ADULT SERVICES AND HEALTH SCRUTINY PANEL

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

Date: **Thursday, 4 June 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.

For Decision

6. Nomination Of Representatives To Serve On Other Panels (Pages 1 - 2)

For Consideration

7. Care Quality Commission (CQC) Inspection of Safeguarding and Physical Disabilities & Sensory Impairment (herewith) (Pages 3 - 8)

8. Improving Access to Adult Social Care services for Black and Minority Ethnic Older People (herewith) (Pages 9 - 15)

9. Rothercare Direct progress and development (herewith) (Pages 16 - 21)

10. Adult Services and Health Scrutiny Panel Draft Work Programme (herewith) (Page 22)

11. Primary Care Dentistry in Rotherham (herewith) (Pages 23 - 37)

For Information

12. MH 1st Aid and Suicide Prevention - Answers to questions raised at 5/3/09 meeting (herewith) (Pages 38 - 40)

13. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 2nd April, 2009 (herewith). (Pages 41 - 49)

14. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 23rd March 2009 and 6th April 2009 (herewith). (Pages 50 - 67)

15. 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 items of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any person (including the Council)).

16. Home from Home (herewith) (Pages 68 - 103)

Date of Next Meeting:-
Thursday, 9 July 2009

Membership:-

Chairman – Councillor Jack
Vice-Chairman – Barron
Councillors:- Blair, Clarke, Goulty, Hodgkiss, Hughes, Kirk, 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), Jonathan Evans (Speak up), Victoria Farnsworth (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 6

Rotherham Metropolitan Borough Council

Adult Services and Health Scrutiny Panel **4th June, 2009**

NOMINATION OF REPRESENTATIVES TO SERVE ON OTHER PANELS

The Scrutiny Panel is asked to consider the nomination of Members to serve on the following Panels and Groups etc

(a) **Members Consultation Advisory Group**

To nominate one representative and a substitute
currently Councillor Doyle (substitute Councillor Turner)

(b) **Member Development Panel**

This Panel meets on the third Thursday of the month, at 2 pm. It is chaired by Councillor Sharman and includes representatives from all scrutiny panels, the Executive and regulatory boards. It plans the Member Development Programme, approves attendance at Leadership Academy and monitors the quality of training through feedback.

Scheduled meetings:- 25th June, 23rd July, 24th September, 22nd October, 19th November, 17th December, 21st January, 18th February, 25th March, 23rd April, 24th June, 22nd July

Currently Councillor Wootton

(c) Members Sustainable Development Action Group

To nominate one representative
Currently vacant (substitute Councillor Doyle)

Meets on a Friday at 10.30 a.m. at the Town Hall – 31st July, 4th September, 30th October, 8th January, 5th March, 30th July.

(d) **Looked After Children Scrutiny Sub-Panel – two elected members**

This panel meets quarterly, usually on Wednesday afternoon.

The sub-panel was set up after the 2005 scrutiny review into 'the role of Councillors as Corporate Parents', to improve services and outcomes for children and young people in care. Its terms of reference includes:

- To review reports on Councillor visits to children and young people's residential establishments;
- To consider and monitor reports on the extent to which the Council is meeting its statutory responsibilities to looked after children and care leavers as laid out in the Children Act 2004 and withy regard to five themes of the 'Every Child Matters' agenda;

- To consider progress on meeting targets in Fostering and Adoption;
- To receive regular progress reports on the preventative measures being taken to reduce the overall number of children in the care of the Council;
- To keep under review the Council's arrangements for ensuring that it fulfils its role as corporate parent (including the arrangements for designated school governors) and make recommendations to the Council's Cabinet on improvements

To help members undertake their role, briefings on Government initiative such as Care Matters and Members' corporate parenting responsibilities can be organised as required.

Currently Councillor Jack and Janet Mullins

Health, Welfare and Safety Panel

Meets 2 months out of 3 on Friday as follows:

1st Month at 9.15 am – Visit of Inspection
2nd Month at 2.00 pm – Panel Meeting

Scheduled meetings:

Visits of Inspection – 19th June 2009, 25th September 2009, 11th December 2009, 19th March 2010, 18th June 2010.

Panel Meeting – 10th July 2009, 16th October 2009, 15th January 2010, 23rd April 2010, 9th July 2010.

Currently Vacant with Councillor Wootton as substitute

Review of the Community use of School Buildings

Currently Ann Clough

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Services and Health Scrutiny Panel**
2.	**Date:**	**4 June 2009**
3.	**Title:**	**Care Quality Commission (CQC) Inspection of Safeguarding and Physical Disabilities & Sensory Impairment**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

The Care Quality Commission (CQC) has confirmed that Rotherham will be part of the forthcoming national programme of inspections. CQC will undertake a joint inspection of safeguarding adults (all ages) and services for people with physical disabilities between 23rd June and 2nd July 2009.

6. Recommendations

That Scrutiny notes the joint inspection of safeguarding adults (all ages) service and physical disability and sensory impairment service by the Care Quality Commission.

That Scrutiny receives a presentation on the Directorate's review of strengths and areas for development.

7. Proposals and Details

The newly established Care Quality Commission issued an Inspection Assessment Framework to the Council on the 1st April 2009 which sets out the performance and outcome characteristics for organisations that either 'perform excellently', 'perform well', 'perform adequately' or are 'performing poor'. This will inform their inspection methodology and focus for the forthcoming inspections of safeguarding adults (all ages) and services for people with physical disability, which they have confirmed will take place from the 23rd June until the 2nd July 2009.

7.2 **Inspection of Physical Disability and Sensory Impairment -** this is an inspection of the quality of life for people living in Rotherham with physical disabilities and/ or sensory impairments. It is a corporate and borough wide inspection and will assess evidence of leadership and partnership working which translates into real outcomes for local people. This inspection will assess performance against two main outcomes, 'improved quality of life' and 'increased choice and control'.

7.3 There are six themes to the inspection:

- Universal services – CQC will assess access to and quality of transport, leisure, shopping, employment, nightlife etc
- Promoting independence – CQC will assess social care and health services and how well they promote independent living within communities
- Preventative services – CQC will assess social care, health, information and the role of the VCS
- Specialist Provision – in relation to social care and health services
- Care management styles – in relation again to social care
- Range of services provided – in relation to social care and health

7.4 A self assessment of the service carried by NAS with input from partners has identified the following key strengths:

- LAA targets are in place to measure the level of independent living, employment and training
- Joint commissioning priorities have been agreed with NHS Rotherham on the management of long term conditions and intermediate care within the community
- There has been MTFS investment to recognise developments required
- There is a Joint Disability Equality Scheme in place with NHS Rotherham
- Residential care costs are lower than average
- There has been corporate investment into leisure facilities and improving access at public buildings to comply with the DDA
- There is a dedicated team to support people with head injuries
- There is top quartile performance for reviews and intensive home care for people with physical disabilities and an emergency carers scheme is in place
- Customer surveys revealed 94% satisfaction ratings for home adaptations
- There has been an increase in the resources made available for home adaptations and the number of people assisted has also increased consistently over the past 5 years

- Occupational therapists are employed alongside 2010's Decent Homes programme to ensure that people with mobility issues get their needs met when their homes are refurbished. In a recent survey, 81% of tenants surveyed said that this service has helped improve their health
- Rotherham is considered a Centre of Excellence for the blue car badge system
- High profile events have taken place to raise awareness of disability issues such as the Fair's Fayre multi agency stakeholder event attending by over 4000 people
- Level 5 of the Equality Standard has been achieved across the Council

7.5 The following areas are currently being examined as part of an improvement plan:

- Review and make recommendations for improving access to transport and leisure services
- Increasing the amount of support and choices for people to remain at home
- Develop a commissioning approach to this user group by reviewing where placements have been made and contacting service users with new options
- Implement plans to spend the 2009/10 budget investments

7.6 A review of similar inspections of other Councils has identified a number of corporate and partnership wide contributions that have contributed to good inspection findings. These have been explored as part of the improvement planning and include:

- Having transitional arrangements in place between children's and adult services
- Having dispute resolution practices and protocols where health and social care jointly fund services
- Having robust joint commissioning arrangements and dedicated partnership arrangements in place that seek to improve services for disabled people
- Having made clear progress with the JDES
- Embedding the "social model" of disability
- Having equal access to shopping, nightlife, parks and sporting venues, for people with disabilities
- Having fully accessible transport provision
- Having LSP commitment and investment that improves the quality of life for disabled people
- Having coordinated and meaningful corporate wide consultation with disabled people.

7.7 Inspection of Safeguarding (all ages) - This is an inspection of how safe vulnerable adults are in Rotherham and the CQC will assess the quality of services for people with mental health needs, people with a physical disability or sensory impairment, older people and people with learning disabilities. Similar to the approach for the inspection of physical disability services, this is also a partnership wide inspection. The assessment process will collect evidence about how well the Council works with partners, the VCS and social care providers to improve care standards and make people safer. The themes to this part of the inspection are establishing whether:

- Services users and carers are safeguarded from all forms of abuse, neglect and self harm
- Services users and carers are free from discrimination and harassment should they require a safeguarding intervention
- Services users and carers find that personal care provided respects their dignity, privacy and personal preferences
- There is a trained and skilled workforce, and that protecting adults in embedded at all levels of the organisation
- There is strong and effective supervision of cases
- Service users are kept safe and in control

7.8 A self assessment of the service has identified the following key strengths:

- There are clear Council commitments about Safeguarding and these are regularly communicated to customers and staff, including elected Member support via a dedicated Councillor Champion. In addition a multi-agency safeguarding awareness raising week has been organised and an' Eyes and Ears' campaign has been launched across Assessment and Care Management and will be used to inform safeguarding and contracting concerns
- There is MTFS investment to further develop the service
- A Safeguarding Board is in place with revised performance and governance arrangements, including producing a "How Safeguarded is Rotherham' performance report
- Multi agency procedures have been revised to comply with Department of Health 'No Secrets' guidance and a recent CSCI national report
- Customers have defined Service Standards which are in place
- There is single contact point for all referrals, a new "Text to Tell" service in place and a dedicated Safeguarding Team in place since December 2008
- There is an E-learning programme in place and increased investment in staff training for in-house, partners and providers
- After care procedures are in place including Victim Support
- Protection Plans are accountable and SMART and signed off by Safeguarding Manager only
- Serious Case Review protocols have been developed and an Independent Management Review has been submitted for the recent Highfield investigation
- Risk assessments are conducted on every referral taken
- "Home from Home" is in place which tests the quality of services provided in all residential and nursing homes – 5 homes have been tested so far and a further 38 will be carried out in 2009/10.

7.9 A self assessment has identified the following areas to be developed as part of an improvement plan:

- The number of referrals that we continue to receive is higher than the national average
- Progress with the Highfield serious case review and learning gathered
- Implementing the Deprivation of Liberty legislation
- Development of the multi-agency strategy
- Complete the Home from Home assessment on all Care Homes

8. Finance

8.1 Some of the improvements identified have been assisted through the MTFS as part of the 2009/10 budget process which increased investment in both of these service areas - £1.2m for services for people with physical disabilities and sensory impairment and £484k for the new safeguarding infrastructure. This increased level of expenditure is higher than the national average and the improvement plans are designed to achieve maximum value for money.

8.2 There are a number of financial implications that may arise from the review, preparation and improvement work associated with both inspections. The Corporate Communications and Marketing Group have identified to date £23k to assist with the inspection process.

9. Risks and Uncertainties

9.3 There are a number of risks associated with these inspections and the implications that this has on the Annual Performance Assessment for Adult Social Care, for the Councils organisational assessment and for the borough's area assessment of Comprehensive Area Assessment (CAA). The inspections are part of the CMT Risk Register.

9.4 The inspections are corporate and partnership wide assessments. They are not just about adult social care and, in taking this assumption into account, we have developed a review and improvement programme that includes a focus upon adult social care services in addition to reviewing access and quality of universal services.

9.5 The inspection process includes a review of transport and leisure services in the borough. These have been identified as they are service user priorities, benchmarking has revealed that these are the corporate issues most likely to be assessed and are services which have either undergone or about to receive significant investment.

10. Policy and Performance Agenda Implications

10.1 The outcomes of the inspection of safeguarding and physical disability services will be an important feature of the Annual Performance Assessment judgement for adult social care and for CAA. The CAA process will assess quality of life for vulnerable people in particular and these inspections are therefore really important for our first CAA judgement in November 2009.

10.2 The Care Quality Commission (CQC) went live as the regulatory body for adult social care and health from 1st April 2009. CQC merges the previous regulatory and inspection functions of the Commission for Social Care Inspectorate (CSCI) and the Healthcare Commission, which regulated NHS organisations. The developing work programme of CQC suggests that the merged regulatory body will jointly assess the quality of services and commissioning arrangements. CQC is part of the CAA mechanism and will identify 'red tags' and 'green tags' to feed into the Area Assessment and Organisation Assessment.

11. Background Papers and Consultation

11.1 Governance arrangements have been established to manage the on site Inspections - including a 'preparing for inspection' board which will oversee and coordinate the information flow between officers and the inspectors and onsite inspection process. There are also two separate Physical Disability and Safeguarding Improvement Groups which are tasked with implementing the improvement actions which have arisen from our self assessments. Chief Executives Directorate, NHS Rotherham and Neighbourhoods and Adults Services are represented. Adult Services and Health Scrutiny Panel will receive copies of the review and progress with the improvement plans from April 2009. Members, officers and partners will also receive communication briefings throughout the inspection period.

11.2 Background Papers

- Service Improvement Plans
- Care Quality Commission Reviews in 2009/10, CQC
- 'Independence, well being and choice' Department of Health, 2006
- Review of transport in Rotherham, March 2009

Contact Names:

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Dave Roddis, Service Quality Manager, Extension 3917, Email dave.roddis@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	Adult Social Care & Health Scrutiny Panel
2.	**Date:**	4 June 2009
3.	**Title:**	Improving Access to Adult Social Care services for Black and Minority Ethnic Older People
4.	**Directorate:**	Neighbourhoods and Adult Services

5. **Summary**

This report informs Cabinet Members of progress made in increasing awareness and take up of Adult Social Care services for older people from Black and Minority Ethnic (BME) communities as result of a 6 months pilot undertaken at Rotherham General Hospital.

