# ADULT SERVICES AND HEALTH SCRUTINY PANEL

# Venue: Bailey House, Rawmarsh Date: Thursday, 4 March 2010 Road, Rotherham. S60 1TD

Time: 10.00 a.m.

# AGENDA

- 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. Health Screening Programmes in Rotherham (herewith) (Pages 1 - 4)

#### 10.05 am

7. Ministry of Food Evaluation (herewith) (Pages 5 - 12)

#### 11.05 am

#### **For Information**

#### 11.45 am

- 8. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 11th February 2010 (herewith). (Pages 13 16)
- 9. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 25th January 2010 & 8th February 2010 (herewith). (Pages 17 25)

#### Date of Next Meeting:-Thursday, 1 April 2010

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:	4 <sup>TH</sup> March 2010
3.	Title:	Screening Programmes in Rotherham
4.	Programme Areas:	Cancer, Long Term Conditions, Planned Care, Maternity and Child Health

# 5. Summary

Screening is an important public health activity that aims to identify people at risk of serious consequences from diseases, including death which if caught early or before they develop, can be treated more effectively.

NHS Rotherham commissions high quality screening programmes in line with the recommendations of the UK National Screening Committee. This ensures that we can maximise the health gain from our investment in screening.

The overall performance of our screening programmes is satisfactory; however, we are constantly striving to improve performance and working with our providers to achieve this.

# 6. Recommendations

The Adult Service and Health Scrutiny Panel is asked to note the content of this report.

# **Proposals and Details**

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

All screening programmes can do harm. The UK National Screening Committee (UK NSC) is chaired by the Chief Medical Officer for Scotland and advises Ministers and the NHS in all four UK countries about all aspects of screening policy. Using research evidence, pilot programmes and economic evaluation, it assesses the evidence for programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options and the effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost.

Screening Programmes fall within three broad categories:

Antenatal Newborn Young person adult

The summaries below cover three screening programmes; an existing programme, a recently introduced programme and a programme which will be implemented in the future.

# Cervical Screening Programme

- 1. The NHS Cervical Screening Programme (NHSCSP) is a programme preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix. It is not a diagnostic test for cancer.
- 2. The programme aims to reduce the number of women who develop invasive cervical cancer (incidence) and the number of women who die from it (morbidity) by regular screening all women in the target group.
- 3. Women aged 25 aged 25 to 64 are invited for regular Cervical Screening on a rolling programme.
- 4. Women are called using a call and recall system from the Open Exeter System of GP registrations.
- 5. The screen is mainly via GP Practices and via Sexual Health Services.
- 6. Currently the samples are processed at the laboratory at Rotherham Hospital.
- 7. The laboratory refers directly to the Colposcopy Unit at the RFT for onward referral of patients as necessary.

# Performance

- 1. Coverage is now 80%
- 2. Coverage is lower in:
  - Areas of high ethnicity
  - > Women who have a learning disability

> Women aged between 25 and 34 years

What we are doing

- 1. High Ethnicity
  - > Working with health trainers, link workers and health professionals to increase awareness and encourage uptake
  - Further work is needed at the mosques with both females and males
- 2. Learning disability
  - Work around the accuracy of the LD register has now been completed
  - Will be able to identify from the DES (Direct Enhanced Service for Learning disability, )which women with a learning disability have had a Cervical and Breast screen
- 3. Younger women
  - Social marketing initiative to identify why women do not attend for screening
- 4. Regular updates for sample takers

Bowel Screening Programme

- 1. The South Yorkshire and Bassetlaw Bowel Cancer Screening Programme was launched in 2008.
- 2. People between the ages of 60 and 69 years are offered a screen.
- 3. A sample kit is sent to the home of the eligible population by the programme call and recall system.
- 4. Two samples of your motion are requested and the kit is returned via the post to the laboratories.
- 5. Results
  - Normal results are returned back into the standard call and recall
  - Abnormal results are referred to screening unit (Rotherham Foundation Trust) and are offered an appointment with a SSP (Specialist Screening Practitioner) for further diagnostic testing.
  - If appropriate a colonoscopy is offered
  - If cancer is diagnosed referral is made for treatment to the local team

Performance

- 1. For 2009 coverage was 56%
- 2. Coverage is lower for the same reasons as above

What we are doing

We have identified the areas of lower coverage and the Specialist Screening Practitioners (SSPs) and the Cancer Health Improvement Practitioner (CHIP) will be doing some work to target:

