual cases.

Suicide prevention was much wider than the suicide audit although it was not the sole responsibility of one organisation. Partners included Police, departments within the Local Authority, the Highways Agency, the voluntary sector and emergency services. The National Suicide Prevention Strategy for England (2002) reflected this partnership approach and set out a programme of activity to reduce suicides which included:-

- Reducing the risk in high risk groups
- Promoting mental well-being in the wider population
- Reducing the availability and lethality of suicide methods
- Improving the reporting if suicidal behaviour in the media
- Promoting research on suicide and suicide prevention

Some of the above were being delivered at a national level. However on the whole programme, NHS Rotherham had as part of its 5 year Strategic plan, a target on 'Improving Mental Health Promotion'. NHS Rotherham was implementing a mental health promotion strategy which would:-

- Promote the mental well-being of Rotherham through a settings approach, paying particular attention to vulnerable and at risk groups
- Raise public understanding of mental health and how they could look after their own mental health and that of others
- Involve organisations and communities to take positive steps to promote and protect mental health
- Combat discrimination against individuals with mental health problems and promote their social inclusion.

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

- How many people who had attempted suicide, but not succeeded had taken up support offered? And of those who had not taken up support what was the reason for refusal.
- How many people were re-attempting suicide, and what was being done to help them?
- Were there certain locations where suicides were more prevalent and if so were these locations being monitored?

- Was there any services being offered specifically to ex-service people with mental health problems?
- How well were the media being used to promote mental health in a less negative way? It was confirmed that a dvd had been produced in relation to anti-stigma and there was a national campaign "Time for Change". The Health Promotion Department dealt with all areas of media work, and it was agreed that would be approached to discuss their promotion techniques.

Resolved:- That the content of the report be noted and that it be brought to a future meeting for further discussion.

238. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 12TH FEBRUARY 2009

Consideration was given to the minutes of the meeting of the Adult Services and Health Scrutiny Panel held on 12th February, 2009.

Reference was made to minute 223 in relation to mentoring of co-optees. It had been agreed previously that Elected Members would be paired up with individual co-optees for mentoring purposes but to date this had not happened. It was confirmed that Delia Watts would be arranging this in the very near future.

Reference was made to an issue which had been discussed at the meeting on 8th January, 2009 in relation non attendance of members of the Panel. It was agreed that Delia Watts would contact these members and report to the Panel on the outcome of her discussions.

Reference was made to an issue which had been previously discussed in relation to co-optees providing information to the Panel on the work of their specific organisations. It was agreed that the presentation which was to given to Elected Members on 10th March 2009 would be presented to the Panel at a future meeting and all other co-optees be invited to speak at future meetings.

Resolved:- That the minutes of the meeting of the Panel held on 12th February, 2009 be approved as a correct record for signature by the Chair.

239. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 9TH & 23RD FEBRUARY 2009

Consideration was given to the minutes of the meetings of the Cabinet Member for Adult Social Care and Health held on 9th and 23rd February, 2009.

Resolved:- That the minutes of the meetings of the Cabinet Member for Adult Social Care and Health held on 9th and 23rd February, 2009 be received and noted.

ADULT, SOCIAL CARE AND HEALTH
9th March, 2009

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

Apologies were received from Councillors P. A. Russell and Barron.

111. MINUTES OF THE PREVIOUS MEETING HELD ON 23 FEBRUARY 2009

Resolved:- That the minutes of the meeting held on 23rd February, 2009 be approved as a correct record.

112. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2008/09

Mark Scarrott, Finance Manager (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 January 2009 and forecast costs and income to 31st March 2009.

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

During the year there had been a number of budget pressures within the service, mainly in respect of the delays in the implementation of shifting the balance of home care in-house to the independent sector. This was due to the decisions taken by the Council to undertake a further round of consultation with Trade Unions and employees. On 21st January, 2009 Cabinet approved a revised estimate for the service of £1m and the latest report now showed a projected balanced budget by the end of the financial year assuming the completion of shifting the balance to 65%/35% split was achieved.

There still remained underlying budget pressures within residential care within physical and sensory disabilities due to an increase in demand and the average cost of care packages, increased demand and cost of direct payments and increased energy costs.

These pressures were being offset by additional income from continuing health care funding, slippage on developing supported schemes within learning disabilities and management actions identified from budget performance clinics.

The overall forecast outturn also included the impact of the delays in finalising the construction and opening of the two new residential care homes. The decommissioning of the five residential care homes was now

complete.

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

A discussion took place around direct payments and why there was still an increased cost attached to them and when this would cease to be the case. It was confirmed that this was due to some services continuing to be provided via block contracts and the services being provided were currently very limited. It was agreed that a presentation would be given at the Cabinet Member meeting to be held on 6th April 2009 to help members understand direct payments more.