It also highlights the need to extend the pilot for another 6 months in order to endeavour and achieve top banding performance for the relevant Performance Assessment Framework Ethnicity Indicators for older people E47 and E48.

6 Recommendations

To extend the pilot into a second 6 months phase to collect and collate further information in order to identify deficits in service provision and subsequently inform commissioning requirements.

- **Note that NAS PAF E47 is off target for achieving best percentage performance for 2008 / 09**
- **Note that NAS PAF E48 has exceeded best percentage performance for 2008 / 09**
- **Support the development of a partnership approach with The Rotherham NHS Foundation Trust to implement the protocol that will increase service take up.**

7. **Proposals and Details**

Background

In March 2008, Neighbourhoods and Adult Services (NAS) initiated a hospital based project in partnership with Rotherham NHS Foundation Trust, to raise awareness of Adult Social Care services available to Older People from BME communities and to increase service take up.

The methodology for this was by interview / questionnaire which were undertaken by staff with the relevant communication skills who attending the hospital 2 mornings each week, working with the Hospital Assessment & Care Management team to identify older people from BME communities who had been admitted into hospital.

The decision was to focus on the Pakistani community who are identified in the Rotherham 2001 census as the largest BME group with specific focus upon the older people from that community. The Older People group were chosen as performance management information systems identify that there is a disproportionate under representation of this population in proportion to older people in Rotherham who access assessments and subsequent service provision.

There is sufficient evidence to suggest BME communities access services at crisis point (e.g. access to mental health services, admission to hospital for acute health care). The hospital setting was chosen as the preferred way of identifying and engaging vulnerable BME customers who from past initiatives have been / are a difficult to engage with, and because of their current circumstances be more likely to require support and meet the eligibility criteria for assessment and support services whilst in hospital.

It is worth noting that the BME population has a much younger age profile than the general population and its diversity is increasing rapidly. These factors will have future implications for NAS service planning.

Introduction

The project was conducted by phased implementation.

Phase 1 - Develop and Pilot questionnaire (0-2 months);

Phase 2 - Undertake interviews (0-6 months);

Phase 3 – Develop protocol for referral (0-2 months);

A total of 59 interviews were undertaken and enquiries were made by customers for information on health and social care services which included services for Carers, Direct Payments, BME Day Care, Memory Clinic, Intermediate Care, Meals on Wheels and community based service provision by the Voluntary/community sector.

Phase 4 - Project Evaluation and Final Report (month 6);

The outcomes have been grouped by emerging key themes;

1. ***Knowledge/awareness of Adult Social Care Services***
   There are low levels of awareness for the range of Adult Social Care services available (confirmed by nearly three quarters of all patients interviewed),

2. ***Access to services***
   There is substantial language and communication difficulties being experienced by customers, hence the need for interpreter provision during interviews and also for the customer's access to potential health and social care information and the subsequent services. Nearly three quarter of patients stated they do not currently receive Adult Social Care Services and from the range of services offered, information was requested by nearly one third of customers interviewed, which included meals on wheels, transport, laundry and BME Day Care.

3. ***Assessment and care management***
A number of customers interviewed had a range of long term conditions that had been identified which included physical disabilities, mental health, (including depression and dementia), heart related conditions (heart disease, heart attack, stroke), blood pressure, kidney problems, diabetes, cancer and falls, with only a small percentage, approximately 25 percent n receipt of formal support services.

4 ***Social care needs***
Nearly half of all patients interviewed had daily some element of social/personal care needs, such as, washing, bathing, cooking, shopping, cleaning and collecting pensions.

5 ***Carers issues***
More than three quarter of all patients lack knowledge of the range of carers services available and stated that they lived with either with a family member or relative (including identification of young BME carers).

Outcomes

- Four care packages are currently in place and clients receiving services (approx 10% of patient sample)

- Identification of the need for service to be extended for a further 6 months phase commencing April 2009.

The action plan will address both how we will change services and evaluate the success in improving access to information and services for BME older people and what the hospital needs to address as result of the research project.

8. **Finance**

There are no significant financial implications arising directly from this report. The continuation / extension of the pilot will be met from existing resources.

9. **Risks and Uncertainties**

Demonstrable performance 'Achieving Excellence' (previously Equality Standards for Local Government) is needed for the 'Care Quality Commission' inspection rating and for the evidence portfolio for 'Achieving Excellence', which is critical to CAA. It is important the current momentum is maintained so NAS do not fall behind and reduce the Council's overall aggregate score. There is a need to maintain Customer Service Excellence award as the Inspector showed interest to the approach and stated the need to extend the project to wider service areas, for example Physical Disability Inspection will be crucial.

Failure to provide access to information for this customer group will ultimately have a significant detrimental effect upon the health and wellbeing of customers and on our performance ratings.

Improved access to information and assessed needs may result in the identification of potential support service deficits which may have budget implications which are not yet identifiable until the evaluation of the second phase in October 2009.

10 Policy and Performance Agenda Implications

Performance Assessment

Neighbourhoods and Adult Services aim to achieve best percentage banding performance for the Performance Assessment Framework Indicators E47 (within the range of 1-2 is considered best percentage) for 2008/09 is off target and E48 (within the range of 0.9 to 1.1 is considered best percentage) for 2008/09 has been exceeded as indicated in the table below.

Performance Assessment update for E47 and E48

Performance Indicator*	**Target 08/09**	**Current Performance (Aug 08)**	**Comment**
PAF E47 Ethnicity of older people receiving assessment	1.46	0.89	Off target
PAF E48 Ethnicity of older people receiving services following an assessment Neighbourhoods and Adult Services	1.05	1.09	Exceeded

**Caution - increasing service take up and performance requirements may be difficult to achieve as both indicators are be influenced by small increases in numerator and then calculated using Census 2001 data which is under-representing likely 2007 data.*

Rotherham's 2008 Performance Assessment Notebook (PAN) contained 13 areas for development. This report will contribute against two of these areas for development and relate to Outcome 1; Deliver against an action plan arising from the BME Health Needs Assessment and Outcome 5; Implement the recommendation from the project 'engaging with BME communities at the point of admission to hospital'.

The implementation of the action plan will ultimately provide useful evidence for Level 5 of the Local Government Equality Standard and for Comprehensive Area Assessment, which places a renewed focus on vulnerable people and communities.

11. **Background Papers and Consultation**

NAS Service Plan 2008-2011.

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Action Plan 2009-10

Objective: Improving Access and uptake of Adult Health and Social Care services for Black and Minority Ethnic older people.					
Action	**Milestones / Measure**	**Target Date**	**Lead Responsibility**	**Resources**	**Progress**
Identification of patients admitted into hospital to ensure patients can better access to health and social care information / services;	- Identification and recording of customer information	Commence April 2009	Head of Equality & Diversity at RFT Sayed Ahmed, Anjum Zaidi, RGHFT/ Mark Joynes NAS	RFT Staff time re access to patient information NAS Health & Social care Coordinator	Ongoing
Undertake questionnaire interview	- Increase access to health and adult social care information and services;	Commence April 2009	Mark Joynes	1 Part time NAS staff 2 days per week extended until October 2009	Appointment to 6 months secondment post commencing 20 /04/09
Review / extend hospital Health & Social Care Coordinator role	- Initiate appropriate health and social care discharge planning in collaboration with health and social care discharge team (both at time of Admission and continue to reassess through hospitalisation);	September 2009	Mark Joynes / Ian Lindsey		
Develop pathway to provide information and communication of	- Define specific health and social care interventions that meet the needs of individual patients and		Ian Lindsey		

potential services (this will identify and facilitate potential care pathways) Ensure appropriate discharge planning arrangements are in place for BME patients	family/ caregiver; - Discuss prior to discharge with family/caregivers potential outcomes for patients.				
Increase BME older people's awareness and access to health and social care services Ensure and monitor referrals to range of health and social care services after assessment. Evaluation of Phase 2	- Evaluation to provide accessible information in appropriate format for joint health and social care support services. Review / follow up process and recording.	October 2009 October 2009 October / November 2009	Jenny Vaughan NAS Customer Services Ian Lindsey Mark Joynes Sayed Ahmed	Cost to be determined subject to identification of information pack requirements. Current Assessment & care management staffing resources.	

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Adult Services and Health Scrutiny Panel**
2.	**Date:**	**4th June 2009**
3.	**Title:**	**Rothercare Direct progress and development**
4.	**Directorate:**	**Neighbourhood & Adults Services**

5. Summary

On 17th November 2008, both the Cabinet Member for Neighbourhoods & Cabinet Member for Adults, Social Care & Health agreed that Assessment Direct and Rothercare should be merged to create one service with effect from April 2009. This report provides Members with an update on progress made and also sets out a proposal to further develop the service going forward.

6. RECOMMENDATIONS:

- The Scrutiny Panel notes the progress being made to deliver the new service and agrees to the developments proposed for the service, including restructuring staff roles where required

7. **Background, Proposals and Details:**

7.1 **Background** – On 17th November 2008, both the Cabinet Member for Neighbourhoods & Cabinet Member for Adults, Social Care & Health agreed that Assessment Direct and Rothercare should be merged to create one service with effect from April 2009. In addition, in February 2009, the Cabinet Member for Adults agreed a temporary change to Assessment Direct's current deployment of staff in the Customer Service Centres and District Offices. This led to the withdrawal of Assessment Direct Officers from the Customer Service Centres and District Offices, maintaining the physical Assessment Direct Assistant presence only. At present, customers who visit Customer Service Centres and District Offices and request access to an Assessment Direct Officer are supported by the Assessment Direct Assistant to arrange an appointment at the customer's convenience. Access to Rothercare continues to be provided as a telephony based service, with emergency response providing face to face contacts with individuals where required.

7.2 From 6th April 2009, both Rothercare & Assessment Direct teams are now being managed by the Older Persons Services Manager under Independent Living. Progress towards the full integration of both teams and processes has been as follows:

- A new office space has been designed and developed at Bakersfield Court, the third Extra Care Scheme owned by Chevin Housing Association, but managed by the Council. The office suite has been designed to accommodate a new agile way of working whereby the numbers of staff within the office at any one time will now more accurately reflect the demand from customers. Hot - desk arrangements have been put in place and a booking system for desks is ready to go live.
- On 18th March, the staff currently employed at the Rothercare service relocated from Greencroft to Bakersfield Court. From there, Rothercare continues to provide the Council's in house community alarm service providing emergency call handling and mobile response on a 24 hour basis, 365 days per year.
- RBT are working with NAS to enable Assessment Direct to be relocated to Bakersfield Court by mid April. This move could not have happened sooner due to the need to provide network links to the site to enable access to the Council's ICT system. RBT have also provided a proposal to assist with ensuring the new service has integrated telephony functionality, and are also working on the options to integrate the ICT capabilities to allow Rothercare and social care record held on SWIFT to be shared.
- Formal consultation with staff and Unions has taken place involving group and individual 1:1 meetings to explain the new service and how this will impact on job roles, location of the teams and work patterns.
- Staff from both teams have been encouraged to get involved in reviewing all team processes and procedures so that the new service will be as streamlined as it can be to enable it to expand in the future. Team Managers and the Innovations Team have assisted with this process by holding workshops with staff from both teams.

- Work has begun to improve the range of existing information, leaflets, web pages etc. This has included input from our Learning From Customers Forum and customer facing staff;
- Service Level Agreements are being negotiated for non core business that is currently being delivered by Rothercare such as emergency repairs call handing for 2010 Rotherham Ltd.

7.3 Once both teams are co-located at Bakersfield, the intention has always been to further integrate the working arrangements of the teams as soon as possible. The aim is that the integration of Assessment Direct and Rothercare provides a more joined up approach to a range of enquiries received from vulnerable adults, their families and carers. The service should also be able to support and be an integral part of our developing preventative approach.

7.4 The roles and grades within each team are not however aligned and will require restructuring to maximise the benefits that can be achieved following the extensive "business process re-engineering" work that has taken place in recent months. It is therefore proposed that the service is restructured to improve the current arrangements within both teams, and to enable staff working patterns to become more flexible to meet the needs of customers. Although Rothercare staff currently work in a highly flexible way managing shifts over a 24hour period, the main changes would be for Assessment Direct Officers who currently operate individual and fixed hours. The new structure would require:

- the role of Rothercare Supervisors and Assessment Direct Officers to be merged to reflect a similar level of responsibility and flexibility. This would require both roles to be disestablished and replaced with a new post of "Rothercare Direct Officer". This post would be required to provide specialist advice to customers at the first point of contact but also to act as a team of Duty Officers when on shift. Their role could be expanded to included Contact assessments under the Single Assessment process, assistance with safeguarding referrals and follow up monitoring calls for those who don't meet FACS In the short term, there is limited demand for former Assessment Direct activity to be offered beyond core business hours, so the 24hour element of the service is not likely to require any more staff to work out of hours than the current arrangements for Rothercare. Over the coming months, call volumes will however be monitored and analysed. A customer feedback exercise will also take place to determine whether demand for the social care elements of the service require changes to these arrangements. All posts will be required to work flexibly so that the service can adapt to the changing needs of customers as these emerge.
- The posts of Assessment Direct Team Leader and Rothercare Manager will need to be disestablished and replaced with a new management structure. There will be a need for sufficient management capacity given the 24 hour nature of the service and the number of staff that require direct line management.

- The role of Customer Service Assistant and Rothercare Assistants will need to be merged to create a generic Rothercare Assistant post, allowing staff the opportunities to work within the main telephony and response service, or be based at the service centres.
- The Admin Assistant posts within the teams remain broadly unchanged, although the type of duties may become more varied given the developing nature of the teams.

7.5 Appendix 1 provides a summary of the roles within both teams now, and a summary of the proposal above. The overall numbers of posts required has yet to be finalised, however as there is no additional funding for the service, the costs of the new structure will need to be contained within available resources. There are vacancies currently being held within the service and this flexibility will be used as part of the restructure process. All roles apart from the Admin Assistant will require new job descriptions and may require new grading evaluations to take place.

7.6 It was also agreed by Members that a further options appraisal should take place to determine whether the responsive element of the Rothercare service can be integrated with a NAS wide preventative / care enabling responsive service so that emergency responses would be delivered separate to the control room activity. Mapping of responsive services delivered by the Council or via commissioned services has taken place and there is the potential to streamline these services to create a single borough wide response service to complement the changes taking place within domiciliary care. This could involve providing an in house service based within Areas Assembles and managed under Health & Wellbeing, or by commissioning an external provider to deliver this. TUPE issues may well apply for Rothercare and other RMBC staff who currently undertake emergency response. This work should however be progressed with support from Commissioning & Partnerships regardless of which option is supported for Rothercare Direct and will need to be planned for and incorporated in the restructure proposals.

