

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 1 October 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

6. Cabinet Member for Health and Social Care - Priorities for the Coming Year (Presentation by Councillor Doyle)
10.05 am
7. Revenue Outturn 2008/9 , 2009/10 Performance and Budget (herewith) (Pages 1 - 16)
10.20 am
8. Adult Social Care Year End Performance Report, 2008-09 (herewith) (Pages 17 - 26)
11.20 am
9. Adult Social Care 1st Quarter (April to June) performance report for 2009/10 (herewith) (Pages 27 - 33)
11.40 am

10. Training Opportunity: National Networking Event for Health, Care and Wellbeing Scrutineers - 24th November 2009 (herewith) (Page 34)

For Information

11. Park Lea Day Services (herewith) (Pages 35 - 39)
12. Single Line Management Structure for Intermediate Care Services (herewith) (Pages 40 - 43)
13. National Burncare Network Newsletter (herewith) (Pages 44 - 48)
14. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 10th September 2009 (herewith). (Pages 49 - 54)
15. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 14th September 2009 (herewith). (Pages 55 - 58)

**Date of Next Meeting:-
Thursday, 12 November 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

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	Thursday 1 October 2009
3.	Title:	Revenue Outturn 2008/9 , 2009/10 Performance and Budget
4.	Directorate :	Neighbourhoods and Adult Services

5. Summary

To provide information to members in respect of the 2008/09 outturn position plus latest performance and monitoring against the 2009/10 revenue budget as part of the first stage of the budget setting process for 2010/11.

6. Recommendations

THAT THE SCRUTINY PANEL RECEIVES AND NOTES THIS REPORT.

7. Proposals and Details

7.1 As part of the Council's budget setting process Members have requested information on the financial performance of Adult Services within the Neighbourhoods and Adult Services Directorate for both the previous and current financial years including impact on performance.

8. Finance

2008/9 Revenue Outturn Position

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

The net Outturn for the service for 2008/09 was £69,697,361, an overall net underspend of £40,763 or -0.06%.

The summary revenue outturn position for Adult Social Services was as follows:-

Service Area	Budget	Outturn	Surplus (-) Deficit (+)	% Variation to Budget
	£	£	£	%
Commissioning & Partnerships	4,733,715	4,768,182	34,467	0.73
Assessment & Care Management				
- Older People (Independent)	22,689,636	21,833,471	-856,165	-3.77
- Physical & Sensory Disabilities	4,873,779	5,139,068	265,289	5.44
Independent Living	1,749,849	1,620,940	-128,909	-7.37
Health & Well Being				
- Older People (In-house)	17,306,257	18,114,424	808,167	4.67
- Learning Disabilities	14,482,479	14,205,776	-276,703	-1.91
- Mental Health	3,902,409	4,015,501	113,092	2.90
Total Adult Services	69,738,124	69,697,362	-40,762	-0.06

8.2 The main variations from budget were as follows:-

- Overall overspend within Home care services due to delays in the implementation of shifting the balance of provision to the independent sector to 65%. As at 31 March the market share in the independent sector was 58%.
- Overspend on Direct Payments within Physical and Sensory Disabilities and Mental Health Services.
- Underspend within Extra Care Housing including a review of existing resources.
- Underspend on Intermediate Care pooled budget.
- Additional income from continuing health care income and delays in the start up of supported living schemes within Learning Disability Services.

8.3 The main results on the key performance indicators for 2008/09 were as follows:-

- Increase in the number of reviews, 655 additional reviews, enabling achievement of Local Area Agreement (LAA) reward target.
- Number of safeguarding reports and protection plans in place doubled over the last year. Mandatory training was delivered to all staff in the Directorate.
- Exceeded LAA target on Direct Payments, 160 additional clients.
- Number of over 65s admitted to residential care was 54 less compared to last year. Also, increased access to NHS fully funded and continuing healthcare.
- Improved performance in Carers receiving a needs assessment or review and a specific Carers service.

Revenue Budget Monitoring 2009/10

8.2 The table below shows the summary forecast net revenue budget outturn position (as at 31 July 2009) for Adult Services assuming all identified management actions are achieved :

SERVICE	Annual Budget (Net)	Projected Outturn to 31st March 2010	Variance from Budget Deficit/(Surplus)
	£000's	£000's	£000's
Commissioning & Partnerships	5,113	5,072	-41
Assessment & Care Management			
- Older People (Independent)	24,271	23,906	-365
- Physical & Sensory Disabilities	6,088	6,111	23
Independent Living	1,632	1,766	134
Health & Well Being			
- Older People (In-house)	15,766	16,613	847
- Learning Disabilities	15,693	15,440	-253
- Mental Health	4,304	4,087	-217
TOTAL	72,867	72,995	128

8.4 The latest budget monitoring report for Adult Services shows some underlying pressures of £1.1m, however assuming the achievement of management actions it is currently forecast that there will be an overspend of £128k by the end of the financial year. The Directorate Management Team are still seeking additional efficiency measures to bring the year end position into balance.

8.5 The latest year end forecast shows there are underlying budget pressures on Home Care due to delays in shifting the balance of provision to the independent sector. There has been a significant increase in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services.

Additional one-off expenditure is being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them transferring to the Council's property bank. Other budget pressures are due to delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels, laundry and the bathing service.

- 8.6 These pressures have been reduced by additional income from continuing health care funding from Health for placements within Learning Disability Services. Savings within independent residential care due to an increase in the number of discharges and income from property charges, further savings on the reconfiguration of extra care housing and slippage in recruitment to a number of new posts where additional funding was agreed within the budget process.
- 8.7 To further mitigate the budget pressures the Directorate have produced a list of proposed management actions to mitigate the outlined budget pressures above, which were endorsed at the Cabinet Member meeting on 14 September 2009. The list is comprised of planned delays in the implementation of a number of new investments, reviewing the use of both revenue and capital grant funding and potential savings from reviewing high cost packages of care. This is a work in progress with the objective of achieving a balanced budget. It is underpinned by a robust budget monitoring process which includes monthly budget performance clinic meetings with each Director's senior management team.

Potential Issues Impacting on 2010/11 Budget Setting

- 8.8 There are a number of underlying demographic and existing budget pressures within the service including delays in achieving a number of savings options approved as part of the 2009/10 budget setting process. These continue to be monitored and reviewed on a monthly basis including the development of management actions in order to reduce the projected overspend with the aim of containing expenditure within approved budget.

There are currently a number of cross cutting Value for Money Service Reviews as part of the budget setting process which may also impact on Adult Services.

- 8.9 The Council has an overall funding gap of £11.5m for 2010/11 in its Medium Term Financial Strategy. Included in this figure are a number of investments and demographic pressures totalling £2.9m and savings of £680k for Adult Services. In addition further investments have been identified through the Joint Strategic Needs Assessment (JSNA) of £2m. Both investments and savings continue to be reviewed as part of the budget setting process and work is currently underway to identify additional savings to contribute to closing the overall funding gap.

9. Risks and Uncertainties

- 9.1 The projected overspend has been based on information available at the end of July and consequently may be subject to change as the year progresses.
- 9.2 There are a number of budget pressures within the service areas that are being monitored closely and a range of management actions continue to be developed with the aim of containing expenditure within the approved cash limited budget by the end of the financial year.

- 9.3 Where necessary bids for additional budgets to cover areas of pressure will be submitted but this will be kept to a minimum and will be after consideration of where any savings can be identified to offset these pressures.

10. Policy and Performance Agenda Implications

- 10.1 The CPA Resources Action plan sets out the requirements to improve the financial monitoring and reporting to members and to maintain and improve budget monitoring and control.
- 10.2 The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

11. Background Papers and Consultation

- Report to Cabinet on 25 February 2009 – Proposed Revenue Budget and Council Tax for 2009/10.
- The Council's Medium Term Financial Strategy (MTFS) 2007-2010.
- Adult services Revenue Outturn report 2008/09.
- Adult Services Revenue Budget Monitoring Report 2009/10

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services and the Strategic Director of Finance.

Contact Name: Mark Scarrott – Finance Manager (Adult Services), *Financial Services x 2007*, email Mark.Scarrott@rotherham.gov.uk.

Use of resources assessment

Value for Money Profile report

Adult social care

2008/09

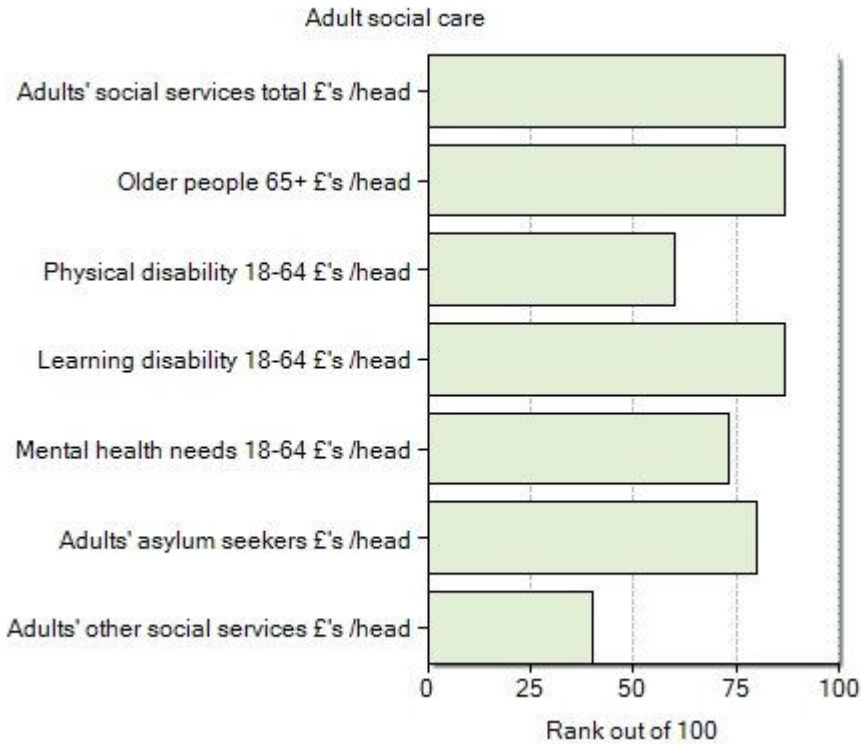
Rotherham Metropolitan Borough Council

(Revised February/March 2009)

Report generated on 22 Sep 2009 at 12:32:18

Social Care for Adults

Social Care - Adults



Social care spending on adults including older people accounts for approximately 18 per cent of total spending on services in most single tier and county councils.

Each year CSCI make an assessment of the council's performance in providing services for adults. In 2007 the council's social care services for adults were assessed as grade 3 (performing well - consistently above minimum requirements) out of a possible 4.

Each bar of the chart shows how the council's spending for adult social care ranks when compared to other councils. For example, if a council spends more on older people than all the councils in the comparison group it has a rank of 100 and if it spends less on older people than all the councils in the comparison group it has a rank of 0.

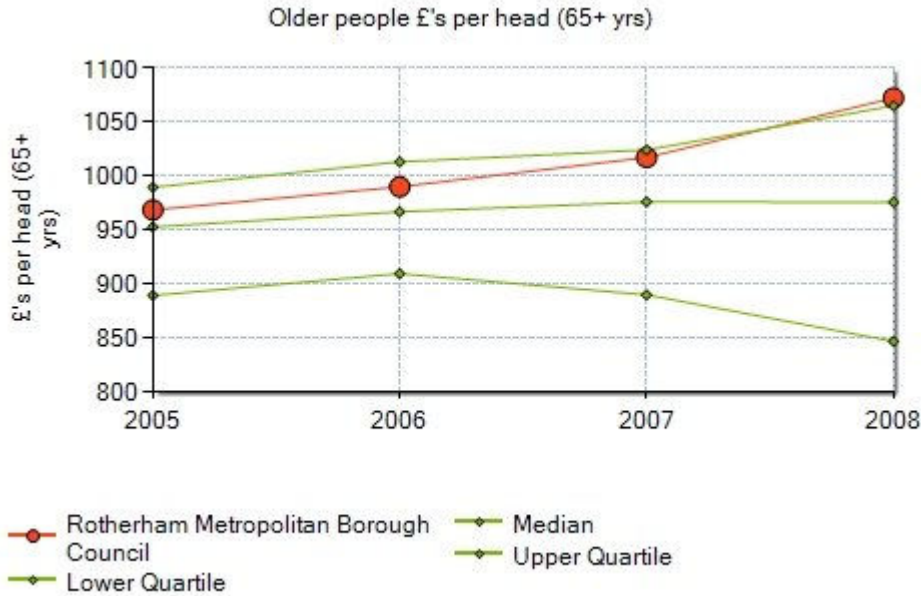
There is a close relationship between adult social care services and health care. So council spending in this area should be looked at in the context of related healthcare expenditure.

Note: Supporting People Programme expenditure is shown under the housing chapter.

For more information about the data used in this report refer to Annex One.

