

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 9 July 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 Consideration 10.00 am

6. Emergency ('999') Services - Performance in Rotherham (herewith) (Briefing Note to be sent out separately) - Martyn Pritchard, Chief Executive, Yorkshire Ambulance Service and Andy Buck, Chief Executive, NHS Rotherham to present (Pages 1 - 4)

11.00 am

7. Nominations
Rotherham Women's Refuge – To nominate one female elected member to replace Councillor Pat Russell.

11.05 am

8. Ministry of Food - Impact to Date - Presentation by Lisa Taylor, Ministry of Food Manager (herewith) (Pages 5 - 8)

11.25 am

9. Innovations Team - Presentation by Tom Sweetman, Innovations Manager

11.55 am

10. Voluntary and Community Sector Reviews (herewith) (Pages 9 - 16)

For Information

11. LINK Annual Report (herewith) (Pages 17 - 27)
12. Expert Patient Programme Course Information (herewith) (Pages 28 - 29)
13. The Supporting People (SP) Programme (herewith) (Pages 30 - 63)
14. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 4th June, 2009 (herewith). (Pages 64 - 76)
15. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 27th April 2009, 8th June 2009 and 22nd June 2009 (herewith). (Pages 77 - 102)

**Date of Next Meeting:-
Thursday, 10 September 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 Parish Councillor Mrs. P. Wade

Background Paper for Emergency ('999') Services – Performance in Rotherham**ADULT SERVICES AND HEALTH SCRUTINY PANEL, 9 July 2009****NHS Rotherham – Commissioning Emergency ('999') Ambulance Services**

The provider of emergency ambulance services in the Yorkshire & Humber region is the Yorkshire Ambulance Service (YAS), and these services are commissioned through a contracting consortium with NHS Bradford & Airedale as the Coordinating Commissioner.

The Coordinating Commissioner leads the commissioning & contracting process on behalf of the 14 PCT's in the region and essentially:-

- Negotiates directly with YAS on behalf of itself and the Associates for each contract year.
- In conjunction with YAS and Associates, prepares contract documentation and agrees indicative activity levels and performance targets.
- Coordinates monthly Consortium Contracting Board meetings with YAS and the Associates to performance manage the contract and agree strategic direction.
- Coordinates Consortium Commercial Business Unit (CBU) sub-committees of which Rotherham is a member of the South Yorkshire group.

Individual commissioners are responsible for monitoring performance for their own cohort of patients and dealing with other specific issues such as Serious Untoward Incidents (SUI), complaints, health economy impacts, future demand modeling etc.

The Coordinating Commissioner ensures that all relevant correspondence is provided to Chief Executives of Associates and to other individuals who manage the contract at both the Contracting Board and Sub-committee level.

NHS Rotherham specifically assigns a Contracting & Commissioning Manager to the YAS contract whose role is to:-

- Monitor daily/weekly/monthly performance against National & local response & other targets. This is achieved through the YAS performance website and various weekly & monthly reports.
- Represent NHS Rotherham at the Monthly Contracting Board & Sub-committee meetings.
- Represent the South Yorkshire Sub-committee on various ad-hoc groups, for example, looking at Data Quality and general contract negotiations.
- Where appropriate utilise contract mechanisms to performance manage the Provider. During 2008/09 NHS Rotherham issued a performance notice pursuant with the contract relating to continuing poor performance.
- Link with the NHS Rotherham Urgent Care lead and various other Contract Managers & Providers to ensure that emergency ambulance services complement other commissioned services.

BRIEFING NOTE	
For:	Members of the Adult Services and Health Scrutiny Panel
Prepared by:	Delia Watts extn. 2778
Date:	9 July 2009
Subject:	Emergency ('999') Services – Performance in Rotherham

1. Introduction

As part of the Annual Health Check process, representatives of the Scrutiny Panel have monitored, among other things, the Emergency (999) services provided to the Rotherham community. Over the last three years, some of the nationally-set targets for response times were not met.

In March 2009, the Annual Health Check Working Group expressed a number of concerns:

- the below-target Category A performance in Rotherham, which was the worst in South Yorkshire;
- the apparent reduction in performance of the trust as a whole, over the last year;
- that assurances given the previous year (that teething problems associated with the merger of three trusts into one were being addressed) do not seem to have produced the promised improvements.

In April 2009, the Care Quality Commission (CQC) assessed whether all 388 NHS trusts met government regulations for managing infection, prior to registration. Although the CQC registered all trusts, it made registration of 21 trusts subject to conditions, which were legally enforceable and had to be met within agreed timescales. YAS was the only ambulance trust to fall within this group. The Panel may therefore also be interested in:

- The steps being taken to ensure that YAS meets the cleanliness requirements as monitored by the CQC.

In Yorkshire, ambulance services are commissioned via a consortium with NHS Bradford & Airedale as the Coordinating Commissioner. The Coordinating Commissioner leads the commissioning and contracting process on behalf of the 14 PCT's in the region, but individual commissioners (including NHS Rotherham) are responsible for monitoring performance in their own areas.

Both Martyn Pritchard, Chief Executive of YAS, and Andy Buck, Chief Executive of NHS Rotherham, have therefore been invited to present information on the performance of the 999 contract in Rotherham and answer questions from Members.

2. Background

Yorkshire Ambulance Service (YAS) was formed from the merger Tees East and North Yorkshire Ambulance Service (TENYAS), South Yorkshire Ambulance Service (SYAS) and West Yorkshire Metropolitan Ambulance Service (WYMAS) Trusts in July 2006. It inherited a financial deficit and varying performance levels, including a pre-merger 66% Category 'A' performance in the WYMAS Trust, which was well below the national target of 75%.

YAS has 999 communications centres in York and Wakefield that receive over 600,000 emergency calls a year - an average of 1,718 calls per day, 72 calls per hour, or one call per minute.

Last year the Service responded to 549,262 incidents of which 195,619 were categorised as immediately life-threatening.

To meet this demand it has just over 2000 members of frontline staff, including paramedics, emergency medical technicians (EMTs) and emergency care practitioners (ECPs).

The fleet of 439 specially-equipped emergency vehicles operates from 61 ambulance stations. A network of stand-by points, where vehicles wait until needed, helps YAS respond more quickly.

3. Call Handling

999 calls are classified and handled according to their severity. An ambulance or rapid response vehicle (RRV) is dispatched as soon as the location of an incident is known ensuring vital time is not lost. Once this has been done, the telephone adviser asks the caller a carefully structured series of questions. The answers they give determine whether the call is:

Category A - where the patient's condition is immediately life-threatening

Category B - serious but not life-threatening

Category C - a less serious illness or injury.

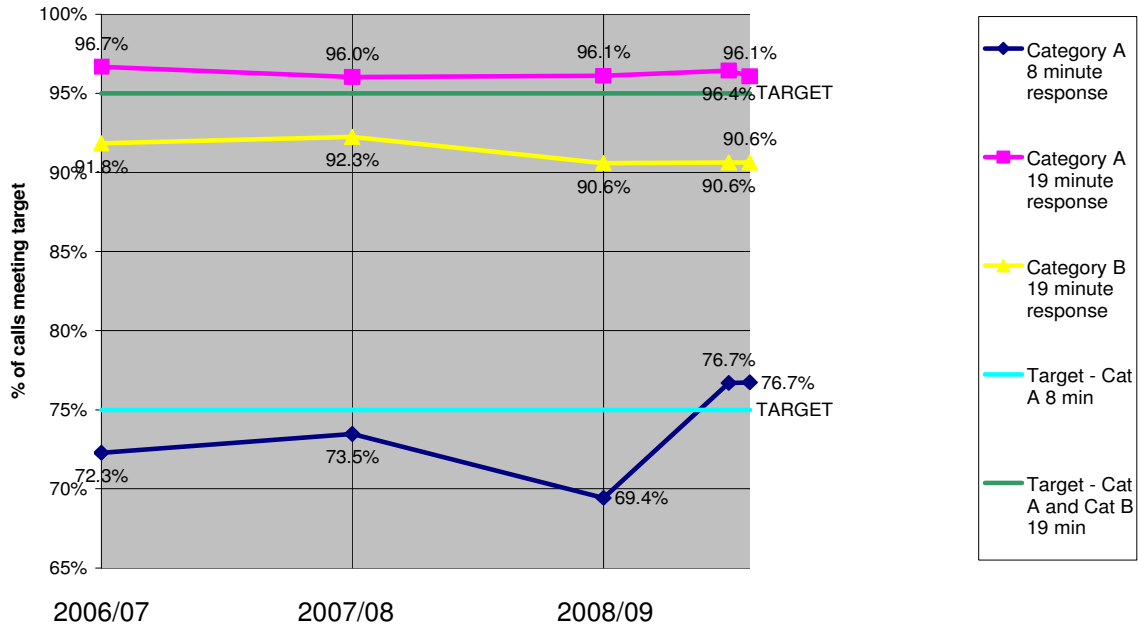
The category determines how the call is handled from then onwards.

In the case of Category A and B calls, the first available and nearest resource will be allocated to the incident to make sure the patient receives all the necessary assistance as soon as possible. The first response is often a RRV. Vehicles already on their way to Category B or C calls may be diverted to Category A incidents if necessary.

From April 2008, the way ambulance response times are measured changed to more closely reflect the experiences of patients and callers. Previously response times were measured from the point at which YAS had obtained a caller's location, telephone number and reason for calling. Now the clock starts immediately a call is connected to the 999 communications centre ('Call Connect'). From the Service's point of view it effectively means the clock starts around 90 seconds earlier although the national response targets remain the same.

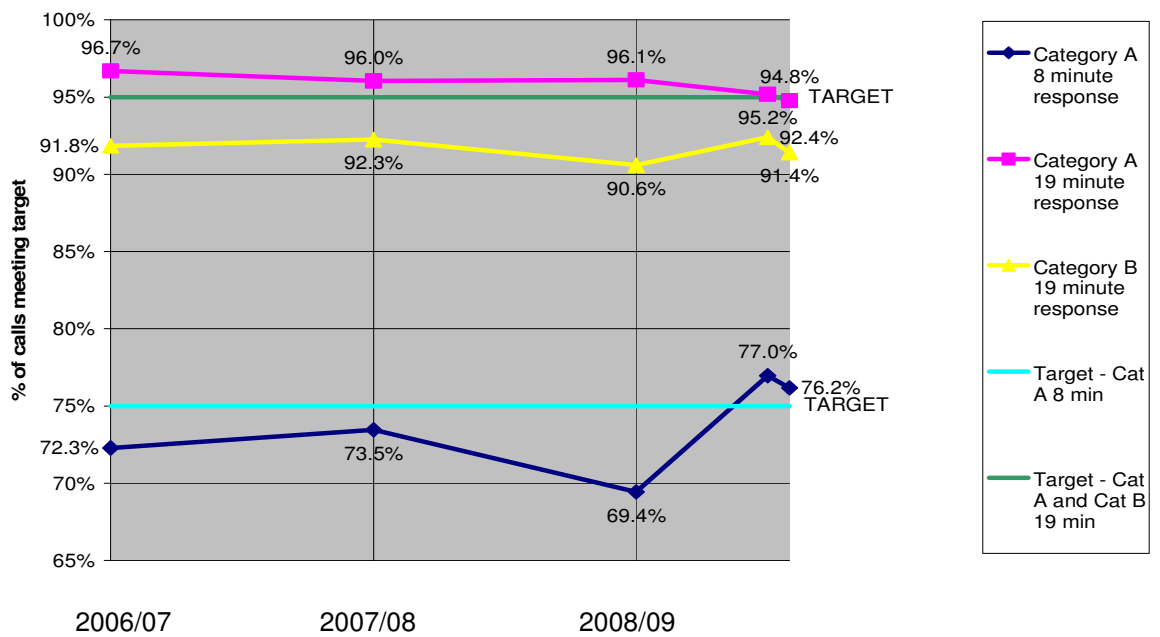
4. Accident and Emergency Performance against National Response Targets

(a) YAS-wide



Note: The 2008/09 figure for Cat A 8 minute response, using pre-Call Connect measurements was 79.2%

(b) Rotherham



Note: The 2008/09 figure for Cat A 8 minute response, using pre-Call Connect measurements was 78.2%

In order to ensure best use of funding allocated to this project following formal hand over from Jamie Oliver's team to RMBC, clear objectives targeting specific groups of people were agreed by the team and project sponsor. It was agreed that activity should focus on four key areas:

- People and families on low income, particularly older people and people with young children
- Carers and their dependents
- Students (predominantly 16 – 18 yrs old but not exclusively)
- Impact analysis using both qualitative and quantitative techniques

Activity Analysis

Since December 2008 up to April 2009:

Target Group 1 - People and families on low income (particularly older people and people with young children):

19 classes have been held for people who have been out of work for a long period of time (Condition Management). 5 people attend each class and the course lasts for ten weeks, in total 10 people from this group have completed this course.

20 classes have been held for the MIND charity, 5 people attend each class and the course lasts for ten weeks, in total 10 people from this group have completed this course.

10 classes have been held for Parenting Support Advisors, with 6 people attending each class. The Advisors work with low income families

7 classes have been held for the Maltby Craggs Mother and Toddler Group, with 20 people attending per class. In total, 80 people from this group have attended these classes.

Target Group 2 - Carers and their dependents

19 classes have been held for people from the Voyage Group (carers). 6 people attend per class and the course lasts for ten weeks, a total of 12 people from this group have attended these classes.

5 Classes have been held for people from the Headway organisation (an organisation which supports people with brain injuries). 6 people per class attend.

10 classes have been held for RMBC Foster Carers. 6 people attend per class and the course lasts for 10 weeks.

5 classes have been held for Bernardos Young Carers and 5 people attend per class, the youngest member of the class being only nine years old.

10 classes have been held for Mencap with 12 people attending per class

10 classes have been held for the Richmond Fellowship (an organisation which supports people with learning difficulties) with 12 people attending per class.

Target Group 3 - Students (predominantly 16 – 18 yrs old but not exclusively)

20 classes (x 2 10 week courses) have been held for Wickersley School with 30 people completing the course.

10 classes have been held for home taught children with 6 people completing the course

A total of 21 'one off' classes have been held for a number of schools within the borough, with 10 people attending per class, giving a total of over 200 students having attending cookery classes during this period.

A total of 14 classes have been held for the performing Arts, with 6 people attending per class. 6 people have completed this course with a further 24 people from this group attending one off classes

Pass it On

Bramall Construction continue to support the Pass it On initiative and since December 08, 60 people have attended classes and 'passed it on' in their workplace.

On 29th June 150 employees from the KP Nuts factory will be spending the day at the Bluebell Wood Children's Hospice creating a sensory garden and allotment. Staff from the Ministry of Food Centre will also attend to run a huge 'Pass it on' event.

Saturday Morning Demonstrations

Since December 2008 up to April 2009 a total of 900 people have attended these demonstrations and an additional 518 people have attended one off events organised to promote the Ministry of Food.

Overall, between December 2008 and April 2009, over 1,900 people have attended classes, courses or events.

Impact Analysis

Impact analysis is currently being carried out using both qualitative and quantitative techniques.

Currently all class attendees are asked to complete a questionnaire based on Prochaskas's Stages of change model which is a validated tool previously applied to a broad range of behaviours including weight loss, injury prevention and alcohol and drug addiction and has been used extensively within the National Health Service.

Although still in its early stages evaluation activity is making good progress. Participants are asked to complete a questionnaire at the beginning of each course (which is usually ten weeks in duration), at the end of each course, and participants will be asked to complete the questionnaire some six and twelve months after completion of the course in order to establish whether any changed behaviour has been maintained. Detailed analysis of the impact courses have had will be reported to CMT in the next progress report.

This project is particularly successful with class participants benefiting greatly from learning about food groups and gaining new cooking skills. However, in particular two participants attending with one of the Carer groups have lost weight totalling 5.5 stone over this five month period

through gaining new skills and understanding the impact and consequences of certain food groups.