7.7 **Customer Access –** Although both teams will be co-located by the end of April there will be limited changes from the customer's perspective. Customers will continue to contact the existing services through their normal respective communication channels, although it is likely that the "golden number" will replace the former Rothercare office number. Until a point at which there is sufficient demand, the main telephone based service will be offered during Council core hours (8.30am until 5.30pm). This may be extended once the review of call volumes and customer feedback has taken place. It may be that extended access hours are introduced such as from 7am until 8pm, with the out of hours service continuing around. Ideally, any member of staff who answers a call will deal with any query that comes in, and the intention is there are minimal handovers of customers between staff within the new service.

8 Finance

8.1 There have already been substantial costs incurred to relocate Rothercare to Bakersfield Court. The RBT costs alone amounted to more than £70k as moving the service without disruption required detailed planning and support. The Housing Investment team was able to pay for this as part of the development costs for the former site at Greencroft. The Rothercare ICT platform was also upgraded as part of the move, paid for from Preventative Technology Grant. Relocating Assessment Direct is likely to cost another £40k, although this includes project management time to design an integrated telephony solution for the new team. This is a complex task given that Rothercare has never been on the Council's ICT or telephony network and will always require emergency calls to be prioritized over routine calls. Additional one off items such as office furniture and new PCs have been paid for from within the overall budget for Extra Care which included set up costs for Bakersfield. It may be that the relocation costs for Assessment Direct can be paid for from here as a one off item; otherwise a bid will be made to the Personalisation Steering Group to use the Social Care Reform grant as infrastructure improvements. This grant will also be needed should the integration of SWIFT and Rothercare's ICT platform be required. Further analysis is taking place with RBT on this issue.

9 Risks and Uncertainties

9.1 There are already a significant number of change management programmes already taking place within NAS. Merging Rothercare and Assessment Direct has to date been supported by HR, and the Unions have been kept up to date and invited to consultation events. Nevertheless, restructuring the service into one will continue to require HR input, particularly in relation to Assessment Direct Officers who on the whole seem the most resistant to changing their work patterns to become more flexible shift workers.

9.2 Members agreed that from 6th April 2009, existing RMBC Rothercare Customers who were not assessed for the service would be able to apply to "opt out" of the service. Should anyone come forward, Rothercare Direct staff will need to provide applicants with information about the benefits of the Rothercare service. For those tenants in aged person accommodation, the removal of Rothercare will not entitle the tenant to apply for the right to buy as these properties will remain exempt as publicized in the new Housing Allocation Policy with effect from 1st December.

10. Policy and Performance Agenda Implications

10.1 Improvements to the way our customer access services is an objective within the NAS Service Plan 2008 - 11. Developing and expanding Rothercare, particularly making the community alarm provision an optional service will help deliver the NAS vision, specifically –

"People can exercise choice, retain their independence, be offered protection and have equality of access.

Communities are active and shape local services to meet their characteristics and needs".

Both Assessment Direct & Rothercare currently contribute to our strategic objectives around delivering quality, innovative, efficient, value for money services and enabling independent living to increase the number of people who are helped to live at home. In terms of the contribution to the overall Social Care Outcomes Framework, an improved, modernised service will support older people to remain independent for longer which will specifically contribute to: improved health and emotional well-being, improved quality of life and improved economic well-being. By involving older people, their families and carers in decisions and service design will ensure that we enable them to make a positive contribution and be supported to exercise choice and control about where and how they live.

11. Background Papers and Consultation

- Supporting People Service Reviews
- Previous reports presented to The Cabinet and Cabinet Members (2002-2008)
- NAS Service Plan 2008-11

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Adult Services and Health Scrutiny Panel Draft Work Programme:

Suggested items for Consideration in 2009/10

Adult Services	Health
• Personalisation Strategy • Independent living centre • Voluntary and community sector reviews • Review of Day Care services • Supporting people strategy • Complaints Annual Report - summary • Cab Member – priorities for 2009/10 • Service User Engagement • NAS Approach to commissioning • FACS criteria • Evaluation of 'Shifting the Balance' • Intermediate Care • Social Isolation Review – revisit? • Forward Plan • Revenue Budget Monitoring • Performance monitoring - 6 monthly • Hospital Aftercare Service • Forward Plan Monitoring • New Care Home/Rothercare	• BME Hospital Action Plan • Yorkshire Ambulance Service – performance of 999 service in Rotherham • Ministry of Food – impact so far • Health needs of EU Migrants • Stroke Services • Policies affecting Incontinence sufferers • Commissioning strategy for community services (consultation) • Primary Care Services for 70+ • Annual Health Check • Health Screening • Rotherham Community Health Service • End of Life Care

Dental Services in Rotherham
January 2009

Semina Makhani
SpR in Dental Public Health

1. Introduction

The mid 2005 population estimate for Rotherham is approximately 253,200 (Office of National Statistics 2007).

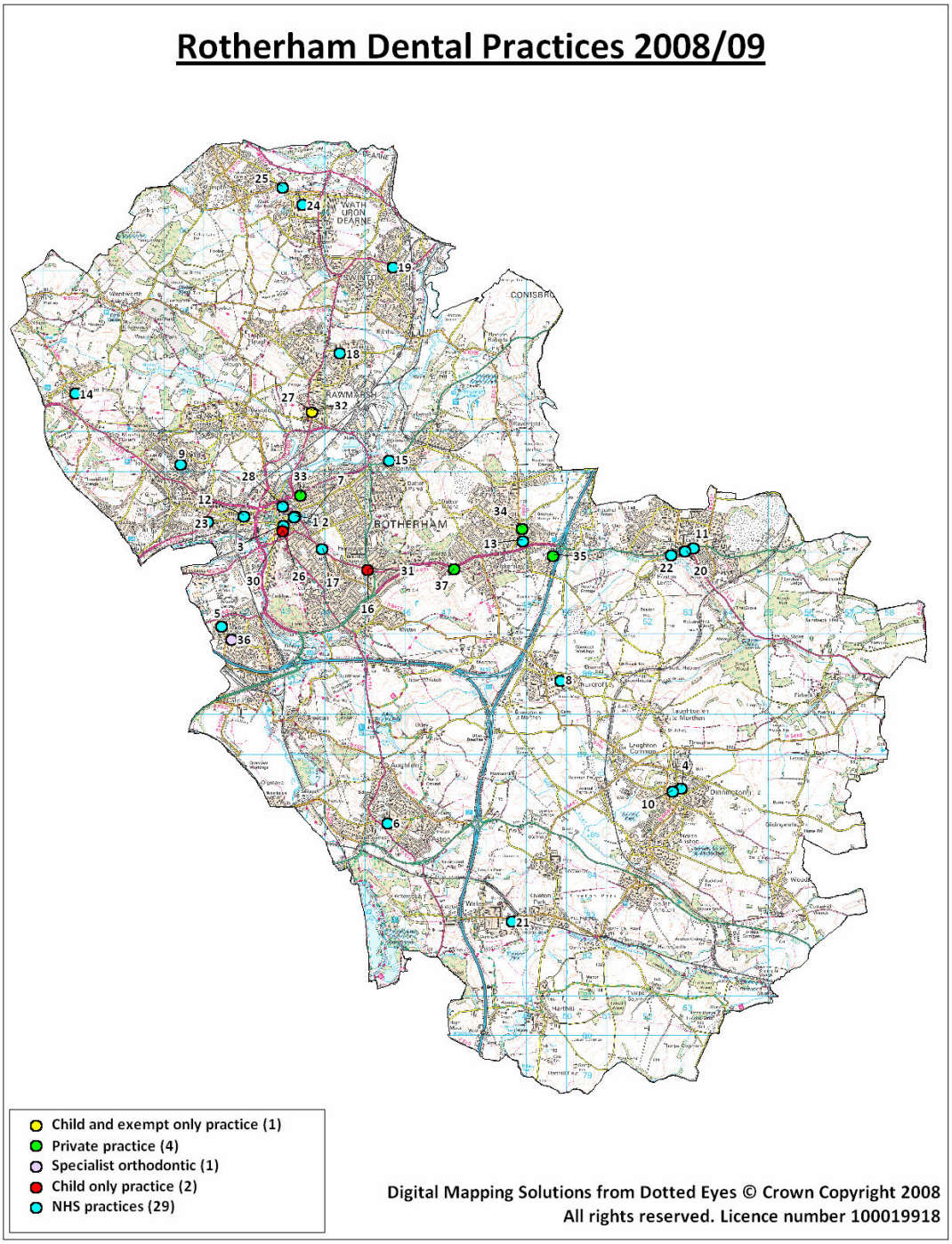
Since the introduction of the new Dental Contract in April 2006, 9 NHS dental practices have closed or gone private in Rotherham. In September 2006 there were 88 General Dental Practitioners working in Rotherham. Using the population estimate of 253,200 this gives a ratio of dentist to population of one dentist to 2,877 population. The ratio of dentist to population ratio for England in September 2006 was 2486 and for the SHA was 2633. These numbers do not take account of whether the practitioners work full or part time. These figures show a there was a lack of dentists working within the GDS and PDS in Rotherham in September 2006.

At present in Rotherham there are 30 practices offering NHS treatment to all groups of patients, 2 practices which only treat children under the NHS, 1 practice that treats children and exempt adults under the NHS, 1 specialist orthodontic practice, and 4 totally private dental practices. The positions of these practices are shown on Map One. In view of high decay rates present in children in Rotherham, the dental workforce is an issue that need to be kept under review and addressed as necessary.

Since the introduction of the new contract in April 2006, dental activity has been measured in UDAs (Units of Dental Activity).At the start of the new contract NHS Rotherham commissioned 386,000 UDAs. At the beginning of this financial year there were 436,029 UDAs commissioned, and recently dental practices in the area were invited to bid for further recurrent UDAs. A further 4500 UDAs have been commissioned, this gives a total of 440,529 UDAs commissioned this financial year.. Map two shows the distribution of UDA across Rotherham on a map of relative deprivation.

A decision has been taken by the Board that all orthodontic treatment in Primary Care will be carried out by a Specialist Orthodontic Practitioner. At present there are 3 practices that provide some orthodontic treatment as part of their contracts. The Units of Orthodontic Activity in the 3 general dental practice contracts will be removed from the contracts and the practices will be invited to bid for the equivalent number of Units of Dental Activity to replace them. The three practices have sufficient capacity to take on the Units of Dental Activity that would replace the orthodontic activity in their contracts. Two out of the three practices are in areas of need.

Map One


Rotherham Dental Practices 2008/09
ROTHERHAM
CONISBRO
RAWMARSH
SWINTON
WATH UPON DEARNE
Child and exempt only practice (1)
Private practice (4)
Specialist orthodontic (1)
Child only practice (2)
NHS practices (29)
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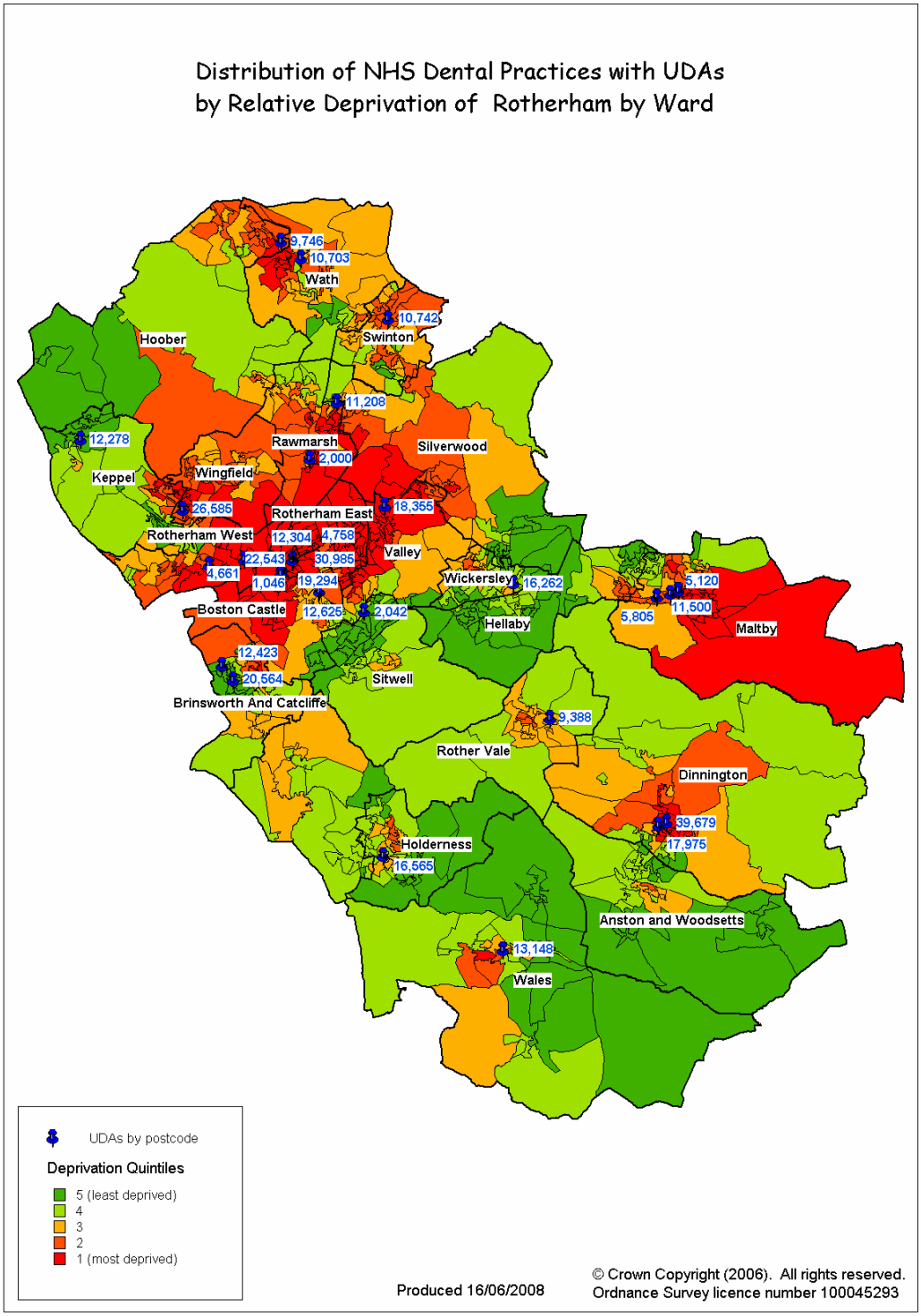
Map Two


Distribution of NHS Dental Practices with UDAs
by Relative Deprivation of Rotherham by Ward
9,746
10,703
Wath
10,742
Swinton
Hoober
11,208
12,278
Rawmarsh
2,000
Silverwood
Keppel
Wingfield
26,585
Rotherham East
18,355
Rotherham West
12,304
4,758
Valley
22,543
30,985
4,661
1,046
19,294
Wickersley
16,262
5,120
11,500
5,805
Boston Castle
12,625
2,042
Hellaby
Maltby
12,423
20,564
Sitwell
Brinsworth And Catcliffe
9,388
Rother Vale
Dinnington
39,679
17,975
Holderness
16,565
Anston and Woodsetts
13,148
Wales
UDAs by postcode
Deprivation Quintiles
5 (least deprived)
4
3
2
1 (most deprived)
Produced 16/06/2008
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Ordnance Survey licence number 100045293

2. Children's oral health

The dental decay rate in Rotherham children is greater than the national average. The evidence for this comes from regular clinical surveys of young (BASCD Survey Report 2003/2004) and older children (BASCD Survey Report 2004/2005), historical treatment figures from the Dental Practice Board in Eastbourne (Business Services Agency 2006), and extrapolation from the national 10-yealy surveys of children (Office of National Statistics 2005) and adults (Office of National Statistics 2000). Table 1 shows the DMFT/dmft of children in Rotherham; in almost all cases the average number of decayed, missing and filled teeth is higher in children in Rotherham than the average for the whole of England. The implications of this is the need for greater provision of dental treatment for children of this age group in Rotherham compared to a PCT where the average dmft/DMFT is less than in Rotherham.