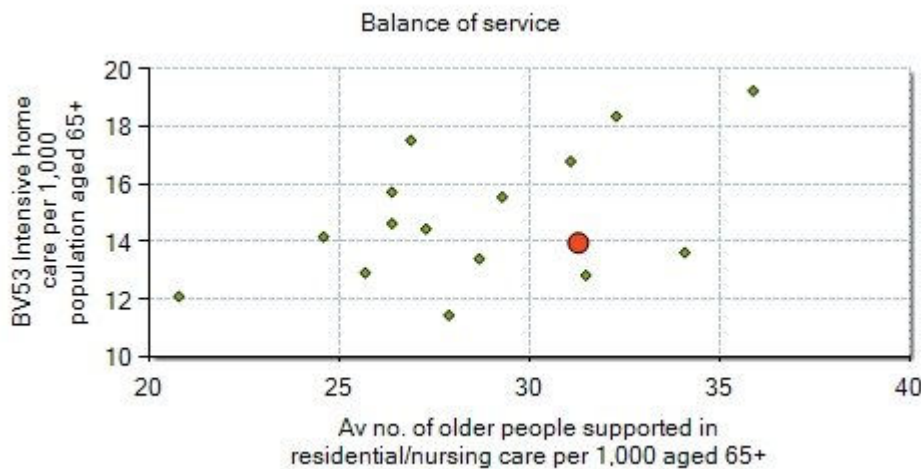
Social care for older people

Older people



This chart shows spending per older person on social care for older people. Spending on services for older people aged 65 and over reflects the council's level of provision of two key services; residential and domiciliary care. Typically councils commission most of these services from the independent sector. While spending commitments on residential care tend not to change significantly from year to year, spending on domiciliary care can change significantly between years.

Service mix

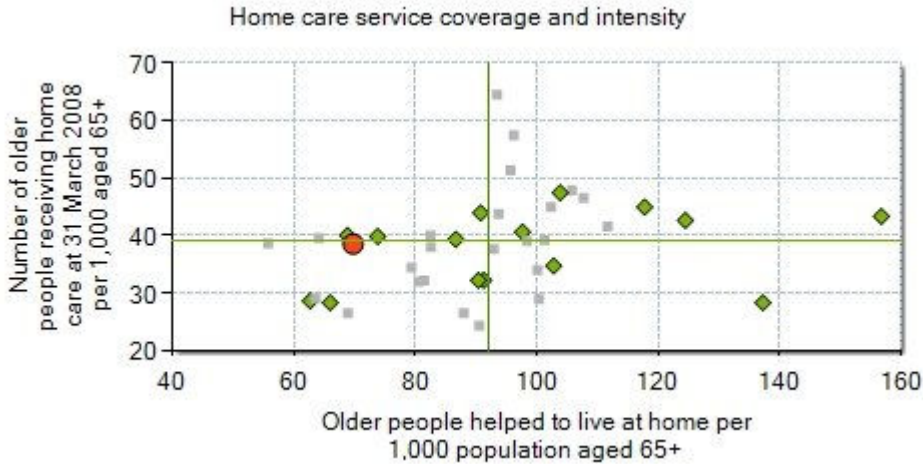


This chart shows how the council's service mix, i.e. levels of domiciliary and residential care provided, compares with other councils in the comparator group. The council's overall level of spending on older people should be consistent with the number of residents it supports in residential care and the level of intensive domiciliary care provision.

Where provision for one or both of these services is high you should check whether the council's unit costs are consistent with their level of service.

Social care for older people

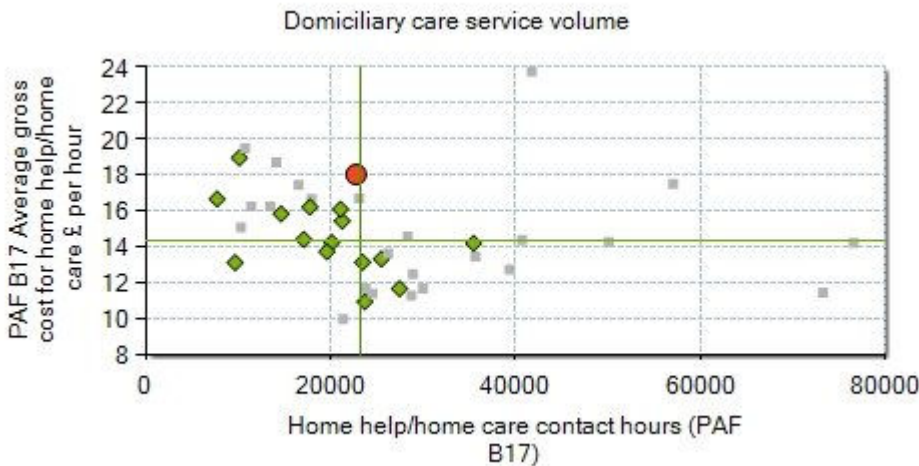
Domiciliary care service coverage and intensity



The chart shows the extent to which the service provided by the council is characterised by high coverage; the proportion of older people that receive a service; and the proportion of older people that receive intensive services.

Councils should be able to demonstrate how their pattern of domiciliary care provision impacts on their use of residential and nursing care.

Domiciliary care service volume

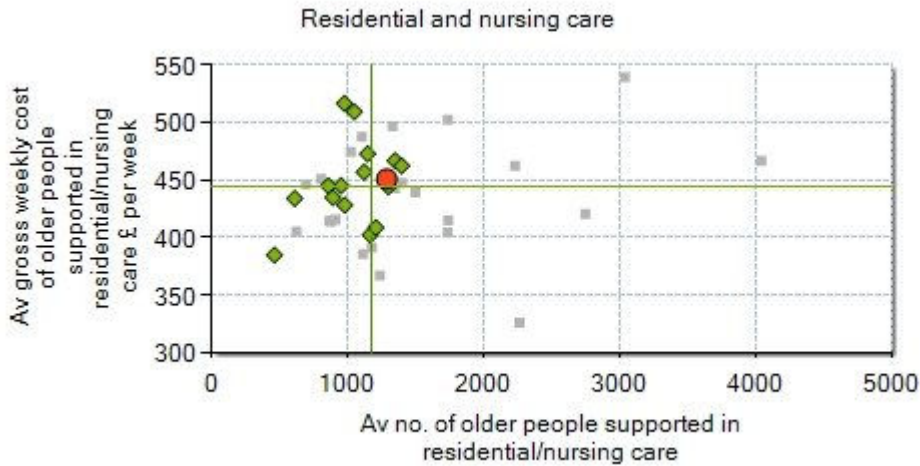


This chart compares the relationship between cost per hour of domiciliary care and the number of hours of care provided. There is an inverse relationship between the gross cost per hour of domiciliary care and the number of hours of domiciliary care that councils purchase or provide.

Note that unit costs will vary for councils in London and the south east compared to the rest of the country. Costs may also vary based on the extent to which the council uses an in-house provider, where councils purchase highly specialised services and/or serve dispersed communities.

Social care for older people

Residential and nursing care



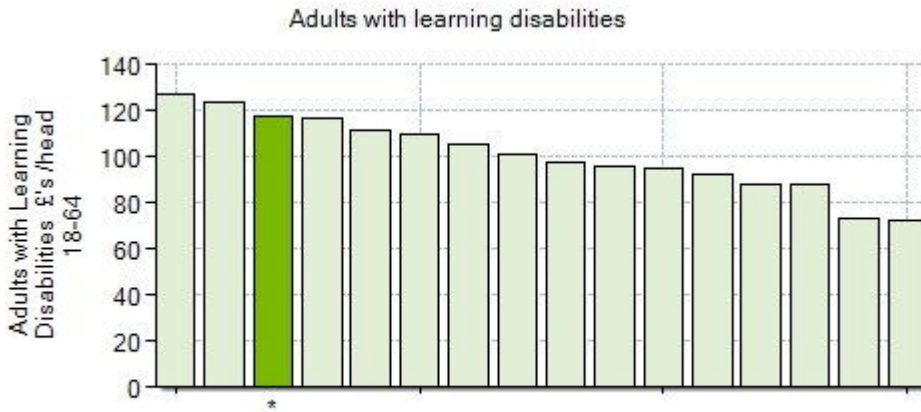
This chart shows the relationship between costs of residential care and the amount of residential care purchased or provided.

There is an inverse relationship between the number of residents that councils support and the gross cost per week of residential care.

Historical spending patterns and the level of in-house provision also play a part. In-house provision is usually more expensive but councils with high levels of in-house provision face considerable challenge if they try to reduce these levels. In-house provision may also cater for clients who need higher levels of care.

Social care for adults

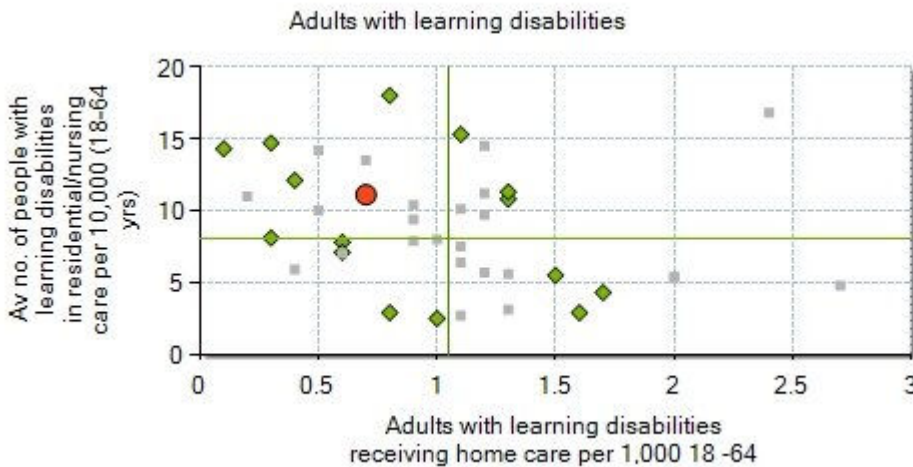
Adults with a learning disability



This chart compares the council's spending on adults with learning difficulties with that of other councils in the comparator group. Spending on adults with a learning disability will vary according to the model of service adopted by the council; that is the way in which it uses its resources to provide day services, community support and long term residential care.

The way in which the council provides for the small number of people with the most intensive needs may also impact on its level of spending compared to other councils.

Service mix



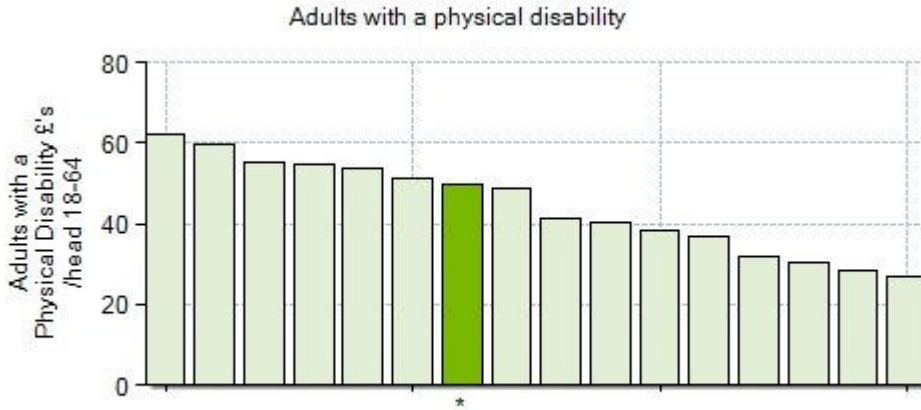
This chart shows how the council's learning disability service mix, i.e. levels of domiciliary and residential care provided, compares with other councils in the comparator group.

Higher levels of spending on services are associated with:

1. higher levels of use of residential care relative to help at home;
2. high unit costs of residential care purchased; and
3. high levels of provision both in terms of residential care and help in the home.

Social care for adults

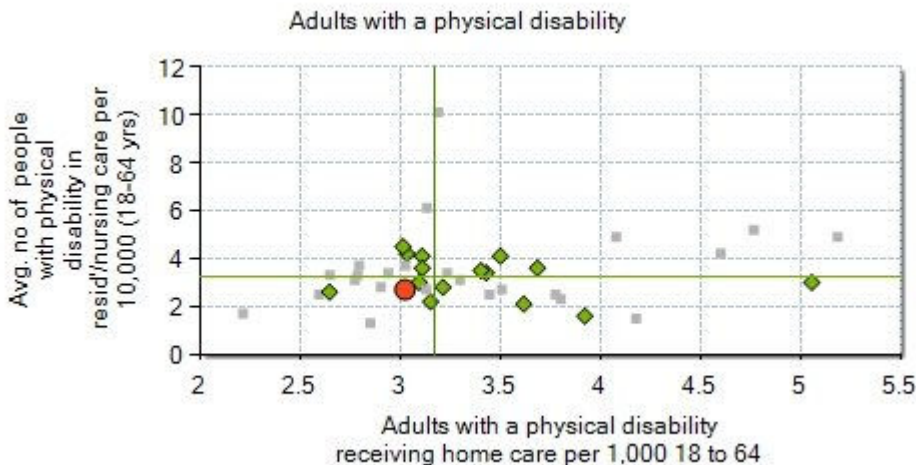
Adults with a physical disability



This chart compares the council's spending on adults with physical disabilities with that of other councils in the comparator group. Spending on adults with a physical disability will vary according to the model of service adopted by the council; that is the way in which it uses its resources to provide day services, community support and long term accommodation.