General public

Increasing awareness in Health Practitioners

# Abdominal Aortic Aneurysm (AAA) Screening Programme

- 1. The South Yorkshire and Bassetlaw Bowel Screening programme is planning to be implemented for December 2011.
- 2. There will be 4 elements of the programme
  - Screen
    - The scan is non-invasive, rapid and repeatable (if required) and inexpensive
    - > Can be undertaken by a technician or ultrasonographer
    - > This will probably be delivered in a Primary Care setting
  - Call and recall
    - > All men aged 65 will be invited
    - Identified from the practice list (model to be used still to be agreed)
    - Scan is taken/results will be sent out
    - > Treatment/monitoring to be determined by result of the scan
  - Referral
    - Still to be agreed, but it is expected that this will include normal referral pathway via GPs, but may include referral from the ultrasonographer/technician to the Vascular Surgery Unit
  - Treatment/monitoring
    - This is anticipated it will be delivered in a Vascular Surgery Unit
    - If fit for surgery and agrees/ surgical treatment
    - If decline treatment/continue observation under care of surgeon, with ongoing management of symptoms and risk factors
    - If unfit for surgery/as outlined as above

# 7. Background Papers and Consultation

- a) Cervical Screening Programme, England 2007-08. NHS The Information Centre for Health and Social Care
- b) South Yorkshire and Bassetlaw Bowel Cancer Screening Programme Annual Report 2008/2009. NHS Bowel Cancer Screening Programme Yorkshire and Humber Specialised Commissioning Group (South).
- c) Essential elements in Developing an Abdominal Aortic Anuerysm (AAA) Screening Programme. NHS Natioanal Screening Programme for abdominal Aortic Anuerysm
- **Contact:** Delia Watts, Scrutiny Adviser, direct line: (01709) 822778 e-mail: <u>delia.watts@rotherham.gov.uk</u>

# Agenda Item 7

Stephen Dobson, Research Officer, Chief Executive's Directorate

23.02.2010

# Ministry of Food Interim Evaluation Dec 2009

# Summary

The primary purpose of the Ministry of Food (MOF) project, which was launched in 2008, was to help encourage better habits concerning attitude to food and dietary health. The project has delivered a series of 10 week courses to a broad range of participants. The courses were developed and delivered via a partnership between NHS Rotherham and RMBC and builds upon the original MOF 'Pass it on' concept.

The first 12 months of this project has concentrated on delivering the courses to as many participants as possible and provides two key challenges. These are; maintaining momentum after the 'celebrity effect' has waned and secondly to evaluate longer term impacts.

This interim evaluation presents an opportunity for taking stock of the current project achievements after the initial 10 week course phase is complete. It is expected that the report findings will help provide useful information when moving into the next phase of the project evaluation. This involves contacting participants again at the 6 and the 12 month stages and will help establish what kind of longer term benefits the courses might have fostered.

The framework for this evaluation is based upon the 'Stages of Change' model provided by NHS Rotherham. The model helps identify the various stages which a participant moves through as they progress toward a healthier diet. The model is useful for tracking longer term change rather than just immediate impacts and will also be an essential help in preparing for the telephone interviews at the 6 and 12 month contact stages.

This interim evaluation provides database analysis of the questionnaires collected at both the start and end of the course. A breakdown of the most common types of change experienced by the participants was established through Stages of Change model. Interpretation of this can help illustrate some of the potential future challenges for maintaining good dietary habits.

# Ministry of Food Interim Evaluation: December 2009

The following background is presented in the Ministry of Food Project Initiation Document (PID) (V0.3 March 09) and serves to set out the context and challenges which the evaluation has aimed to address:

# BACKGROUND

The Jamie Oliver Ministry of Food and Pass It On concept were launched in All Saints Square, Rotherham in April 2008. The Ministry of Food centre, which has been the central focus for all the activity associated with the project, subsequently opened its doors in June 2008.

The centre and all related activity formed the background to Jamie Oliver's channel 4 programme which was aired in September and October 2008.

Since its launch in April 2008 the MOF has delivered a wide range of activities through partnership working and establishing links across different agendas.