The project is extending rapidly into communities with four fire stations throughout Rotherham now involved with the project from a 'pass it on' perspective. Ten fire-fighters have been taught how to cook particular dishes which they are now teach to others in the community, with Aston in particular being targeted for elderly people.

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	9th July 2009
3.	Title:	Voluntary and Community Sector Review
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

- 5.1 This paper is a summary of the contract review process for the voluntary and community contracts held by Neighbourhoods and Adult Services. Appendix 1 contains a table naming the contracted providers and it provides a summary of the recommendations and main findings.
- 5.2 The reviews show the need for some contracts to be renewed, others to be re-specified in light of the personalisation programme, and all contracts to become more outcome focussed.

6. Recommendations

- 6.1 Scrutiny is asked to note the contents of the report and the work being undertaken with each provider on their contract.**
- 6.2 Scrutiny is also asked to note the work being undertaken to develop a strategic commissioning framework for the VCS.**

7. Proposals and Details

- 7.1 The services identified in Appendix 1 are all contracted on a block basis. This means that the council purchases the service on behalf of the customer who is then offered a place on the service. This mechanism for customers accessing services is not personalised and in some instances needs to be changed. This is a recommendation made in three cases: Sense Supported Living, Age Concern Handyperson Service, and Crossroads Sitting Contract.
- 7.2 A second set of contracts need their service specifications tightening to be outcome led, after which a tendering exercise could deliver better value for money. These are: Age Concerns Advocacy, the Carers Forum, Alzheimer's Support Group, RNIB Information Service.
- 7.3 One contract requires full renewal of cost and volume purchase basis because of the essential function the service performs (Sense), the RNID communication service is also essential and needs to be re-contracted, whilst the RNID equipment services needs to be re-organised as demand and complexity mean the current specification and operating model requires updating. This will be done in partnership with RNID over the next year, resulting in a revised service that can be tendered.
- 7.4 A key factor in the review was strategic relevance of the services in light of personalisation in particular and the approach to deciding this was led by a set of working priorities. These are detailed in Appendix 2. Over the next six months these working priorities will be revised and replaced by a comprehensive strategic commissioning approach. This approach is being developed in partnership with the Voluntary Sector led by Voluntary Action Rotherham

8. Finance

- 8.1 The current annual contract values are:

Age Concern Advocacy:	£22K
Age Concern Handyperson:	£34K
Carers Forum:	£36K
Alzheimer's Support:	£24K
Crossroads Sitting Service:	£100K
RNIB Information:	£88K
RNID Equipment:	£44K
RNID Communication:	£21K
Sense Supported Living:	
1	£2377 per week (recharged in full to NHS Rotherham)
2	£ 762 per week from RMBC
3	£ 762 per week from RMBC

9. Risks and Uncertainties

9.1 At this stage the pace of change in relation to personalisation is not known so a six month contract extension has been given to providers, all of whom have agreed except for the Carers Forum. Negotiations are underway to maintain the service to customers while the service can be re-procured.

10. Policy and Performance Agenda Implications

10.1 The services all contribute to the preventative agenda, and in future many will be funded through personal budgets,

11. Background Papers and Consultation

11.1 Appendix 1 Review document.

11.2 Appendix 2 Commissioning framework for the Voluntary and Community Sector (VCS).

Contact Name: Tim Gollins, Strategic Commissioning Manager – Ext. 3929
Email: tim.gollins@rotherham.gov.uk

Table summarising individual recommendations of contract reviews

Strategic approach	Service	Strategic Relevance	Demand	Performance	Quality	Recommendations	Notes/Comments
2	Age Concern Advocacy.	✓	✓	X	✓	1. Extension to September 2009. 2. Revised, outcomes-based specification. 3. Tender.	Safeguarding action plan requires increased advocacy within res homes. Service Users include self funders. Transfer of Employment Undertakings (TUPE regulations) may apply
1	Age Concern Handyperson	✓	✓	X	✓	1. Extension to September 2009 2. Redraft to phase out over three years 3. Enable ACR to make service financially independent from RMBC	Anchor runs a similar scheme.
2	Carers Forum (RAIN)	✓	X	X	X	1. Extend until September 2009 2. Review and strengthen spec according to needs and then re-tender	RAIN has given formal notice and VAR have agreed to continue provision until a longer term tendered solution can be found Transfer of Employment Undertakings (TUPE regulations) may apply
2	Alzheimer's Support Worker	✓	✓	✓	✓	1. Extend to September 2009 2. Revise and strengthen specification	

Table summarising individual recommendations of contract reviews

Strategic approach	Service	Strategic Relevance	Demand	Performance	Quality	Recommendations	Notes/Comments
						3. Re-issue for 3 years	
2	Crossroads Sitting contracts	✓	✓	✓	✓	1. Extend to September 2009 2. Revise and strengthen specification 3. Re-issue for 3 years	Possibility of personalisation
2	RNIB Information Services	✓	✓	✓	✓	1. Extend to September 2009 2. Review/strengthen specification in relation to the RNID service (below) 3. Re-issue for three years	Discussions with RNIB could result in this service being mutually agreed to be include this in a re-specified tender next year
2	RNID Equipment	✓	✓	✓	✓	1. Extend to march 2010 2. Full commissioning exercise to discuss requirements and appraise options.	Partnership work with RNID to re-specify the service following changes to demand and complexity of cases. This is also linked to RNIB service (above) and communication service (below) both of which may be incorporated into a single service for greater efficiency
2	RNID Communication	✓	✓	✓	✓	1. Renew contract for 3 years	Essential service required to meet DDA. Discussion needed with RNID to see if this can be effectively included in a 'wrap around' service covering above two functions also (see above)

Table summarising individual recommendations of contract reviews

Strategic approach	Service	Strategic Relevance	Demand	Performance	Quality	Recommendations	Notes/Comments
1	Sense – Supported Living	✓	✓	✓	✓	<ol style="list-style-type: none"> 1. Extend to September 2009 2. Introduce use of costing tool to assess VFM and resolve minor financial dispute with Sense 3. Consider offering IBs to service users 	<p>Highly specialised services for three severely impaired service users.</p> <p>SW conducts regular reviews which takes account of SU views.</p>

NAS strategic priorities for the
Voluntary and Community sector (VCS)

1. Reforming delivery in terms of prevention and personalisation

Long term contracts need to change to seed funding and personalised micro commissioning

Current contracts addressing this requirement:

- *Day Services*
 - Services able to be personalised through a three year financial reduction of up to a third a year, with funding channelled through personal budgets.
- *Age Concern handyperson service*
 - Proposals support the service to become financially independent through the development of personalisation.
- *Sense supported living*
 - *Proposals are made to personalise this service. But careful support and advice services would be needed prior to this going ahead because of the specific and profound needs of the users*

2. Building capacity

Supporting, advising and providing support to carers, and users by contracting with the VCS sector

Current contracts addressing this requirement:

- *Crossroads Sitting service*
 - Provides important regular and crisis response 'at home' respite services to carers
- *Age Concern advocacy*
 - Working in residential homes ensuring self funders gets proper advice and advocacy to make informed decisions.
- *Alzheimer's support*
 - Service addresses the requirements of the national dementia strategy. In addition maintaining the service will enable the possible development of personalised support and brokerage in the future.
- *RNIB advocacy and advice service*
 - Maintaining the preventative service enables the potential development of a support or brokerage service under personalisation.

It may also be possible to combine this service with others for greater efficiency

- *RNID Equipment Service*
 - Provides highly valued equipment and advice on its use to users, which whilst needing to be re-specified and re-tendered is increasingly relevant because of new telecare options in future, which will be increasingly available through personalised payments
- *RNID Communication Service*
 - The council contracts for this service because it enables users to effectively convey wishes, requirements and points of view, and enables the council to communicate its response. Essential for properly supporting and advising this vulnerable group with specialist communication needs. There are possibilities for combining some contracts for greater cost efficiency
- *Carers Forum*
 - Although in need to re-specification and tender is an important service supporting carers a key component of personalisation and prevention.

3. Developing the Compact

Develop consistency across departments and partners e.g. NHS Rotherham

An important area of work is to share such things as pre-qualification questionnaires (PQQs) and standardise procurement and needs mapping processes as far as possible so duplication and inefficiency is driven out for providers

- New corporate commissioning group
- Corporate procurement group

4. Encouraging volunteering

Prevention strategy and personalisation provide opportunities to develop volunteering, an activity the VCS organisations, and particularly Voluntary Action Rotherham, do well

- RNIB use volunteers currently, and this is an area that needs to be expanded

5. Better communication

Clear lines of accountability and understood responsibilities need to be developed between statutory and VCS bodies

- Agreed forums with VAR presence and agreed remit alongside other elected representatives of the VCS



Annual Report April 2008- March 2009





What is linkrotherham

Linkrotherham is part of the Local Involvement Networks (LINKs) that were set up throughout England by the Department of Health (DoH) to create a vocal point for people to have their say and raise concerns about health and social care services.

Linkrotherham is your network of local people, voluntary organisations and community groups that will make care services better by working with the people responsible for deciding how these services are delivered.

These provider or commissioners of services include

- NHS Rotherham,
- Rotherham Hospital Foundation Trust,
- Rotherham, Doncaster and South Humberside (RDaSH) Mental Health Trust,
- Yorkshire Ambulance Service
- Rotherham Neighbourhood and Adult Services

What is Health and Social Care

Maintaining and promoting health and wellbeing by providing specialist care and support services for the peoples who need them.

These could include:-

- Care Homes
- Family Doctors, Dentists, Pharmacists
- Hospital Services
- Support for people at home
 - Who have mental health problems
 - Who abuse drugs
 - With long term conditions such as disabilities or diabetes
 - Who need assistance to live an independent life wherever possible





Why linkrotherham was formed.

The department of Health is now offering you more choice and a louder voice in the services you receive and who provides them . Health and Social care services are working more closely together and under new legislation the providers of those services have a duty to listen to the needs of the people who use them. To achieve this and to ensure the Local Involvement Networks(LINKs) are independent the DoH instructed every council, including Rotherham Metropolitan Borough Council (RMBC) , to put out to tender the role of supporting the LINK to an independent host organisation. Voluntary Action Rotherham submitted a tender and was successful in becoming the Host organisation . The DoH stated that all LINKs should be operational from 1 April 2008. Linkrotherham was set up from July 2008 , with all the Support Team in place by October . From April until July the RMBC promoted the Rotherham LINK by registering peoples' interest in joining the network.

Where does the money come from to support linkrotherham

The DoH gave an agreed amount of funding to every council depending on the needs of the people they are responsible for. This money is part of the Areas Base Grant received by all local authorities. Please see the attachment for a more details of the linkrotherham budget.

Who are linkrotherham accountable to.

The people of Rotherham and the Department of Health.

Who are the LINK Host responsible to

Linkrotherham , RMBC and the Department of Health.

Our aims

Linkrotherham is here to link Rotherham . To provide a network of support to enable you to have one strong united voice to ensure the services meet the needs of all the people in Rotherham .





What does linkrotherham look like.

Interim Core Group

It was decided to form an Interim Core Group , made up of people committed to ensuring the success of the linkrotherham. The group was responsible for making and deciding on policies about how the linkrotherham will work . These include ,
Diversity, Equal opportunities .
Openness and Accountability .
How to decide what issues or concerns they should investigate.
How to engage with community groups and organisations.

This group will eventually be replaced by a Governing Board

Task Groups.

These will be made up of people , representatives of community groups and voluntary organisations , who have registered with linkrotherham and have a particular interest or knowledge of the task group issue or concern .

Registered Members

These are people , community groups or voluntary organisations who want to register their interest but for whatever reason do not have the time become involved on a frequent basis.
The Support team will register their details on a secure database . They will receive regular updates and be contacted to take part in research , such as a questionnaire or invited to attend an event around their particular interest.

What concerns or issues have the Interim Core Group decided upon.

We decided it was important to talk with community groups, organisations and individuals to find out what they thought about their services in Rotherham.
We also meet with the people who provided those services. Developing strong working relationships will assist in future joint working and an understanding of each others responsibilities.

On behalf of linkrotherham, the Support Team has contacted and met with local community groups and voluntary organisations . They have attended events with members of the Interim Core Group and talked to the people of Rotherham.





Examples of Engagement.

Launch of linkrotherham

This took place at the New Life Centre in October 2008 . Representatives of the voluntary organisations, community groups and key stakeholders attended the event.

Barbara Cook from the National Centre for Involvement gave an informative presentation about the Local Involvement Networks (LINKs).

Members of the Interim Core Group spoke about their reasons for becoming involved.

Brinsworth Community Event

Linkrotherham supported a community event held by Rother Valley West Area Assembly giving linkrotherham members the opportunity to talk to, and gather information from the local community.

A similar event will be held in July 2009.

Asian Women's group

Tassibee will become an ambassador for Asian women in Rotherham .It will enable Tassibee members to meet on a regular basis to talk about their concerns .From this linkrotherham would work with some Tassibee members plus the people who provide the services to ensure services do improve and meet the needs of the Asian communities .

Linkrotherham is aiming to set up similar ambassadorships with other organisations.

If you know of , or are part of , an organisation that would like to be involved in the ambassadorship scheme please contact the Support Team .

Patient Journey

The Rotherham Hospital Foundation Trust invited members of linkrotherham with physical disabilities and sight impairment to visit a refurbished ward to identify areas that would improve access and the patients' experiences . During the visit they also highlighted good practices already in place.

Cancer Service User Forum meetings

A representative of linkrotherham attended these meetings to discuss concerns and issues faced by people with cancer and to look at how they can work together to improve or provide services or support that does not exist at present.

Cancer Service User Forum has since been renamed Cancer Action Rotherham (CAR)

Overview and Scrutiny Committee meetings

A representative attends these meetings and a member of the support team has given a presentation on the work of linkrotherham.





Linkrotherham also meets with The Local Authority Health Officers Group to share information. The future aim is to work on joint issues that are of concern for the both parties.

Neighbourhood and Adult Services

Representatives from both organisations meet on a regular basis. It has been agreed that a joint reference group would benefit the people of Rotherham to enable linkrotherham members to visit and conduct joint customer journeys.

Personalisation

This is a new initiative to allow people who need specialist support or services to decide for themselves how they will be supported.

Linkrotherham representatives sit on the Personalisation sub groups held by the Neighbourhood and Adult Services

NHS Rotherham Patient and Public Engagement

A representative sits on the Patient and Public Engagement meetings held by NHS Rotherham. Information is shared and areas of possible joint working are discussed.

We believe that by engaging with local communities and voluntary organisations and creating good working relationships with key stakeholders and partners it will ensure the voice of the people of Rotherham is heard. By building this solid foundation we hope the people of Rotherham, community groups and voluntary organisations will have the confidence to become part of linkrotherham. The strong voice, united in creating better services.

Health Care Commission Annual Health Checks.

Each year all National Health Service Trusts submit a self assessment of the services they provide to an overview body called the Health Care Commission.

Linkrotherham was asked to supply a commentary for the Trusts they are involved with. Commentaries were submitted to:-

- NHS Rotherham,
- Rotherham Hospital Foundation Trust,
- Rotherham, Doncaster and South Humberside (RDaSH) Mental Health Trust,
- Yorkshire Ambulance





Promoting linkrotherham

Logo , Website and Information Leaflet

With the help of Sugar cane, linkrotherham now has a logo ,website and an information leaflet.

The website and information leaflet enables the people of Rotherham the opportunity to give their views and register with us.

The website will also contain information about forthcoming events and health and social care issues along with signposting information to other organisations.

The website address is www.linkrotherham.org.uk

Media

We have established a professional relationship with the local media.

Linkrotherham will have regular article and up dates in the RMBC Rotherham News, with articles planned for the Rotherham Advertiser and Recorder.

Rother Fm will also be featuring forthcoming events.



What Next. The Future for linkrotherham

VW Campervan Campaign

During May linkrotherham will be in specified locations around Rotherham with a 1970's VW Campervan. Our aim is to invite the people of Rotherham to share their views about health and social care services and to register with us.