The way in which the council provides for the small number of people with the most intensive needs may also impact on its level of spending compared to other councils.

Service mix



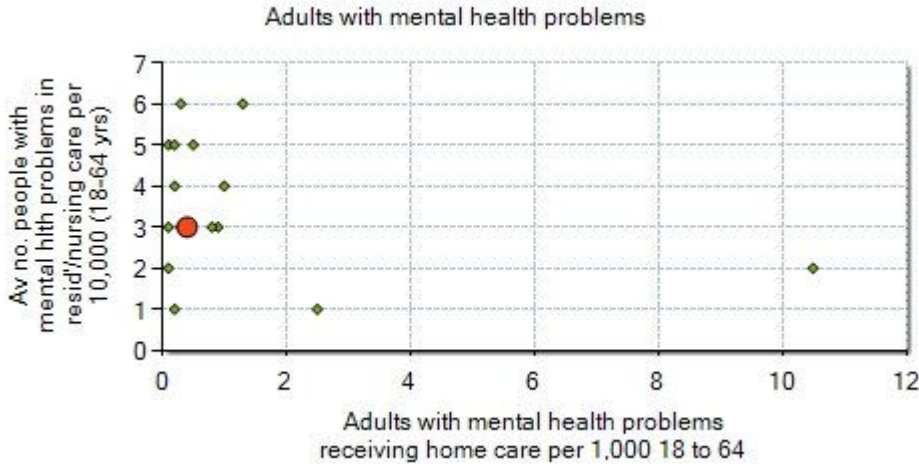
This chart shows how the council's service mix, i.e. levels of domiciliary and residential care provided, compares with other councils in the comparator group.

Higher levels of spending on services are associated with:

1. higher levels of use of residential care relative to help at home;
2. high unit costs of residential care purchased; and
3. high levels of provision both in terms of residential care and help in the home.

Social care for adults

Adults with mental health needs

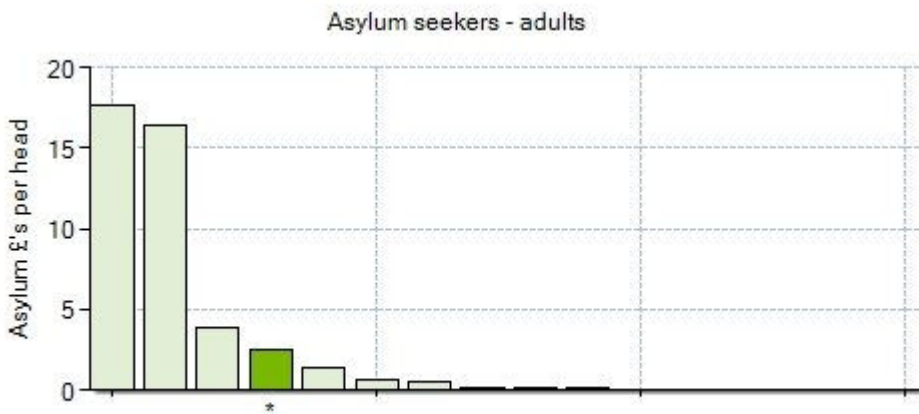


This chart shows how the council's service mix, i.e. levels of domiciliary and residential care provided, compares with other councils in the comparator group.

Supporting people in the community in partnership with health services is central to supporting people with mental health needs. However the highly flexible nature of community support services can make it difficult to relate spending to what is being purchased.

Councils with the highest and lowest levels of spending should show how the services they commission link to their strategy for mental health.

Asylum seekers

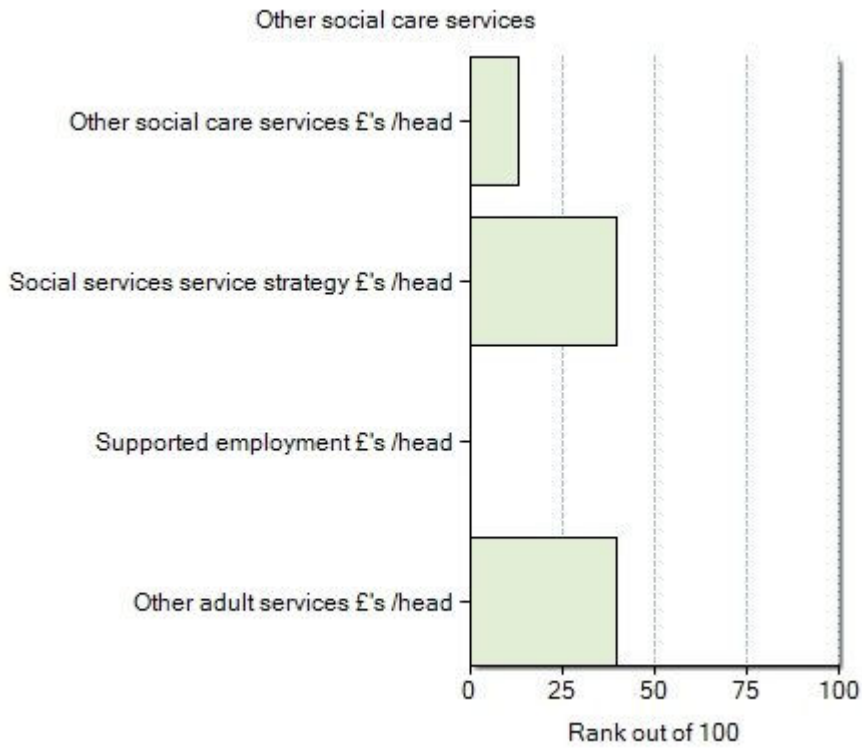


This chart reflects expenditure on adult asylum seekers.

N.B. it reflects spend per head of population and not spend per asylum seeker supported.

Social care for adults

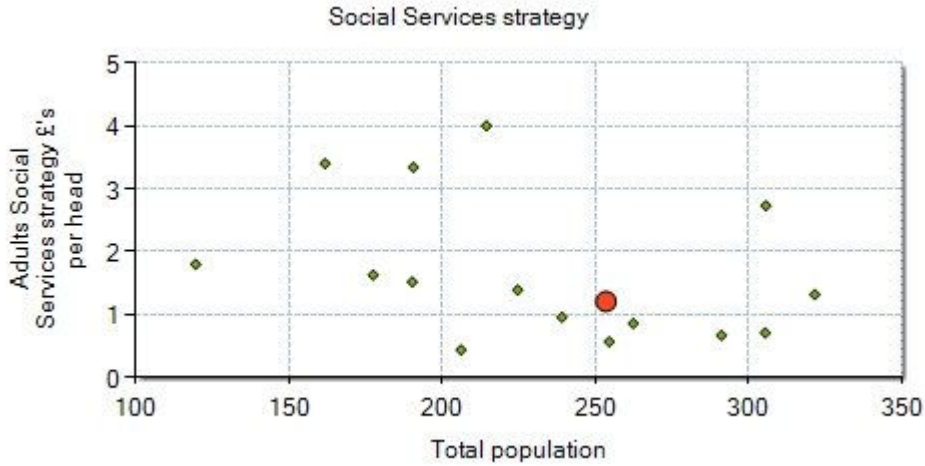
Other social services



Councils typically spend approximately less than 1 per cent of their resources on other social care services.

Social care for adults

Adult social care strategy



This chart shows the relationship between spending on social care strategy and the total population.

Spending will reflect the critical mass required to run any service and the size of the population being served.

How far is this council's spending on social care strategy consistent with spending by councils with a similar population? Councils with low levels of spending may have allocated a significant share of their commissioning, policy or management costs to operations rather than strategy.

Authorities used for the Comparison group Rotherham's Comparator Authority Group within this report:

- Barnsley Metropolitan Borough Council
- Bolton Metropolitan Borough Council
- Borough of Telford and Wrekin
- City of Wakefield Metropolitan District Council
- Doncaster Metropolitan Borough Council
- Dudley Metropolitan Borough Council
- Gateshead Metropolitan Borough Council
- Halton Borough Council
- Rochdale Metropolitan Borough Council
- St Helens Metropolitan Borough Council
- Stockton-on-Tees Borough Council
- Stoke on Trent City Council
- Tameside Metropolitan Borough Council
- Walsall Metropolitan Borough Council
- Wigan Council

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	1st October 2009
3.	Title:	Adult Social Care Year End Performance Report, 2008-09 All Wards Affected
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

This report outlines the 2008/09 key performance indicator year end results for the Adult Social Care elements of the Directorate.

6. Recommendations

That members note the results and the remedial actions in place to improve performance

7. Proposals and Details

At the end of the year 55% of our Key Performance Indicators (KPIs) achieved their targets compared to 58% last year. 82% of the indicators have improved upon their position from last year which compares to 56% in the previous year. This year's results can be seen in Appendix 'A' where a red triangle indicates 'off target' and a green star indicates 'on target'.

Two significant issues led to changes in our forecasted outcomes. Firstly, the success of our safeguarding campaigns and the raised profile of this issue nationally led to an unprecedented increase in the number of incidents reported and investigated, from 251 referrals in 2007/08 to 526 in 2008/09. We responded very positively to this trend redeploying significant resources (£400k) into adult protection. As a consequence we reported in the year that the trajectory of our improvements in some areas of service would be affected. Additional resources of £4.3m committed for 2009/10 and beyond will enable us to pick up the pace of improvement once again.

Secondly, measures taken by the council to extend the range of services available and provide new ways of delivery led to improved outcomes and improved VFM but resulted in lower scores on some performance indicators because of the national definitions. Examples include the impact of assistive technology and changes in arrangements for Occupational Therapy assessment which are not included in our 'helped to live at home' scores.

The following performance measures did not achieve their targets;

- **Reviews of care packages (reference 'D40')**

The year end target of 80% was not achieved because social work resources were shifted towards safeguarding which meant that our score deteriorated from the previous year. However considerable effort was made to achieve the Local Area Agreement (LAA) target that was set in 2006. The performance trend for this measure shows that we have improved from 43% in 2006 to 71% in 2009. We are currently in the lower quartile when compared with our comparator group.

- **Achieving independence for older people through rehabilitation and intermediate care (reference 'NI 125')**

We fell just short of the year end target for this indicator (1.21%). We now have a single line management arrangement for intermediate care which is a jointly commissioned service by the Council and NHS Rotherham. A performance clinic was held on 16th September 2008 to agree management actions to address bed occupancy, rehabilitation times and to increase access to intermediate care facilities. As a result of the actions taken the following outcomes have been recorded;

- A reduction in the average length of stay from 55 days in May 2008 to a cumulative performance of 35 days for 2008/09,
- 80% of service users were living at home on discharge from the residential service,
- 12% of service users were either re-admitted to hospital or discharged to residential care,

- A total reduction of 427 home care hours on discharge during the year, with the average reduction being 7 hours per week per service user, and
- 98% of people surveyed said that the service was either “good, very good or excellent”.

- **People supported to live independently through social services (reference to indicators ‘NI 136’, ‘C29’ and ‘C32’)**

Helping more people to live independently at home is one of our top priorities but our score on this indicator compares poorly to other Authorities. This indicator is dependent on the effectiveness and use of resources.

Improvements have been made this year to support 837 people through the implementation of our assistive technology programme, 60 fewer people are now in receipt of services following the success of our reablement service, we helped an additional 1,168 customers with minor equipment this year and we have improved waiting times for an Occupational Therapy assessment from 20 months to 7 weeks. Performance on this indicator did increase by 62 people last year compared to the previous 8 years of decline. Unfortunately the rules of this measure means that this work is not reflected within the indicator.

Members should note that this indicator is being reviewed by the Department of Health and the Association of Directors with Adult Social Services (ADASS) have stated that “huge doubts remain over the fitness for purpose of NI 136 'helped to live at home'.

- **Percentage of vulnerable people who are supported to maintain independent living (reference ‘NI 142’)**

We fell short of the year end target by 0.53% but we did improve by 2.38% from last year. This year’s figures shows that over 4600 people were supported to maintain their independence across all services. Supporting People hold contracts with a variety of providers who work with a number of different client groups (elderly, learning disabilities, HIV and Aids, leaving care, domestic violence, offenders, mental health, and substance misuse). Performance levels are extremely volatile for these client groups, for example a learning disability provider had an accommodation based service for 3 service users in quarter 3 but one user moved into a nursing home which led to a deterioration in performance from 100% to 66%.