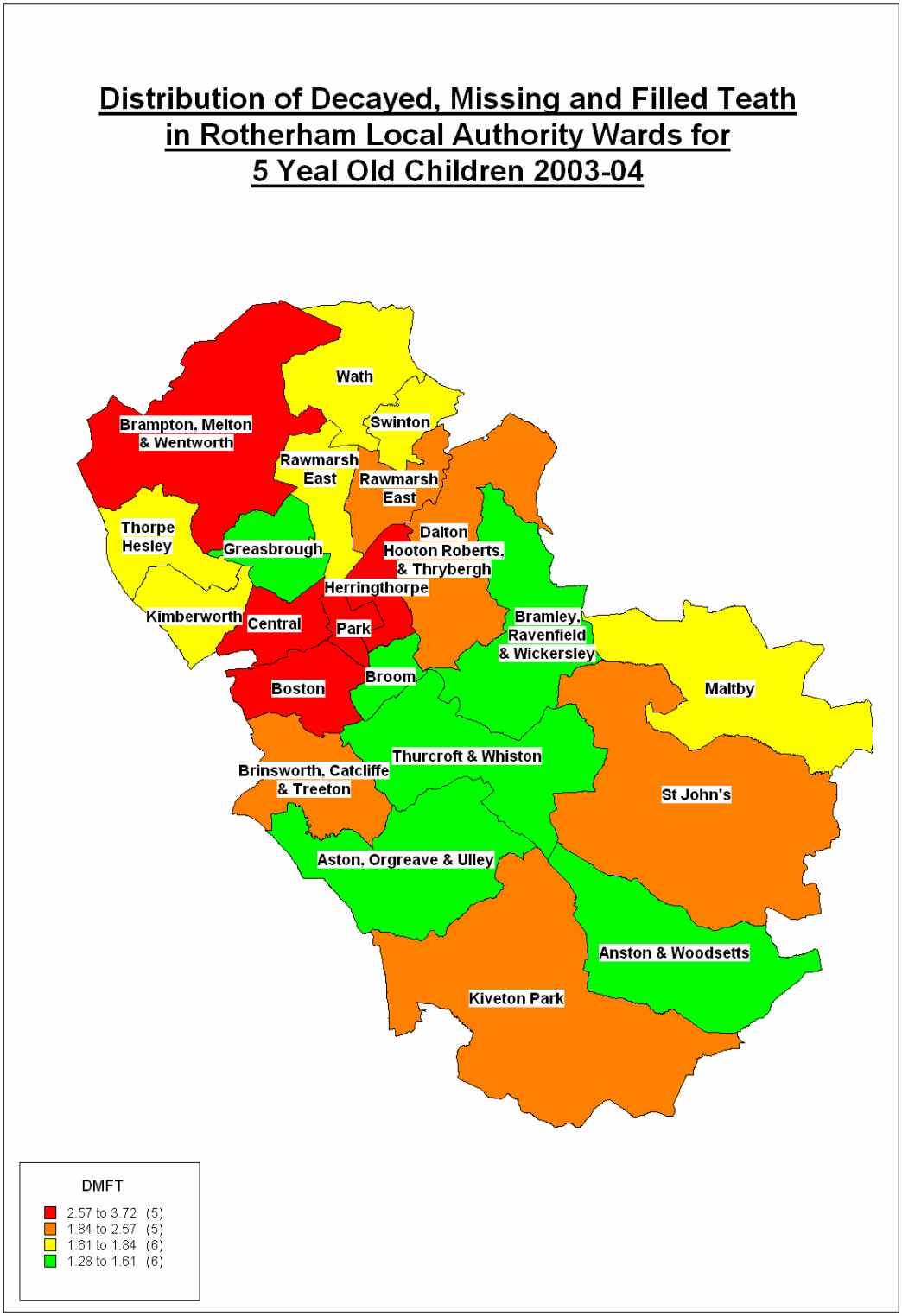
Choosing Better Oral Health: An oral health plan for England was published in November 2005. As part of good practice the plan recommends that PCTs in areas where there is high caries levels should explore the need and feasibility of water fluoridation as it is an effective and safe public health measure to reduce the rate of tooth decay. This would reduce the morbidity and occasional mortality that can result from dental caries. Fluoridation of water supply in Rotherham is the most cost effective, practical and safe way of reducing tooth decay in the population. The evidence base suggests that it is the most effective community measure for reducing dental caries.The RMBC Scrutiny Committee has looked into water fluoridation and for the moment has decided to try other measures to reduce dental caries in Rotherham.

Table 1 DMFT/dmft of children in Rotherham

Age	Year of survey	DMFT/dmft	
		Rotherham	England
5 year olds	2005/2006	1.83	1.47
11 year olds	2004/2005	0.59	0.64
14 year olds	2002/2003	1.68	1.43
12 year olds	2000/2001	0.99	0.86

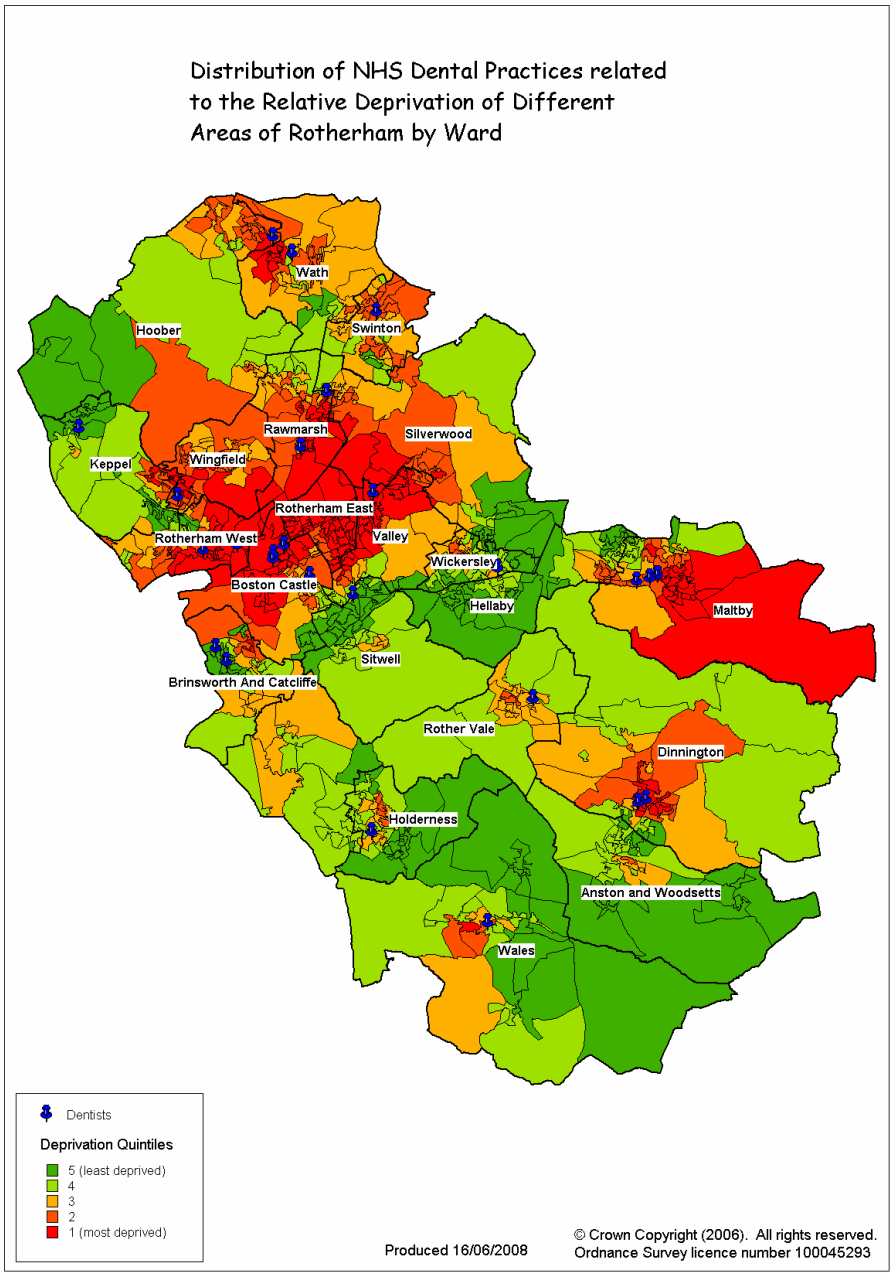
The 2003/2004 survey carried out in association with the British Association for the Study of Community Dentistry showed that Rotherham 5 year olds had an average DMFT (number of decayed, missing and filled teeth) of 1.89, with some areas around 4. This contrasts starkly with the national mean being only 1.49. Map Three shows the distribution of decayed missing and filled teeth in 5-year-olds in Rotherham in 2003-2004.

Map Three


Distribution of Decayed, Missing and Filled Teath
in Rotherham Local Authority Wards for
5 Yeal Old Children 2003-04
Wath
Swinton
Brampton, Melton
& Wentworth
Rawmarsh
East
Rawmarsh
East
Thorpe
Hesley
Greasbrough
Dalton
Hooton Roberts,
& Thrybergh
Herringthorpe
Kimberworth
Central
Park
Bramley,
Ravenfield
& Wickersley
Broom
Boston
Maltby
Thurcroft & Whiston
Brinsworth, Catcliffe
& Treeton
St John's
Aston, Orgreave & Ulley
Anston & Woodsetts
Kiveton Park
DMFT
2.57 to 3.72 (5)
1.84 to 2.57 (5)
1.61 to 1.84 (6)
1.28 to 1.61 (6)

Evidence has shown that oral health is inversely related to deprivation, i.e. the greater the deprivation in an area the poorer the oral health is in that area. Map Four shows the relative deprivation of different parts of Rotherham and the position of NHS dental practices.

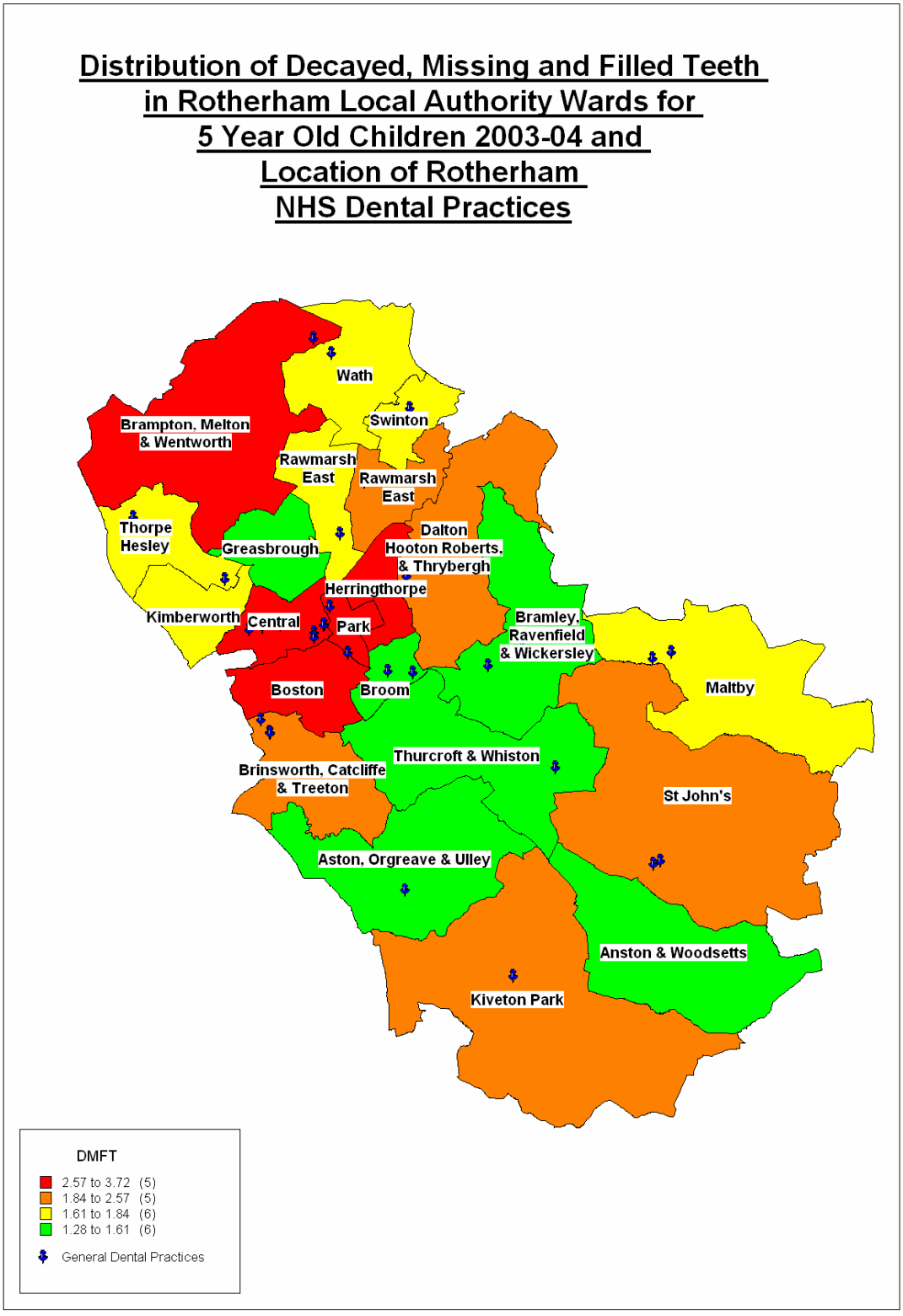
Map Four



The map shows that almost all NHS dental practices in Rotherham are situated in relatively deprived areas.