Some of the key achievements to date are:

- RCAT: 5 students on NEETs programme, 1 job secured at Jamie Oliver restaurant, curriculum development for 3<sup>rd</sup> years.
- NHS Rotherham: 10 referrals to health trainer programme (14% of referrals)
- MOF: 350 people per week using centre, over 400 people benefiting from 'Pass It On'. 20 cooking classes established with a range of groups, from schools, workplaces and community groups.

The outputs demonstrate that the MOF project quickly attracted a large number of people. Nearly 3000 people have been involved in 'Pass It On'. Currently (Nov 08) there are several cooking classes running and more in the pipeline. Good links have been made with RCAT and NHS Rotherham. Both organisations have been supportive of the initiative and have benefited from their involvement.

Based on this good progress RMBC, in partnership with NHS Rotherham, has agreed to support, in the first instance, a further 12 months operation of the MOF, running from the end of November 2008 through to the end of October 2009. This PID relates to the continuation of the MOF operation and the Pass it on concept through more local ownership and control.

This next 12 month period will present two key challenges:

- Momentum: To maintain the momentum and reach of the initiative once the 'celebrity effect' has waned.
- Outcomes: To evaluate the longer term impact of the programme on the lifestyles and behaviour of the recipients.

Ministry of Food PID v0.3 Mar 09

### PROJECT EVALUATION: 'Stages of Change'

The primary purpose of the project, delivered through a series of 10 week courses, was to help facilitate behavioural change concerning attitude to food and dietary health. Evaluation of success, therefore, requires a methodology which reveals process of behavioural change but also in manner which can be applied to large numbers of individuals. The model used here for evaluation is based on Prochaska's 'Stages of Change' (SoC) model and was provided by NHS Rotherham. The model helps to track the sustainable effect of intervention, and not just its immediate impact, through relating people's experiences through five stages, these are: Precontemplation, Contemplation, Preparation, Action and Maintenance.

#### Stage 1: Precontemplation

In this initial stage, the individual is not necessarily considering changing their behaviour and may therefore be unreceptive to external help. Those in 'precontemplation' tend to defend their current behaviour and may be resistant to intervention. In this stage, action to improve habits is not considered in the foreseeable future (usually considered as any stage within the next six months). The individual may be in 'precontemplation' because they are either uninformed or underinformed about the consequences of their actions. Alternatively, they may have tried previously to change their habits but have failed due to lack of motivation or support.

#### Stage Two: Contemplation

In 'contemplation', people are aware of the consequences of their action but primarily at a superficial level. They might recognise some of the key benefits related to changes in their behaviour but motivation is low. Long-term benefits are often related to the short-term costs of behavioural change which, therefore, may act as a barrier to action. Unless subject to external assistance, individuals may remain in 'contemplation' without achieving any further action, although, change *within* six months is considered a possibility. 'Contemplation' is considered to be a critical stage of change as the individual is both willing to consider action but is also somewhat ambivalent about its initiation. Members of a community which may be considered to be in the 'contemplation' stage are therefore a key target audience for programmes which seek to improve practice and foster improved and sustainable behaviour.

#### Stage Three: Preparation

The third stage of change represents an important initial movement towards commitment. Individuals in 'preparation' will actively seek support or information which may help them achieve behavioural change or they may discuss proposed action with others. This is an important stage for intervention as people may aim to move directly from 'contemplation' to 'action' and therefore miss the critical 'fact-finding' stages which will help prepare them for significant life-style change. The time-scale for expected change in the 'preparation' stage is usually considered to be one month. This is the stage where the individual may retreat back into 'contemplation' or 'pre-contemplation' if they feel that the necessary support mechanisms are not available to them or that the short-term costs are too significant.

#### Stage Four: Action

This stage represents the main body of action which an individual is undertaking in order to change their lifestyle habits and patterns of behaviour. The SoC model considers this to be a relatively short stage, often comprising one to six months. Efforts for change are made in the 'action' stage and so this represents the period whereby most individuals will require some kind of positive reinforcement or tangible evidence of benefits.

The level of change required to approach 'action' may in itself be very significant for some individuals which is why a method of evaluating direction of change rather than solely the single outcome is important – especially for those who may have been initially resistant to change (precontemplation stage).

#### Stage Five: Maintenance

The fifth stage of 'maintenance' involves being able to sustain behaviour. Rather than being a static stage in the model, 'maintenance' may require continued reinforcement or may also result in new goals and a reappraisal of 'self'. For this reason contact is made again with those who have completed the courses at the 6 month and 12 month stages.