- **Services for carers (reference ‘C62’)**

Last year we undertook an additional 219 carer’s assessments compared to the previous year but we did not achieve the target which we set ourselves. This indicator has now been superseded by National Indicator 135, which also includes the provision of information and advice as a carer’s service, where we did achieve our target.

We developed a direct payment scheme for carers during the year using a £100k contribution from the carers grant. This helped over 300 carers with a range of support services which included examples such as 64 complementary therapy sessions for carers and 80 hours of additional respite care.

We also launched our Joint Carers Strategy with NHS Rotherham during the year and the implementation of the action plan will lead to the development and commissioning of services for carers which will help improve our performance. Improving services for carers has been identified as a measure within Rotherham's Local Area Agreement (LAA).

- **Equipment delivered within 7 working days (reference 'D54')**

There has been an improvement in this indicator since last year with 1168 more pieces of equipment being delivered. We achieved a score of 88.34%, which is an improvement of 3% from last year, but it did not achieve the target of 91%. The Directorate held a number of performance meetings and clinics with REWS, 2010 Rotherham Ltd and NHS Rotherham to improve time taken between OT assessment and the delivery of the equipment. This indicator is no longer being collected nationally.

- **Timeliness of social care assessments (reference 'NI 132' and 'D55')**

We improved our performance from 60% last year to 70% but fell short of our target of 90%. This gap between the outturn and the target is mainly as a result of poor performance in relation to the Physical Disability and Sensory Impairment (52%), Learning Disability (19%) and Mental Health (29%) service user groups where this indicator was applied for the first time. All these services have had to change working practices so that assessments are completed within 28 days. This is harder to achieve where these services undertake multi-disciplinary assessment processes involving a range of stakeholder views and where the timeliness of getting the care package in place has taken preference to the speed in which the assessment has been completed. Performance in older people's services is 82% in comparison.

Like some of the other indicators, our performance on waiting times has been adversely affected by the unprecedented increase in safeguarding referrals meaning that social work productivity increased by 1,297 pieces of activity compared to last year. Action plans are in place to improve performance this year which has included budget investments to increase the amount of social workers so that we are able to manage both the volume of safeguarding casework and to improve waiting times for assessments and packages of care.

- **Adults aged 18-64 admitted to permanent residential or nursing care (reference 'C72')**

Performance has improved since last year, down from a score of 1.93 to 1.86 but we did not achieve our target of 1.49. This was as a result of 3 admissions that we did not predict within the learning disability and mental health services. This score is in the lower quartile when compared with All England and our comparator group.

- **Percentage of people receiving a statement of needs (reference 'D39')**

There has been a marginal improvement on last years' performance with 300 more statements being issued during the year. However, we are disappointed to have fell 5% short of the target which we set ourselves at the start of the year. Problems were experienced with managers authorising the assessments which was later resolved in the year through the better sickness absence management. We have remained in the same banding as last year (band 3) and are in the lower quartile when compared with England and our IPF group. This indicator is no longer being collected nationally.

- **Ethnicity of older people receiving assessment (reference 'E47')**

Performance has deteriorated since last year and we have dropped from band 3 to band 2 (0.69 this year and 1.09 last year). The number of new BME users has increased from 40 in 2007/08 to 56 in 2008/09 but the proportion of BME assessment has decreased based upon an increasing non-BME population (as predicted within our Joint Strategic Needs Assessment).

We also completed a pilot project in partnership with Rotherham Hospital Foundation Trust to determine awareness and increase access to Adult Social Care services take up for older people from BME communities. The process involved twice a week visits to the Hospital and completing a questionnaire by face to face interviews. An evaluation report has been produced. Outcomes are that an additional 6 people are now receiving a direct payment, 4 care packages are currently in place with clients receiving services and we have also been able to recruit a dedicated Social Services Officer worker based at the hospital to improve access further.

- **Safeguarding cases completed (reference 'LPI 4')**

During our 2008 annual performance assessment the Care Quality Commission (CQC) recommended that we do more work to understand the low levels of referrals. Safeguarding was our number one priority during the year and we have significantly improved awareness of and access to the reporting of adult protection. We received an additional 275 referrals during the year. Whilst we increased our investment to manage caseloads during the year, the sheer volume of additional referrals combined with the magnitude of some of the serious cases we managed throughout the year meant that our performance on completing cases deteriorated. We achieved a score this year of 78.52% against a target of 98%. Performance has deteriorated from 97.61% last year.

The following Indicators were able to demonstrate significant step change improvement from last year;

- **Carers receiving needs assessment or review and a specific carers service, or advice and information (reference 'NI 135')**

We exceeded our target and demonstrated an improvement on the previous year, going from 22.33% last year to 24.17% this year. Even though we had an additional 488 people on service this year; the increased level of personalised provision of information and advice to carers following an assessment coupled with our direct payments pilot resulted in us achieving our best level of performance on carers' services.

- **Percentage of vulnerable people achieving independent living (reference 'NI 141')**

We achieved a year end score of 87.35% against a target of 78.5% which is a 9.52% improvement from last year. We developed a new 'move on' scheme through 'Archers Housing' in collaboration with the Supporting People programme and 'Key Choices'.

- **Adult with mental health problems helped to live at home (reference 'C31')**

Performance improved from 4.17 last year to 7.4 this year. The target of 4.8 was surpassed which keeps us in band 5 (top band). We have moved from next to upper quartile to upper quartile when compared with England and our IPF group. This is due to a more accurate and robust electronic reporting system being used for the first time this year which helped us to complete an outstanding recommendation made by the Care Quality Commission (CQC) from our last 3 annual performance assessment reports. In previous years we have relied on a paper based manual count of activity in Mental Health.

- **Acceptable waiting times for care packages (reference 'NI 133')**

This was an 'area of concern' identified by the Care Quality Commission (CQC) in last year's annual performance assessment. This year we have achieved our target, improving from 85.24% last year to 90.9% this year. The development and implementation of our brokerage service has helped improve the time we take to organise a package of care.

- **Direct Payments (reference 'C51')**

We exceeded the year end and Local Area Agreement (LAA) targets increasing our score from 159 last year to 192 this year. This ensures we will be able to claim 100% of the reward grant and remaining within the upper quartile and in 11th position within the Country. We continue to provide an excellent direct payments service through participation in the national 'In Control' pilot, and continually developing and expanding the service with a view to enable personal budgets to be the default position by March 2010 for all new customers. This will be managed by implementing our Personalisation Plan.

- **Older people admitted to permanent residential or nursing care (reference 'C72')**

The year end target was achieved and, in line with our Joint Commissioning Strategy, we admitted 54 less people than last year. This was achieved by improving access to intermediate care bed provision and rehabilitation and by increasing access to NHS Free Nursing Care Continuing Healthcare Funding. The latter action was as a result of performance clinics held in 2007 which concluded that the service needed to do more to access health funding where the Council should not have been funding placements. Our score of 83.06 is in next to bottom quartile when compared against England, and next to upper quartile when compared with our comparator group.

- **Number of safeguarding reports (reference 'LPI 3')**

We have exceeded our target this year and more than doubled the score from last year, going from 251 to 526, placing us ahead of the national average. This increase is due to the high profile and prioritisation attributed to safeguarding this year. We have made significant investment in a new Safeguarding Team, public awareness campaign, improving partnership working and by training 2,000 staff. All of these factors led to the significant increase in demand for services.

8. Finance

Adult social care was able to achieve £681,548 of Local Area Agreement (LAA 2006/09) Performance Reward Grant for delivery of targets that were set in 2006. The targets that were achieved relate to 'increasing the number of adults and older people using direct payments' and 'increasing the number of reviews of care packages'. The target that was not able to be achieved relates to 'increasing the number of older people helped to live at home'. There have been performance clinics held on this indicator throughout the LAA period which concluded that the original baseline that this target was set was incorrect. The 2008 Annual Performance Assessment undertaken by the Commission for Social Care Inspectorate did conclude that we are helping more people to live at home.

9. Risks and Uncertainties

There are two main risks associated with this report. The first risk relates to how the Care Quality Commission (CQC) will use this performance information to formulate our Annual Performance Assessment result for 2009. We have been working closely with CQC this year to ensure that they have a much more rounded picture of our performance rather than relying too heavily on performance data. We have therefore spent additional time preparing evidence of outcomes which have been shared with CQC through two routine business meetings this year and through our statutory self assessment. Additionally, we organised an all day visit from CQC on 30th April 2009 where they were able to visit services such as Rothercare, the new residential homes, safeguarding team and consultation café.

The second risk relates to the management of data quality which features strongly within the Council's Use of Resources annual assessment. The Directorate has an excellent track record and has been able to support the Council to achieve a 'performing strongly' rating for data quality for the last 3 years. The national performance framework changed on 1st April 2009 which replaced the old Performance Assessment Framework (PAF) and Best Value Performance Indicators (BVPIs) with new National Indicators (NIs). This is in itself a risk as we have had to implement recording systems to comply with new definitions.

Some of this work has taken over three quarters of the year to develop meaning that this is the first report to Members where some indicators are being reported. The Directorate developed a Data Quality Strategy and Action Plan during the year to mitigate the risk of a 'qualified' audit report. Our Data Quality Officer has been working with KPI Managers and our partners in RDaSH to improve the quality of information that is reported to Members. This work has been reflected within the Council's data quality self assessment.

10. Policy and Performance Agenda Implications

The new national performance indicators contribute to the Council's Comprehensive Area Assessment (CAA) judgement and our 2009 Annual Performance Assessment result for adult social care which will be reported together for the first time in November 2009.

This report contains information relating to Rotherham's second generation Local Area Agreement (LAA). There are 3 social care indicators which relate to;

- NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information (status: improving and 'on target'),
- NI 136 People supported to live independently through social carers (status: improving and 'off target'), and
- NI 141 Percentage of vulnerable people achieving independent living (status: improving and 'on target').

In addition, we have also developed and report against a set of joint health and social care targets to the Adults Board. This ensures that we report locally against the Department of Health 'Vital Signs' performance framework.

Performance information contained within this report has been used to provide evidence for the following documents provided to our regulators;

- Care Quality Commission routine business meeting reports in November 2008 and February 2009,
- Care Quality Commission visit to Rotherham in April 2009,
- Revision to the Local Area Agreement provided to Government Office in April 2009,
- Use of Resources self assessment provided to the Audit Commission in April 2009,
- Self Assessment provided to Care Quality Commission in May 2009,
- Referrals, Assessments and Packages of Care statutory return to the Department of Health Information Centre in May 2009,
- Self Assessment provided to the Service Inspection arm of the Care Quality Commission in May 2009, and
- Comprehensive Area Assessment self assessment provided to the Audit Commission in June 2009.

11. Background Papers and Consultation

The report has been discussed with Neighbourhoods and Adult Services Directorate Management Team. Appendix 'A' contains the performance results for 2008/09. The indicators rated 'on target' are shown as a green star and those that are rated off target are shown as a red triangle alert.

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Appendix A: Neighbourhoods and Adult Services - Performance Indicator Outturns for 2008-09 year end

Outcomes Framework 1: Improving Health and Emotional Well-being									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
1.	▲	PAF D40 Percentage of clients receiving a review	Higher is better, 75<=100 is best	75.04%	71.82%	75.04%	↓x	80%	Shona McFarlane/Sam Newton
2.	★	NI 131 Delayed transfers of care from hospitals	Lower is better	16	3.74	16	↑✓	20.12	Sam Newton / Mark Joynes

Outcomes Framework 2: Improved Quality of Life									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
3.	▲	NI 125 Achieving independence for older people through rehabilitation / intermediate care	Higher is better	N/A	78.79%	N/A	↑✓	80%	Kim Curry / David Stevenson
4.	▲	NI 136 People supported to live independently through social services (LAA)	Higher is better	2210	2272	2210	↑✓	3012	Shona McFarlane / Sam Newton
5.	▲	NI 142 Percentage of vulnerable people who are supported to maintain independent living	Higher is better	94.79%	97.47%	94.79%	↑✓	98%	Kim Curry/ Tim Gollins
6.	▲	PAF C29 Adults with physical disabilities helped to live at home	Higher is better, 5+ is best	2.73	2.93	2.73	↑✓	4.2	Shona McFarlane / Cheryl Cartwright
7.	▲	PAF C32 Older people helped to live at home	Higher is better, 100+ is best	69.1	69.49	69.1	↑✓	102	Shona McFarlane / Mark Joynes
8.	▲	PAF C62 Services for carers	Higher is better, 12+ is best	9.11%	9.56%	9.5%	↑✓	12%	Shona McFarlane / Sam Newton
9.	▲	PAF D54 Equipment delivered within 7 working days	Higher is better, 85<=100 is best	85.3%	88.34%	85.3%	↑✓	91%	Kirsty Everson / Lynn Keirs
10.	★	LPI 2 Average waiting time for an OT assessment (calendar days)	Lower is better	68	81	68	↓x	85	Jill Wilkinson
11.	★	LPI 5 Number of protection plans in place	Higher is better	40	118	40	↑✓	50	Shona McFarlane / Dave Roddis
12.	★	LPI 6 C28 + Direct Payment	Higher is better	N/A	19.41	N/A	↑✓	16	Shona McFarlane / Sam Newton
13.	★	NI 135 Carers receiving needs assessment or review and a specific carers service, or advice and information (LAA)	Higher is better	22.33%	24.17%	22.33%	↑✓	20%	Shona McFarlane / Sam Newton
14.	★	NI 141 Percentage of vulnerable people achieving independent living (LAA)	Higher is better	77.83%	87.35%	77.5%	↑✓	78.5%	Kim Curry / Tim Gollins
15.	★	NI 145 Adults with learning disabilities in settled accommodation	Higher is better	N/A	125.93%	N/A	N/A	79%	Shona McFarlane / Lucy Pullen
16.	★	PAF C30 Adults with learning disabilities helped to live at home	Higher is better, 3+ is best	3.02	3.04	3.02	↑✓	3	Shona McFarlane / Lucy Pullen
17.	★	PAF C31 Adult with mental health problems helped to live at home	Higher is better, 2.3+ is best	4.17	7.4	4.17	↑✓	4.8	Ian Jerams (RDASH)