Map Five shows where dental practices are situated compared with the dental health of 5-year-olds in different parts of Rotherham.

Map Five


Distribution of Decayed, Missing and Filled Teeth in Rotherham Local Authority Wards for 5 Year Old Children 2003-04 and Location of Rotherham NHS Dental Practices
Wath
Swinton
Brampton, Melton & Wentworth
Rawmarsh East
Rawmarsh East
Thorpe Hesley
Greasbrough
Dalton
Hooton Roberts, & Thrybergh
Herringthorpe
Kimberworth
Central
Park
Bramley, Ravenfield & Wickersley
Boston
Broom
Maltby
Thurcroft & Whiston
Brinsworth, Catcliffe & Treeton
St John's
Aston, Orgreave & Ulley
Anston & Woodsetts
Kiveton Park
DMFT
2.57 to 3.72 (5)
1.84 to 2.57 (5)
1.61 to 1.84 (6)
1.28 to 1.61 (6)
General Dental Practices

An Oral Health Strategy for Rotherham Primary Care Trust 2006-2009 has been produced. The aims of this strategy are to improve oral health in the population, and reduce inequalities in oral health. Good oral health is mainly influenced by social factors - affluence, healthy lifestyle and the presence of fluoride in the water supply. Absence of these reduces the chances of people achieving it.

Access to NHS dentists in Rotherham has improved this is shown in the tables below.

Table 1. Data on numbers of patients seen by dentists by Rotherham dentists (NHS Information Centre)

	Adults	Children	Total
31st March 2006*	98,059	36,512	134,571
31st March 2007*	98,413	39,380	137,793
31st December 2007*	99,448	42,132	141,580
31st March 2008*	100,014	41,830	141,844
30th June 2008*	100,100	41,509	141,609

*Number of patients seen in the previous 24 months ending

Table 2. Data on percentage of population seen by dentists by Rotherham dentists (NHS Information Centre)

	Adults	Children	Total
31st March 2006**	50.2	63.6	53.2
31st March 2007**	50.1	69.1	54.4
31st December 2007**	50.7	73.9	55.9
31st March 2008**	50.8	73.9	56.0
30th June 2008**	50.9	73.4	55.9

**Number of patients seen in previous 24 months as a percentage of population

3. Urgent Dental Care

Patients can access urgent dental care during office hours by calling the Health Advice Centre on 01709 423000. The patient is given the number of a practice seeing emergency patients on that day and to avoid abuse of the system are given a password to use when calling the practice (password is changed on a weekly basis).

There are six practices that have been commissioned to see 2 or 4 patients during an allocated time frame. On any one day emergency slots are available at 3 practices. On Monday, Tuesday, Thursday and Friday there are slots for 8 patients and on a Wednesday there are slots for 10 patients. Any patients that call after the slots are filled are referred to the Dental Access Centre (DAC) in Mexborough; occasionally where appropriate the patients are booked into an urgent slot for the following day.

Patients requiring urgent care outside office hours there is the DAC at Mexborough. Dearne Valley Dental Emergency Service provides emergency care for the residents of Barnsley, Doncaster and Rotherham. This service has been running since August

2006 and is hosted by Doncaster. From August 2007 to March 2008 the number of calls received by this service was 5566 from these there were 2843 attendances to the DAC. Breakdown of the home postcodes of those that attended the DAC during this period is on average 26% and ranges from 23% to 31%. The high attendance rates of 31% occurred during January and February 2008 and are thought to be due to a number of practices closing during the Christmas and half term holidays and leaving the DAC telephone number as the emergency number to call. To prevent this problem in December 2008 all dental practices in Rotherham were asked to inform NHS Rotherham of their opening times or to confirm what cover arrangements they had in place over Christmas and the New Year. This has helped improve the situation at the DAC over this period.

4. Special Care Dentistry (Salaried Services)

4.1 Children with special needs

Children with special needs in dentistry are those children who are not able to receive routine dental care because of their disability. These children largely receive their dental treatment from the Community Dental Service at Community Dental Clinics in Maltby, Swallownest, Wath and Ferham. The Ferham Community Dental Clinic is due to move to the Community Health Centre in Rotherham Town at the end of January 2009.

There is a Specialist Paediatric Dentist in the community Dental Service who works at the clinics in Maltby and Ferham. Dental treatment for children with special needs is provided by all dentists in the Community Dental Service in Rotherham.

There is no current estimate of the proportion of children in Rotherham who have special needs, nor the number seen by General Dental Practitioners. The best estimate of need is based on demand and the workload for the Community Dental Service.

4.2 Adults with special needs

As for children, the definition of a patient with special needs in dentistry is one who is not able to receive routine dental care under ordinary conditions. Usually, it requires a dentist with particular skills or interests. The salaried dental services are best-placed to provide such care, as it is prolonged and extremely time-consuming. In addition, most GDS dentists do not consider themselves best-placed to provide it. The only exception to this is the provision of domiciliary care, as referred to above, whereby certain types of care, such as denture work, are provided by a small number of GDS dentists.

5. Dental Commissioning 2008/2009

The government's commitment to developing and expanding dental practice has been reinforced in the NHS Operating Framework 2008/2009, and with an 11% increase in dental funding to PCTs for 2008/09. The objectives of the framework include achieving improved oral health and access gain through quality services, and that commissioning services should be fit for long term as well as immediate needs. The objectives also acknowledge the need to tailor services to need within the local population (Commissioning NHS Primary Care Dental Services 2008).

In March 2006 53.2% of the population of Rotherham accessed dental care, we are aiming to increase dental access of the population of Rotherham to 68% by 2011/2012.

All additional UDAs/UOAs are now being commissioned through an open and transparent tendering process.

To further increase access to NHS dentistry in Rotherham the following have been commissioned:

5.1. A new dental practice for Eastwood Area

The dental practice in this area left the NHS and has been a private practice since 1st January 2008. The units of dental activity associated with this practice have been redistributed following a tendering exercise to practices within a one mile radius of this practice. Whilst this has ensured activity will continue, the difficulty is that the result has been an increase in access for a different cohort of patients than those that were served by the practice that left the NHS. National evidence shows that people in deprived areas are more likely to attend services that are local.

The Eastwood area of Rotherham is a multi-ethnic area and is one of the most deprived areas in Rotherham. Figure one shows the relative deprivation of different areas in Rotherham. The map shows that Eastwood which is in Rotherham East is in the most deprived quintile for deprivation. It is in the top 10% of most deprived wards (Robertson and Thomas 2006). Research has shown that levels of deprivation are inversely related to oral health.

The Eastwood area has the highest level of dental decay for five-year-olds in Rotherham. Figure 2 shows the distribution of decayed, missing and filled teeth (dmft) in Rotherham Local Authority Wards. Eastwood is in Central Ward which has the highest dmft scores in Rotherham. The dmft score of five-year-olds in an area is a good indication of the oral health of an area (Robertson and Thomas 2006).

A new practice has been commissioned in this area and it will increase the access for residents of Eastwood and neighbouring areas. The increase in access will also include an increase in access for the under 19 population which the Health Equity Audit (Health Equity Audit 2007) identified as an inequity in the Rotherham East area. Increasing access will provide the opportunity to implement evidence based preventive measures, which over a period of time should result in an improvement in oral health of the local population.

5.2. Increased dental provision in Maltby

This has been through development of a new practice in the area which opened earlier this year and its capacity has already been expanded.

5.3. Increased dental provision in other areas of Rotherham

There has been an increase to dental provision in Broom, through the development and expansion of a practice. The contracts at a practice in Rotherham Town Centre and Kiveton Park have been increased from 1st April 2009.

5.5. Increase to the dental workforce

5.51. Retention of Vocational Trainees
This is through the retention of existing Vocational Dental Practitioners in the following areas, Bramley, Dinnington, Swallownest and Masborogh/Ferham. These posts have been funded using LDP money.

5.52. Expansion of dental workforce
The table below shows the expansion of the dental workforce in the Primary Care sector.

Table 3 Expansion of Primary Care dental workforce in Rotherham from September 2006 to December 2008

Date	Rotherham General Dental Practitioners	Rotherham Orthodontic Specialist	Rotherham Community Dental Service	Total
Sept 2006	88	1	5	94
March 2007	83	1	5	89
March 2008	80	1	6	87
December 2008	103	1	7	111

5.6. Increase Domiciliary Dental Care in Rotherham

Shortfall in Domiciliary care in Rotherham

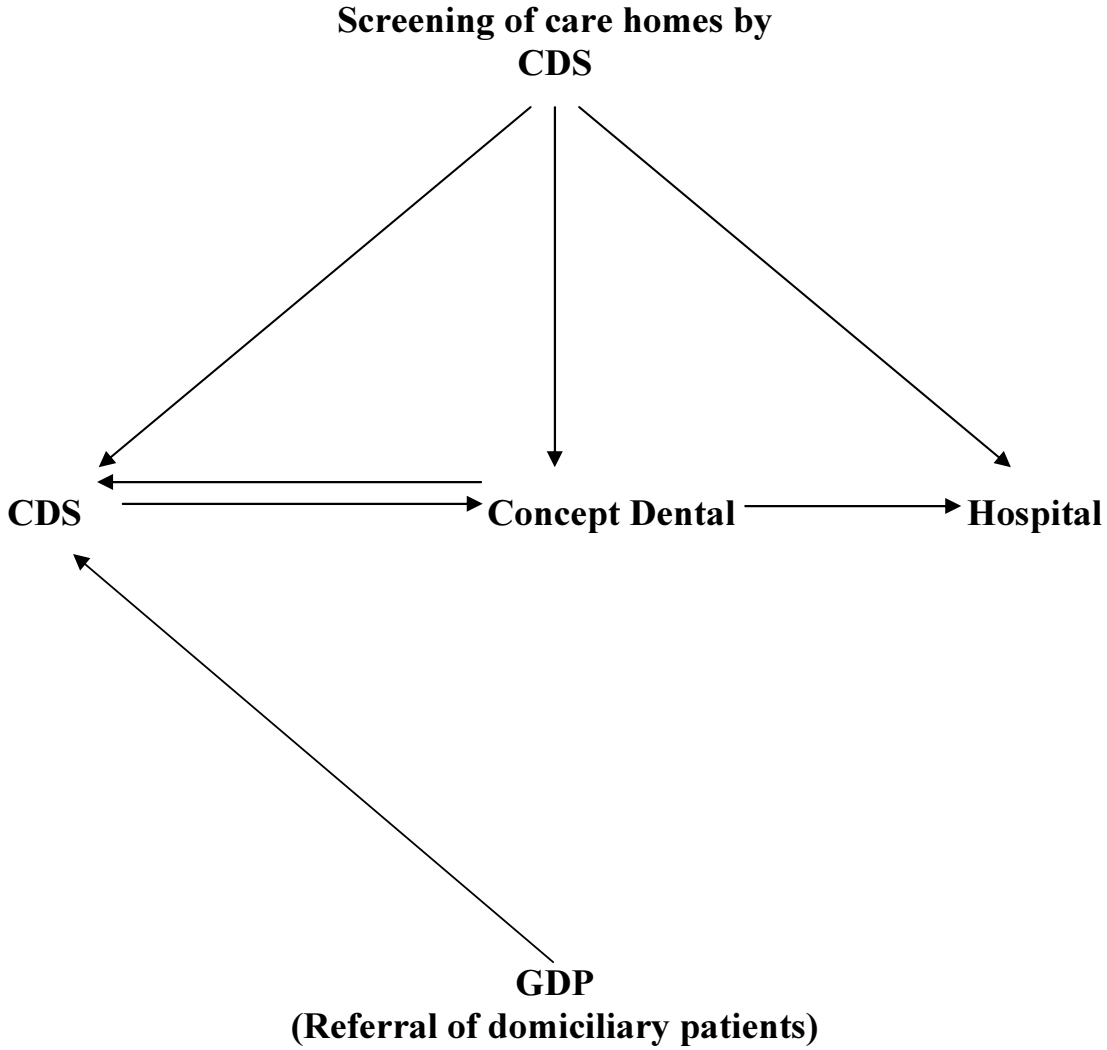
Table 1 Rates of domiciliary care claims in completed courses of treatment (CoTs) in the first three quarters of 20063/2007

	No of CoTs containing a domiciliary claim	No of CoTs	Percentage of CoTs that are domiciliary claims
England	51,527	22,944,055	0.225%
Yorkshire and the Humber	4,141	2,473,914	0.167%
Rotherham	62	117,128	0.053%

There is a budget of £75,366 identified for additional domiciliary care. During this financial year additional domiciliary care has been commissioned on a non-recurrent basis from practices that are interested in providing this service.

The Community Dental Services are carrying out a pilot of screening of residential homes in Rotherham. Patients identified as needing treatment are referred to Concept Dentistry. Concept Dentistry is a private body, based in Doncaster. They have an equipped mobile van to carry out domiciliary visits at residential homes as well as providing this care for individual patients within their home. The use of Concept is on a pilot basis and they have been given a contract till 31st March 2009. The arrangement will be evaluated to see whether or not to provide Concept with a further contract.