Stakeholders and partners have been invited to accompany linkrotherham on specific days to promote and raise awareness of health and social care services.

The event runs between May 5 and May 20, culminating in a town centre event on 21 May.

A RotherFM publicity campaign to promote the Campervan commences on 21 April and articles will be published in the Recorder and Rotherham Advertiser.



To ensure the information gathered will be relayed back to the relevant communities we plan to hold Feedback events in specific areas.

Young People and Vulnerable Adults Safeguarding Toolkit.

We are sponsoring a series of events with the Children's, Young People's and Families Consortium to raise awareness of this important legislation.

Governing Board

The Interim Core Group will be replaced by the Governing Board.

The posts will be advertised in the local media and informal interviews will take place.

It is hoped the first meeting of the Governing Board will take place mid June 2009.

It will be their responsibility to determine how linkrotherham will continue to operate and decide on the concerns or issues the Task Groups will investigate.

Partners and Stakeholders.

To continue to build strong working relationships with key partners and stakeholders, as well as expanding these relationships to include Local Strategic Partnership Boards and Foundation Trust Boards.





Cross Border Working

We plan to establish working agreements around shared issues or concerns with neighbouring LINKs and NHS Trust services. These include working with

- Doncaster and South Humberside LINKs with the Doncaster and South Humberside Mental Health Trust.
- Sheffield LINKs with the Sheffield Children's Hospital
- South Yorkshire LINKs with the Yorkshire Ambulance Service.

Community Events

We will continue to hold community events to gather information and inform the people of Rotherham of our ongoing work.

And Finally

Thank you for taking the time to read our first Annual Report.

If you would like more information or to register with linkrotherham

Or

If you are part of , or know of a community or voluntary organisation that has a concern about a health or social care issue that is affecting a community

Or

You would like to join the Governing Board as an individual or as a representative of a community or voluntary organisation ,

Please contact the Support Team.





Linkrotherham is based at :-

The Spectrum
Coke Hill
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S60 2Hx
Tel Number 01709 834442
E Mail info@linkrotherham.org .uk
Text messages 0752 576 7467 .
Website www.linkrotherham.org.uk

The Interim Core Group

Diana Swanson , representing Carers 4 Carers
Jeanette Malliner representing Rotherham Care Forum
Anita Wilson
Patricia Draycott
Derek Corkell representing Rotherfed
Zanib Rasool ,Strategic Project Co-ordinator, RUFC Community Sports Trust
Peter Edney
Robert Copley
Paul Ritchie representing the Adult Services Consortium
Margaret Drinkall , representing the Children , Young People and Families Consortium.





Linkrotherham Support team is based at

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Lynne Stamp, Administrator

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Expert Patient Programme – Course Details (for information)

The Expert Patient Programme (EPP for short) is a six-week course for anyone living with any long-term health condition.

The EPP aims to help you to take more control of your health by learning new skills to manage your condition better on a daily basis.

Topics that the course covers include:

- Dealing with pain and extreme tiredness
- Coping with feelings of depression
- Relaxation techniques and exercise
- Healthy eating
- Communicating with family and professionals
- Planning for the future

The EPP course is free and runs over six weekly sessions, each lasting two-and-a-half hours. It is facilitated by trained tutors who are themselves also living with a long-term condition. More details can be found on the website below.

We have a number of courses running in the Rotherham area:-

Expert Patients Programme	Expert Patients Programme is a free six week course for anyone living with any long-term health condition(s).	29 th July 2009 - 9 th September 2009 10.30am - 1pm
Looking After Me	<i>Looking After Me</i> is a free course for adults who care for someone living with a long-term health condition or disability.	30 th July 2009 - 10 th September 2009 10.30am - 1pm
Supporting Parents	<i>Supporting Parents Programme</i> is a free six week course for anyone who has care of a child with a long-term health condition.	10 th September 2009 - 22 th October 2009 11am – 2pm
Expert Patients Programme	Expert Patients Programme is a free six week course for anyone living with any long-term health condition(s).	29 th October 2009 - 10 th December 2009 10.30am - 1pm
Looking after Me	<i>Looking After Me</i> is a free course for adults who care for someone living with a long-term health condition or disability.	14 th January 2010 - 25 th February 2010 1.00pm - 3.30pm
Expert Patients Programme	Expert Patients Programme is a free six week course for anyone living with any long-term health condition(s).	13 th January 2010 - 26 th February 2010 1.00pm - 3.30pm
Supporting Parents	<i>Supporting Parents Programme</i> is a free six week course for anyone who has care of a child with a long-term health condition.	24 th February 2010 - 31 st March 2010

If interested in attending, please contact:

Paul Brighthouse
Partnership Development Manager
Expert Patient Programme C.I.C.

Rutherford House,
Warrington Road,
Birchwood Park,
Warrington, Cheshire,
WA3 6ZH

Mobile: 07595 11 66 75

www.expertpatients.co.uk

www.selfcareconnect.co.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO ELECTED MEMBERS
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1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	9th July, 2009
3.	Title:	The Supporting People (SP) Programme
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

5.1 As part of the 2008/09 Local Government Finance Settlement Ministers announced changes to the funding of the SP grant.

Summary of changes:

- For 2009/10 the SP programme grant will be paid as an unringfenced named grant. Lifting the current ringfence from the grant means paying funds to local areas without the current grant conditions.
- In 2010/11 the grant will be paid as part of the Area Based Grant. This means the funding will be delivered in one single payment made to council's each month.

5.2 This paper outlines the potential for changes to the programme resulting from the two major changes identified above.

5.3 Recommendations are made by Supporting People Commissioners on how these changes should be managed.

6. Recommendations

6.1 That the report be noted.

6.2 From April 2009 there is a seamless transition to the governance arrangements for the Area Based Grant.

6.3 The currently established commissioning structures for Supporting People are maintained until March 2010 to deliver the 2008-13 Supporting People Strategy (see Appendix 1).

7. Proposals and Details

- 7.1 The lifting of the ring fence to the budget in April 2009 provides
- additional freedom to LAs,
 - and allows them to tailor services to meet the needs of service users.
- 7.2 As the SP grant remains a specific named grant for a further year (2009/10), there will still be some grant conditions applied, although these will not state how the funding should be spent. Communities and Local Government (CLG) are shortly to consult on the revised grant conditions
- 7.3 A package of measures is being developed to support LAs during this period of change, including a financial modelling tool, which will provide evidence at a local level on the financial benefits of investment in housing support.
- 7.4 An Audit Commission Report is due out in spring 2009 (not yet produced) to inform LAs on the contents of the transition package.
- 7.5 In 2010/11 the grant will be paid as part of the Area Based Grant. This means the funding will be delivered in one single payment made to council's each month. From 2010/11 the SP programme will not exist as a separate named funding stream.
- 7.6 The implications of the changes in grant conditions means that from April 2009 governance structures for the programme grant could change, and that there are opportunities to commission services that have previously been outside the remit of Supporting People.
- 7.7 SP commissioners consider that the current Commissioning Group governance structures should continue during 2009-10 to make sure that fair and transparent decisions continue to be made about allocations of funding that is available, and pursue delivery of the agreed 2008-13 strategic priorities, see appendix 1 for full details
- 7.8 The 2008-13 strategy identified financial commitments for extra care housing, physical disability and sensory impairment (PDSI) services, and homelessness prevention

8. Finance

- 8.1 The SP budget in 2008/09 for Rotherham is £7,567,131 and remains an annual commitment from CLG until 2010/11.

- 8.2 The Administration grant is £206k for 2008/09 and reduces to £190k in 2009/10 and to £163k in 2010/11.
- 8.3 The recently (2007) re-structured Supporting People team is structured to meet its external funding amount at the 2010/11 level, that is, £140K per year including non-staff costs
- 8.4 The external funding for the Supporting People administration grant will end in March 2011, at which point the current team will need to be resourced from the mainstream staffing establishment budget; this issue has been raised with the finance department.

9. Risks and Uncertainties

- 9.1 Without due financial and strategic governance the following benefits of the programme could be put at risk:
- Effectiveness of the outcomes for service users in KPI 1 (NI142) and KPI 2 (NI 141) which is a stretch target currently being met in the LAA.
 - The cost benefit / financial savings that the programme delivers for statutory services as outlined in the CLG's recently published report¹.
 - The programme has the most mature holistic partnership approach to governance, procurement, commissioning and contracting available in the local authority, as referenced in the 2004 Audit Commission inspection report.
 - The programme provides services to the socially excluded that prevent more expensive services being necessary. For example many SP service directly prevent homelessness, and each incidence of homelessness costs the local authority £6000, costs which would otherwise have to be paid, see the SP strategy 2008-13 for further details.
 - Effectiveness of the outcomes achieved for service users – the programme contributes to increased employment and training, support around mental and physical health, support around substance misuse, support around gaining independent living skills, tenancy maintenance, offending behaviour, and social/community contacts/links. Full details of the outcomes achieved by the programme for its users can be provided on request.

¹ The CLG commissioned CAP Gemini to produce a report about the financial benefits of the SP programme as part of work to inform the recent CSR.

- The contribution of SP services to LAA outcomes. Services not only deliver directly to NI 141 the establishment of independent living and 142, the maintenance of independent living but support indirectly also a number of other NIs in the LAA.
- Delivery of a balanced needs led programme. SP commissioning is informed by a strategy which is supported by a needs analysis and a prioritisation process. The three priorities set are extra care housing, PDSI and homelessness prevention. Changes to the commissioning plans would potentially negatively affect the delivery of these needs led priorities.

10. Policy and Performance Agenda Implications

10.1 None.

11. Background Papers and Consultation

11.1 The 2008-13 Supporting People Strategy (Appendix 1).

Contact Name: Tim Gollins, Strategic Commissioning Manager
Ext. 3490, tim.gollins@rotherham.gov.uk

2008-13 Supporting People Strategy

Rotherham Metropolitan Borough Council
December 2007

INTRODUCTION

The Commissioning Group's agreed vision for Supporting People is that:

Vulnerable people in Rotherham have fair access to a range of strategically relevant, good quality and efficient services that maintain and promote independence

The 2005-10 strategy resulted in significant outcomes for users. These outcomes include newly commissioned services as well as many new units delivered by re-modelling services¹:

- Accommodation for people awaiting a decision on a homelessness assessment
- Physically or sensory disabled people now have a cross tenure Guide communicator service
- Teenage parents now have new accommodation floating support and outreach services
- Women fleeing domestic violence have access to modern accommodation and there are now two cross tenure support services including a specific BME service
- People with learning disability have greater access to low level support services
- Older people have two new extra care housing schemes with support services

¹ Full details of changes in services and spend by client group and service type are available on the RMBC Supporting People web site:

<http://www.rotherham.gov.uk/graphics/Care/Adult+Social+Service/Supporting+People/>

- Vulnerable people in the private housing sector can now access a home improvement agency handy person service and a community alarm with the possibility of telecare and telehealth additions
- There are now more support packages for substance misusers and offenders
- There is more support available for refugees
- People with HIV (AIDS) and Hepatitis C can now also access an appropriate support service
- A traveler needs assessment and strategy development officer was funded to develop the council's work in this area

The first five year strategy also delivered more joined up work between partners. For example, there is now an established pathway for substance misusers in supported accommodation to access treatment services, and 18 new units of move-on accommodation for vulnerable people funded from capital investment from the Housing Corporation.

The Active in Age partnership with the Primary Care Trust has led to better support for older people with support needs in sheltered housing. This in turn helps them remain independent and away from secondary care services for as long as possible.

The first five year strategy has also been effective in driving up the quality of services. The number of providers with 'level B' scores on the Quality Assessment Framework has increased from 21% in 2005-6 to 50% in 2006-7. In addition the measurable risk of contract failure has fallen by 7.5%.

Outcomes monitoring from April 2007 also shows that short-term Supporting People providers in Rotherham are delivering a range of service based outcomes for users including:

- Maximizing Income
- Reducing debt
- Getting participation in work-like activity
- Establishing contact with groups or family
- Managing drugs and alcohol
- Providing adaptations to increase independence
- Maintaining tenancies

- Compliance with Probation
- Managing self-harm
- Getting people into positive leisure activity
- Helping people manage physical health
- Helping people manage their mental health
- Helping people avoid harm to others
- Helping people avoid harm from others
- Increasing choice and control

In summary, the previous 2005-10 strategy has been delivered early because £1.3 Million was 'liberated' from legacy funding and re-invested in new services commissioned on a needs-led basis. In addition the programme has increased the quality, diversity and performance of remaining contracted provision despite recognized levels of under funding (40%), and a real term cut from central Government of 7% over the period. However, it is also clear that more needs to be done. There are continuing challenges to delivery of the programme as well as new governance issues facing the local authority.

This 2008-13 strategy aims to set out what the priorities are for Supporting People over the next five years and what plans are in place to address the key challenges facing the Council and its partners in delivering effective support to vulnerable people.

Production

This strategy is based on a gap analysis for each of the client groups². The gap analysis is produced by through analysis of a supply in relation to the evidenced needs of the different vulnerable groups in Rotherham. The supply map has been produced through analysis of the contract payments system and the needs map has been developed with service users and their representatives, providers and partners. The Commissioning Group has drawn conclusions from the gap analysis evidence, and consultations with partners, providers and users. The Commissioners have also been informed by funding issues, particularly the RMBC Supporting People forward financial plan³. The outcomes of this work are three action plans:

² Please see the RMBC Supporting People web site for details:

<http://www.rotherham.gov.uk/graphics/Care/Adult+Social+Service/Supporting+People/>

³ Commissioners anticipate that they will have only £200K additional money to commission new services with over the next five years

1. To deliver the identified commissioning priorities
2. To deliver agreed partnership work
3. To revise governance arrangements

These action plans will be reviewed annually by the Supporting People Governance Groups⁴. Below the commissioning priorities for 2008-13 are set out and explained. Action points refer to the action plans at the end of the document, which detail the necessary actions to implement the plans.

Approval

The following approval process has been scheduled:

- The Inclusive Forum will comment upon the strategy January 2008
- Core Strategy Group will comment on the strategy January 10th 2008
- Compact consultation will formally end 7th March 2008
- Commissioning Group will sign off the strategy 24th April 2008

THE COMMISSIONING PRIORITIES⁵ FOR 2008-13:

ACTION POINT 1.0

Frail Elderly: Extra Care Housing

⁴ A consultation event on the 12th December 2007 is designed to identify the key issues, from a wide perspective, that need to be addressed to deliver them effectively

⁵ The criteria for according priority and the assessment of commissioning options can be seen on the RMBC web site: <http://www.rotherham.gov.uk/graphics/Care/Adult+Social+Service/Supporting+People/>

Commissioners have prioritized this for the following reasons:

- a) The expected rapid increase in the older population. For example an estimated 26% increase in people over 85 year old in Rotherham in next 20 years
- b) The higher than average incidence of limiting life-long illnesses in Rotherham (17% compared to 13% for England)
- c) The increasing aspirations and expectations of ageing generations which are affecting the standards of properties older people expect (Regional Housing Strategy)
- d) The increase in the diversity of household types influencing the tenure choices of older people (ONS 2003)
- e) £10K a year savings expected from each property in reduced secondary care admissions

ACTION POINT 1.1

Physical Disability and Sensory Impairment: suitable adapted accommodation-based provision

Prioritized because:

- a) 17.4% of the population, 26,151 adults of working age (16-64) in Rotherham consider themselves to be suffering from a limiting long term illness or impairment
- b) Supporting People spend 0.2% of its £7.5 million on people with physical and sensory impairments
- c) Population of sensory impaired people is expected to rise by 9% over the next five years
- d) The percentage of older people with physical disability is increasing with the increasing older population
- e) Physically disabled people and sensory impaired children have evidenced aspirations for increased independence in the future
- f) There is a potential for savings of £620K a year on out of town placements

ACTION POINT 1.2

Cross tenure homelessness prevention and access

Prioritized because:

- a) 130 general needs clients from local authority properties enter SP services each year, to subsequently increase demand for accommodation 'down stream'. Many of these moves may be preventable (client record data JCSHR)
- b) Potentially these preventable moves to Supporting People provision cost up to £1million a year
- c) Private sector initiatives delivering access to private landlord accommodation for vulnerable homeless people are increasingly necessary because:
 - Trends in local authority stock availability show that vacancies are falling due to choice based letting and property ladder effect (prices out of reach of first time buyers). For example, in 2003-4 there were 2925 vacant properties and in 2006-7 this fell to 1811
 - A downward trend in Right to Buy instances is expected to turn in the opposite direction when decent homes investment is completed over the next 3 years. In 2005-6 there were 469 and in 2006-7 this figure had fallen to 198.
 - The amount of temporary accommodation is halved by 2010

The next section identified the key partnership commitments that will be delivered by the Supporting People programme over the next five years

IDENTIFIED COMMITMENTS FOR PARTNERSHIP WORK 2008 – 2013:

Specifying, costing and benchmarking:

ACTION PLAN 2.0

Develop a model and costs for a foyer service for refugees

The need for new services for refugees has been discussed within the refugee Prevention and Support Team in the Council who also work with the Home

Office. The conclusion drawn is that, at present, there is no discernible pressure to increase the current support services to new refugees. The current arrangements are reported to be working smoothly and new refugees are well supported by Refugee Housing.