Figure 1 illustrates the simple pre- and post-course evaluation questionnaire which was used to highlight changing eating habits for the purpose of evaluation.

			0
Rotherham	Metropolitan	Borough	Council

	YES	NO
1. I currently EAT HEALTHILY	a	b
2. I intend to EAT MORE HEALTHILY in the next 6 months	<b>c</b>	d 🗌
3. I intend to EAT MORE HEALTHILY in the next month	e	f
4. I have been EATING HEALTHILY for the past 6 months	g	h 🗌

Figure 1: Ministry of Food questionnaire

Based upon the five stages of change descriptions, the following self-evaluation model was formed

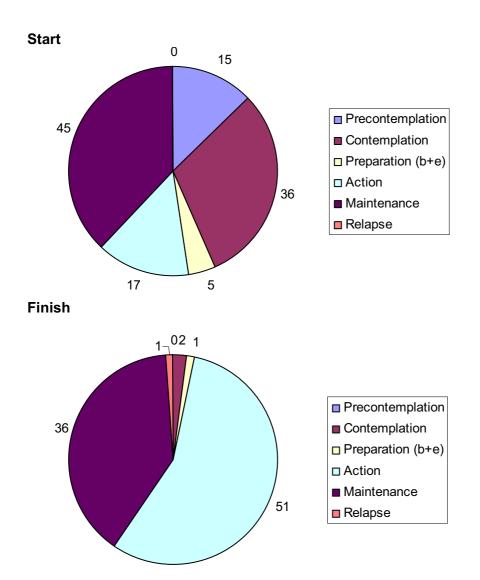
If b and d are circled:	Stage 1 – PRECONTEMPLATION
If b and c are circled:	Stage 2 – CONTEMPLATION
If b and e are circled:	Stage 3 – PREPARATION
If a, e and h are circled:	Stage 4 – ACTION
If a, e and g are circled:	Stage 5 – MAINTENANCE

The evaluation was designed to be as simple and rapidly conducted as possible so as not to act as a barrier for participating.

# **INTERIM RESULTS**

# **Questionnaire Evaluation**

	Start	Finish	
Precontemplation	15	0	
Contemplation	36	2	
Preparation (b+e)	5	1	
Action	17	51	
Maintenance	45	36	
Relapse	0	1	
TOTAL	118	91	





# Figure 2: Results SUMMARY

The biggest shift in behaviour from the start to the end of the ten week course can be seen in the stage of 'action' (Figure 2). In this case, 17 were attributed to 'action' at the start of the course and 51 were in this stage by the end of the course.

In examining the breakdown of transitions from one stage to another, a total of 80/91 could be tracked. The remaining 11 individuals left unanswered questions on either the 'course start 'or 'course finish' questionnaire sheets. Therefore, these represent spoiled questionnaires which, whilst counted in either of the total figures presented in Figure 2, were unable to provide tracking information for the transition breakdown below:

#### Transition Breakdown: Unchanged or moving forward through the Stages of Change

Precontemplation to Precontemplation	0
Precontemplation to Contemplation	0
Precontemplation to Preparation	0
Precontemplation to Action	10
Precontemplation to Maintenance	2
Contemplation to Contemplation	0
Contemplation to Preparation	0
Contemplation to Action	25
Contemplation to Maintenance	2
Preparation to Preparation	0
Preparation to Action	0
Preparation to Maintenance	1
Action to Action	12
Action to Maintenance	1
Maintenance to Maintenance	26
TOTAL	<b>79</b>
Transition Breakdown:	
Unchanged or moving backwards through the Stage	s of Change
Unchanged or moving backwards through the Stage	s of Change
Maintenance to Action	1
Maintenance to Preparation	0
Maintenance to Contemplation	0
Maintenance to Precontemplation	0
Maintenance to Action	1
Maintenance to Preparation	0
Maintenance to Contemplation	0
Maintenance to Action Maintenance to Preparation Maintenance to Contemplation Maintenance to Precontemplation Action to Preparation Action to Contemplation	1 0 0 0 0
Maintenance to Action	1
Maintenance to Preparation	0
Maintenance to Contemplation	0
Maintenance to Precontemplation	0
Action to Preparation	0
Action to Contemplation	0
Action to Precontemplation	0
Preparation to Contemplation	0