Outcomes Framework 4: Increased Choice and Control									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
18.	▲	NI 132 Timeliness of social care assessment (all adults)	Higher is better	69.35%	70.37%	69.35%	↑✓	90%	Shona McFarlane / Mark Joynes
19.	▲	PAF C73 Adults 18-64 admitted to permanent res or nursing care	Lower is better, 0<1.5 is best	1.93	1.86	1.93	↑✓	1.49	Shona McFarlane / Sam Newton
20.	▲	PAF D39 Percentage of people receiving a statement of needs	Higher is better, 100 is best	90.88%	91.21%	90.88%	↑✓	96%	Shona McFarlane / Cheryl Cartwright
21.	▲	PAF D55 Acceptable waiting times for assessment	Higher is better, 90<=100 is best	85.24%	85.44%	84.83%	↑✓	90%	Shona McFarlane / Mark Joynes
22.	★	NI 130 Social care clients receiving Self Directed Support	Higher is better	N/A	235.7	N/A	N/A	165	Kim Curry / Sue Sumpner
23.	★	NI 133 (PAF D56, BV 196) Acceptable waiting times for care packages	Higher is better, 90<=100 is best	85.24%	90.9%	85.24%	↑✓	90%	Shona McFarlane / Mark Joynes
24.	★	PAF C51 (KT) Direct Payments	Higher is better, 150+ is best	159	191.89	159	↑✓	165	Kim Curry / Sue Sumpner
25.	★	PAF C72 Older people admitted to permanent res or nursing care	Lower is better, 0<90 is best	89.86	83.06	90.67	↑✓	89	Shona McFarlane / Mark Joynes
26.	★	PAF E82 Assessments of adults and older people leading to provision of service	Lower is better, 68<77 is best	86.02%	82.03%	85.89%	↑✓	86%	Shona McFarlane / Mark Joynes

Outcomes Framework 5: Freedom from Discrimination									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
27.	▲	PAF E47 Ethnicity of older people receiving assessment	Higher is better, 1<2 is best	1.09	.96	1.19	↓x	1.46	Sam Newton / Mark Joynes
28.	★	PAF E48 Ethnicity of older people receiving services	Lower is better, 0.9<1.1 is best	1.07	1.09	1.08	↓x	1.05	Shona McFarlane / Mark Joynes

Outcomes Framework 6: Economic Well-being									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
29.	★	NI 146 Adults with learning disabilities in employment	Higher is better	N/A	5.63%	N/A	N/A	3%	Shona McFarlane / Lucy Pullen

Outcomes Framework 7: Maintaining Personal Respect and Dignity									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
30.	▲	LPI 4 Safeguarding cases completed	Higher is better	97.61%	78.52%	97.61%	↓x	98%	Shona McFarlane / Dave Roddis
31.	★	LPI 3 Number of safeguarding reports	Higher is better	251	526	251	↑✓	263	Shona McFarlane / Dave Roddis

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	1 October 2009
3.	Title:	Adult Social Care 1st Quarter (April to June) performance report for 2009/10 All Wards Affected
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

This report outlines the 2009/10 Quarter 1 Key Performance Indicator (KPI) results for the Adult Social Care elements of the Directorate.

6. Recommendations

That Scrutiny is asked to note the results and the remedial actions in place to improve performance

7. Proposals and Details

At the end of the quarter, 57% of our Key Performance Indicators (KPIs) were on target compared to 55% at the end of 2008/09.

This quarter's results can be seen in Appendix 'A' where a red triangle indicates 'off target', a green star indicates 'on target', and a question mark indicates that data is not available yet or targets have not currently been set.

The following performance measures did not achieve their quarter 1 targets;

- **Reviews of care packages (reference 'D40')**

To hit the year end target of 77% we need to be completing 520 reviews each month. Currently we are averaging 395 which means that the quarter 1 target of 24% was missed by 6%. Performance clinics took place in August to address the issues around this indicator. Actions were put in place to give workers weekly targets, and to monitor that these targets are being met via weekly performance clinics with team managers for teams that are underperforming. We are currently in the lower quartile when compared with our comparator group.

- **Timeliness of social care assessments (reference 'NI 132')**

Performance has decreased by 0.68% since 2008-09 year end, and by 8.31% since this time last year. The quarter 1 target of 80% was missed by 10.31%. This indicator was off target at the last year end and this was attributed to lower performance in the service's dealing with the 18-64 age ranges as this age group was not included in the indicator prior to 2008-09. These services are still showing low performance with the breakdown being as follows;

- PDSI – 52%
- Learning Disabilities – 46.67%
- Mental Health – 48.98%

Older people's services are performing better but were still off target at quarter 1 (74.56%). The average waiting time for an assessment (across all services) is currently 27 days which is too close to the target of 28 days. We need to bring the overall average down and also to ensure that no one waits more than 28 days for an assessment.

Performance clinics took place in August to address these issues and actions were put in place to recruit to 5 vacant social worker posts, allocate 4 new assessments to workers every week on a Monday morning and to introduce an Intake model, which is based upon a faster throughput of assessments, within the Physical Disability service.

- **Acceptable waiting times for care packages (reference 'NI 133')**

This indicator is subject to a change in definition this year as it now includes all adults 18 and over rather than being restricted to the older people's category. The control target for quarter 1 was 92% and we fell just short of this by 0.58%.

A Performance clinic took place in August to address the issues surrounding this indicator. There has been a shortage in homecare provision in some rural areas of the borough which will be managed by increasing the amount of people helped through the Councils reablement service.

- **People supported to live independently through social services (reference NI 136)**

Helping more people to live independently at home is one of our top priorities but our score on this indicator compares poorly to other Authorities. We believe that, in part, this is down to the differences in capturing ongoing equipment provided by the Occupational Therapy (OT) service within this authority. It is unfortunate that due to the restrictions on definition around this indicator, a lot of the good work we have been doing to help people to live at home such as the issuing of assistive technology, success of the reablement service and helping people to stay at home by issuing minor equipment cannot be included.

We fell short of the quarter 1 target by 6.82%. Our score of 2321 equates to 5,510 service users and is based on last years' voluntary sector figures from the grant funded services return plus people currently in receipt of an assessed care package. To achieve next years' target of 3,149 we would need approximately 2,000 extra service users on the books to receive services by year end. To hit the LAA target of 3289 by 2010/11 and receive the reward money we would need another 800 service users the following year (2800 extra in total over the next two years). Current projections on the inclusion of OT activity in the indicator tell us that this may give us an additional 287 service users per year.

As part of our performance management framework we have benchmarked with other Councils such as Barnsley where we found a large variance between expenditure levels and reported performance results. We are therefore now taking steps to redress this disparity but ensuring that we comply with the definition. Performance clinics took place in August and actions were agreed to include OT activity in our performance figures, as well as looking at what additional services can be provided through grant funded services (GFS), as well as ensuring the data we receive from the GFS is more robust. This means that we are writing to every service provider to remind them of their contractual obligations to respond to the survey and to inform them that this information is used to inform future commissioning plans.

Members should note that this indicator is being reviewed by the Department of Health and the Association of Directors with Adult Social Services (ADASS) have stated that "huge doubts remain over the fitness for purpose of NI 136 'helped to live at home'.

- **Adults with learning disabilities in settled accommodation (reference 'NI 145')**

Performance for quarter 1 is off target by 5%. This indicator is dependent on NAS1 (Reviews) as we cannot count a client as being in settled accommodation until the question has been asked at review. Targets have been set assuming a constant review rate throughout the year.

A performance clinic took place in August and actions were to ensure that provider data is reconciled with data on our electronic reporting system (Swift), and to hold quarterly provider performance forums.

- **Adults with learning disabilities in employment (reference 'NI 146')**

Performance for quarter 1 is off target by 0.7%. As with NI 145, this indicator is dependent on NAS 1 (Reviews) as we cannot count a client as being in employment until the question has been asked at review. Targets have been set assuming a constant review rate throughout the year.

The actions from the performance clinic mentioned above also apply to this indicator.

There is one indicator in the suite which could not be reported at the first quarter. This is;

- **Percentage of staff trained in safeguarding across all partner agencies (reference 'NAS 26')**

This is a new indicator set up for the Safeguarding Adults Board and the baseline for the calculation is yet to be established. Work is underway to develop and report this indicator.

There are two other safeguarding performance indicators that are reported as part of the new Safeguarding Joint Performance Management Framework which has been agreed by the Safeguarding Adults Board. The information to support these indicators is currently subject to recent guidance being introduced by the National Adult Social Care Intelligence Services (NASCIS) and, due to changes to technical definitions, are therefore likely to change in subsequent reports.

8. Finance

The Medium Term Financial Plan for 2009/10 contains £1.719m of budget disinvestments which will impact on a number of performance indicators in the short term. This relates to the social work assessment resources needed to manage the meals on wheels, laundry and bathing programmes which will result in a drop in performance on NI 136 (people supported by the Council to live independently).

Performance will improve however as we begin to see the benefits of a £4.438m investment into adult social care which includes additional resources for people with a physical disability, people with mental health needs, carers breaks and for new social work assessment resources. This will result in improvements to a range of indicators including NI 132 (timeliness of new assessments), NI 133 (timeliness of new care packages) and NI 136 (people supported by the Council to live independently).

9. Risks and Uncertainties

The main risk is that performance levels do not improve at a rate that is higher than our comparator average. This will be mitigated through the application of our performance management framework which CQC have described as 'works'. Each performance indicator is owned by a Manager and there is a robust action plan in place to support improvement. Performance is closely monitored at weekly performance clinics and reported monthly to the Performance Meeting of the Directorate Management Team (DMT).

There is also an uncertainty relating to the performance of mental health services as data derives from an electronic database which does not break down the information into sufficient detail enough to measure performance across a range of performance indicators. Mental health services are managed in partnership with RDaSH (Rotherham, Doncaster and South Humberside Mental Health Trust) and RDaSH have been unable to satisfy information requirements for the Council and NHS Rotherham for several years. 'Improving the availability of mental health data' has been a recommendation made by the Care Quality Commission (formerly CSCI) for the last two consecutive years. We have been working with them on an action plan which should ensure that RDaSH are available to report on all performance indicators from the first quarter of 2009/10. The steps that we have taken so far have been included within a 'good practice' case study which supported the Council achieving a 'performing strongly' rating during the 2009 data quality assessment.

10. Policy and Performance Agenda Implications

The Key PI suite this year includes a mixture of National Indicators and Local Indicators that are part of the LAA or have been identified as priorities for us in our Service Plan.

The new national performance indicators contribute to the Councils Comprehensive Area Assessment (CAA) and Local Area Agreement (LAA) processes and the Care Quality Commission's (CQC) Annual Review of Performance for Adult Social Care. Last year's review of social care included the following indicators as areas for improvement;

- Reviews (reference PAF D40),
- Timeliness of social care assessments (reference NI 132), and
- Timeliness of new care packages (reference NI 133).

11. Background Papers and Consultation

The report has been discussed with Neighbourhoods and Adult Services Directorate Management Team. Appendix 'A' contains the performance results for the first quarter of 2009/10. The indicators rated 'on target' are shown as a green star and those that are rated off target are shown as a red triangle alert.