However, there is reason to believe a rapid increase in the need for refugee support services could occur in the short-medium term⁶ of the strategy. This is because the Home Office, in April 07, introduced the 'New Asylum Model', the full implications of which are not yet known. However, in anticipation of a potential negative impact the development of a foyer project in Rotherham will be explored and potential specifications developed.

ACTION POINT 2.1

Develop a model and cost a traveller support service

Gypsies and Travellers have a life expectancy of ten years less than the national average and face chronic health problems from cradle to grave. 17.6 per cent of Gypsy and Traveller mothers have experienced the death of a child, compared to 0.9 per cent in the settled population. It is not only in the field of health that Gypsies and Travellers suffer extreme social exclusion. Gypsies and Travellers have the poorest educational achievement of any ethnic minority in the country. They are the only group in the country whose academic performance at GCSE level is actually declining despite initiatives to reverse the trend.

In the Council's 2007 Gypsy and Traveller strategy there is an identified need for 16 pitches throughout the borough at any one time. This is evidenced in the regionally commissioned needs mapping work. The requirement from Supporting People for this development is unclear, principally because of the difficulties in gaining access to effectively establish the housing related support needs of the community, and then credibility to deliver a service.

Nevertheless, with contribution from Cara Irish Housing Association amongst others a service specification will be agreed that could potentially deliver tangible outcomes and support that would add value to well managed Gypsy and Traveller Sites in the future

ACTION POINT 2.2

Develop a model and cost a 24 hour young person accommodation-based support service

Cross authority movement analysis (available on the RMBC Supporting People web site) indicates that in 2006-7 9 young single homeless people who are not subject to statutory intervention have to leave the borough to get direct access or crisis homelessness (non-statutory) accommodation. These figures have fallen by 12% since 2004-5. Nevertheless, anecdotal evidence from community drugs

⁶ Short-term 0-1 year, medium term 1-3 years, and long-term 3-5 years

workers in the field tells us of a small population of young people sleeping rough who are not picked up through the rough sleeping count completed annually. In addition, supported housing for young people most at risk, delivered in partnership with the Council's Children and Young People's service, has proved to be difficult to manage. It is clear that to properly accommodate this challenging population alternative provision with much more intensive support and housing management needs to be considered. Preferred models include facilities and funding for education and training.

ACTION POINT 2.3

Continue benchmarking work with the regional Supporting People group

The regional group conducted benchmarking work in 2005, however because there has been much re-modelling of provision and a movement to steady state contracts, there is a need to update this information

ACTION POINT 2.4

Work with the Regional Supporting People group to develop a comprehensive regional gap analysis of needs in relation to supply

Recent regional research is showing that whilst local Supporting People teams have a good understanding of the supply side, the assessment of unmet needs and a resulting gap analysis together with potential service responses are weak. Rotherham Supporting People is committed develop this work across the region,

Performance management:

ACTION POINT 2.5

To deliver on targets set by client group and service type for each new service procured from January 2008

Between 2003 and 2006 the service review programme was able to establish systematic approaches to value for money and deliver a performance management framework. Monitoring of performance, particularly over the last 2 years has established good quality robust performance data for the suite of performance indicators. Targets have been set for primary client groups and by service type based on historical performance and appropriate stretch. Providers gaining contracts to deliver re-procured services will be required to design services to meet these targets

ACTION POINT 2.6

Publish the outcome data for services and in emphasise the need for education, training and employment outcomes for short term services

The analysis of outcome data for short-term services between April and September 2007 (see the RMBC web site) demonstrates that Rotherham services are good at delivering the outcomes highlighted earlier in the document. However, it needs to improve at delivering:

- Access to training and education
- Getting people into paid work
- Getting people to gain a qualification

The Supporting People team will work with providers and partners to address the difficulties providers have in achieving outcomes in these key areas for their service users⁷.

ACTION POINT 2.7

Increase fair access for BME users

Client record data (see the RMBC supporting People web site) shows that the following client groups, having over 10 placements into service, have only white British clients accessing services:

- Young people leaving care
- Teenage parents
- Drug problems
- Offenders
- Older people with support needs
- Learning disabilities

In some cases this is because there are very few potential referees from the BME sector in Rotherham within the identified vulnerable group. For example, the leaving care population is mostly white British, and there are very few teenage parents identified as vulnerable by the PCT from a non white British background. However, in the other cases there are issues of fair access because there are known BME users in the referred population. In these cases services will be tasked to improve fair access and improve performance on the Quality Assessment Framework Core objective 1.6 Fair Access and Diversity

ACTION POINT 2.8

Increase understanding of gendered access to services

⁷ Providers have not indicated specific barriers to attainment in the CLG outcome data set

In England, across all types of service, there is only a 2.5% difference in placement rates for men and women. However, analysis of client record data shows that 11% more men than women access supported housing services whilst 15% more women than men access floating support services. This pattern is also found in Rotherham, women are 12% more likely to be placed than men in floating support services, but in supported housing men are 16% more likely to be placed than women. Overall in Rotherham, women are 16% more likely to get placed in Supporting People services than men, reflecting their access to specific services for women at risk.

Rotherham Supporting People team will seek to confirm the suitability of this pattern of placement, and take action accordingly.

ACTION POINT 2.9

Deliver the Communities and Local Government (CLG) outcome monitoring programme across long-term providers as well as short-term providers and cost, locally, the benefits of delivering those outcomes as far as possible

The Supporting People short-term and long-term services outcome monitoring frameworks were both introduced in 2007, with a pilot on the long-term framework until July.

Supporting People in Rotherham will ensure both frameworks are delivered in future and cost the benefits of these outcomes as far as possible.

ACTION POINT 2.10

Develop joint performance management of sheltered housing with the Primary Care Trust (PCT). The object of which is to ensure that sheltered housing reduces hospital admissions and promotes early discharge as far as possible

A partnership group has been developed with a specific work programme to address key issues regarding the re-procurement of sheltered housing in Rotherham. This group has agreed terms of reference and is working alongside Neighbourhoods and Adult Service and the PCT. The work involves information sharing at a strategic level between Supporting People and the PCT within the rules set out in the joint RMBC PCT information sharing protocol. The group will specify sheltered housing support services and training standards that will be procured in the future, identify the need for specialist services, and map the need for cross tenure floating support services for older people

ACTION POINT 2.11

Continue work with drugs services to ensure fair access to supported accommodation and drug treatment for Supporting People clients

Currently local monitoring is established by Supporting People to measure the uptake of drug treatment by vulnerable people with a drugs problem. A baseline of 5% of has been established for the number of people accessing short-term services with drug problems (as a primary or secondary client group designation). Access to services will be monitored in relation to this baseline. In addition a 90% access to treatment target has been established where a user self identifies as a drug user (primary or secondary need). This target will be monitored on a service by service basis in partnership with the Drug Strategy Team.

ACTION POINT 2.12

Evaluation of the effectiveness of the new Support Champion Service for older people

In 2003 the RMBC sheltered housing services were reviewed and a modernisation plan put in place. The services have now been re-modelled through a pilot programme that has been rolled out through 2007. The effectiveness of this new service needs to be evaluated.

Capital priorities:

ACTION POINT 2.13

Continue to address move-on issues from Supported Housing

In 2004 the move-on needs of Supporting People were assessed as part of the previous strategy. The data indicated that 96 people at anyone time were ready to move on from short-term supported accommodation-based services but could not due to the lack of suitable long-term tenancies (move-on accommodation). The repeated snap shot exercise at the same month in 2007 showed a reduction to 66, 36 with support needs, and 30 without⁸. The predominant housing requirements were 1 bedroom accommodation (38 instances). The main reasons for delay were:

- Waiting times for Key Choices properties
- Private sector accommodation for young people who are on benefits is limited.
- Bonds are not affordable and few young people are able to access Robond
- Limited availability of Housing Association properties

⁸ See the RMBC Supporting People web site for further details:

<http://www.rotherham.gov.uk/graphics/Care/Adult+Social+Service/Supporting+People/>

- Lack of suitable housing in the public or private sector and tenancy support schemes

The current strategy to address this issue, which in financial terms costs £500K a year in unnecessary expenditure, is:

- a) To build, with capital commitments from the Housing Corporation, 18 units of accommodation pepper potted around the borough in 2007-8. The units will be general needs accommodation but with a specific referral route from Supporting People short-term services
- b) New capital bids have been submitted for 30 units a year of designated move-on accommodation. The units will be delivered as part of any new residential development in the borough
- c) To work with the Council in reviewing its allocation policy so that access to mainstream accommodation is fair for vulnerable people
- d) To develop initiatives to enable access to the private sector by vulnerable people
- e) Continue to invest in bond schemes and associated support services to the private sector

Success to date on this key issue is as follows:

- 18 units of move-on accommodation will become available from April 2008
- Capital bids for future investment have been submitted
- Review of the council's allocation policy has taken into consideration the need for fair access by vulnerable people. A revised policy is expected by April 2008
- In 2007 a new Quality Landlord Service was developed by Neighbourhoods and Adult Services, and a Supporting People funded priority offender service enabling access to private landlords with support was also delivered

This strategy commits Supporting People to delivering further capital investment in move-on units on an annual basis, continuing to support the review of the allocations policy, developing access to the private sector housing, and also reducing demand for supported housing through homelessness prevention.

Specific partnership work:

ACTION POINT 2.14

Continue the Active In Age Partnership with the PCT in both council and Registered Social Landlord sheltered schemes

Since the 2003 review of sheltered housing a partnership has been developed with the PCT. Supporting People providers of support to older people with support needs are able to benefit from the Active in Age training programme run by the PCT. Therefore participating wardens and scheme managers have been trained in delivering / addressing the following with their sheltered housing tenants:

- Exercise classes
- Reminiscence training
- Onset of later life drinking

The most extensive participation in this training programme has been from the Registered Social Landlord sector, but the development of the new RMBC sheltered housing support champion service will see greater involvement from the council. Supporting People is committed to delivering these preventative training programmes with the PCT, and expanding them to cover falls training and nutrition advice.

ACTION POINT 2.15

Continued commitment to work within the Compact, particularly on issues of procurement e.g. full cost recovery and consultation time scales

Over the last two years the Supporting People programme has been working closely with the Supporting People Provider Forum, Voluntary Action Rotherham and the Local Strategic Partnership to ensure the programme responds positively to the 3rd sector, specifically, that its structures and particularly procurement processes are Compact compliant. Some of the key areas of work have been:

- Understanding TUPE: transfer of undertakings, and agreeing appropriate requests for indemnities and warranties
- Drawing up procurement timescales and timetables
- Delivering assessment methods for tenders
- Development of framework agreements

In this strategy Supporting People renews its commitment to being Compact compliant and working in partnership with the voluntary sector

ACTIONPOINT 2.16

Delivery of the commitment in the domestic violence strategy to maintain Supporting People spend on domestic violence services as long as funding settlements from central government allow

The 2007 domestic violence strategy requested that Supporting People agree to sustain the current level of investment in domestic violence services in Rotherham. This was pertinent as the Supporting People commissioners prioritised women at risk in the 2005-10 strategy, increasing spend from £190K to 500K by 2007.

Whether or not this commitment can be delivered, however, depends upon central government allocations. Which if above 2% consecutively should alleviate the need for cuts to provision, this is the commitment made to women at risk.

User involvement:

ACTION POINT 2.17

Continue the user involvement work we have begun to deliver through the work of the Inclusive Forum

The Inclusive Forum has proved to be very successful over the last year and a half. Three meetings have taken place, each one gaining increased numbers of attendees. Contractually providers have also been required to involve users in the way they deliver services and to connect service users with the Supporting People programme locally. These two areas of activity have meant that an active sub-group of users has been developed with 50 users registered as participants.

The sub-group involves users in a number of different areas of the programme:

- Involvement in options appraisal
- Procurement
- Quality assessment
- Mystery shopping on service standards
- Commenting on commissioning priorities

Recent outcomes have been:

- Agreement with the Supporting People manager of a budget allocation for the user group of £2000 annually, subject to performance and availability
- Designated staff time from the Supporting People team to support the forum

- An investigation into service quality following users discussing staff behaviour at options appraisal
- Re-drafting the QAF documents to be more user friendly
- Developing a work plan to improve the influence of users in programme
- Linking in of the Supporting People Inclusive Forum to the Neighbourhoods and adult Services service improvement team

A statement on the work of the Inclusive Forum and their plans for the future can be seen on the RMBC Supporting people web site. A commitment is made to continue supporting the Inclusive Forum in their work with Supporting People

Procurement

ACTION POINT 2.18

Continued commitment to the 3rd sector to ensure fair competition in procurement

The development of framework agreements for the re-procurement of Supporting People steady state contracts has been done with the full involvement of provider organisations and partners. One of the key elements of the process involves allocating contracts to approved providers in ways that promote fair competition and partnership wide value for money. Supporting People will continue to pursue these principles.

ACTION POINT 2.19

Continued focus on developing the private sector housing market for vulnerable people

Several new contracts over the last few years have targeted the private sector housing market. For example, the Home Improvement Services contract and High Priority Offender service, continued development of access to this market by vulnerable people is important for future accommodation options. It will remain a focus for future commissioning.

ACTION POINT 2.20

Development of the personalisation of Supporting People funding as far as possible, for both long and short term services, informed by the Individual Budget pilots

Central government is committed to delivering more personalised services for vulnerable adults. The focus of attention is on long-term services, particularly, in Rotherham, mental health. Over the life-time of this strategy Supporting People will work to make an effective contribution of Supporting People to the individual

budget process for long-term services. However, it will also explore how appropriate individual payments may be made in a cost effective way for short-term services. There is no commitment, at this stage, to any implementation of the findings.

ACTION POINT 2.21

Continuing joint working with the Learning Disability service to support individual flexibility and the responsiveness of services

Supporting People is currently working with RMBC learning disability service to develop a pooled funding agreement, so that Supporting People money can, within certain conditions, be used more flexibly to support users. This work aims to be in place for April 2008. Current leaning disability contracts will be extended (with cabinet member approval) one year to enable re-procurement jointly between RMBC LD service and Supporting People for contracts beginning April 2009.