Corporate Research, Chief Executive's Directorate, RMBC DEC 2009

### CONCLUSIONS

The most common behavioural change experienced by those on the course was the transition between 'contemplation' to 'action' (25) and 'precontemplation' to 'action' (10). 'Precontemplation' to maintenance' (2) demonstrates the most drastic change in behaviour from an initial reluctance to maintaining a changed level of behaviour. Whilst all of these impacts may be considered as positive outcomes for the MoF programme, the missing out of a 'preparation' stage could be considered a potential concern for sustained change. In this case, the enthusiasm fostered by the course may wane through the individual not fully appreciating the personal commitments needed to remain in 'maintenance'. This will be investigated further in the follow up interviews. It is possible that 'preparation' was actually achieved mid-course and so follow-up questions will aim to establish this.

'Action' to 'action' (12) demonstrates a significant level of continued commitment to change, however, if the individual is to make the transition to 'maintenance' they may need further forms of motivation and support. Only one individual was calculated as moving backwards through the model and so might appear to have been suffering 'relapse' ('maintenance' to 'action'). However, since they ended the course in the stage of 'action' this transition does not necessarily represent a level of disengagement or 'disillusionment' but may refer to their reappraisal of habits. In this case, the course might have illustrated that they were still able to make further improvements which they then became motivated to address.

At the six month stage, all individuals are contacted again to help monitor progress. Individuals who have completed the course are contacted by telephone and are again asked to respond to the questions in Figure 1. This enables a continued process of change to be mapped six months after the course has finished and will be repeated at the twelve month stage. Key questions here will track to what extent the course may have had an impact upon both individuals and/or their families. Any information regarding eating patterns and diet, for example, will help profile the course influence.

Whilst initially being a means of assessing whether learnt good practice is still in effect, the phone interviewer is also placed in a key interventional position. For example, those individuals who may be experiencing waning enthusiasm and perhaps relapsed into 'contemplation' or 'precontemplation' may be motivated back to the stage of 'preparation' or 'action' through a few well chosen words of encouragement or offers to return to the Ministry of Food centre in All Saints Square.

Stephen Dobson

Corporate Research, Chief Executive's Directorate, RMBC DEC 2009

ADULT SERVICES AND HEALTH SCRUTINY PANEL - 11/02/10

# ADULT SERVICES AND HEALTH SCRUTINY PANEL Thursday, 11th February, 2010

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

Also in attendance were Mrs A Clough, Mrs V Farnsworth, M J Mullins, Mr R Noble, Councillor J Richardson, Ms D Swanson and Mr R Wells

Apologies for absence were received from Councillors Clarke, Hughes, Wootton, F Wright and Mr K Jack.

# 8. COMMUNICATIONS.

The Chair made the following announcements:-

#### Community Health Centre

Members of the Panel were invited to visit the Community Health Centre on Thursday 11<sup>th</sup> March 2010 at 10.00 am to see the facilities and services provided. Anyone who was interested in attending should contact Delia Watts or Ben Knight.

#### Meeting of the South Yorkshire Joint Health Scrutiny Committee

A meeting of the South Yorkshire Joint Health Scrutiny Committee was to be held at Sheffield Town Hall, on Thursday 18<sup>th</sup> March 2010 at 11.00 am to discuss proposed service changes at Sheffield Teaching Hospitals. Councillors Jack and Barron were to attend, but there was an additional place available for another elected member to attend. Anyone interested should contact Delia Watts or Ben Knight.

<u>Joint Strategic Needs Assessments – in Yorkshire and Humber</u> <u>"Confronting the challenges; sharing lessons, building local solutions"</u>

The above was to take place on Tuesday 23<sup>rd</sup> March 2010 at the Royal Armouries, Leeds from 10.00 am to 4.00 pm. Any expressions of interest should be made to Delia Watts or Ben Knight.

#### Quality Accounts – Joint meeting with Rotherham LINk

The LINk have agreed to host a joint meeting to look at the draft quality accounts for RDASH and the Rotherham Foundation Trust on Thursday 29<sup>th</sup> April 2010 at their offices on Coke Hill, Rotherham. Anyone wishing to attend should contact Delia Watts or Ben Knight.

The Cabinet Member for Health and Social Care reported that contracts had now been signed for the Carers Centre on Drummond Street. The building was in good condition and it was hoped that it would be ready for

# Page 14

# ADULT SERVICES AND HEALTH SCRUTINY PANEL - 11/02/10

its official opening in the near future.