Pathway for domiciliary care in Rotherham



5.7. Early commissioning of non-recurrent UDAs
A number of UDAs have been identified through slippage and these have been tendered out to local practitioners on a non-recurrent basis.

5.8. Increase funding to Primary Care Orthodontics
A shortfall in the number of children being treated for orthodontics was identified in an Orthodontic Needs Assessment carried out as part of the report Commissioning Dental Services in Rotherham – a Public Health Strategy. The Board and PE have agreed that additional funding is required to deal with this shortfall. The Board and PE have also agreed with the principle that all Primary Care Orthodontic treatment should be carried out by a Specialist Orthodontic Practitioner. The funding for orthodontic treatment in three general dental practices will be removed from their contracts. This money with additional funding that is being requested from the Operational Plan will be used to commission further orthodontic assessments/treatments from a Specialist Orthodontic Practitioner. The commissioning team is working on a service specification and will be going out to tender once it has the approval of the Professional Executive committee.

6. Recommendations

1. Support for fluoridation of Rotherham water supplies.
2. Support for increased spending on Dentistry in Rotherham to help improve dental access for patients, and help with oral health inequalities that exist in Rotherham.
3. To support increased expenditure on orthodontic treatment in Primary Care for Rotherham children.
4. To support succession planning of dental workforce by the retention of dentists who have completed the Vocational Training Scheme.
5. To support the increase in provision of domiciliary dental care for older adults in residential care.

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Questions - MHFA/Suicide Prevention @ ASH Panel 5/3/09

Mental Health First Aid

- *Can we be confident that there is enough capacity in existing mental health services in order to meet the needs of new service users identified through the Mental Health First Aid initiative?*

The aims of Mental Health First Aid are: -

To preserve life where a person may be a danger to themselves or others.

To provide help to prevent the mental health problem developing into a more serious state.

To promote the recovery of good mental health.

To provide comfort to a person experiencing a mental health problem

To raise awareness of mental heath issues in the community.

To reduce stigma and discrimination

Mental Health First Aid Training is about helping people to get to services earlier. What we know generally is that the earlier people get to services the better the outcome for that individual and potentially the less time they should spend in services. If people do not get to services early it can start to have more of an impact on personal relationships and their day-to-day functioning. One of the things, which has prevented people from accessing services earlier, is the stigma and discrimination that surrounds mental health. The MHFA training is about dispelling myths and misunderstandings and reducing this stigma. In international evaluations of the training it has been found that people who have attended the course, give out information to their contacts which is in line with professionals and this leads to improved concordance with professionals about treatments.

Another positive outcome from the evaluations in Australia of the MHFA training, is that people who attended the training reported better mental health themselves. Whilst this is not the remit of the course it seems to provide people with the information to better look after their own mental health.

- *What training do GPs receive?*

GPs in Rotherham have had training from the Primary Care Mental Health Service within NHS Rotherham Community Health Services.

At least once a year if not twice the Protected Learning Time events for GPs and indeed the whole practice team are on the topic of mental health.

If a GP Practice identifies a training need then training can be provided in-house.

GPs will be alerted to any relevant NICE briefings relevant to mental health (National Institute of Health and Clinical Excellence).

Suicide Prevention

- *What changes are being made at the particular suicide 'hot spot' that is referred to?*

We have followed Department of Health (DH) recommendations and signs will be placed at the "hotspot" giving the Samaritans telephone number.

- H*ow does the Books on Prescription Scheme work?*

This is a partnership project between NHS Rotherham, Rotherham Community Health Services and RMBC Library Service.

A total of 7 libraries have mental health self-books within their collections they include: Central, Rawmarsh, Wath, Swinton. Maltby, Thurcroft and Dinnington. In most of the libraries there are more than one copy of each book so that a whole collection can be on open access to the general public to borrow without a prescription. We have heard from colleagues in the library service that these books tend to be the most popular health books for people to borrow.

Books on prescription are recommended by NICE (National Institute of Health and Clinical Excellence) and have been shown to help people overcome a range of mental health problems. Self-help books can help people change the way they think and manage their problems. In Rotherham GPs, Primary Care Mental Health Workers and Counsellors in GP Practices have been given a list of self-help books recommended by specialists, which are available in the 7 libraries. The professionals also have a synopsis of each book. If they think that a patient could benefit from a self-help approach then the worker will issue a prescription with the relevant book title on and let the patient know which libraries are participating in the scheme. This is all done in consultation with the patient. The patient then takes the prescription along to one of the 7 libraries to exchange it for a book. If a patient is not a member of the library then this prescription also provides the information the person needs to join, they will only need to sign a joining form. The books can be used alongside medication and whilst a person is waiting to see a counsellor or mental health professional. There is good evidence nationally that self-help books work.

- *How many people have attended the stress and anxiety management workshops? Is this an ongoing programme?*

Since September 2008 117 people have attended Stress Control classes along with 42 guests who can be friends or family members who come as support to the individual.

We are planning a series of Stress Control classes in 2009/10. We have support from some Area Assemblies to fund courses through the devolved budgets, although the final decision will be made at Cabinet. The funding would only for venue hire, refreshments and publicity. The Area Assemblies are better placed to help identify suitable local venues. The staff time is given in kind, Stress Control classes are normally staffed by a minimum of 3 members of the Primary Care Mental Health Service within NHS Rotherham Community Health Services.

- *How is access to mental health services being promoted within BME communities?*

NHS Rotherham has three Community Development Workers, working specifically with the BME population and focusing on Children & Young People, Adults, and Older People, with the aim of delivering the outcomes highlighted in the Delivering Race Equality (DRE) in Mental Health action plan. The three 'building blocks' of the DRE are:

1. **more appropriate and responsive services -** achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children;

2. **community engagement -** delivered through healthier communities and by action to engage communities in planning services, supported by 500 new Community Development Workers; and

3. **better information -** from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This will include a new regular census of mental health patients.

The CDWs are working in partnership with the 3rd sector as well as the NHS and statutory services to promote mental health and services to the community. Two emotional well-being events were held in 2008, targeting men and women, to raise awareness of mental health services. In addition to this, BME service users and patients were consulted on the proposed changes to mental health services that are delivered by the Rotherham Doncaster and South Humber (RDaSH) Mental Health Trust. Other projects include: BME Older People and Dementia, Rotherham Women's Counselling Service, RECC Training and Cultural Competence for NHS staff, Yemeni Community Engagement Project and MHFA. MHFA Training is being provided for frontline workers who work with BME communities. To date 2 courses have run and we have funding for another 2 by the end of March 2010.

- *Are people who have attempted suicide referred to mental health services by the hospital?*

The term "attempted suicide" is not very useful much of the time as this can only be answered after some form of assessment. To illustrate this you can take the example of someone who takes 40 paracetamol in response to their girlfriend finishing the relationship (not an uncommon scenario). On assessment, the person states that he never intended to die, but was angry and frustrated AND didn't think that 40 paracetamol would kill him. We would regard this as para-suicidal behaviour and NOT attempted suicide. Conversely, we assess someone who has been treated for depression for six months since being made redundant and is admitted to A&E after his partner found he had taken 8 paracetamol. On assessment, he continued to express the wish that he had died and fully believed that 8 paracetamol would have been sufficient to take his life. The latter scenario could be regarded as attempted suicide.

To clarify this question, not all people who have intentionally harmed themselves are referred to MH services by the hospital. We have a simple triage system in place with A&E (the TAG assessment) which allows their staff to triage those who present with mental health problems (including self-harm). This assessment (and subsequent referral) is guided by the presenting risks. Therefore, minor, low-risk behaviour may not lead to a referral to mental health services, and nor should it.

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 2nd April, 2009

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

In attendance were Mrs. I. Samuels, 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) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

Also in attendance for Item 243: Councillors Burton, Gamble, McNeely, Nightingale and Whelbourn.

Apologies for absence were received from Councillors Doyle, Hodgkiss, Hughes, St. John, Victoria Farnsworth (Speak Up) and J. Mullins.

240. COMMUNICATIONS.

Autism Awareness Day

Russell Wells advised that as part of Autism Awareness Day, the Autistic Society had erected a stand in the Central Library between 10.00 am and 2.00 pm and also a stall outside H Samuels in Rotherham Town Centre between 10.00 am and 2.00 pm.

Mental Health First Aid Training

Delia Watts reported that training was being offered in relation to mental health first aid. She confirmed that this was a two day course which could be delivered in two ways depending on the level of interest from members. If there were only a small number of members interested then arrangements could be made for those members to attend sessions which were already arranged. However if a larger number of members were interested then a two day course could be arranged specifically for them. The following members expressed an interest:

- Councillor Colin Barron
- Councillor John Turner
- Councillor John Doyle
- Jonathan Evans
- George Hewitt
- Russell Wells

241. DECLARATIONS OF INTEREST.

Councillor Jack declared an interest in agenda item 6, relating to Domestic Violence as she was the Chair of the Domestic Violence Forum.

Councillor Burton also declared an interest in the same item as she was a member of the Domestic Violence Forum.

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

There were no members of the public and press present.

243. DOMESTIC VIOLENCE - PRESENTATION BY CHERYL HENRY

Cherryl Henry, gave a presentation in relation to Domestic Violence.

The presentation drew specific attention to:-

- What is Domestic Abuse?
- What the definition included
- Domestic abuse – context
- Domestic abuse in Rotherham
- Reported incidents in Rotherham – 2006/07
- SPECCSS+
- MARAC (Multi Agency Risk Assessment Conference)
- Aim of the MARAC
- MARACs Information Sharing Protocol
- Independent Domestic Violence Advocacy Service (IDVAS)
- Domestic Abuse Training
- What was to come

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

- Whether the proposed transfer of the Independent Domestic Violence Advocacy Service could result in a decrease in the number of referrals. It was suggested that it was hoped that the actual number of referrals would increase.
- Had an equality impact assessment been undertaken? Confirmation was given that an assessment had been completed in September 2008, but gender-neutral training could not be justified as the vast majority of victims are women.
- A request was made for more up to date data in relation to the race and gender of those arrested and convicted. More up to date data was not currently available but would be incorporated in future presentations once available.
- How effective the lines of communication were between agencies dealing with domestic violence. This had significantly improved with the introduction of MARAC.
- How many of the incidents were repeat incidents and what action was being taken in respect of these. Confirmation was given that around 30% were repeat cases.
- Concerns were raised about the loss of independence with the plan to incorporate IDVAS within the Council.

- What was the percentage of incidents which were linked to deprivation through unemployment? It was confirmed that domestic abuse covered all social sectors, regardless of income levels.
- Was Rotherham providing sufficient shelters places for women who were victims of domestic violence? Providing shelters for women was a national problem. However the sanctuary scheme was being launched in Rotherham which would help victims to remain at home.
- What early intervention work was taking place? Some schools were providing sessions for children to make them aware of domestic violence, however the funding for this work was coming to a close and other resources had not been identified to continue the work.
- What were the major challenges for domestic abuse services? The main challenge was to continue to secure funding to maintain these services.

Members thanked Cherryl for her informative and interesting presentation.

244. ANNUAL HEALTH CHECK - DRAFT COMMENTS

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

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

In May 2009, each health trust was required to provide a declaration of its compliance against the Department of Health's 24 core standards. Overview and Scrutiny Committees were invited to make comments on the declarations. Their comments had to be based on the evidence they had gained through their health scrutiny work, and if possible, cross referenced against the relevant core standard.

The trusts were required to submit comments, unedited, with their declarations, and the CQC would take those comments into account when assessing the trusts and awarding them an overall rating.

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 members were:

- Cllr Ann Russell (Chair of Working Group) (C&YP)
- Cllr Hilda Jack (ASH Panel)

- Cllr Barry Kaye (C&YP)
- George Hewitt (ASH co-optee)
- Cllr Chris McMahon (ASH Panel)

Each trust was provided with a brief against which it was asked to provide a presentation to the working group, focusing on 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)

Draft responses had been drawn up based on evidence given at the meeting with each local trust plus additional information that had come from other work of the relevant Panel and these were appended to the report.

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

- It was suggested that some routine GP tests catered for senior citizens only up to the age of 70. It was felt that the whole issue of screening and services for people over 70 needed to be investigated, and it was suggested that this could be included on the work programme for the next 12 months.
- Concerns were raised about the time delays encountered by stroke victims prior to diagnosis. Comments were made that it was imperative that a brain scan should be undertaken within the first hour.
- Reference was made to access to contraception being improved, including long-term removable methods and Members queried what was meant by this. Delia Watts confirmed that NHS Rotherham had now made it easier for teenage girls to access this type of contraception.

Resolved:- That 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) be agreed subject to the amendments discussed.

245. AGE CONCERN

Lesley Dabell, Chief Executive of Age Concern gave a presentation in relation to the work of Age Concern.

The presentation drew specific attention to:-

- Who we are
- Our aims
- What we do
- Providing service and support
- Working as partners
- Future challenges – sustainability
- Future challenges – personalisation
- Future challenges – population

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

- There was a lot of propaganda about old people being a burden on society and it was felt that this was unjustified. It was agreed that work needed to be done to get a more positive message out about the work that old people do.
- What security measures were in place in relation to staff dealing with old people? Confirmation was given that all volunteer befrienders,undergo an enhanced CRB check and had references taken up.
- It was felt that there was a need for more transport to be available to old people to enable them to get out and about more. Age Concern acknowledged that this was an important issue in Rotherham and were currently considering introducing volunteer drivers.
- Confirmation was given that Age Concern and Help the Aged had recently merged at a national level and at a local level Age Concern Rotherham had to consider the implications locally during the forthcoming year.
- Concerns were raised about the recent press coverage about meals on wheels, and how Age Concern might help. It was confirmed that feedback from service users showed conflicting views on whether or not the meals on wheels provided good value for money. However, Age Concern would ensure that all old people received a hot meal each day if they required one.
- Was Age Concern aware of old people in the Autistic spectrum? They were currently unaware but would welcome any information to enable contact to be made.
- When did the Hospital Discharge Scheme start? It was confirmed that this commenced on 1st April, 2009. There were monitoring and evaluation processes in place and a progress report would be brought back to a future meeting.