ACTION POINT 2.22

Continue remodelling arrangements in partnership with Rotherham, Doncaster and South Humberside Mental Health Trust (RDASH) to enhance the provision of mental health services

Following the service review programme mental health services have undergone a significant re-structure. This has included decommissioning some services and procuring others, based upon a joint plan with RMBC and RDASH. This work is ongoing, and a continuing commitment is made to this effect

ACTION POINT 2.23

Seek to drive forward regional collaboration on procurement

The regional Supporting People group aims to share best practice and develop regional procurement where appropriate. Rotherham is committed to exploring these opportunities in the future

The next section of the strategy deals with the future governance of the programme

THE NATIONAL AND CORPORATE CONTEXT

The Government recently set out its priority outcomes - expressed through the Public Service Agreements (PSAs) set out in the Comprehensive Spending Review 2007, or Departments' Strategic Objectives (DSOs). The delivery of housing support relates to a number of these, including for example:

- PSA 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training
- PSA 17: Tackle poverty and promote greater independence and wellbeing in later life
- PSA 23: Make communities safer
- PSA 25: Reduce the harm caused by alcohol and drugs
- Communities and Local Government DSO: Improve the supply, environmental performance and quality of housing that is more responsive to the needs of individuals, communities and the economy

The national indicator set

From PSAs and the DSOs is derived the national indicator set. The outcomes they measure and the indicators themselves provide a clear statement of Government's priorities for delivery by local government and its partners over the next three years. These will be the only indicators on which central government will be able to monitor performance in local government.

Housing support is embedded within the set of 198 local government performance indicators. The set includes the two current Supporting People KPIs:

- NI 141 Number of vulnerable people achieving independent living
- NI 142 Number of vulnerable people who are supported to maintain independent living

A full list of all the national indicators can be found by following this link:

<http://www.communities.gov.uk/documents/localgovernment/pdf/505713>

Local Area Agreements (LAAs)

From the national indicator set, up to 35 priority improvement targets will be agreed for inclusion in the Local Area Agreement (currently being negotiated between the Local Strategic Partnership (LSP) and the Government Office). The targets will focus on addressing local priorities, identified by the local authority and its partners, drawing on:

- The local Sustainable Community Strategy
- The findings of the Comprehensive Area Assessment when these are undertaken
- An understanding of the changing needs of the locality.

Supporting People Governance and the LAA:

The Local Government White Paper stated that - as far as possible - all funding which cannot be included in mainstream grant formula will be allocated through a single area based grant (and this grant will be unringfenced by 2009). CLG have stated that it is their intention to deliver the Supporting People programme through area-based grant at the earliest opportunity. This will no doubt, be subject to the evaluation of the impact of the removal of the ringfence, but the national Supporting People strategy set out their clear expectation that authorities should be prepared to do this by April 2009.

The possible contribution of Supporting People locally to the LAA

Supporting People in Rotherham currently supports partners (Police Probation, Primary Care Trust and the Council) to achieve various priorities through the provision of welfare services and housing related support. Should specific indicators (possible ones are listed below) be selected to be in the 35 identified stretch indicators for the local authority, it is suggested that Supporting People would have a significant responsibility commissioning services to meet the target. However, if no or few additional resources were allocated to the programme this would mean generating additional spend in the following ways:

1. Working with currently contracted providers to re-model current services (as necessary) to ensure delivery on the National Indicator priorities
2. Re-procuring current contracts to specify delivery of services directly relevant to identified national Indicator priorities
3. Decommissioning less relevant services to free up resources to commission new services directly relevant to national indicator priorities
4. Generating savings through procurement of contracts that could be used to commission services that deliver specifically on the national indicator priorities

It should be noted that, where current services are remodelled or decommissioned there could be significant negative effects upon outcomes to users currently receiving service. The Council will therefore lobby the Government to address the 40% under funding of the Supporting People programme in Rotherham.

The table below in appendix 1 shows the national indicators relevant to Supporting People in Rotherham. It also highlights the kinds of services that currently deliver on these indicator areas and rates the extent to which the services contribute to the indicator. One star suggests the services support partners in a relatively minor way, because the partners are the main protagonists. Two stars suggests the role of the support services is much more central to achievement of the outcome, and finally three stars suggests the

identified Supporting People services have the lead responsibility for delivery on the indicator.

ACTION POINT 3.0

To agree with the LSP and the Council the mechanism for continuing to fund the administrative costs of the Supporting People programme. These are 3% of the programme grant

ACTION POINT 3.1

To deliver a governance structure linking Supporting People, RMBC and the LSP that is able to effectively manage an unringfenced programme grant by March 2009

ACTION POINT 3.2

To make as robust a case as possible to the LSP for inclusion of some of the indicators listed in appendix 1 in the Rotherham LAA

ACTION POINT 3.3

Lobby central Government for funding allocations to Rotherham that reflect is socio-economic profile

Appendix 2 contain the action plans for the identified action points above

Appendix 1: The 'Fit' of Supporting People Rotherham to the National Indicators

National indicator description	Services relevant to delivering the indicator	Relevance rating: * Minor role supporting partner agencies e.g. getting users into employment ** Major role supporting partners e.g. getting users into accommodation *** Lead responsibility
<u>Safer Communities</u> NI 18 Adult re-offending rates for those under probation supervision NI 19 Rate of proven re-	Offender supported housing and floating support services, substance misuse Young people at risk accommodation services	** **

offending by young offenders		
NI30 Re-offending rate of prolific and priority offenders	High Priority Offender service	**
NI32 Repeat incidents of domestic violence	Women's refuge and floating support services	**
NI38 Drug related (Class A) offending rates	Offender supported housing and floating support services for substance misusers	**
NI 39 Alcohol-harm related hospital admission rates	Alcohol floating support service	*
NI 40 Drug users in effective treatment	All short-term services accepting drug misusers	**
NI 45 Young offenders engagement in suitable education, employment or training	Young people at risk accommodation-based provision	*
NI 46 Young offenders access to suitable accommodation	Young people at risk accommodation-based provision	**
<u>Children and Young people</u>		
NI 112 Under 18 conception rate	Homeless prevention services (to be commissioned 2008-13 see commissioning priorities)	**
NI 115 Substance misuse by young people	All young people at risk accommodation-based services	*

<p>NI117 16-18 year olds who are not in education, training or employment</p>	<p>All young people at risk accommodation-based services</p>	<p>*</p>
<p><u>Adult Health and wellbeing</u></p>		
<p>NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently</p>	<p>All non local authority and local authority sheltered housing, community alarm services and home improvement agency services</p>	<p>**</p>
<p><u>Tackling exclusion and promoting equality</u></p>		
<p>NI 141 Number of vulnerable people achieving independent living</p>	<p>All KPI 2 (short-term) services</p>	<p>***</p>
<p>NI 142 Number of vulnerable people who are supported to maintain independent living</p>	<p>All KPI 1 (long-term) services</p>	<p>***</p>
<p>NI 143 Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence</p>	<p>All offender services</p>	<p>**</p>

NI 144 Offenders under probation supervision in employment at the end of their order or licence	All offender services	*
NI 145 Adults with learning disabilities in settled accommodation	All learning disability services	**
NI 146 Adults with learning disabilities in employment	All learning disability community support services	*
NI 147 Care leavers in suitable accommodation	Care leaver services	**
NI 148 Care leavers in employment	Care leaver services	*
NI 149 Adults in contact with secondary mental health services in settled accommodation	Mental health accommodation-based services	**
NI 150 Adults in contact with secondary mental health services in employment	Mental health accommodation-based services	*
NI 156 Reducing the amount of temporary accommodation in the borough	Short-term accommodation based services provide a principle way of reducing the use of temporary accommodation such as B&B in the borough	***
<u>Environmental sustainability</u>		
NI 187 Tackling fuel poverty – people receiving income	Home Improvement Agency services	

based benefits living in homes with a low energy efficiency rating		**
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Appendix 2: The 2008-13 Action Plan:

Ref no.	OUTCOME	TARGET DATE FOR COMPLETION	Actions / MEASURES OF SUCCESS
ACTION POINT 1.0	<u>New Commissions</u> Frail Elderly: Extra Care Housing	April 2009	CONTRACTED FOR SUPPORT FOR LONGFELLOW DRIVE WITHIN THE ALLOCATES £110K A YEAR
ACTION POINT 1.1	Physical Disability and Sensory Impairment: suitable adapted accommodation-based provision	April 2010	CONTRACTED SUPPORT FOR A SUITABLE ACCOMMODATION-BASED SERVICE WITHIN THE ALLOCATED £77K A YEAR
ACTION POINT 1.2	Cross tenure homelessness prevention and access	March 2009 By 2013	Specify service required CONTRACT FOR A NEW SERVICE
ACTION POINT 2.0	<u>Specifying, costing and benchmarking:</u> Develop a model and costs for a foyer service for refugees	March 2010	Specify and cost an appropriate service
ACTION POINT 2.1	Develop a model and cost a traveller support service	March 2010	Specify and cost an appropriate service
ACTION POINT 2.2	Develop a model and cost a 24 hour young person accommodation-based support service	March 2010	Specify and cost an appropriate service

ACTION POINT 2.3	Continue benchmarking work with the regional Supporting People group	April 2009	Provide information to the regional coordinator and receive returned regional analysis
ACTION POINT 2.4	Work with the Regional and sub-regional Supporting people groups to develop a comprehensive regional gap analysis of needs in relation to supply	December 2007 - 2013	Contribute fully to the Tribal Consulting (Regional Housing Board funded) research and work with the regional group to address arising issues
ACTION POINT 2.5	<u>Performance management:</u> To deliver on targets set by client group and service type for each new service procured from January 2008	January 2008 – March 2011	Specify performance management requirements for all new tenders Deliver the procurement schedule THE PROCUREMENT SCHEDULE COMPLETED ON TIME
ACTION POINT 2.6	Publish the outcome data for services and emphasise the need for education, training and employment outcomes for short term services	January 2008 January 2009	Promote access to the JCSHR web site Deliver a workshop on long-term outcomes monitoring requirements Deliver a Presentation to the Provider Forum showing what it tells us and how we are using the outcomes information
ACTION POINT 2.7	Increase fair access for BME users	March 2010	Explore issues with partners and providers Develop regional analysis

			<p>Instigate actions</p> <p>Monitor and review performance</p>
ACTION POINT 2.8	Increase fair access for women	March 2013	<p>Explore issues with partners and providers</p> <p>Develop regional analysis</p> <p>Instigate actions</p> <p>Monitor and review performance</p>
ACTION POINT 2.9	Deliver the Communities and Local Government (CLG) outcome monitoring programme across long-term providers as well as short-term providers and cost, locally, the benefits of delivering those outcomes as far as possible	March 2013	<p>As 2.6 plus undertake, with partners, efforts to cost the benefits evidenced</p> <p>COSTED BENEFITS OF DELIVERING HOUSING RELATED SUPPORT SERVICES</p>
ACTION POINT 2.10	Develop joint performance management of sheltered housing with the Primary Care Trust (PCT). The object of which is to ensure that sheltered housing reduces hospital admissions and promotes early discharge as far as possible	March 2009	<p>Share data with PCT</p> <p>Identify access to secondary care by sheltered service</p> <p>Discuss findings with service managers and contract owners</p> <p>TARGETS SET TO REDUCE HOSPITAL ADMISSIONS BY SERVICE</p>

ACTION POINT 2.11	Continue work with drugs services to ensure fair access to supported accommodation and drug treatment for Supporting People clients	March 2013	Annual review of data collected and shared with drugs service Development of agreed actions TARGETS SET BY SERVICE
ACTION POINT 2.12	Evaluation of the effectiveness of the new Support Champion Service for older people	March 2010	CONTRACT REVIEW COMPLETED
ACTION POINT 2.13	Continue to address move-on issues from Supported Housing	March 2013	18 UNITS IN 2008 120 UNITS BY 2013
ACTION POINT 2.14	<u>Specific partnership work:</u> Continue the Active In Age Partnership with the PCT in both council and Registered Social Landlord sheltered schemes	March 2009	Training events delivered ATTENDANCE BY 90% OF ALL CONTRACTED SHELTERED HOUSING SERVICES
ACTION POINT 2.15	Continued commitment to work within the Compact, particularly on issues of procurement e.g. full cost recovery and consultation time scales	January 2008 – March 2011	PROCUREMENT PROGRAMME DELIVERED ON SCHEDULE VIA COMPACT COMPLIANT FRAMEWORK AGREEMENTS

ACTION POINT 2.16	Delivery of the commitment in the domestic violence strategy to maintain Supporting People spend on domestic violence services as long as funding settlements from central government allow	December 2007	Confirmation of agreement to request following 3 year settlement announcement
ACTION POINT 2.17	Continue the user involvement work we have begun to deliver through the work of the Inclusive Forum	-	See the User's own plan on the RMBC web site
ACTION POINT 2.18	<u>Procurement</u> Continued commitment to the 3rd sector to ensure fair competition in procurement	January 2008	FRAMEWORK AGREEMENT PROCUREMENT PROCESS IMPLEMENTED ON SCHEDULE
ACTION POINT 2.19	Continued focus on developing the private sector housing market for vulnerable people	March 2010	INCREASED ACCESS TO THE PRIVATE SECTOR BY VULNERABLE HOMELESS (NON STATUTORY) PEOPLE
ACTION POINT 2.20	Development of the personalisation of Supporting People funding as far as possible, for both long and short term services, informed by the	January 2008 March 2009 March 2010	INCLUSION OF SUPPORTING PEOPLE AT THE IMPLEMENTATION GROUP INDIVIDUALISED MENTAL HEALTH PAYMENTS INDIVIDUALISED

	Individual Budget pilots	March 2011	LEARNING DISABILITY PAYMENTS INDIVIDUALISED OLDER PEOPLE PAYMENTS Specification of a system for short-term services
		March 2013	Consultation and evaluation with short-term services
ACTION POINT 2.21	Continuing joint working with the Learning Disability service to support individual flexibility and the responsiveness of services	April 2008	NEW POOLED BUDGET ARRANGEMENT OPERATIONAL
		March 2009	JOINT PROCUREMENT COMPLETED ON SCHEDULE
ACTION POINT 2.22	Continue remodelling arrangements in partnership with Rotherham, Doncaster and South Humberside Mental Health Trust (RDASH) to enhance the provision of mental health services	April 2008	CONTRACT FOR WOMEN'S MENTAL HEALTH SERVICE SIGNED
		March 2013	Continue monitoring of changes to services
ACTION POINT 2.23	Seek to drive forward regional collaboration on procurement	December 2007 – March 2011	Participation in Regional Housing Board - Tribal research Development of regional action plan MONITORING OF IMPLEMENTATION ON REGIONAL ACTION PLAN

ACTION POINT 3.0	<u>Governance</u> To agree with the LSP and the Council the mechanism for funding the administrative costs of the Supporting People programme. These are 3% of the programme grant.	January 2008 March 2009	Paper to Commissioning Group Cabinet report LSP report
ACTION POINT 3.1	To deliver a governance structure linking Supporting People, RMBC and the LSP that is able to effectively manage an unringfenced programme grant by March 2009	March 2009	Paper to Commissioning Group Cabinet report LSP report
ACTION POINT 3.2	To make as robust a case to the LSP for inclusion of some of the indicators listed above in the Rotherham LAA	January 2008	Sharing / presentation of this strategy

ADULT SERVICES AND HEALTH SCRUTINY PANEL
4th June, 2009

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

Also in attendance were Kingsley Jack (Speakability), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Ms. J. Mullins (Rotherham Diversity Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and D Swanson (Rotherham Carers Forum)

Apologies for absence were received from Councillor Hughes, Samuels, Richardson and Victoria Farnsworth (Speak Up).

1. COMMUNICATIONS.

The Chair introduced Chrissy Wright and welcomed her to the meeting. Chrissy had recently taken up the position of Director of Commissioning and Partnerships following the departure of Kim Curry.

The Vice Chair reported that a Professor from the Cambridge Research Unit would be visiting Rotherham on 11th July, 2009 to give a talk on stem cell research and all panel members were invited to attend.

2. DECLARATIONS OF INTEREST.

Janet Mullins declared an interest in item 9 in relation to Rothercare as she had a relative who was in receipt of the service provided by Rothercare.

Councillor Jack declared an interest in item 9 in relation to Rothercare as her husband was in receipt of the services provided by Rothercare.

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

There were no members of the public and press present.