# 9. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

# 10. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no members of the public and press present at the meeting.

# 11. ADULT SERVICES FORWARD PLAN

Consideration was given to the Adult Services Forward Plan of Key Decision between 1<sup>st</sup> February 2010 and 30<sup>th</sup> April 2010.

Resolved:- That the information be noted.

# 12. BREASTFEEDING REVIEW - TIMETABLE FOR COMPLETION

Delia Watts, Scrutiny Adviser presented the submitted report which gave a timetable for completion of the Scrutiny Review into the barriers to breastfeeding.

A scrutiny review group had been set up, a little over a year ago to look at why there were low levels of breastfeeding in the borough, despite clear evidence that it gives the best health outcomes for both mother and child.

Although a substantial amount of evidence had been heard during the early part of 2009, progress had been slowed considerably since due to a number of resource issues.

However the review was now back on track and would be completed over the next few weeks. A timetable showing the deadlines for the remaining tasks was detailed as follows:-

Date	Action	
w/c 8.2.10	<ul> <li>Gather all outstanding information</li> </ul>	
	<ul> <li>Cross check current developments with NHS</li> </ul>	
	Breastfeeding Co-ordinator	
	<ul> <li>Upload business and men's questionnaires to</li> </ul>	
	Survey Monkey and circulate	
8.2.10	Write up first draft – Background/findings	
11.2.10	Report Timetable to ASH Panel	
12.2.10	Report Timetable to PSOC	
17.2.10	Deadline for completion of questionnaires	
22.2.10	Evaluate survey responses	
w/c 1.3.10	Review Group to meet to discuss recommendations	
10.3.10	Produce first full draft (including up to date data) and	
	circulate to Review Group for comments	
16.3.10	Deadline for Review Group comments	

w/c 22.3.10	Send draft report to witnesses to check for factual
	accuracy
1.4.10	Submit report to ASH Panel (with C&YP members
	invited)
16.4.10	Submit report to PSOC
28.4.10	Submit report to Cabinet
End June	Cabinet to respond to report recommendations

Resolved:- That the timetable be noted.

# 13. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 21ST JANUARY 2010

Resolved:- That the minutes of the meeting of the Panel held on 21<sup>st</sup> January 2010 be approved as a correct record for signature by the Chair.

# 14. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 21ST DECEMBER 2009, AND 11TH JANUARY 2010

Resolved:- That the minutes of the meetings of the Cabinet Member for Health and Social Care held on 21<sup>st</sup> December 2009 and 11<sup>th</sup> January 2010 be noted and received.

# 15. EXCLUSION OF 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 Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972.

# 16. BUDGET UPDATE - PRESENTATION

Tom Cray, Strategic Director for Neighbourhoods and Adult Services, gave a powerpoint presentation on the budget 2010/11 and beyond.

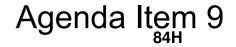
The presentation drew attention to savings and investments proposals developed having regard to:-

- The Budget Gap
- Current spend in Service areas compared to similar Councils
- Service performance compared to similar Councils
- Current Service spending pressures
- Proposals to bridge the budget gap
- Directorate specific saving proposals.

It was noted that detailed proposals would be considered by the Performance and Scrutiny Overview Committee at its meeting on 12<sup>th</sup> February, 2010.

# Page 16 ADULT SERVICES AND HEALTH SCRUTINY PANEL - 11/02/10





#### CABINET MEMBER FOR HEALTH & SOCIAL CARE 25th January, 2010

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

# H78. MINUTES OF THE MEETINGS HELD ON 21ST DECEMBER 2009 & 11TH JANUARY 2010

Resolved:- That the minutes of the meetings held on 21<sup>st</sup> December 2009 and 11<sup>th</sup> January 2010 be approved as a correct record.

# H79. EXCLUSION OF PRESS AND PUBLIC

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

#### H80. UPDATE ON THE LEARNING DISABILITY FUNDING TRANSFER

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which updated the Cabinet Member on the progress and issues regarding the Learning Disability Transfer, since the presentation of the paper in February 2009, which advised on the requirements for the planned transfer of commissioning responsibility and associated funding for Learning Disability social care services previously funded through NHS R.

An agreement had been reached between NHS R and RMBC on how the funding transfer would be implemented, and funding amounts were agreed. However as this was a significant piece of work, a risk analysis and risk register had been established.

The report gave an update and information on the next steps.