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Appendix A: Neighbourhoods and Adult Services - Performance Indicator Outturns for Jun '09 (Q1)

Key to symbols

▲	indicator rated 'off target'	B	Banding
★	indicator rated 'on target'	Q	Quartile
↑✓	indicator has improved	Q1	is worst
↓✗	indicator has deteriorated	Q4	is best

YTD	▲	★	?	Total
No. of indicators	6.	8.	4.	18.
Percentage	33. %	44. %	22. %	100. %

Commissioning, Quality and Partnerships (Chrissy Wright)

Line no	Current Performance	Measure	Good Performance	Banding / Quartile	2008/09 Baseline	Jun '09 Result	This time last year	D.o.T. from same time last year	Jun '09 Target	2009/10 Target	Joint Indicator	Responsible Manager	Outcomes Framework
1.	★	NI 130 (Vital Signs 17) Social care clients receiving Self Directed Support	Higher is better	Q2	370.79	233.22	Started measuring in Oct '08		198	300	RDASH	Richard Warring	4
2.	★	NI 141 Percentage of vulnerable people achieving independent living (LAA)	Higher is better	Q4	87.35%	89.32%	75.57%	↑✓	80%	80%	Supporting People	Tim Gollins	2
3.	★	NI 142 Percentage of vulnerable people who are supported to maintain independent living	Higher is better	Q1	97.47%	99.27%	98.18%	↑✓	98%	98%	Supporting People	Tim Gollins	2

Health and Well Being / Assessment and Care Management (Shona McFarlane)

Line no	YTD	Measure	Good Performance	Banding / Quartile	2008/09 Baseline	Jun '09 Result	This time last year	D.o.T. from same time last year	Jun '09 Target	2009/10 Target	Joint Indicator	Responsible Manager	Outcomes Framework
4.	▲	NAS 1 (PAF D40) Percentage of clients receiving a review	Higher is better, 75<=100 is best	B 3/4 Q2	71.82%	17.92%	21.77%	↓✗	24%	77%	RDASH	Sam Newton	1
5.	★	NAS 24 Number of safeguarding referrals	Higher is better	N/A	526	120	Started measuring in Dec '08		163	650	LSP	Sam Newton	7
6.	★	NAS 25 Safeguarding cases completed	Higher is better	N/A	413	50	Started measuring in Dec '08		150	600	LSP	Sam Newton	7
7.	▲	NI 132 (Vital Signs 12) Timeliness of social care assessment (all adults)	Higher is better	Q1	70.37%	69.69%	78%	↓✗	80%	80%	RDASH	Mark Joynes	4
8.	▲	NI 133 (Vital Signs 13) Acceptable waiting times for care packages (now includes 18-64 age group)	Higher is better	Q2	New definition	91.42%	New indicator previously 65+ only		92%	92%	RDASH	Mark Joynes	4
9.	▲	NI 136 (Vital Signs 03) People supported to live independently through social services (LAA)	Higher is better	Q1	2342	2321	Started measuring in Feb '09		2491	3149	RDASH/ VCS	Lucy Pullen	2
10.	▲	NI 145 (Vital Signs 05) Adults with learning disabilities in settled accommodation	Higher is better	Q4	100%	10.01%	Started measuring in Oct '08		15%	60%	Supporting People	Jackie Bickerstaffe	2
11.	▲	NI 146 (Vital Signs 07) Adults with learning disabilities in employment	Higher is better	Q3	5.63%	.3%	Started measuring in Oct '08		1%	4%	N/A	Jackie Bickerstaffe	6
12.	★	NAS 5 Average waiting time for an OT assessment (calendar days)	Lower is better	N/A	104	21	Started measuring in Dec '08		28	28	NHS Rotherham	Jill Wilkinson	2
13.	★	NI 125 (Vital Signs 04) Achieving independence for older people through rehabilitation / intermediate care	Higher is better	Q2	78.79%	84.06%	Started measuring in Oct '08		81%	81%	NHS Rotherham	David Stevenson	2
14.	★	NI 135 (Vital Signs 18) Carers receiving needs assessment or review and a specific carers service, or advice and information (LAA)	Higher is better	Q3	24.17%	10.78%	7.77%	↑✓	6.25%	25%	RDASH	Mark Joynes	2
15.	?	NAS 26 Percentage of staff trained in safeguarding across all partner agencies	Higher is better	N/A	TBC	TBC	New local indicator		TBC	TBC	LSP	Sam Newton	7
16.	?	NI 131 (Vital Signs 10) Delayed transfers of care from hospitals	Lower is better	Q4	3.74	5.78	3.52	↓✗	TBC	TBC	NHS Rotherham	Mark Joynes	1
17.	?	NI 149 (Vital Signs 06) Adults receiving secondary mental health services in settled accommodation	Higher is better	TBC	TBC	TBC	Q1 Available in October '09		TBC	TBC	RDASH	Ian Jerams	2
18.	?	NI 150 (Vital Signs 08) Adults receiving secondary mental health services in employment	Higher is better	TBC	TBC	TBC	Q1 Available in October '09		TBC	TBC	RDASH	Ian Jerams	6

BRIEFING NOTE	
For:	Adult Services and Health Scrutiny Panel
Prepared by:	Delia Watts, Scrutiny Adviser – extn. 22778
Date:	1 October 2009
Subject:	Training Opportunity: National Networking Event for Health, Care and Wellbeing Scrutineers – Tuesday 24 November 2009

The Centre for Public Scrutiny (CfPS) is running a series of networking events for those involved in scrutinising health, care and wellbeing. The one for Yorkshire and the Humber authorities will be held at the Thackray Museum in Leeds on Tuesday 24 November and is aimed at all members of Health, Care and Wellbeing Overview and Scrutiny Committees for sharing learning and development.

The event will run from 11am till 3pm and is intended to complement new member induction, and keep health care and wellbeing scrutineers up to date with the latest developments.

Programme:

- **“A new regulator for health and social care – what every health and social care OSC needs to know.”**

The Care Quality Commission (CQC) will share early thoughts on the relationship between OSCs and CQC and how scrutiny can contribute to the new registration and assessment processes for health and social care organisations.

- **High impact scrutiny – knowing what matters.**

Looking at the Joint Strategic Needs Assessment to ensure a focus on high priority health and wellbeing issues in a time of ever-tightening resources.

- **Closing the gap – how can scrutiny make a difference?**

Su Turner, CfPS on a major new project which will support scrutiny committees to make a real impact in narrowing health inequalities.

- **The health inequalities scrutiny challenge.**

A highly interactive session challenging you to devise an approach to scrutinising health inequalities in the fictional county of Enneyshire.

- **Eating the elephant – making scrutiny of commissioning manageable.**

Examples of approaches to effectively scrutinising the way services are planned at local level.

*Approval has been given for 3 members and 1 officer to attend this event. **Members are asked to indicate whether they would like to be considered for one of the places available.***

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Adult Services and Health Scrutiny Panel
2	Date:	1 October 2009
3	Title:	Park Lea Day Services
4	Directorate:	Neighbourhoods and Adult Services

5 **Summary**

A report summarising the reasons why Park Lea was not suitable as a long term base and setting out proposals for the future of the service currently provided at Park Lea was submitted to Cabinet Member on 1st December 2008. It was resolved at the meeting:

- (1) That the transfer of services from Park Lea to other community bases and the action plan outlined in Section 8 be considered.
- (3) That a further report be presented to Cabinet Member following the consultation exercise.

This report outlines details of the consultation and proposed options.

6 **Recommendations**

That Members note the report.

7 Proposals and Details

The plan is to integrate the existing Park Lea services, service users and staff into Oaks and Addison services. This will be achieved by:

- developing the existing outreaches for older people at Oak Trees and developing a new outreach service for older people at St Johns Church Centre in Swinton, at Swinton Potteries in Swinton and at Bakersfield Court in Herringthorpe;
- increasing the number of places and days at existing outreaches currently provided by Oaks at St James Church Centre in Wath and Addison services at Durlston House;
- by increasing the number of places provided each day at the Elliott Centre and using the Elliott Centre as a Borough-wide service.

The new outreach service for older people will offer places to older people who currently use day services at Park Lea, Addison and Oaks and will provide a maximum of 45 places per day for older people who would like a shorter day and a more traditional day service in a quieter environment. The movement of people into this new outreach service for older people will provide 26 people who currently use Park Lea with a base. The new outreach will provide 45 places in total for older people who currently attend Parklea, Addison and Oaks. This movement will create places at both Addison and Oaks to provide a base for the remaining 53 people currently using Park Lea. The day service currently supports 75 people over 60 years of age, however, we do not intend to impose a restrictive age criteria as due to the nature of some individual's disabilities, they develop age related conditions earlier in life. Demographically, people with learning disabilities' life expectancy has increased through better health and social care.

The use of the Elliott Centre will be to continue to support complex individuals who are reliant on technology such as hoists, breathing apparatus etc. Young people coming through transitions who require intensive support will require an increase in staffing levels to meet the demographical changes, which have been highlighted in the medium term financial strategy. There remains the need for a multi-disciplinary approach in supporting complex individual's assessed needs, identified and taken into account in the consultation process with individuals and families.

Consultation

Consultation took place with a range of stakeholders including people who currently use day services, their carers / families, providers, community team workers, staff from across day services, Unions and the senior management team. Methods included individual meetings, individual letters, open day events at Addison, Oaks and the proposed new outreach service. Taster sessions at the proposed new venues were also set up. Two open meetings were held at each venue as well as individually arranged meetings which were well attended - in total over 50 carers and families took the opportunity

to visit either individually or at the open events. Carers were very positive and wanted to know how soon the proposed move would happen and service users have been attending different taster sessions weekly at both Oaks and Addison.

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

Proposed Options

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

This option was offered and discussed with people who would possibly benefit from a quieter environment, a shorter day and a reduction in the days they currently attend day services. These people were identified by key workers and managers through the individual's person centred reviews and / or person centred plans, via the outcomes of the recent consultation on day services and staff's knowledge and understanding of the person. The proposed new outreach service was offered as the preferred option to 26 service users.

26 people have expressed a wish to transfer to the outreach service for older people.

Option 2 – To transfer to Addison / Oaks

People at Park Lea who are not being considered at this stage for the option of the new outreach service for older people were offered the choice of Oaks Day Service or Addison Day Service as their base. Addison and Oaks will endeavour to maintain the majority of the existing activities undertaken by people at Park Lea plus offering the opportunity to try new activities which were discussed in depth with individuals at the consultation meetings.

37 people were offered places at Oaks and 15 people were offered places at Addison. The action groups in both services have consulted the service users who already attend Oaks and Addison for their views regarding the proposed changes and the results were very positive, as old friendships would be renewed and new activities would be offered.

Service users at Addison who had been affected by the original move of service users for Eastwood were satisfied that the proposals would mean people would be coming to be part of Addison in the same way as any new person would attend Addison, not as had previously been experienced – ie where the whole of Eastwood, due to the emergency situation, had to suddenly go to Addison and be accommodated as a separate service.

Option 3 – To transfer to the Elliott Centre

A small number of people who currently use Park Lea have individual complex needs and these individuals and their families were offered the option of the Elliott Centre as a base.

4 people were offered the Elliott centre and 4 people wish to take up this option.

The consultation meetings have been very successful and no negative feedback has been received, in fact, the service has been praised by carers and families on how the consultation process has been delivered. Whilst people will be sad to move from Park Lea, both service users and staff are eager to move and are excited by the changes.

8 Finance

Overall the cost of the re-provision of these services has resulted in a balanced budget within day services.

The budget previously used to fund both the staffing costs and the running costs at Park Lea will be transferred to both the existing and new services. It is unlikely that any savings will be made as a result of this transfer of budgets.

Staffing budgets have transferred with the staff as they move to the other day services. However due to an increase in new Service Users accessing services for the first time, through transitions, this has resulted in a staffing increase of 6.6 new posts being needed. This has been funded through the medium term financial strategy as part of demographic budget planning.

The budget allocated to the running costs at Park Lea, have in the main, transferred to the other day services to fund the increase in costs to the remaining existing services. These costs relate to items such as, the costs of transport, provisions, administration and the costs associated to the new outreach service for Older People. The small amount of savings that has been made relating to utility charges is being used for the increase in transport costs.

Recent changes to the transport tenders being awarded to private hire companies has needed to be amended due to the change in travel arrangements for Service Users now going to the other day services. This has resulted in an increased annual cost of approximately £9800 which is being funded from the small amount of savings from Park Lea as highlighted above.

9 Risks and Uncertainties

- (a) Increasing number of people coming into the service at 18 – demand for short breaks during the day will put pressure on existing day service places.

- (b) Failure to provide carers / families with a substantial amount of day care will result in carer and family breakdown, and a resulting increase in demand for residential care and supported living schemes, with the resulting budget pressures.
- (c) We know from our work with younger families that they are no longer “committed to caring for life”. There is a real tension between the expectations of younger parents, who wish their sons and daughters to live an inclusive lifestyle, and the demands of the older more established group of carers. This latter group has had to fight historically for the few services to which they had access, and for a significant period of time day services were the only service they had access to. They perceive any attempt to change services as an attack or cut. This tension will need to be managed effectively as there is potential for negative publicity and challenge from either group of parents

10 **Policy and Performance Agenda Implications**

The Outcomes Framework indicates that the quality of care within a service is paramount to the safety, dignity, emotional well-being and quality of experience of customers.