4. NOMINATION OF REPRESENTATIVES TO SERVE ON OTHER PANELS

Resolved:- That the following appointments and nominations be made to the Panels, bodies etc. listed below, for the 2009/2010 Municipal Year:-

- (a) Members Consultation Advisory Group

Councillor Barron and Councillor Turner (substitute)

- (b) Member Development Panel

Councillor Wootton

- (c) Members Sustainable Development Action Group
Councillor Barron
- (d) Looked After Children Scrutiny Sub-Panel
Chairman (Councillor Hilda Jack) and Councillor Barron
- (e) Health, Welfare and Safety Panel
Councillor Wootton and Councillor Turner

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

Kirsty Everson, Director of Independent Living and Shona McFarlane, Director of Health and Wellbeing gave a powerpoint 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.

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

A self assessment of the service was carried out by NAS and the following key strengths were identified:

- LAA targets were in place to measure the level of independent living, employment and training
- Joint commissioning priorities had been agreed with NHS Rotherham on the management of long term conditions and intermediate care within the community
- There had been MTFs investment to recognise developments required
- There was a Joint Disability Equality Scheme in place with NHS Rotherham
- Residential care costs were lower than average
- There had been corporate investment into leisure facilities and improving access at public buildings to comply with the DDA
- There was a dedicated team to support people with head injuries
- There was top quartile performance for reviews and intensive home care for people with physical disabilities and an emergency carers scheme was in place
- Customer surveys revealed 94% satisfaction ratings for home adaptations
- There had been an increase in the resources made available for home adaptations and the number of people assisted had also increased over the past 5 years
- Occupational therapists were employed alongside 2010s Decent Homes programme to ensure that people with mobility issues get their needs met when their homes were refurbished. 81% of tenants, in a recent survey said their health had improved as a result of this service.
- Rotherham was considered a Centre of Excellence for the blue badge system
- High profile events had taken place to raise awareness of disability issues such as the Fair's Fayre multi agency stakeholder event which was attended by over 4000 people
- Level 5 of the Equality Standard had been achieved across the Council

The following areas were 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 had been made and contacting service users with new options
- Implement plans to spend the 2009/10 budget investments

Inspection of Safeguarding (all ages) 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. The themes to this part of the inspection are to establish whether:

- Service users and carers are safeguarded from all forms of abuse, neglect and self harm
- Service users and carers are free from discrimination and harassment should they require a safeguarding intervention
- Service 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 is embedded at all levels of the organisation
- There is strong and effective supervision of cases
- Service users are kept safe and in control.

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

- There were clear Council commitments about safeguarding and these were regularly communicated to customers and staff, including elected Member support via a dedicated Councillor Champion.
- Identified investment in the Medium Term Financial Strategy (MTFS) to further develop the service
- A Safeguarding Board was in place with revised performance and governance arrangements, including producing a "How Safeguarded is Rotherham" performance report
- Multi agency procedures had been revised to comply with Department of Health 'No Secrets' guidance and a recent CSCI national report
- Customer defined Service Standards in place
- There was single contact point for all referrals, a new "Text to Tell" service in place and a dedicated Safeguarding Team in place since

December 20098

- There was an E-learning programme in place and increased investment in staff training for in-house, partners and providers
- After care procedures were in place including Victim Support
- Protection Plans were accountable and SMART and signed off by Safeguarding Manager only
- Serious Case Review protocols had been developed and an Independent Management Review had been submitted for the recent investigation into a care home
- Risk assessments were conducted on every referral taken
- "Home from Home" was in place which tests the quality of services provided in all residential and nursing homes – 5 homes had been tested so far and a further 38 would be carried out in 2009/10

A self assessment had 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 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

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

- It was felt that visits of inspection to care homes should be undertaken without warning. Confirmation was given that "mystery shopper" exercises were undertaken periodically to various places throughout the Borough.
- A query was raised as to why the Joint Disability Equality Scheme had been submitted to CQC, when the action plan had not been implemented and there had not been anyone within the authority leading on it. It was confirmed that CQC were aware of its existence and therefore requested sight of it. It would be used in the future to improve the service provided.

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

(2) That the Scrutiny Panel receives the presentation on the Directorate's review of strengths and areas for development.

6. IMPROVING ACCESS TO ADULT SOCIAL CARE SERVICES FOR BLACK AND MINORITY ETHNIC OLDER PEOPLE

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which informed 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 resulting from a 6 month pilot undertaken at Rotherham General Hospital.

It also highlighted the need to extend the pilot for a further 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.

The methodology for this was by interview/questionnaire which were undertaken by staff with the relevant communication skills who attended 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 aim was to focus on the Pakistani community who were 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 identified that there was a disproportionate under representation of this population in proportion to older people in Rotherham who accessed assessments and subsequent service provision.

The hospital setting was chosen as the preferred way of identifying and engaging vulnerable BME customers who from past initiatives had been/were difficult to engage with, and because of their current circumstances be more likely to require support. 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.

The outcomes had been grouped by emerging themes as follows:

- Knowledge/awareness of Adult Social Care Services
- Access to services
- Assessment of care management
- Social care needs
- Carers issues

Outcomes

- Four care packages were 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 would address both how services would be changed and evaluate the success in improving access to information and services for BME older people and what hospital needs to address as a result of the research project.

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

- How were those people interviewed identified and was it felt that they were representative of the BME community. Contact teams within Neighbourhoods and Adult Services identified those people to be interviewed, which initially were mainly Pakistani.
- How many different languages are used? Confirmation was given that information was provided in the main 5 key languages used in Rotherham, but for other languages interpreters and language line were available.
- It was queried whether the interviews had changed the way in which Adult Services would provide and target their services in the future. It was felt that a better service would now be provided which would be tailored to an individuals needs.

7. PROPOSALS FOR INTERIM ASSESSMENT DIRECT SERVICE

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which outlined proposed improvements for customer access at Customer Service Centres and District Offices. This would require a temporary change to Assessment Direct's current deployment of staff in order to provide an improved responsive service. It would be an interim change until Rothercare and Assessment Direct were merged.

The current service delivered at Customer Service Centres and District Offices was provided by Assessment Direct Assistants and Assessment Direct Officers. The role of an Assessment Direct Assistant was to process and provide Blue Badge applications, to give general advice and information pertaining to Neighbourhood and Adults Services, and the redirection/signposting of customers to other appropriate services. Assessment Direct Officers provide additional services, but these have been required less since the inception of Assessment Direct. The deployment of Assessment Direct Officers at Customer Service Centres had been variable recently dependent upon the number of staff available

due to sickness, holidays and vacancies. The vacancies had not been appointed to and were being temporarily withheld, to be utilised as required in the newly merged 'Rothercare Direct Service'.

Most people wishing to access services now do this through Assessment Direct through the single telephone number, which has proven to be a more direct and easy access route for many people.

The proposal was to withdraw the Assessment Direct Officers from the Customer Service Centres and District Offices and maintain the physical Assessment Direct Assistant presence only. Customers wishing to make contact with the Assessment Direct Officers would be directed to make contact by telephone, or contact could be made on their behalf by an Assessment Direct Assistant.

Should a customer require a face to face meeting with an Assessment Direct Officer, then the Assessment Direct Assistant would contact the Mobile Duty Assessment Direct Officer to arrange a meeting.

This would enable the service to be more personalised and responsive to the customer's individual needs and requirements. It would also be more efficient, providing increased resources to target directly at the front line provision of services to the customer in a more targeted way and increase from a part-time response to a full-time response.

The report also detailed the progress which had been made in relation to implementation of the new Rothercare Direct service which would provide a single customer access point for a range of services across NAS as well as continuing to provide an emergency community alarm service.

To date, progress towards the new service was as follows:-

- New access criteria for aged person and sheltered housing that clarify the position in relation to Rothercare was published as part of the Housing Allocation Policy with effect from 1st December 2008.
- The Rothercare charging arrangements have been reviewed and now the service is taking control of the invoicing and collection methods. This includes notifying all current customers about a 2.5% charge increase for 2009/10.
- Assistance from Finance has been provided in relation to merging the budget for Rothercare and Assessment Direct from April 2009.
- Formal consultation with staff and Unions has taken place, involving correspondence and meetings to explain the new service and how this will impact on job roles, location of the teams and

work patterns. Individual meetings with staff and HR are being scheduled for March.

- RBT are engaged to assist with ensuring the new service has the correct ICT & telephony functionality, as well as ensuring that both teams are moved into the new site at Bakersfield Court on Longfellow Drive.
- Staff are engaged with 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.
- Work has recently begun to establish a Rothercare Direct brand and provide accessible information, leaflets, web pages etc. This will include input from our Learning From Customers Forum and customer facing staff;
- Negotiations have commenced with Supporting People to ensure that new service users are able to receive a subsidy for the community alarm element of the new service, should they be on low incomes.
- Work has begun with other teams across NAS to establish how the new service can provide extended access to customers for other NAS services. This has included establishing where service level agreements need to be negotiated for non core business to generate income such as with 2010 Rotherham Ltd.

Resolved:- That the report be noted and received.

(Councillor Jack and Janet Mullins declared a personal interest in this item)

8. **ADULT SERVICES AND HEALTH SCRUTINY PANEL DRAFT WORK PROGRAMME**

Consideration was given to the draft Work Programme for 2009/10.

Councillor Jack added that the Rotherham LINK's work programme this year would include: Care for the elderly, Substance abuse and the subsequent social issues, Obesity, GPs (attitude of front line staff), Accessing services for the profoundly deaf and Finding out about what support services are available and issues around accessing them.

Resolved:- That the following items be prioritised in work programme for 2009/10

Adult Services	Health
Personalisation Strategy	Stroke Services
Independent Living Centre	Commissioning Strategy for Community Services (consultation)

Review of Day Care services	Primary Care Services for 70+
Supporting people strategy	Rotherham Community Health Service
FACS criteria	Diabetes
Intermediate Care	
Social Isolation Review – Revisit	

9. PRIMARY CARE DENTISTRY IN ROTHERHAM

Ken Wragg, Consultant in Dental Public Health from NHS Rotherham gave a presentation in relation to Primary Care Dentistry in Rotherham. The presentation drew specific attention to:

- New Dental Contract introduced in 2006
- Location of all dental practices in Rotherham
- Oral Health in Rotherham Children
- Dental Access
- Dental Commissioning
- Commissioning Target
- Orthodontics
- Special Care Dentistry
- Domiciliary Dental Care
- Recommendations
- Oral Health Context
 - Health Needs Assessment
 - Prevention
 - Dental Services
 - Workforce

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

- What was the policy in respect of ancillary staff undertaking work on behalf of dentists? It was confirmed that skill mixing was taking place, which included dentists delegating tasks, where necessary following on from the initial check up.
- How we overcome the problem of children being frightened of the dentist? It was felt that the biggest influence came from within the home, so it was important for prejudice to be tackled here.
- Reference was made to the Specialist Orthodontic Practitioner and a query was raised as to whether they had the capacity to absorb the orthodontic work from the 3 practices. It was confirmed that a needs assessment had been done and a shortfall had been identified. An advert had been placed to recruit a further Specialist Orthodontic Practitioner.

- The report suggested fluoridation of water supplies, but made no mention of negative side effects. A query was raised as to whether these had been considered. It was suggested that as a lot of children didn't brush their teeth as regularly as they should that water fluoridation was a good way of helping them. This was a decision which was taken by the PCT following consultation with the public.
- Whether adults with special needs had their dental care met by the current system? Confirmation of this could not be given but it was suspected that there were gaps in the system which would need to be addressed in the future.
- Reference was made to the location of dental practices in Rotherham and it was queried as to why practices could be more widely spread. It was confirmed that traditionally it had been down to the individual dentist to choose their premises and set up practice. However they were now looking at encouraging more practices to open up in areas with poor dental health.

Resolved:- (1) That, in line with current Council policy, the Panel does not support the fluoridation of Rotherham water supplies

(2) Support be given 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) That the increased expenditure on orthodontic treatment in Primary Care for Rotherham children be supported

(4) That the succession planning of dental workforce by the retention of dentists who have completed the Vocational Training Scheme be supported

(5) That the increase in provision of domiciliary dental care for older adults in residential care be supported.

10. MH 1ST AID AND SUICIDE PREVENTION - ANSWERS TO QUESTIONS RAISED AT 5/3/09 MEETING

Pursuant to Minute 236 of the meeting of the Panel held on 5th March 2009, Members considered the answers to questions raised in relation to MH 1st Aid and Suicide Prevention.

Resolved:- That the information be noted and received.

11. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 2ND APRIL, 2009

Resolved:- That the minutes of the meeting of the Panel held on 2nd April, 2009 be approved as a correct record for signature by the Chair.

12. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 23RD MARCH 2009 AND 6TH APRIL 2009

Resolved:- That the minutes of the meetings of the Cabinet Member for Adult Social Care and Health held on 23rd March 2009 and 6th April 2009 be received and noted.

13. EXCLUSION OF THE PRESS AND PUBLIC

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

14. HOME FROM HOME

Tim Gollins, Strategic Commissioning Manager presented the submitted report in relation to Home from Home.

Home from Home is a new and innovative way of raising standards and rewarding better standards in contracted residential and nursing care homes in Rotherham. The framework increases the quantity of the assessments on any single home from one a year to three. In addition the quality of the assessments has been increased by separating out three quality elements: contractual compliance, customer experience, and health care interventions

A major strength of the Home from Home quality scheme is that it delivers co-operation between the local authority, the voluntary sector through Age Concern, and NHS Rotherham.

Two pilot Home from Home assessments have been completed, and this report documents the learning from these (Melton Court and Layden Court)

Following the success of the pilots the main Home from Home programme has started with services prioritised on the basis of risk. (see the risk section for details) and the following homes have had assessments completed in addition to the two pilot homes:

- Cherry Trees
- The Abbeys
- Athorpe Lodge
- Laureate Court
- Moorgate Croft

A web page has been produced with a list of homes in the Home from Home scheme and the reports once completed will be posted for customers and potential customers as well as professionals to read.

The website will become more interactive over the next year as it becomes more sophisticated in providing a window for customers onto the quality of residential and nursing care homes in the borough.

Resolved:- (1) That the learning from the pilot be noted

(2) That the Home from Home programme is delivered in 2009 on each contracted residential and nursing care home in Rotherham

(3) That the quality premium is paid from October 2009 following completion of assessments of each home

(4) That the website is developed to become a dynamic and interactive site for customers to make informed judgements about their care.

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 27th April, 2009

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

Apologies for absence were received from Councillors P. A. Russell and Jack.

139. MINUTES OF THE PREVIOUS MEETING HELD ON 6TH APRIL 2009

Resolved:- That the minutes of the meeting held on 6th April, 2009 be approved as a correct record.

140. 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:-

- Introduction
- Background information
- Our aims
- What we do
- Providing service and support
- Working as partners
- Future Focus
- Future challenges – sustainability
- Future challenges – personalisation
- Future challenges – population

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

- It was felt that the Council had been unfairly criticised by the press for the withdrawal of funding in relation to Age Concern Rotherham. Lesley confirmed that as the new Chief Executive of Age Concern Rotherham she would be working with the Council to provide a better service for the older people of Rotherham.
- What work was being undertaken in respect of hospital aftercare? Lesley confirmed that they were working closely with the PCT on a 2 year pilot which the PCT were funding.
- How did the services of Age Concern Rotherham differ for those of organisations such as Rothercare. Age Concern offered a short term intervention offering intensive support to people after they were discharged from hospital and to link them into longer term support such as Rothercare after that if they needed it.

Members thanked Lesley for her presentation.

141. PETITION - EXTRA CARE HOUSING

Kirsty Everson, Director of Independent Living presented the submitted report in relation to the petitions received in respect of Extra Care Housing.

The first scheme "Oak Trees Resourced Centre" opened on 3rd April, 2006 and the second scheme "Potteries Court" opened on 16th April, 2007, and "Bakersfield Court" opened 9th March, 2009.