Members thanked Lesley for her presentation.

246. PRACTICE BASED COMMISSIONING - 2 YEARS ON

Keit Boughen presented the submitted report in relation to Practice Based Commissioning (PBC).

It had been in place in Rotherham for three years and remained the cornerstone for Department of Health plans for clinical engagement. Munch of the first year had been spent working with practices to engage them around PBC. 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 past 12 months had seen some further progress across PBC, both in terms of processes that enabled PBC neighbourhoods to commission, and specific initiatives leading to improved patient care.

NHS Rotherham, along with five other PCTs were reviewed as part of the 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 were fairly consistent with national findings in that uptake had been slower than DH expectations.

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

- Direct Incentives
- An Innovation Fund of £250k had been made available to all practices
- Transparent Sign-Off Processes

PBC had achieved the following key benefits in Rotherham:

- Closer practice to practice working, utilising the neighbourhood approach. All Rotherham practices were signed up to PBC although some were more active than others.
- Systematic in practice reviews of their outlying referral positions both at practice and GP level
- Of the submission of fifty one ideas for service re-design, thirty had been approved, and the remainder had either been deferred, discontinued or were currently work in progress.
- The freeing up of resources to target specifically local needs.

Key obstacles faced in developing PBC:

- Mismatched Expectations
- Practice PBC capacity
- Commissioning vs Providing
- Identification of Core Services
- Financial
- Engagement

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

The DH published revised guidance on PBC in March 2009, which left little time to digest and revise funding methodologies for implementation for 2009/10. However, NHS Rotherham was looking to strengthen the process by which GPs and other clinicians informed the planning process. A new lead PBC manager had been appointed recently and a senior administrative support post had been advertised.

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

- How much of the £940k funding allocation for Locally Enhanced Service had been taken up? It was confirmed that all of this funding had been allocated.
- Had the £250k Innovation Fund been fully allocated this year? Confirmation was given that so far £110k had been taken up, but that any underspend would be rolled over to the next year.
- Would these two funding streams continue to be available in the next financial year? It was confirmed that the funding would continue.
- Whether offering patients and carers a choice resulted in value for money. It was confirmed that in Rotherham it didn't make a lot of difference, as most people chose to have elective procedures locally. However the advantage with given patients/carers a choice is that they do not necessarily need to stay in Rotherham.
- Were GPs in favour of practice based commissioning? Although they were not fully supportive of this at the outset, incentives had now been given which had improved their response.
- What sanctions can be implemented against practices who are 'signed up' to Practice Based Commissioning but not 'active'. Sanctions cannot be imposed as this was a voluntary process, but it was incentivised to encourage practices to participate.

Resolved:- That the report be received.

247. JOINT STRATEGIC NEEDS ASSESSMENT

Dominic Blaydon, Joint Commissioning Manager gave a presentation in relation to the Joint Strategic Needs Assessment.

The presentation drew specific attention to:

- What is a JSNA

- Demographics and Social Context
- Lifestyle and Burden of Ill Health
- Lifestyle and Risk Factors
- Mental Health and Learning Disability
- Social Care Needs Assessment
- Level of need – key drivers
- Strategies for reducing future need
- Next Steps

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

- What effect does JSNA have on Rotherham District General Hospital? It was confirmed that this would not affect the hospital as it was a document for commissioning. However it was important to ensure that the service commissioner (NHS Rotherham) was using the document.
- Could the JSNA influence issues surrounding carers allowance, as it currently was taken away at age 65. It was confirmed that the JSNA would not influence this but there were other strategies in place to deal with such issues.

Members thanked Dominic for his presentation which they found very informative.

248. 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 (DH) 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. The funding was ring-fenced for the purpose of providing support services to stroke survivors and their carers. The report sought an exemption from Standing Orders 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.

Members asked whether consideration had been given to consulting service users who were not involved with an organisation and what questions had been asked in the consultation. Dominic confirmed that all the groups involved in the consultation had user and carer representation. All groups had been offered a range of options during the consultation and they had all chosen the 3 services highlighted in the report.

Resolved:- That the report be noted and received.

249. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 5TH MARCH 2009

Resolved:- That the minutes of the meeting of the Panel held on 5th March, 2009 be approved as a correct record for signature by the Chair.

250. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 9TH MARCH 2009

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

ADULT, SOCIAL CARE AND HEALTH
23rd March, 2009

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

An apology for absence was received from Councillor P. Russell.

121. MINUTES OF THE PREVIOUS MEETING HELD ON 9TH MARCH 2009

Resolved:- That the minutes of the meeting held on 9th March, 2009 be approved as a correct record.

122. PERSONALISATION AND THE RESOURCE ALLOCATION SYSTEM

Sue Sumpner and Doug Parkes gave a presentation in relation to Personalisation and Resource Allocation System (RAS)

The presentation drew specific attention to:

- Self/Support Assessment Questionnaire
- RAS and Charging (Client Contribution)
- Support Planning
- Brokerage/Support Services
- Implementing Support Plan
- Review and Audit
- Resource Allocation System
- Gross Budgets 2008/09
- Charging Issues
- Impact on Service users of removing subsidy/free services
- Average Care Package – Potential Impact on Directorate
- Financial Risks
- Next Steps

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

- How a decision was made as to whether a need or want as identified by a service user was essential or desirable. It was confirmed that there is an eligibility criteria that service users were required to meet in order to qualify for any funding.
- Were there any other authorities undertaking this. Confirmation was given that 13 other authorities were involved in the pilot but that as it was a national directive all authorities would eventually have to follow this route.

Sue and Doug were thanked for their informative presentation and members looked forward to regular progress reports in the future.

123. INDEPENDENT LIVING CENTRES

This item was deferred to the next meeting.

124. ASSISTIVE TECHNOLOGY PROJECT - IMPLEMENTATION

Tony Sanderson, Assistive Technology Project Manager presented the submitted report which provided a summary of the progress made by Neighbourhoods and Adult Services relating to Assistive Technology during 2008/2009.

Rotherham received a total of £441,941 Preventative Technology Grant (PTG) from the Department of Health under section31 of the Local Government Act 2003. It was made up of £165,327 for 2006-07 and £276,621 for 2007-08. Through the grant it was expected that councils would invest in telecare to help support individuals in the community. This aimed to help an additional 160,000 older people nationally to live at home with safety and security and to reduce the number of avoidable admissions to residential/nursing care and hospital. A specific project management resource was recruited on a short term secondment in August 2008 to deliver the assistive technology project using PTG funding. The Project Manager's key responsibilities included testing new assistive technology products and utilising the PTG effectively. After consultation with the NAS Directorate Management Team (DMT) key areas of research and expenditure were identified and these were:

Smart Flat: A property at Grafton House had been supplied with a suite of assistive technology devices. Service users using the devices and evaluate which pieces of technology meet their specific needs. The facility was currently at an embryonic stage, but if results proved positive further smart flats could be developed across the length and breadth of Rotherham.

3rd Sector Trial: DMT approved £130,000 expenditure for assistive technology for the 3rd Sector in order to identify 500 new clients. The current voluntary sector free six week trial had been challenging to find suitable clientele. Additional promotional activity for the pilot was being undertaken via mail drop, press advertisement and internet and intranet to raise customer awareness of the trial. Voluntary Action Rotherham were also raising awareness through the 3rd sector contacts. The trial would continue on a rolling basis until 500 clients had been identified and this would be followed by a secondary stage of evaluation.

Temperature Extreme: A temperature extreme monitor trail had been undertaken during December 2008/January 2009. Individual disclaimers were signed by the trial group to indicate the action Rothercare had to take in the event of the temperature extreme sensor device being activated. During the trial period no calls had been received by Rothercare. However this technology opened the gateway for more specific trials to be undertaken with stakeholders such as Rotherham NHS. These specific trials could include all clients that had been admitted

to hospital with hypothermia related conditions.

Bogus Callers Alarms: During November 2008, 190 bogus caller alarms were deployed. It was identified at an early stage that the existing Rothercare technology was not compatible with the bogus caller alarms due to the age of the software. New base boxes had to be procured at an additional cost of £147.20. In line with the project plan these pieces of technology had now been evaluated through a questionnaire and the results had proved very positive and indicated that the customer's perception of bogus caller alarms were positive. These positive results could lead the way for a wider trial of this technology. Linkages with other stakeholders such as the Police could target crime hot spots and improve the customer's perception of crime.

Safeguarding Adults: It was proposed that Rothercare was given free of charge, for a period of up to six weeks to service users identified by the Safeguarding Adults team. Thirty Minuet watches (a pendant built in to a watch) would be tested on this particular client group. This would offer the service user the ability to be discreet when pressing the alarm button. An additional bogus caller alarm would if necessary also be issued to ensure that this client group had additional support. After the maximum six week free trial period, Rothercare would either be removed from the customer or the customer could keep the equipment, but be charged as normal.

Just Checking: 'Just Checking' monitors customer's lifestyle through discreet sensors whilst the service user remained in their own home. This technology was primarily targeted at service users with dementia. It had been widely tested in Staffordshire and had proved cost effective and kept customers out of nursing and residential care. DMT approved the purchase of 40 of these devices and an initial order of 4 devices had been procured to embed this technology with social workers. The internet was required so that Social Workers could evaluate each Just Checking case and now that issues around internet access had been resolved the service would be formally re-launched.

Rothercares ICT Platform: Rothercare was moving premises from Greencroft to Bakersfield Court on the 17th March 2009 with a go live date of the 18th March 2009. As it was a 24/7 service the move posed an ideal opportunity to upgrade the ageing Tunstall PNC4 ICT platform without disrupting the service. Two ICT platforms were considered which were Tunstall PNC5 and Jontek Answer Link 3g. It was felt that Answer Link 3g better met the future needs of NAS.

Whilst undertaking this project, key areas of future development had been identified, and this included the need for an overarching assistive technology strategy. Intertwined with this was a requirement fro a robust business plan which highlighted commissioning routes and a clear charging policy. The charging policy should address and reflect upon Rothercares historical issues such as how to deal with debtors, vexatious

customers and equipment installation/removal fees. Consideration would be given to a tiered approach to assistive technology charging.

Further consideration was required as Rothercare was upgrading its ICT Platform from Tunstall PNC4 to Jontek Answer Link 3g. Alternative suppliers such as Chubb, Vivatec and Possum should be tested with a long term view of future contracts. This must be tempered with the fact that Tunstall had been our key supplier for nearly ten years. By undertaking a large scale pilot of these alternative suppliers it would allow Rotherham time to evaluate their effectiveness before a possible tendering exercise was required for a large scale base unit renewal/upgrade in 2010.

A discussion ensued and it was agreed that a presentation in relation to Assistive Technology should be given to all elected members of the Council.

Resolved:- (1) That the progress made be noted

(2) That a Seminar be arranged in order for all elected members of the Council to attend.

125. JOINT STRATEGIC NEEDS ASSESSMENT

Dominic Blaydon, Joint Commissioning Manager gave a presentation in relation to the Joint Strategic Needs Assessment.

The Joint Strategic Needs Assessment (JSNA) established the current and future health and social care needs of the Rotherham population. It informs the priorities and targets set by the Local Area Agreement (LAA) and leads to agreed commissioning priorities that will improve outcomes and reduce health inequalities.

The JSNA Executive highlights a series of key issues that Rotherham MBC and NHS Rotherham would have to address over the next 5 years were:-

- The impact of an ageing population
- The potential impact on health, well-being and services of the economic downturn
- How to change patterns of exercise, diet, smoking and alcohol consumption
- How to reduce the gap between healthy and actual life expectancy
- The likely increase in prevalence of people with life limiting long term
- The increasing numbers of people with dementia and the development of new service models to address this
- The effectiveness of using preventive strategies to save future care costs
- Changes in the demographic profile of the learning disability

population, and
- Whether shifting resources into community services reduces overall costs of care.

The JSNA incorporated the findings of a service user and carer engagement exercise. The main outcomes from this engagement process were:-

- Support for 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, and
- Access to transport and activities, especially in the evenings

The primary purpose of the JSNA was to inform current joint commissioning plans but it was also an opportunity to evaluate future needs for commissioning intelligence.

The four key steps that should be taken from this point on were:-

- More analysis at locality level, some of the current information could only be easily expressed for the whole of Rotherham and work was needed to make more data available at area assembly level
- Begin the process of reconfiguring services so that they addressed future needs. A better understanding was needed of how demand for services would increase in the future if we continued with current service models. We needed to demonstrate how much potential there was 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.
- Ensuring that the JSNA was accessible to health and social care professionals so that they could gain greatest benefit. Work should be done on developing a web based JSNA, which was regularly updated and incorporated all the information from the DH dataset, and
- Bring together the JSNA and the Corporate Needs assessment so that there was clear demarcation and no duplication.

Resolved:- (1) That the JSNA be endorsed

(2) That the development of a web-based JSNA be supported.

126. ADULT SERVICES CAPITAL BUDGET MONITORING REPORT 2008-09

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which informed members of the anticipated outturn against the approved Adult Services capital programme for the 2008/09 financial year.

The actual expenditure to the mid February 2009 was £8.2m against an approved programme of £9.1m and since the last report there had been some further slippage. The latest forecast expenditure to the end of March was now £9m. The approved schemes were funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding.

The following information provided a brief summary of the latest position on the main projects within each client group.

Older People

The two new residential care homes were now fully operational.

The Assistive Technology Grant (which included funding from NHS Rotherham) was being managed jointly and was being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. The procurement of equipment had now commenced which included lifeline connect alarms, low temperature sensors and fall detectors within peoples homes. It was anticipated that expenditure would continue to be incurred in 2009/10 and any balance of funding would be carried forward to meet these costs.

A small element of the Department of Health specific grant (£20k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2008/09. The balance of grant was being allocated across the independent residential care sector in accordance with the grant conditions and would be fully spent by the end of March 2009.

Learning Disabilities

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

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

There had been delays in the start of the refurbishment of the REACH Day Centre and the scheme was now due to commence in April 2009

which meant that the funding would be carried forward into 2009/10.

Mental Health

A small balance remained on the Cedar House capital budget and would be used for the purchase of additional equipment. A large proportion of the Supported Capital Expenditure (SCE) allocation had been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes. Suitable properties continued to be identified and spending plans were being developed jointly with RDASH. It was now expected that this service would be commissioned in 2009/10 and would support the In-Patient re-Provision Exercise which was now at the formal planning stage. The possibility of funding equipment purchased for direct payments was also being considered to reduce the current pressures on the mental health revenue budgets. Further options were also being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which would support their independence with access to 24 hour support.