The Strategic Objectives 2008 / 2011 set out a mission and vision to provide local integrated services so that people can exercise choice, retain their independence, be offered protection and have quality of access, and these proposals contribute to the delivery of this vision for people with a learning disability who live in Rotherham and contribute to achieving an excellent star rating.

These proposals assist the service to meet the challenges outlined in Valuing People Now and the current NHS agendas / developments.

11 **Background Papers and Consultation**

- Valuing People 2001
- Valuing People Now 2009
- Carers at the Heart of 21st Century Families and Communities 2008
- The National Health Service Constitution (draft for consultation, July 2008)
- Neighbourhoods and Adult Services Strategic Objectives 2008 / 2011

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	1 October 2009
3.	Title:	Single Line Management Structure for Intermediate Care Services
4.	Directorate:	Commissioning & Partnerships

5. Summary

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

The Enabling Care Manager (ECM) employed by Neighbourhoods and Adult Services (NAS) and the Strategic Therapy Lead (STLA) within Rotherham Community Health Service (RCHS) have recently agreed to a single line management structure. This has also been endorsed by NHS Rotherham's Human Resources and Priority 2 Intermediate Care group on 12th February, 2009.

The Enabling Care Manager will become the single line manager for the single line management structure for intermediate care services. The ECM and STLA will work in partnership to deliver the objectives set out in the Joint Commissioning Strategy.

6. Recommendations

That Members note the report.

7. Proposals and Details

The Protocol covers reporting arrangements between the Intermediate Care Clinical Therapy Leads within Rotherham Community Health Service (RCHS) and the Enabling Care Manager employed by Neighbourhoods and Adult Services (NAS).

Intermediate care services include:

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

The Enabling Care Manager (ECM) is responsible for the delivery and management of Intermediate Care Services and has responsibility for the operational work pertaining to the Clinical Therapy Leads within the service.

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

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

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

Operational Management

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

Professional Supervision

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

RMBC Organisational Communication

Organisational communication will be the responsibility of the ECM and will be delivered through monthly business group meetings or one-to-two meetings.

RCHS/NHS Rotherham Organisational Communication

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

8. Finance

There are no financial implications arising from implementing the single line management structure. The Enabling Care Manager and Strategic Therapy Lead (STLA) will work in partnership to deliver the objectives set out within the Joint Commissioning Strategy including the use of pooled budgets and the joint performance management framework in order to monitor the long-term impact on service users.

9. Risks and Uncertainties

There are a number of risks associated with non-endorsement of the Protocol for Performance Management, Operational and Professional Accountability for Intermediate Care Services:

- The management structure within intermediate care services would not be properly integrated and there would be a separation between health and social care professionals.
- This would have an impact on the performance of the service and the quality of care provided.
- This would have an impact on the care pathway for rehabilitation for people receiving support from intermediate care services.
- Understanding of whether the service was meeting the objectives set out in the Joint Commissioning Strategy.
- Service reconfiguration of the intermediate care service may be delayed.

10. Policy and Performance Agenda Implications

The Single Line Management Structure for Intermediate Care Services will have a positive impact on the following Adult Services Key Performance Indicators:

- NI 125 Independence for Older People through Rehabilitation/Intermediate Care
- NI 131 Delayed transfers of care from hospitals
- NI 132 Timeliness of social care assessments
- NI 133 Timeliness of social care packages
- NI 134 Number of emergency bed days per head of weighted population
- NI 139 Older People receiving support they need to live independently at home

11. Background Papers and Consultation

- JCS - Joint Commissioning Strategy
- ICR - Intermediate Care Review
- CGP - Clinical Governance Plan
- HR - NHSR Human Resources and Organisational Development Policies and Procedures

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Northern Burn Care Network

News

(incorporating North of England, North Wales and the Isle of Man)

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Towards excellence in burn care and aftercare - personal, comprehensive, effective, and safe

Welcome to the fifth edition of the NBCN Newsletter. This is a regular publication, to keep you informed of what the network is doing, and to share good practice and success stories from each of the constituent burn care services.

ALDER HEY "STRAIGHT AWAY" CAMPAIGN Prevention for Hair Straightener Burns

During Child Safety Week, The Children's Accident Prevention Trust (CAPT) supported Alder Hey's "Straight Away" Campaign, which was in line with CAPT's aim to reduce the number of children being burned by hair straightener's.

The campaign was launched on Wednesday 24th June 2009 in Alder Hey's Accident and Emergency Department. 192 people attended the event including children, parents, carer's and staff. Those attending the event were given a FREE heat protection pouch to be used for their hair straightener's so that they could be **put STRAIGHT AWAY after use!** Moya Sutton, Executive Nurse at Alder Hey Children's NHS Foundation Trust in Liverpool, said: "We are seeing more and more children with burns due to hair straightener injuries, particularly on hands and feet.

On average, at least 40 children a year are treated at Alder Hey for these type of burns and several have had to have skin grafts to repair these injuries. This is becoming a major area of concern for us which is why we launched our own campaign 'Straight Away', to support CAPT's campaign and warn parents about the dangers.

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Straighteners are a popular hair styling tool and can reach temperatures of over 220°C. They remain hot enough to cause burns for up to eight minutes after they have been switched off.

The majority of injuries in children occur when they touch the still-hot metal or ceramic plates on the straightener arms, which remain open. The pouches are made from heavy duty felt. Such covers are not provided by most manufacturers on purchase of straighteners.

Alder Hey's campaign is to be rolled out through Liverpool Children's Centres over the Summer, to raise public awareness.



Photo Caption: Executive Nurse Moya Sutton pictured with Angela Jones, Alder Hey Chair with attendees at the event.



SUPPORTING THE TRANSITION TO ADULT SERVICES
Manchester Young Adult Burn Camp
Shortlisted for Health Service Journal Award 2009

The camp was the first burns programme in the UK for this age group, and **the team** (right) have just found out that they have been **short-listed for a prestigious Health Service Journal award**. The team are working with their patient group to prepare for the next stage in the short listing process and will find out if they have won at the end of November.



Transition from child to adult services is known to be a challenging time. The Manchester Burns Services sought to review their existing pathway for the transition of patients from children's to adults services by holding a 'transition event', which took place in October 2007.

At this event patients, their families/carers and staff from both hospital Trusts were invited to an evening event whereby they expressed their thoughts and ideas about the existing service and how it might be improved. This consultation event confirmed that the existing Burns Camp programmes run by Central Manchester University Hospital NHS Foundation Trust had been of great support to families by helping to heal the physical and mental scars of children who have suffered serious burn injuries for more than a decade. The existing programmes support children/young people up to the age of 16 years. The feedback from the transition event endorsed the continuation of such programmes into young adulthood.

University Hospitals of South Manchester NHS Foundation Trust led in this development with Central Manchester University Hospitals NHS Foundation Trust and Greater Manchester Fire and Rescue Service being partners.

The Young Adult Burns Camp ran for the first time in May 2008. It aims to provide young adults aged 16-25 years with the opportunity to take part in **a residential activity programme designed to challenge, build confidence and develop a sense of achievement and confidence** around appearance related issues.



The camp leaders are staff from both the child and adult burns services to support the transition that many of the young adults make. Given the success of the initial camp we have been successful in securing funds for the camp programme to run on an annual basis. A second camp ran in May 2009 and the group are already bringing together the 2010 programme.



The camp programme has been formally evaluated and illustrated that it delivers its objectives, which are illustrated by the quote below from the young adults and staff who attended the camp.

“I felt like I could be me instead of somebody else...the barriers come down...barriers go up with people who maybe don't understand ..it's almost like a protection that you protect yourself...whereas with the group we went away with you don't need it”

Many people were responsible for delivering a successful programme, their drive and determination has made this dream a reality, we would like to take this opportunity to thank them.

Should you want to know more please contact:

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email: julie.wisely@uhsm.nhs.uk

Tel: 0161 291 6319

Sarah Gaskell-Consultant Clinical Psychologist

email: sarah.gaskell@cmft.nhs.uk

Tel: 01617015683.



BURN CAMP Best Practice Day UPDATE

The team involved in running burn camps in Manchester are planning to host a **Burn Camp Best Practice Day** on **Tuesday, 20th October 2009** in order to bring interested parties together to share ideas and experiences around developing and evaluating burn camp programmes. The event will take place all day (10-4) at no cost to attendees, and will be held at the Central Manchester Hospitals Site.

Should you be interested in attending or finding out more please contact Sarah or Julie.

This event was **originally scheduled for 24th September**, which has had to be **postponed**.

DELIVERING THE BURNS LINK FRAMEWORK

The Burns Link Nurse Framework concept was proposed by Jacky Edwards, Lead Nurse, NBCN, with the aim of assisting the Burns services in establishing and maintaining best practice in all relevant areas. The Northern Burn Care Network's Strategy Board agreed in December 2008 that the framework should be rolled out across the Network.

Collectively the Burns link nurse Framework will hopefully **enhance the effectiveness of all aspects of burn care** in line with local and national standards. Initially the Framework is going to run as a pilot for 12 months and will be targeting minor burns through A&E. Burns Link Nurses for both adults and paediatrics (where appropriate) are being identified and the Burns Link Nurse Co-coordinators from each of the services are developing a generic teaching package that the Burns Link Nurses in A&E can cascade to other health professionals within their department. It is hoped that this will then enable continual learning and development in the knowledge and management of people with minor burn injuries. In addition resource folders are being developed and will be made available on the Northern Burn Care Network's website, so staff in A&E will have dedicated points of contact and support.

It is hoped that this will improve the referral patterns for this group of patients, facilitate easier feedback to A&E's and also be a forum for audit collection and collaboration in developing protocols and guidelines.

This is being taken forward by all five burns services in the North West and is being led by:

Whiston (Adults): Karen Edwards
Alder Hey (Children): Louise Campbell
Central Manchester (Children): Kevin Ryan
Preston (Adults): Adele Hull
South Manchester (Adults): Barry Coe

The plan is to launch this with a study day on Minor Burn Management on 17th November and then follow this up with Burns Link Nurse Training days early in the New Year. It is hoped that if this is proven to be successful that it could be rolled out to Minor Injury Units, Walk in Centres etc. across the network where not already in place.

Further information on this initiative can be accessed through Jacky Edwards (jacky.edwards@uhsm.nhs.uk)

North West OSG: Dates of Future meetings

Thursday 15th October 2009 10am-4pm- Haydock Racecourse. To find out more contact: Suzanne.denley@cmft.nhs.uk

NORTH EAST and CUMBRIA BURNS CENTRE Support Groups Update

The Burns Outreach Team continues to develop the Support Group Network for Burn patients in our area.

Paediatrics - Alison McKenzie Lead Nurse Burns Outreach for children continues to arrange and develop programmes for the Children in the Grafters club.

The Grafters Club is a charitable fund administered by the Newcastle Healthcare Charity (Reg. 502473). Through the help of parents, families, friends, companies and fundraising we are able to support the clubs events and activities.

'The Telegraft' is the clubs newsletter produced biannually which includes stories from the children, puzzles and future events.

Recent events include our family day out where over 100 people descended on Diggerland. The weather was very kind to us and everyone had a great day. The annual Christmas party including games and a disco is also a very popular event.



In May the club took a group of children on a three day residential weekend burn camp in deepest and darkest Northumberland for activities such as climbing, canoeing, archery, zip wire and much more. The team work and peer support amongst the children was inspirational.

Our latest venture is a parents social evenings for them to meet others and share their experiences. We also discuss the club and plan future events including joining the National Jamboree in October and World Jamboree in England in 2010.

Louise Johnson - Outreach Physio-therapist continues to work with colleagues from the Manchester and Wakefield Burn Camps on the family therapy weekends. This has been supported by the Children's Fire and Burn Trust with help from the Fire Fighters Charity and the next weekend is planned for November. Swimming is the activity that all the children love where as the warm-up session in the gym needs a bit more encouragement. The families all benefit from being in an environment where they can relax and chat with other families who have had a similar experience.

Sue Nicolson - Lead Nurse Burns Outreach Adults is continuing to develop Burn Buddies. This is a constantly growing group of volunteers who are offering to support new patients who may want to speak to somebody who has previously had a burn injury. The person Buddies with a patient with support from the Burns Outreach Team on the first occasion and if appropriate contact details are exchanged. The Outreach team will follow up with a phone call to both the Buddy and the new patient to help evaluate the experience and ensure that both are happy.

We are planning to arrange an autumn gathering of our Buddies and friends in Newcastle at the end of October. Hopefully this will be an informal lunch meeting at a Newcastle hotel for everyone including staff to get together and catch up.

SERVICE CONFIGURATION UPDATE

An update on progress with the Service Configuration will be presented to the NBCN Strategy Board on 14th Sept and will therefore be provided in the October issue of the NBCN Newsletter.

WEBSITE UPDATE

The Network team is progressing the development of the Network Website and are currently in the process of entering the content in a non-live environment. Once there is sufficient content we will share this with Strategy Board members and other groups for comments and feedback before going live in October 2009.