The current staffing arrangements at Potteries Court and Oak Trees provided a team of Care Enablers who were based on site covering 24 hours, 7 days per week. The staff group were currently carrying out a dual role in relation to the delivery of both personal care and housing support. There was a dedicated team of night staff who were based at Potteries and Oak Trees; however there were no service users who received planned care or support throughout the night.

The current staff group had spare capacity in that there were substantial numbers available where no care and support were required. Although this fluctuated dependent on the changes in service users care packages, there was still an obligation to ensure that staff resources were maximised.

Discussions were held with the Director of Health and Wellbeing and it was proposed that the Care Enablers be transferred across to Health and Wellbeing to be managed as part of Domiciliary Care Services under the Registered Care Managers. This would allow spare staffing capacity to be used more flexibly as part of the broader Care Enablement service and would also see the care managed as part of the Council's registered domiciliary care service with the Care Quality Commission. It was also proposed that a separate staff group should be created to deliver dedicated Housing Support Services in line with Supporting People expectations, and to make better use of the income being received from each tenant in relation to this service.

Discussions took place with individual Care Enablers to explain the proposals and to obtain any preferences. The Housing Support roles were also agreed and were advertised on an expression of interest basis.

A consultation process took place with tenants at Potteries Court and Oak Trees, which comprised of a letter to all tenants outlining the changes, followed by a number of face to face meetings with tenants, family members and Local Councillors. The outcome of this consultation had so far resulted in resistance around the removal of the "on site" 24 hour care; even though very few residents had high care needs. This perception went against the ethos of independence which Extra Care services should promote. Expectations about responses in an emergency had become

akin to residential care, rather than the response that should be supported to enable continued independence.

The most contentious issue raised was that there would not be a presence in the buildings 24 hours, 7 days per week. This was due to people not feeling safe, and there not being anyone to pick up emergency calls through the warden control system immediately. The proposal was to use Rothercare to replicate emergency response delivery in the community.

The concept of the Housing Support Team was taken on board by tenants, who could see the benefits but felt unable to comment at this stage due to it being a new team.

The delivery of the new arrangements would now be piloted at Bakersfield Court. This would mean that there would be no dedicated staff team based at Bakersfield but that customers would be supported to access services within the locality. This would include RMBC Care Enablers and other independent sector providers.

Further meetings on the outcome of this would be fed back to tenants at Potteries Court and Oak Trees in the next few months. This means that there will be no changes to care arrangements at Potteries and Oak Trees for the immediate future.

The new arrangements at Bakersfield Court would be monitored and a further report would be submitted in July evaluating how they had worked with a view to rolling out the working practice to Potteries Court and Oak Trees.

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

- Concerns were raised that to continue with the current service at Oak Trees and Potteries would have an adverse effect on the budget set for the next financial year. It was confirmed that the medium term financial strategy had taken into consideration the current situation and costs would actually be reduced within the budget if they were to be run the same way as Bakersfield Court.

Resolved:- (1) That the report and the action taken to date be noted

(2) That the outcomes of the consultation process be noted

(3) That a further report be brought to the Cabinet Member in July, evaluating how well the new arrangements were working at Bakersfield Court.

2008/09

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided a forecast of the Revenue Outturn for the Adult Services Department within the Neighbourhoods and Adult Services Directorate based on actual income and expenditure to the end of March 2009.

The approved net revenue budget for Adult Services for 2008/09 was £68.5m. Included in the approved budget was 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 implementation of shifting the balance of home care from in-house to the independent sector 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 forecast balanced outturn against budget.

Budget pressures had continued within physical and sensory disabilities residential care 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, further 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 throughout the year.

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

Further income and expenditure continued to be accounted for as part of the process of closing down of the 2008/09 accounts and the final outturn position would be reported to the Cabinet Member next month.

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

143. EXCLUSION OF THE PRESS AND PUBLIC

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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 1 of Schedule 12A to the Local Government Act 1972, as amended.

144. ROTHERCARE DIRECT SERVICE

Kirsty Everson, Director of Independent Living presented the submitted report which provided Members with an update on the progress made in respect of Rothercare Direct and also set out a proposal to further develop the service going forward.

Resolved:- That the Cabinet Member note the progress being made to deliver the new service and agree the developments proposed for the service, including restructuring staff roles where required.

145. HOME FROM HOME

Dave Roddis, Service Quality Manager presented the submitted report in relation to Home from Home, a new and innovative way of raising standards in contracted residential and nursing care homes in Rotherham.

Two Pilot assessments were completed at Melton Court and Layden Court and the report documents the learning from these.

Following the success of the pilots the main Home from Home programme had now started with services prioritised on the basis of risk and the following homes had had assessments and reports completed:

- Cherry Trees
- The Abbeys
- Athorpe Lodge
- Laureate Court
- Moorgate Croft
- Swinton Lodge
- Ackroyd Clinic
- Moorgate Lodge

Resolved:- (1) That the learning from the pilot be noted

(2) That the Home from Home programme be delivered in 2009 on each contracted residential and nursing care home in Rotherham, and the quality premium be paid from October 2009 following completion of

assessments of each home.

(3) That a quarterly update report be submitted to the Cabinet Member commencing in June 2009.

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

146. PERSONALISATION

Tom Sweetman, Innovation Manager gave a powerpoint presentation in respect of Personalisation.

The presentation drew specific attention to:-

- Government Agenda
- What Personalisation means
- What its about
 - People
 - Services
 - Partnerships
 - Vision
- What will need to change
- Where did it begin
- Guiding Principles
- What does it mean for Members
- Key Role for Members
- Feedback
- Conclusions
- The Way Ahead
 - Personalisation Plan
 - Two days in May
 - Rotherham's Greatest Hits
 - Involvement of Staff
 - Consultation, Consultation, Consultation
 - Strive to be the best in the country.

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

- Members felt that there were a lot of services which the council could offer to the people of Rotherham instead of going out to outside agencies. The Council needed to involve more people around the table when making decisions, ie Trades Unions and Elected Members
- A concern was raised that people would be assessed on what they wanted rather than what they needed. The Director of Health and Wellbeing confirmed that the Council aimed to deliver what the

14H

customer needed in the way that they wanted.

- Concerns were raised that there was no mention of carers within the presentation and it was felt that they were a crucial part of the personalisation agenda.

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

147. IMPROVING ACCESS TO ADULT SOCIAL CARE SERVICES FOR BLACK AND MONORITY ETHNIC OLDER PEOPLE

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which informed 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 a result of a 6 months pilot undertaken at Rotherham General Hospital.

The methodology for this was by interview/questionnaire which were undertaken by staff with the relevant communication skills who attended 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 was to focus on the Pakistani community who were 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 identified that there was a disproportionate under representation of this population in proportion to older people in Rotherham who accessed assessments and subsequent service provision.

There was sufficient evidence to suggest BME communities accessed services at crisis point. The hospital setting was chosen as the preferred way of identifying and engaging vulnerable BME customers who from past initiatives had been/were 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.

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.

The outcomes had been grouped by emerging themes as follows:

- Knowledge/awareness of Adult Social Care Services
- Access to services
- Assessment of care management
- Social care needs

- Carers issues

Outcomes

- Four care packages were 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 would address both how services would be changed and evaluate the success in improving access to information and services for BME older people and what hospital needs to address as a result of the research project.

Resolved: (1) That it be noted that the NAS PAF E47 was off target for achieving best percentage performance for 2008/09

(2) That it be noted that NAS PAF E48 had exceeded best percentage performance for 2008/09

(3) That the development of a partnership approach with the Rotherham NHS Foundation Trust to implement the protocol that would increase service take up be supported.

148. DATE AND TIME OF NEXT MEETING:- 8TH JUNE 2009

Resolved:- That the next meeting be held on Monday 8th June, 2009 commencing at 10.00 am.

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 8th June, 2009

Present:- Councillor Doyle (in the Chair); Councillors Gosling and P. A. Russell, H Jack and S Walker.

1. MINUTES OF THE PREVIOUS MEETING HELD ON 27TH APRIL, 2009

Resolved:- That the minutes of the meeting held on 27th April, 2009 be approved as a correct record.

2. CHAMPION FOR PHYSICAL DISABILITIES AND SENSORY IMPAIRMENT

Consideration was given to a report which sought approval for the creation of a Champion for Physical Disabilities and Sensory Impairment and to nominate a member to undertake the role.

Resolved:- (1) That the Cabinet Member agrees to the creation of a Champion for Physical Disabilities and Sensory Impairment

(2) That Councillor Frank Hodgkiss be nominated to undertake the role.

3. REPRESENTATION OF THE COUNCIL ON OUTSIDE BODIES 2009/10

Resolved:- (1) That representation by Members on outside bodies for 2009/10 be as follows:

Monthly Visits of Inspection to Adult Services Establishments

- All Members of the Adult Services and Health Scrutiny Panel
- Senior Advisor, Health and Social Care
- Advisor, Health and Social Care
- Chair, Performance and Scrutiny Overview Committee
- All Cabinet Members
- All other Members of the Council

Renewal or Discharge of Guardianship Order Panel

- Councillor Doyle, Cabinet Member for Health and Social Care
- Chair, Adult Services and Health Scrutiny Panel
- Vice-Chair, Adult Services and Health Scrutiny Panel

Contracting for Care Forum

- Councillor Doyle, Cabinet Member for Health and Social Care
- Senior Advisor, Health and Social Care
- Chair, Adult Services and Health Scrutiny Panel

Domestic Violence Forum

- Councillor C Barron, Vice Chair of Adult Services and Health Scrutiny Panel
- Adviser, Health and Social Care
- Councillor G A Russell

Champion for Older People
Councillor Walker

Champion for Carers
Councillor R S Russell

Champion for Learning Disabilities & Safeguarding Adults
Councillor P A Russell

Community Liaison Group for Wath Wood Hospital
Councillor Gosling

Learning Disabilities Partnership Board
Councillor P A Russell

Regional Forums of the National Executive of the Homecare Council
Councillor Doyle

Rotherham Advice and Information Network – Board of Management
Councillor Jack

Rotherham Alcohol Advisory Service
Councillor Burton and Service Manager, Mental Health

(2) That representation on the Rotherham Women's Refuge be considered at the next Adult Services and Health Scrutiny Panel.

4. HOME CLOSURE ROTHWEL GRANGE

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which advised Elected Members of the outcome of the recent consultation exercise that had been undertaken at Rothwel Grange regarding the in principle decision to close the home.

Consultation had taken place with residents, relatives, staff and trade unions on the proposals over a period of approximately 6 weeks to ascertain their views on the proposed closure. There was considerable understanding from all those consulted, why this home could no longer continue to operate as a viable service. This was due in the main to low

occupancy levels and the upgrade costs that would be required to fully meet Care Standards Act 2000 requirements.

Whilst there had been concerns raised by all those likely to be affected by the proposals, relatives had advised that they wished for residents to be moved to a new home of choice as soon as possible.

Staff members and their Trade Union representatives had raised concerns in relation to redeployment opportunities. 1 to 1 meetings had been held with staff on site the first week in May to explore staff preferences and available options that may be open to them upon the closure of the home. A protocol for these meetings was agreed with the Trade Unions and Human Resources consistent with the Council Policy on redeployment of staff.

A social worker had been allocated at the request of all the relatives to undertake a review of the needs of all residents to facilitate the transfer of all long stay residents to new homes as a matter of priority.

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

- It was felt that proposals relating to Rothwel Grange should have been addressed in the development of the Modernisation Strategy, as initially planned in 2004
- Had consideration been given to the staff currently employed at Rothwel Grange? Confirmation was given that this had not yet been dealt with and although there were currently vacancies in other areas, there would not be enough to accommodate everyone. It was not felt that there would be any compulsory redundancies but the Director of Health and Wellbeing agreed to report back to members with more detail as soon as the position became clearer.

Resolved:- (1) That the closure of Rothwel Grange be finalised

(2) That the closure of Rothwel Grange by December 2009 be approved

(3) That the transfer of Intermediate Care Provision to a unit within one of the new residential care homes by December 2009 be approved

(4) That a further report be presented to the Cabinet Member in relation to relocation of staff following the closure of Rothwel Grange.

5. ACCESS ALL AREAS

Shona McFarlane, Director of Health and Wellbeing presented the report which provided an update on the 'Access All Areas' launch event which took place on 27th March, 2009 at the Silverwood Miners Welfare Centre in Dalton.

“Access All Areas” is a scheme which provides 30 day work placement opportunities to disabled people which can be worked either as 6 full weeks or over a longer period on a part time/flexible basis depending on the needs of the individual and the Department. There were currently 46 placements available across RMBC and partner organisations.

The Access All Areas event was arranged following discussions between the Health and Wellbeing’s Learning Disability Service and Strategic Human Resources. It was organised on a ‘market stall’ basis and people with a disability or supported disabled people were invited to attend the event on a ‘drop-in’ basis.

Stalls were operated by a range of organisations offering placements:

- All RMBC Directorates
- 2010
- NHS Rotherham
- South Yorkshire Fire and Rescue Service
- South Yorkshire Police
- Rotherham College of Arts and Technology
- Voluntary Action Rotherham

In addition the following organisations had offered placements but were unable to attend the event:

- Thomas Rotherham College
- Dearne Valley College
- Rotherham and Barnsley Chamber
- Rotherham NHS Foundation Trust

A number of other agencies attended the event to answer questions, provide information and promote their services:

- RMBC HR – showing people how to register and use the Recruitment Management System
- A4E
- Remploy
- Mencap
- Phoenix
- Job Centre Plus
- Access to Work
- Occupational Health (NHS)
- Health and Safety (RMBC)
- SpeakUp
- Adventure and Project 400 (Learning Disability Service)

Following expressions of interest, made on the day, assessments for each individual were made to determine which would be the most appropriate placement.

Members welcomed the report, but expressed concerns about whether employers would take advantage of disabled people and asked whether there were measures in place to monitor them. It was confirmed that Strategic HR would be responsible for monitoring employers.

Members felt that it would be beneficial to receive regular updates in relation to this and it was agreed that these would be presented every six months.

Resolved:- (1) That the report be noted and the projects intentions supported.

(2) That Elected Members commit to offering a range of work placement opportunities for disabled people across the directorate.

(3) That the Cabinet Member receives 6 monthly updates in relation to this.

6. PERSONALISATION PLAN AND ACTION PLAN

Tom Sweetman, Innovation Manager gave a powerpoint presentation in respect of Personalisation.

The presentation drew specific attention to:-

- The Story So Far
- What its all about
 - Services
 - Quality
 - Partnerships
- Who benefits
 - Customers
 - Carers
 - Friends and families
 - Communities
 - Voluntary Groups
 - Local Economy
 - Cabinet Members
 - Rotherham Council
 - Common Sense
- Vision
- What it means for Members
- Key Role for Members
- Where did the Plan begin
- Guiding Principles
- Positive Feedback
- Rotherham – National Praise
- Sarah Carr – National Acclaim

- The Plan
- The Way Ahead

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

- How were staff responding to being asked to work differently? It was confirmed that they were very positive about the new way of working because it was they way in which they wanted to work.
- It was felt that it was necessary to link in with primary health care
- How long it would take to complete the plan. Confirmation was given that Rotherham were already ahead of the game as far as the Plan was concerned but it was likely that there would be no completion date for it as it would be an ongoing project.

Resolved:- (1) That the Cabinet Member support the Personalisation Plan and the work being undertaken in respect of it

(2) That further consultation be undertaken with customer to progress the Plan

(3) That a report be presented to the Adult Services and Health Scrutiny Panel in October/November 2009.

7. REVENUE OUTTURN REPORT 2008-09

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report to inform Members of the Revenue Outturn position for the Adult Social Services Department within the Neighbourhoods and Adult Services Directorate for the financial year 2008/09.

The 2008/09 approved cash limited budget of £69,738,124 included an additional one-off budget allocation approved by Cabinet of £997,000 to address services pressures reported earlier in the financial year.