Resolved:- (1) That the forecast balanced outturn against the revised budget for 2008/09 be noted.

(2) That a presentation be made at the meeting to be held on 6th April 2009 in relation to Direct Payments.

113. PETITION - PROPOSED CHANGES TO CARE SYSTEM AT POTTERIES COURT

Consideration was given to a petition which had been submitted in respect of the proposed changes to the care system at Potteries Court.

The Director of Health and Wellbeing confirmed that this was similar to a petition which had been reported at the Cabinet Member meeting on 9th February 2009 in respect of Oak Trees

She agreed that correspondence to the petitioners to clarify that the proposed changes would not affect their current level of care and support.

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

(2) That a response be sent to residents confirming that the level of care and support received by residents would remain unaffected.

114. 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 those paragraphs indicated below of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

115. LEARNING DISABILITY FUNDING TRANSFER REPORT

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in relation to the Learning Disability Funding Transfer.

The draft paper 'Valuing People Now' published in early 2008 signalled a planned transfer of commissioning responsibility and associated funding for social care services provided by Primary Care Trusts to Local Authorities as the lead commissioners for Learning Disability services. The final amount for transfer was expected to be agreed between the NHS and local authorities by 28th February 2009 for submission to the Strategic Health Authority. The final return to the Department of Health had to be made by the 31st March 2009. This timetable was in line with the contracting timetable for the NHS.

Rotherham submitted the proforma in December 2008 with a baseline amount agreed for transfer (£5.3m). Further discussions had taken place to resolve the outstanding £1.2m and these had now been concluded.

Resolved:- (1) That the Cabinet Member approve the transfer of the full amount of funding for submission to the Strategic Health Authority (SHA) by 28th February 2009, subject to Cabinet/Board agreement and Chief Officer sign off by the 31st March 2009. This would take the transfer amount to £6.4m in 2009/2010.

(2) That the Cabinet Member notes the risks inherent in the process and a plan to mitigate these be agreed as part of the process.

(3) That Cabinet Member notes the proposals to review the provision at the three SYHA homes, and endorse further work to develop the project plan into a detailed proposal for agreement at a future meeting.

(4) That a final report in relation to redirection of funds from pooled budgets be presented to a future meeting.

116. STROKE CARE SERVICES IN THE COMMUNITY

Dominic Blaydon, Strategic Planning and Commissioning Manager presented the submitted report which put forward proposals for the use of new funding which the Department of Health allocated to Rotherham MBC to assist with the delivery of effective stroke care. Rotherham had received an allocation which equated to £144,000 for the next two years which was ring-fenced for the purpose of providing support services to stroke survivors and their carers. The report sought an exemption from Standing Order 48.1 in tendering for contracts over £50,000 due to the specialist nature of the social care provision and the limited number of service providers.

Resolved:- (1) That the Cabinet Member for Adult Social Care and Health approve the exemption from Standing Order 48.1 and award the contract for the provision of Family Carer and Support Service and Community

Integration Service to the Stroke Association for a two year period commencing April 2009.

(2) That the report be presented to the next Adult Services and Health Scrutiny Panel on 2nd April 2009.

117. ADULT SOCIAL SERVICES (COMPLAINTS) REVIEW PANEL - CLIENT 1/2009

Consideration was given to a report in respect of the decision and recommendations made by the Adult Social Services (Complaints) Review Panel for Client 1/2009.

Resolved:- That the decisions of the Complaints Panel and the reasons for the decisions, outlined in the letter of response dated 28th January 2009 to the complainant be received.

118. ACTION PLAN ARISING FROM ADULT SOCIAL CARE AND HEALTH (COMPLAINTS) SUB-COMMITTEE MEETING HELD ON JANUARY 26TH 2009 IN RESPECT OF COMPLAINTS MADE BY CLIENT 1/2009

Consideration was given to the Action Plan arising from Adult Social Services (Complaints) Review Panel held on 26th January 2009 in respect of complaints made by Mr M.

Resolved:- That the Action Plan be noted.

119. ADULT SOCIAL SERVICES (COMPLAINTS) REVIEW PANEL – CLIENT 2/2009

Consideration was given to a report in respect of the decision and recommendations made by the Adult Social Services (Complaints) Review Panel for Client 2/2009.

Resolved:- That the decisions of the Complaints Panel and the reasons for the decisions, outlined in the letter of response dated 18th February 2009 to the complainant be rejected as it did not meet the blue badge criteria.

120. DATE AND TIME OF NEXT MEETING:- 23 MARCH 2009

Resolved:- That the next meeting be held on Monday 23rd March, 2009 commencing at 10.00 am.