Below is an early mock-up of the Home page. If you have any comments or suggestions for inclusion on the website please send them to Philippa Crane by email: Philippa.crane@shsc.nhs.uk.



Dates for your Diaries

14th September

Lead Clinicians Meeting, Wakefield
Strategy Board Meeting, Wakefield

21st September

Network Lead Nurse Meeting, Wakefield

23rd September

BBA Nurses Forum Meeting

9th October

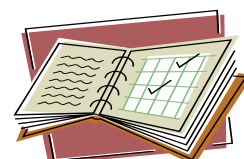
Network Link Nurse Meeting

10th October

Burn Camp Best Practice Day

17th November

Link Nurse Framework



1A

ADULT SERVICES AND HEALTH SCRUTINY PANEL - 10/09/09

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 10th September, 2009

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

Also in attendance were Russell Wells (National Autistic Society), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum) and Ms. J. Mullins (Rotherham Diversity Forum).

Apologies for absence were received from Councillors Doyle and Hodgkiss, Mr K Jack, Councillor J Richardson, Mrs. A. Clough (ROPES) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

28. COMMUNICATIONS.

The Chair welcomed Ben Knight, who had recently started work within Scrutiny, to the meeting.

The Chair announced that Councillor John Doyle, Cabinet Member for Health and Social Care, had recently begun a healthy eating regime and had set himself a target to lose 3 stone by Christmas. So far he had lost 8 pounds and was planning to set up a Just Giving webpage for anyone wishing to sponsor him on his endeavour to lose weight.

29. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

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

There were no members of the press and public present.

31. RIGHT PATIENT, RIGHT PLACE, RIGHT TIME

Brigid Reid, Claire Newey and Carole Lavelle gave a powerpoint presentation on how planning for Discharge started on Admission or the latter was avoided.

The presentation drew specific attention to:-

- Discharge Policy
- Golden Rules
- Rotherham InterQual Initiative
- Drivers for Change
- Proposed Solutions

Carole gave an overview of the InterQual system, which was a product

provided to help in making the decision of whether to admit a patient into hospital and also when was the most appropriate time for them to be discharged.

They had been using the system since February 2009 to gather information in four pilot areas and it was their intention to continue collecting this data.

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

- Whether awareness training had been undertaken to enable staff to deal with patients who have communication difficulties. Work had been undertaken in the past with Speak Up in relation to this and there had also been filming done by actors, role playing patient and staff which would be used for training purposes and the Trust would be happy to work with the National Autistic Society.
- The effectiveness of communication between the hospital and the ambulance service, with respect to patient transport on discharge. It was confirmed that work was being undertaken between the two services, to assist with communication and to streamline the service delivered to patients.
- A query was raised about hospital staff's acceptance of the principles of 'Right Patient, Right Place, Right Time'
- Concerns were raised about InterQual data being subjective. It was confirmed that the questions asked were very specific to ensure everything was covered, but also there would still need to be a clinical judgement made and the patients/family perception would also be considered.
- It was noted that unless additional resources were provided for rehabilitation, the earlier discharge of patients could lead to additional burden being placed on carers. In response, it was reiterated that the InterQual project is across Rotherham, including Social Services, who would support people at home.
- Who makes the final decision for discharging a patient? A whole host of people play a part in discharging a patient, from the Consultant to Physiotherapists, Occupational Therapists etc. It was confirmed that the statistics retrieved from InterQual would assist in making this decision.
- Reference was made to undertaking a "small qualitative study to measure patient and carers expectations". A query was raised as to why this wasn't done at the beginning of the project. Confirmation was given that this was not being done in order to feed into the data, but to work alongside it.
- How would the discharge procedure work for terminally ill patients? A fast track system was in place to move patients to either their homes or to the hospice.

Members of the Panel thanked Brigid, Claire and Carole for their presentation and it was agreed that a further presentation be given in 18

months time.

32. SWINE FLU PANDEMIC

Steve Turnbull, Head of Public Health gave presentation in relation to the Swine Flu pandemic.

The presentation drew specific attention to:-

- Understanding Pandemic
- What is a flu pandemic
- What causes pandemic flu
- Swine Flu – Case definition
- A/H1N1 Characteristics
- Who is at risk?
- Cases by Age and Sex
- How influenza spreads
- Implications
- Actions
- Planning Assumptions
- Vaccination
- National Flu Pandemic Service Helpline
- Other useful numbers

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

- The seasonal flu vaccination was due to be released in October 2009. Would this still take place and if it did would it have any impact on the vaccination for Swine Flu? It was confirmed that the seasonal vaccination would still be available and should be taken by people as usual. It would not have any impact on the injection given for swine flu and therefore if necessary could be given in conjunction with it.
- Whether it was necessary to have alcohol hand gel rubs in all public buildings. Although it was agreed that these gels were effective, they were not necessary at the current stage of the pandemic and simple hand washing, done properly was sufficiently effective.
- The leaflets that were produced advertising the onset of swine flu and what to look out for were very informative, however it was felt that they were not very “user friendly” for people with autism or learning difficulties. Would it be possible to produce these leaflets in a more easy to read format? Confirmation was given that leaflets could be produced in various formats, so therefore did not envisage a problem with this request.
- What would happen if you didn't have a “flu buddy” to go to the pharmacy for your vaccination? It would not be a major problem as this could be undertaken by the GP services if necessary.

- It was felt that it was pointless for a patient to be given a vaccination once they had contracted swine flu, or had some of the symptoms. Although this appeared to make sense, it was agreed that it could be that the patient had not actually got the H1M1 virus so therefore it would still be worth having the vaccination.

33. CABINET MEMBER FOR HEALTH AND SOCIAL CARE - PRIORITIES FOR THE FORTHCOMING YEAR - VERBAL PRESENTATION

This item was deferred until the next meeting.

34. FORWARD PLAN OF KEY DECISIONS - ADULT SERVICES

Consideration was given to the Forward Plan of Key Decisions for Adult Services for the period 1st September 2009 to 30th November 2009.

It was pointed out that Scrutiny would be looking at budget issues in its October meeting.

Resolved:- That the Forward Plan of Key Decisions for Adult Services for the period 1st September 2009 to 30th November 2009 be received.

35. AUTISM ALERT CARD - DVD

Russell Wells, co-opted Member from the Autistic Society introduced a dvd which had been produced to raise awareness of autistic spectrum disorder and of an Autism Alert Card which was to be launched shortly. He explained that the dvd had been passed to South Yorkshire Police to use within their training of officers throughout the Force.

Members watched the dvd and agreed that it was most informative and helpful.

36. COMPLAINTS ANNUAL REPORT

Consideration was given to the Adult Services Annual Report Summary 2008/09.

Improvements in performance with respect to responding to complaints within timescales continued. 98% of stage 1 complaints and 100% of stage 2 complaints had been responded to within the statutory timescales compared to 94% in respect of stage 1 last year and maintaining the 100% performance in relation to stage 2 complaints.

All customers were sent a satisfaction survey following the response to their complaints which showed that an increased number of people were satisfied with the outcome of their complaint, how it was handled and being kept informed of the progress made. Over all 73% of customers were satisfied with the outcome of their complaints which had increased from 66% for the same period last year. The number of people satisfied

with being kept informed of the progress of the investigation and time taken to respond had also increased from 72% to 77%. The number of customers expressing confidence in using the process again had also increased from 90% to 96%.

Since January 2009 the complaints process across the whole of NAS had fully incorporated the principles of personalisation. The implications of this were that managers investigating and responding to complaints maintained contact with the customer throughout the process and agreed with them the outcomes that were being sought to resolve the issues raised.

Members queried whether there were any measures in place for monitoring and achieving a reduction in complaints. It was confirmed that there had been a reduction from 228 complaints to 209 in the last 12 months. However this was not necessarily due to people not expressing their displeasure, but more in line with the way in which they were handled and recorded.

Reference was made to the number of complainants completing satisfaction surveys being very low and asked whether this would cause satisfaction rates to contain a large margin of error. It was agreed that the lower number was not ideal and that efforts were being made to improve the number of people completing them. In addition it was intended that in future telephone follow up calls would be made to find out why customers were not completing the survey.

A query was raised as to whether an audit was undertaken of people that did not complain, and whether this because they did not know how to or whether they were genuinely happy with the service they were being provided with. It was confirmed that the Complaints team did undertake as much as possible to follow up on users of the service to make sure everything was in order.

Resolved:- That the report be noted.

37. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 9TH JULY, 2009

Resolved:- That the minutes of the meeting of the Panel held on 9th July, 2009 be approved as a correct record for signature by the Chair.,

38. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 6TH JULY 2009, 20TH JULY 2009 & 3RD AUGUST 2009

Resolved:- That the minutes of the meetings of the Cabinet Member for Health and Social Care held on 6th July 2009, 20th July 2009 and 3rd August, 2009 be received and noted.

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 14th September, 2009

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

Apologies for absence were received from: Councillor Cutts .

33. MINUTES OF THE MEETINGS HELD ON 20TH JULY 2009 AND 3RD AUGUST 2009

Consideration was given to the minutes of the meetings of the Cabinet Member for Health and Social Care held on 20th July, 2009 and 3rd August, 2009

Those present discussed the following:-

- Neighbourhood Centres Review
- Laundry Service
- Meals on Wheels:- noting the need to monitor service provision and quality of meals
- Carers' Centre

Resolved:- That the minutes of meetings held on 20th July and 3rd August, 2009, be approved as a correct record, and the information arising from the discussed items be noted.

34. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2009/10

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2010 based on actual income and expenditure to the end of July 2009. Additional information and clarification was given by the Strategic Director of Neighbourhoods and Adult Services.

It was explained that the approved net revenue budget for Adult Services for 2009/10 was £72.9m which included additional funding for demographic and a number of budget pressures which existed in 2008/09, together with a number of new investments and efficiency savings identified through the 2009/10 budget setting process.

It was reported that the latest budget monitoring report showed underlying pressures of £1.1m. However assuming the achievement of management actions it was forecast that most of these pressures would be mitigated and there would be an overspend of £128k by the end of the financial year.

The following underlying budget pressures were highlighted:-

- Home Care:- due to delays in shifting the balance of provision to the independent sector.
- a significant increase in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services.
- additional one-off expenditure being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them transferring to the Council's property bank.
- other budget pressures due to delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels, laundry and the bathing service.

Reference was made to measures taken to reduce these pressures, and these were detailed in the submitted report.

It was also reported that the Directorate was currently finalising a list of proposed management actions to mitigate the outlined budget pressures. These proposals would be subject to a separate report (refer to Minute No. 36 below).

Those present discussed:-

- Savings within independent residential care
- shifting the balance of home care from in-house provision to the independent sector
- Staffing issues and continued involvement of the trades unions
- Direct payments: the need for assessment and care package
- Placements within Learning Disability Services
- Length of time taken to transfer properties to the property bank and associated security costs falling on the Directorate

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of July 2009 for Adult Services be noted.

(2) That further information be provided in respect of the transfer of the former residential homes properties to the property bank and identifying the security costs falling to the Directorate.

35. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs indicated below of Part I of Schedule 12A to the Local Government Act 1972.

36. ACTION PLAN TO ADDRESS ADULT SOCIAL CARE BUDGET PRESSURES

Consideration was given to a report presented by the Strategic Director of Neighbourhood and Adult Services, which set out the budget position for Adult Social Care as at the 31st August 2009 and outlined the actions identified to address the projected overspend.

It was explained that the majority of the overspend was attributable to on-going difficulties associated with shifting the balance of care to the independent sector and delays in decommissioning services.

The action plan and measures within it had been identified following a series of financial performance clinics.

The Appendix to the report detailed each of the proposed actions.

Those present raised and discussed the following:-

- Operation of the 2 new local authority residential homes
- Use of capacity for residential short stay placements
- Rothwell Grange
- Home from Home Assessments – quality assurance programme
- The Government's national agenda and the local Health Authority's future plans
- Spot purchase of intermediate care beds
- Listerdale

The Strategic Director also outlined further areas being examined in order to achieve long term savings.

Resolved:- (1) That the report be received and the proposed actions to address the budget pressures, as detailed in the Appendix to the report now submitted, be agreed.

(2) That the Cabinet Member for Health and Social Care continues to receive updates on the progress of the implementation of the actions.

(3) That the Strategic Director provides members with further information for clarification in respect of the issues raised above.

(4) That a further report be submitted to a future meeting setting out measures to achieve longer terms savings.

(Exempt under Paragraph 3 of the Act – information relating to the financial or business affairs of any particular person (including the Council)).

37. SOCIAL SERVICES (COMPLAINTS) PANEL

Consideration was given to a report in respect of the decision and recommendations made by the Adult Social Services (Complaints) Review Panel for Mr S, which was held on 25th August, 2009.

The Safeguarding Adults Manager provided further information in respect of each of the points set out in the Action Plan which accompanied the report.

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

(Exempt under Paragraph 2 of the Act – information which is likely to reveal the identity of individuals)