Management Information

Part of the capital grant for Improving Management Information was carried forward into 2008/09. The funding had been earmarked to further develop Electronic Social Care Records within Health and Social Care working with the Council's strategic partner RBT and Children and Young People's Services. At the end of August 2008 the Department of Health announced a new capital grant for Adult Social Care IT infrastructure over the next three years (£276k). Delays had been experienced in developing spending plans with RBT to integrate social care information across both health and social care and it was therefore forecast that the new grant would be carried forward into 2009/10.

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

127. TRANSFORMING COMMUNITY SERVICES

Kim Curry, Director of Commissioning and Partnerships presented the submitted report which summarised the Department of Health's transformation agenda which focussed on patient choice, personalisation of services and diversity of provision.

The paper required NHS Rotherham to create an internal separation of its commissioning and operational provider services. The in-house providers

would be developed to become business ready and have "first call" for service delivery in the initial stages. It stated that existing staff and management should be given the opportunity to propose either the creation of social enterprises or NHS Community Foundation Trusts.

There were a number of potential providers:

- NHS organisations
- Foundation Trusts
- Social enterprises
- Commercial enterprises, and
- Contractual, partnership and joint working arrangements

Locally, joint commissioning had been effective in a prescribed number of areas. In addition, there were areas of service, such as Occupational Therapy, that would benefit from a much more robust commissioning approach.

Once a clear separation between the PCT commissioning and provider functions had been achieved, a detailed implementation plan would need to be developed. The approval process for moving to particular organisational forms would vary, as different forms had different requirement and regulators. Throughout the processes to determine appropriate outcomes, attention should have been focused on the benefits realisation expected over a given period of time. This would be of interest to key interest groups, notably LINks and the Social Care and Health Overview and Scrutiny Committee.

The Department of Health had established a timetable for implementation. From October 2009, PCT commissioning arms should have completed service reviews and a market analysis, and established and published a procurement plan in line with the intentions in its 5 year Strategic Commissioning Plan. During 2010, PCTs should develop their implementation plan. Where a PCT decided to maintain direct provision, it should periodically review its service quality, viability and any financial risks or risk to sustainable services.

NHS Rotherham were about to begin a review of all provider services according to the guidance and the models described above may all be part of the consideration of the best models of commissioning and service provision. The document requests that NHS Rotherham should take the Council's views on board and the Scrutiny function should be involved and ratify the decisions.

Resolved:- (1) That the Cabinet Member note the developments and risk to transforming the provision of NHS Rotherham provider services.

(2) That the Cabinet Member request that the Adult Services and Health Scrutiny Panel be consulted during the developments

(3) That the Cabinet Member request that the Adult Services and Health Scrutiny Panel consider NHS Rotherham provider services as part of the annual scrutiny review programme.

128. EXCLUSION OF THE PRESS AND PUBLIC

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

129. WARDEN SERVICE AND CARE ENABLERS SERVICE

Shona McFarlane, Director of Health and Wellbeing gave a presentation in relation to Housing and Support Services for Older People.

The presentation drew specific attention to:-

- Demographics and Changes in Aspiration
- Current issues
- Current model
- Service model
- Our plan for 2009/10
- What needs to happen
- Outcomes by 2010/11
- Risks and Mitigation
- Consequences of not doing this

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

- The possible withdrawal of warden services.
- Where the homecare service fitted in to the new structure.
- Whether consultation had taken place with the Trades Unions in respect of these proposals.
- Who would be responsible for the new service?
- It was suggested that an all member seminar be arranged in relation to the service to enable all elected members the chance to comment.
- How this service would affect the contract for the 80/20 split which was already in place.
- It was further suggested that the Cabinet Member receive regular progress reports in relation to this new service.

Resolved:- (1) That subject to the consultation and agreement with the Cabinet Member for Neighbourhoods the proposal to integrate the sheltered housing warden role and that of the domiciliary care enabler

role be supported to lead to one service being delivered.

(2) That a detailed project plan be worked up to include an analysis of all financial and workforce implications, a risk register and communication and change management plan.

130. DATE AND TIME OF NEXT MEETING:- 6TH APRIL 2009

Resolved:- That the next meeting be held on Monday 6th April, 2009 commencing at 10.00 am.

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 6th April, 2009

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

131. MINUTES OF THE PREVIOUS MEETING HELD ON 23RD MARCH 2009

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

132. 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 February 2009 and forecasts and income to 31st March, 2009.

The approved net 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 from in-house to the independent sector. This was due to the decision 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 showed a projected balanced budget by the end of the financial year.

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, home care as a result of delays in shifting the balance and increased energy costs within in-house premises.

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

This overall forecast outturn also includes 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 to consider further options for managing expenditure within budget.

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

133. CARE QUALITY COMMISSION (CQC) INSPECTION OF SAFEGUARDING AND PHYSICAL DISABILITIES & SENSORY IMPAIRMENT

John Mansergh, Service Performance Manager and Dave Roddis, Service Quality Manager gave a presentation in respect of the Review of Physical Disability and Sensory Impairment and Safeguarding Services.

The presentation drew specific attention to:-

- The Inspection Process
- CSCI Annual Performance Assessment Score
- Aims of the 2009/10 budget
- Summary of Investments from 2009/10 budget
- Physical Disability Self Assessment
    - Summary of Strengths
    - Summary of Weaknesses
    - Improvement Plan
- Safeguarding Self Assessment
    - Background
    - Improving Customer Access and Service Standards
    - Improving the way cases are managed
    - Improvement Performance and Quality
    - Putting in place a trained and skilled workforce at all levels
    - Service users are kept safe and in control
    - Improvement Plan

A report was also presented which detailed the proposed joint inspection by the Care Quality Commission of safeguarding adults (all ages) and physical disability services.

<u>Inspection of Physical Disability and Sensory Impairment</u>

There were six themes to the inspection:

- Universal services – will assess access to and quality of transport, leisure, shopping, employment, nightlife etc
- Promoting independence – will assess social care and health
- Preventatives services – will assess social care, health, information and VCS

- Specialist Provision – will assess social care and health
- Care Management styles – will assess social care
- Range of services – will assess social care and health

The review identified the following areas for the improvement plan:

- Limited information available on needs of physical disabilities in the borough
- Expensive out of borough placements
- No clear strategic and commissioning approach to services
- Lower than average provision of home care, short term and respite services
- Occupational therapy contract
- Assessment waiting times behind national average
- Waiting lists for aids and adaptations
- Low performance for disabled workers

Inspection of Safeguarding (all ages)

There was a KLoE (Key Line of Enquiry) for this inspection and the questions were:

- Is there any inter-agency framework for safeguarding adults?
- Has the CASSR specified in their contracts what they expect from providers to enhance the safety of vulnerable people?
- Are there clearly understood procedures for investigating individual cases of reported and/or suspected abuse of vulnerable adults?

The review identified the following areas for the improvement plan:

- Number of referrals that we continue to receive are higher than the national average
- Progress with the Highfield serious case review
- Access and communication with CSCI
- Progress with implementing the Deprivation of Liberty legislation
- Quality of case management
- Progress with the multi-agency strategy

Resolved:- (1) That the Cabinet Member note the joint inspection of safeguarding adults (all ages) service and physical disability and sensory impairment service by the Care Quality Commission

(2) That the Cabinet Member receives the presentation on the Directorate's review of strengths and areas for development

(3) That the report and presentation be presented to the next Scrutiny Panel on 4th June, 2009.

134. PARK LEA DAY SERVICES

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which outlined details of the consultation and proposed options for the future of the service currently provided at Park Lea.

The plan was to integrate the existing services, service users and staff into Oaks and Addison services. This would be achieved by:

- Developing the existing outreaches for older people at Oak Trees and developing a new outreach service for older people at St Johns Church Centre in Swinton, at Swinton Potteries in Swinton and at Bakersfield Court in Herringthorpe;

- Increasing the number of places and days at existing outreaches currently provided by Oaks at St James Church Centre in Wath and Addison services at Durlston House;

- By increasing the number of places provided each day at the Elliott Centre and using the Elliott Centre as a Borough-wide service.

Consultation took place with a range of stakeholders including people who currently used day services, their carers/families, providers, community team workers, staff from across day services, Unions and the senior management team. Methods included individual meetings, individual letters, open day events at Addison, Oaks and the proposed new outreach service. Taster sessions at the proposed new venues were also set up. Two open meetings were held at each venue as well as individually arranged meetings which were well attended – in total over 50 carers and families took the opportunity to visit either individually or at the open events. Carers were very positive and wanted to know how soon the proposed move would happen.

People directly affected by the proposed changes were consulted on an individual basis and provided with the options available to them. The consultation was completed by the most appropriate people, eg key workers/managers or in some identified cases the Group Manager. All consultation meetings were recorded and confirmation letter would be sent to individuals confirming decisions reached following the approval of the proposals by Members.

Proposed Options

Option 1 – To attend the proposed new outreach service for older people

Option 2 – To transfer to Addison/Oaks

Option 3 – To transfer to the Elliott Centre

The consultation meetings had been very successful and no negative

feedback had been received. The service had been praised by carers and their families and whilst people would be sad to move from Park Lea, both service users and staff were eager to move and were excited by the changes.

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

- Where did consultation take place? Was it just at Park Lea or did it extend to service users and carers at Oaks/Addison? It was confirmed that consultation had been undertaken with users and carers at Park Lea only, and there had been no resistance to the proposals.
- A comment was made that carers at Oaks/Addison were not happy that service users were being moved around to accommodate Park Lea service users
- Whether the service had already started. Confirmation was given that instructions had been left that nothing would change until approval had been given by the Cabinet Member at this meeting.
- Concerns were raised about the proposal to reduce the service from a full day to half a day. The Director of Health and Wellbeing confirmed that there would be no reduction in service for anyone unless they requested it.
- Could Park Lea be used by the Council for other purposes in the future. The Director of Health and Wellbeing confirmed that this was being investigated and would be reported back at a future meeting.

Resolved:- (1) That the proposals set out in the report be approved

(2) That the report be presented to Scrutiny Panel on 4th June, 2009

(3) That a report be brought to a future meeting in relation to whether Park Lea could be utilised by the Council for other purposes in the future.

135. SINGLE LINE MANAGEMENT STRUCTURES FOR INTERMEDIATE CARE SERVICES

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in relation to a Single Line Management Structure for Intermediate Care Services.

The Intermediate Care Review and Joint Commissioning Strategy recognised that the development of a single line management structure for intermediate care services would ensure that there were clear lines of professional and operational accountability and service integration between health and social care professionals. It would also ensure that there were clear lines of communication between both organisations in order to provide an effective intermediate care service.

The Enabling Care Manager (ECM) employed by Neighbourhoods and Adult Services (NAS) and the Strategic Therapy Lead (STLA) within Rotherham Community Health Service (RCHS) had recently agreed to a single line management structure and this had been endorsed by NHS Rotherham's Human Resources and Priority 2 Intermediate Care group.

The Enabling Care Manager would become the single line manager and would work in partnership with the Strategic Therapy Lead to deliver the objectives set out in the Joint Commissioning Strategy.

The Intermediate Care Services include:

- Intermediate Care Assessment Beds (ICAB)
- Community Rehabilitation Team (CRT)
- Millennium Rehabilitation Day Care Centre

The Protocol would ensure delivery and adherence to the implementation of NHS Rotherham's Human Resources and Organisational Development Policies and Procedures including:

- Professional supervision and organisation communication
- Annual/special leave
- Sickness absence management
- Travelling and subsistence expenses
- Grievances, bullying and harassment
- Disciplinary matters and capability issues
- Health and safety
- Learning and development
- Flexible working
- Equality and diversity in employment
- Recruitment and selection

The Enabling Care Manager would deal with complaints during monthly statutory visits which were then referred to the Local Authority's complaints procedure. Complaints were received regarding therapy input were referred to NHS Rotherham's complaints procedure.

Operational Management

Operational management responsibility would be held by the Enabling Care Manager. One to two monthly meetings would be led by the Enabling Care Manager which would involve two Clinical Therapy Leads who would engage in two-way communication on operational issues affecting the delivery, capacity and performance of the intermediate care service.

Professional Supervision

The Strategic Therapy Lead would be responsible for the professional

supervision of therapy staff. One to one monthly meetings involving RCHS staff only would be held between Professional Lead OT and the Clinical Lead OT and Professional Lead Physiotherapist and Clinical Lead Physiotherapist. The Clinical Therapy Leads would be responsible for professional clinical supervision of operational management therapists and designated support staff through one to one meetings or peer supervision.

RMBC Organisational Communication

The ECM would be responsible for organisational communication which would be delivered through monthly business group meetings or one to one meetings.

RCHS/NHS

The Clinical Therapy Leads would attend the Adult Therapy Clinical Leads Group on a monthly basis and would be delivered through monthly intermediate care meetings.

Resolved:- (1) That the Protocol for Performance Management, Operational and Professional Accountability for Intermediate Care Services be endorsed.

(2) That the report be presented to the Scrutiny Panel on 4th June, 2009.

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

136. PETITION - CLOSURE OF MEALS ON WHEELS AND LAUNDRY SERVICES

Consideration was given to a petition received in respect of the proposed closure of Meals on Wheels and Laundry Services.

It was reported that there had been a misunderstanding in relation to this as there was no intention of removing these services, but to offer a better service to customers. All current service users were to be visited and their needs would be assessed. There was to be an all day event held at the Bailey Suite, where providers would be present to allow people to sample the food that would be on offer. For those who were unable to attend on this day arrangements would be made for them to be visited.

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

(2) That a response be sent to residents confirming that the services were not to be removed, but improved.

137. CARERS FORUM

John Mansergh gave an update in relation to the Carers Information Centre.

Members were concerned that the service was under threat of being withdrawn by the provider, which was unacceptable as it was an integral part of our organisation.

The Strategic Director for Neighbourhoods and Adult Services agreed to make contact with Jeanette Mallinder to resolve this issue.

138. DATE OF NEXT MEETING:- 27TH APRIL, 2009

Resolved:- That the next meeting be held on Monday 27th April, 2009 commencing at 10.00 am.

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