The net Outturn for the service for 2008/09 was £69,697,361 which resulted in an overall net underspend of £40,762 or -0.06%. This represented an increase in the underspend compared with the last budget monitoring report which was largely due to additional income from Transport contracts and a further underspend on extra care housing.

The main variations within each service area can be summarised as follows:

Commissioning & Partnerships (+£34k)

There were a number of under and overspends within this service area, mainly around the income budget pressures in respect of performance and planning posts transferred from Neighbourhoods. These were offset by a number of management actions including additional income from

health, non-recruitment to vacant posts and maximising grant funding.

Assessment & Care Management

Older People (Independent) (-£856k)

The overall underspend within this service area was in respect of a number of vacant social work posts, an overall underspend on the Intermediate Care pooled budget and an underspend on independent Home Care budget due to delays in the implementation of shifting the balance of domiciliary care from in-house provision, as a result of the extended consultation period with employees and Trade Unions.

Physical and Sensory Disabilities (+£265k)

The main pressures during the year were a continued increase in both number and cost of residential placements and a further increase in demand for direct payments, which was reduced by an additional one-off budget allocation as part of the revised estimates process.

Independent Living (-£129k)

The underspend within this head of account was a result of the reconfiguration of Extra Care Housing provision and the review of existing resources with the opening of the third unit at Bakersfield Court in February 2009.

Health and Well Being

Older People (In-House) (+£808k)

The main overspend during the year was within In-House Home Care services due to the delays in implementation of shifting provision to the independent sector to 65%, agreed as part of the budget process for 2008/09. As at the end of March the market share in the independent sector was 58%. This overspend was reduced by a one-off supplementary estimate, underspends within in-house residential care due to delays in moving to the two new units which opened in February 2009 and also an underspend within in-house transport services due to additional income from contracts.

Learning Disabilities (-£277K)

The overall underspend within the service was mainly as a result of delays in planned transition placements from children's services, increased income from Continuing Health Care funding and delays in the start up of

new supporting living schemes due to difficulties in obtaining suitable accommodation.

Mental Health Services (+£113k)

The overspend within the service was a result of a significant increase in demand for Direct Payments during the year. This overspend was partly reduced by the achievement of a number of efficiency savings including non-recruitment to vacant posts and reviews on a number of service level agreements with providers.

In addition to the one-off budget allocation a range of management actions totaling £310,000 across Adult Services were implemented during the year from the monthly finance performance clinics.

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

- The Cabinet Member commented that the figures for residential care did not include a split between in-Authority and outside Authority and asked whether it would be possible for this split to be made available. It was agreed that the figures would be sought and passed on to him
- Had there been an increase in the number of people with schizophrenia? Although it was felt that these numbers remained fairly consistent, this could not be confirmed. It was agreed that this would be checked and reported back

Resolved:- That the 2008/09 Revenue Outturn Report for Adult Social Services be received.

8. CAPITAL OUTTURN REPORT 2008-09

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which informed Members of the Capital Outturn against approved budget for Adult Services for the 2008/09 financial year.

The Capital Outturn for Adult Services for the financial year 2008/09 was £8,687,786 against an approved budget of £9,112,781, which resulted in an overall underspend of £424,995. The main variations from budget were underspends on the two new residential care homes at Rawmarsh and Dinnington and slippage on developing supported living schemes in Mental Health Services.

The following information provides a brief summary of the Outturn position for each project:

Older People

The construction of the two new residential care homes was completed

during the year and both homes became fully operational in February 2009.

The procurement of Assistive Technology equipment including lifeline connect alarms, low temperature sensors and fall detectors would enable more people to live independently in their own homes. The spending profile was revised during the year and the balance of unspent funding carried forward into 2009/10 to meet future commitments.

A small balance was carried forward from 2007/08 from the specific grant for Improving the Care Home Environment for Older People allocated by the Department of Health to improve the environment within residential care provision. The grant had been allocated mainly across the independent sector however, a small balance remained and had been carried forward into 2009/10.

Adult Services - Learning Disabilities

The refurbishment at Addison Day Centre was completed during the year funded from the Council's Strategic Maintenance Investment fund. The refurbishment at REACH Day Centre was delayed due to insufficient funding and would now commence early in 2009/10.

Adult Services – Mental Health

A large proportion of the Supported Capital Expenditure (SCE) allocation had been carried forward due to difficulties in finding suitable accommodation for the development of supported living schemes. Suitable properties continued to be sought and spending plans were being developed with our partner, RDASH. Further options were 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 allow clients to live in the community with access to 24 hour support.

Management Information

The final balance of the Improving Information Management Grant was fully used during the year to develop Electronic Social Care Records working with the Council's Strategic Partner, RBT.

A new Social Care IT Infrastructure grant was awarded in August 2008. This grant had been carried forward into 2009/10 to also fund the development of Electronic Social Care Records which was scheduled to be completed by the end of July 2009.

Resolved:- That the 2008/09 Capital Outturn report for Adult Services be received.

9. THE SUPPORTING PEOPLE (SP) PROGRAMME

Tim Gollins, Strategic Commissioning Manager presented the submitted report in relation to the Supporting People (SP) Programme.

As part of the 2008/09 Local Government Finance Settlement Ministers announced changes to the funding of the Supporting People grant.

For 2009/10 the SP programme would be paid as an unringfenced named grant. Lifting the current ringfence from the grant meant paying funds to local areas without the current grant conditions.

As the grant remained a specific named grant for a further year (2009/10) there would be some grant conditions applied, although these would not state how the funding should be spent. Communities and Local Government were shortly to consult on the revised grant conditions.

A package of measures was being developed to support LAs during this period of change, including a financial modelling tool, which would provide evidence at a local level on the financial benefits of investment in housing support.

An Audit Commission report was due out in the spring of 2009 to inform LAs on the content of the transition package.

In 2010/11 the grant would be paid as part of the Area Based Grant which would mean the funding would be delivered in one single payment made to council's each month. From 2010/11 the SP programme would not exist as a separate named funding stream.

The implications of the changes meant that from April 2009 governance structures for the programme grant could change, and that there were opportunities to commission services that had previously been outside the remit of Supporting People.

SP Commissioners consider that current Commissioning Group governance structures should continue during 2009/10 to make sure that fair and transparent decisions continued to be made about allocations of funding available, and pursue delivery of the agreed 2008-13 strategic priorities.

Resolved:- (1) That it be noted that there will be a seamless transition to governance arrangements for the Area Based Grant from April 2009

(2) That it be noted that the currently established commissioning structures for Supporting People are to be maintained until March 2010 to deliver the 2008-13 Supporting People Strategy.

10. VOLUNTARY AND COMMUNITY SECTOR REVIEW

Tim Gollins, Strategic Commissioning Manager presented the submitted report which summarised the contract review process for the voluntary and community contracts held by Neighbourhoods and Adult Services and the recommendations and main findings.

The services identified at Appendix 1 were all contracted on a block basis. This meant that the council purchased the service on behalf of the customer who was then offered a place on the service. This mechanism for customers accessing services was not personalised and in some instances needed to be changed. This was a recommendation for Sense Supported Living, Age Concern Handyman Service and Crossroads Sitting Contract.

A second set of contracts needed their service specifications tightening to be outcome led, after which a tendering exercise would be undertaken in order to deliver better value for money. These contracts were Age Concern Advocacy, the Carers Forum, Alzheimer's Support Group, RNIB Information Service.

The contract for Sense required full renewal of cost and volume purchase basis because of the essential function of the service performed, RNID Communications Service needed to be re-contracted and the RNID equipment services needed to be re-organised as demand and complexity meant the current specification and operating model required updating. This would be done in partnership with RNID over the next year, resulting in a revised service which could be tendered.

A key factor in the review was strategic relevance of the services in light of personalisation in particular and the approach to deciding this as led by a set of working priorities. Over the next six months these working priorities would be revised and replaced by a comprehensive strategic commissioning approach, which was being developed in partnership with the Voluntary Sector led by Voluntary Action Rotherham.

Resolved:- (1) That the content of the report and the work being undertaken by each provider on their contract be noted.

(2) That the work being undertaken to develop a strategic commissioning framework for the VCS be noted.

11. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act

1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

12. LAC (DH) (2009) 3 – CHARGES FOR RESIDENTIAL ACCOMMODATION GUIDANCE - AMENDMENT NO 28 (HEREWITH)

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in relation to charges for residential accommodation.

Resolved:- That the report be received and its content noted.

CABINET MEMBER FOR HEALTH & SOCIAL CARE
22nd June, 2009

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

13. MINUTES OF THE PREVIOUS MEETING HELD ON 8TH JUNE, 2009

Councillor Barron raised a concern in relation to the transitional period for service users moving from RMBC to independent providers. He had reason to believe that some service users were not receiving their care services on a regular basis, and were being missed on occasion. The Director of Health and Wellbeing agreed to investigate this matter and report back to members

The Cabinet Member referred to Minute Number 3 relating to the appointment of Champions and asked that all Champions prepare a short report for the meeting on 20th July, 2009.

Resolved:- That the minutes of the meeting held on 8th June, 2009 be approved as a correct record.

14. ANNUAL REPORT OF THE JOINT LEARNING DISABILITY SERVICE

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in respect of the Annual Report of the Joint Learning Disability Service which outlined the continued strong performance of the service.

Service Provision

One of the most significant events in the last year had been the negotiations for the transfer of social care funding from the PCT to the Local Authority. The funding would be transferred fully in 2011 and would be part of the Partnership Agreement. The amount currently transferred in 09/10 was £6,782,156 and would increase annually by an estimated 2% uplift for the next 2 years.

The service had appointed a new Contracts Manager and two Contract Reviewing Officers, who had undertaken full contract monitoring on 28 providers during their first 6 months. The Contracts Manager had established regular provider forums where the cost of the service, developments, performance and issues were discussed.

The service completed an audit on behalf of the National Audit Commission on people with autism which contributed to the National Autism Bill currently going through Parliament.

The Joint Learning Disability Service contributed to the improved health and welfare of people with learning disabilities in Rotherham. It helped

people to stay well, support their independence and tackle inequalities by providing targeted support to individuals with healthcare needs beyond those provided at a primary health care level.

The Joint Service contributes to the health and wellbeing of people with learning disabilities, in particular increasing the choice and control of people through offering a range of services provided across statutory and voluntary services, and through enabling advocacy services to give people a voice and influence on the planning and delivery of services.

The report outlined the main activities and success of the Joint Learning Disability Service which were:

- Personalisation
- Beacon Update
- Customer Service Excellence Standard
- The Partnership Board
- Performance
- Supported Living
- Park Lea
- Health
- Employment

Achievements

The Learning Disability Team had four teams nominated for team of the year in the Star Awards and the Oaks Day Centre team were awarded the Team of the Year award.

Ratings for the in-house respite and residential and nursing provision following CSCI inspections were all good or excellent.

Other achievements included:

- The Assessment and Treatment Unit achieved the second highest score from the Health Care Commission Inspection and had scored high in the PEAT (Patient Environment Assessment Team) Inspection
- Training in safeguarding had improved and all staff had received this training
- The new NHS electronic system known as System One had been successfully implemented
- Learning Disability Service was included in the second phase for Electronic Social Care Records
- A policy had been developed to support staff when they were supporting service users in personal relationships and were currently training the staff
- The Learning Disability Employment Strategy had been revised, in

- partnership with Speak Up
- Our Assessment and Treatment Unit had generated significant income from other NHS Authorities who purchased beds within the unit

- Every service user was offered a person centred plan and a health action plan. A further 84 service users received a person plan this year and person centred planning continued to be at the centre of transitional planning for young people and their carers. Quarterly transitional meetings involved all partners to ensure robust arrangements were in place. The PCP training had now been extended to some staff within Children and Young People's Services and families and carers. One special school had now embedded PCP into the curriculum from nursery to aged 19 plus.

The main Team Objectives for the next 12 months were

- Valuing People Now awareness
- Effective Partnership Board
- Access to and improvements in healthcare
- Housing Options
- Personalisation – person centred planning
- Increase employment opportunities
- Including everyone – complex needs
- Having a life

Developments for 2009/10 were:

- Implementation of revised safeguarding systems and processes
- Further developments of Supported Living Schemes
- Newly established Intensive Support Service
- Newly established Health Support Team
- Continual development of contract and performance monitoring tools
- Improving access to health services for people with learning disability.

The Learning Disability service was high performing, high quality and high cost. Budgets were getting tighter and a greater focus on Value for Money was required. The service had commenced a review of all its functions to seek to achieve better value for money through service transformation. The first steps were described earlier in the report with the development of two new Health teams from existing resources that will provide support across the

borough rather than be concentrated in one area and only available to a small number of service users. In partnership with South Yorkshire Housing Association we are about to start a review of three nursing and residential homes which are staffed by nurses employed by the PCT, to determine if a residential placement is the most appropriate to meet the service users needs and to secure a more realistic cost for the running of these homes. We will then review all residential placements to ensure that all service users are to benefit from Valuing People Now.

Further work was to be undertaken to ensure that services were evaluated to ensure value for money was being obtained whilst ensuring quality of outcomes.

The service aimed to maintain its longstanding reputation of being a high level performing service and would seek to improve any areas of the new National Indicator Set introduced in 2008/09. Progress would be measured within a Performance Management Framework, on an individual indicator basis in order that we can progressively demonstrate achievement of minimum milestones of better than national average performance progressing towards optimum achievement of all England top quartile performance.

The key performance measures would be identified from both current and past (PAFs) national indicator sets, plus any locally agreed indicators. These would then form a revised Learning Disability Key Performance Indicator (KPI) Suite for 2009 / 10. The suite of indicators would cover both Health and Social Care and be reported throughout the year to the respective Health and Learning Disability Service Senior Management Teams and Boards.

- 2008-09 PAF C30 number of people with a learning disability helped to live at home had been retained for a third consecutive year performance level within excellent top banding.
- 2008-09 First year targets for new national indicators NI 145 and NI146 on settled accommodation and employment had been achieved.
- 2007-08 CSCI Council Performance Assessment Notebook (PAN) summary identified Learning Disability as demonstrating 5 key strengths and zero areas for development.

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

- Reference was made to performance indicator NI 145 which stated that adults with a Learning Disability in settled

accommodation had achieved first year target and was at a maximum 100%. The question was asked as to how many people this figure represented. The Director of Health and Wellbeing was unsure of the exact figure but agreed to provide this information to Members after the meeting.

- With regard to the performance indicator NI 146 which related to adult with a Learning Disability in employment, this had achieved a first year target of 3%, recording above double the rate at 6.03%, Members asked for the definition of employment. The Director of Health and Wellbeing confirmed that this was 16 hours.
- Reference was made to the drop in figures in relation to reviews of service users. Members queried how this could be rectified in the future. It was confirmed that performance target had been set although these could be hard to achieve as the main problem was an increase in the number of assessments and lack of resources to undertake them.
- A query was raised about whether the NHS electronic system was running in conjunction with the RMBC system. It was confirmed that the system did not run as smoothly as it could but that measures were in place to ensure that information was not duplicated. Confirmation was also given that RMBC would be bidding for some funding to assist with bringing the two systems together.
- Concerns were raised that qualified nurses were to be replaced by lower paid staff at residential homes as a budget saving.
- Reference was made to Strategic Objective 1 which was to strengthen the approach taken to prevent adult abuse, working together with partner agencies to reduce the number of cases of abuse and make people in Rotherham feel safer by 2012. Members asked how this would be achieved. The Director of Health and Wellbeing confirmed that in addition to assessing the service user, assessments would be undertaken of the carer to ensure they could cope. Also training would be offered on safeguarding on a regular basis.

Resolved:- That the content of the annual report and the service objectives for 2009/10 be noted.

15. NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE - HARROGATE

Consideration was given to attendance at the National Children and Adult Services Conference in Harrogate from 21st to 23rd October 2009. The Cabinet Member was asked to agree attendance for two members and nominations were sought.

Resolved:- (1) That the Cabinet Member agree to attendance for two Members at the above conference;

(2) That Councillor John Doyle and Councillor Pat Russell be nominated to attend.