Resolved:- (1) That MPs be asked to petition government regarding the inability to access ILF funding

(2) That officers continue to work towards an acceptable agreement

(3) That further reports be brought to this meeting.

# H81. LEARNING DISABILITIES AGM

#### Learning Disabilities AGM

Councillor Pat Russell reported that she had attended the Learning

Disabilities AGM the previous week. The event was attended by over 150 people and was successful. The views of people with a learning disability were heard, and during the meeting a Learning Disability Customer commented that they were not happy at being referred to as a "user". It was suggested and agreed that in future they should be referred to as "Customers" or Clients".

# H82. OLDER PEOPLE'S CHAMPION - UPDATE

Councillor Walker reported that she had been working with winter payments for the elderly. She had found that some old people were given it as a matter of course and others had to apply for it.

She also reported that wardens were fitting safety devices in old people's properties free of charge.

Councillor Walker made reference to the varying degrees of effectiveness between the Area Assemblies, and confirmed that she would be taking the South Yorkshire Fund Officer to all the Area Assembly groups in order to inform them what was on offer to them.

#### HEALTH AND SOCIAL CARE - 08/02/10

#### CABINET MEMBER FOR HEALTH & SOCIAL CARE 8th February, 2010

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

# H83. MINUTES OF THE PREVIOUS MEETING HELD ON 25TH JANUARY 2010

Resolved:- That the minutes of the meeting held on 25<sup>th</sup> January, 2010 be approved as a correct record.

#### H84. ADULT SERVICES 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 December 2009.

The approved net revenue budget for Adult Services for 2009/10 was  $\pounds72.9m$  which included additional funding for demographic and existing budget pressures together with a number of new investments and efficiency savings identified through the 2009/10 budget setting process.

The latest budget monitoring report showed some underlying pressures of  $\pounds 2.1m$ . However after taking account of a number of identified savings and management actions achieved to date these pressures were reduced and assuming the assuming the balance of management actions ( $\pounds 85K$ ) were achieved there was a forecast overall net overspend of  $\pounds 69k$  by the end of the financial year.

The latest year end forecast showed the main budget pressures in the following areas:-

- Home Care as a result of delays in shifting the balance provision to the independent sector (+£612k). The 70/30 split was achieved at the end of July 2009 and the balance had now moved beyond 70/30.
- Increase in residential and nursing care short stays over and above approved budget for clients with a physical and sensory disability (+£85k)
- Independent sector home care provision for Physical and Sensory Disability clients had increased by an additional 970 hours since April 2009, a further 38 clients were now receiving a service. This was resulting in an overspend of £378k against the approved budget.
- A significant increase above approved budget in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older People's Services (+£405), reduced by Social Care Reform Grant

Allocation of (-£100k).

- Additional one-off expenditure was 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 (+£200k)
- Delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels (+£290k), laundry (+£141k) and the bathing service (+£40k)
- Continued pressure on the cost of external transport provision for Learning Disability Day care clients (+£82k).

These pressures have been reduced by:-

- Additional income from continuing health care funding from NHS Rotherham (-£222k)
- Delays in the implementation of new supported living schemes within Learning Disability services
- Savings within independent residential care due to an increase in income from property charges (-£668k) and slippage in intermediate care spot beds (-£40k)
- Savings on the reconfiguration of Extra Care housing (-£340k)
- Planned delay in developing rehabilitation and supported living facilities for clients with a physical and sensory disability (-£157k) plus agreed delay in developing respite care provision (-£157k)
- Slippage in recruitment to a number of new posts (-£74) where additional funding was agreed within the 2009/10 budget process.

The Directorate continued to identify additional management actions to mitigate the outstanding budget pressures above. The majority (93%) of management actions had already been achieved (£1.054m) and were included in the financial forecasts. These included additional savings on supported living, residential short stay placements, independent residential care costs within Older People services and savings from the decommissioning of in-house residential care.

Members had requested that all future reports included details of expenditure on Agency and Consultancy. This report detailed the monthly spend on Agency for Adult Services. There was no expenditure on consultancy to date. Total Agency spend from April to November was £329,115.

To further mitigate the financial pressures within the service all vacancies continued to require the approval of the Directorate Leadership Team. There was also a moratorium in place on uncommitted, non-essential non-pay expenditure.

Budget meetings with Service Directors and managers take place on a monthly basis to robustly monitor financial performance against approved budget including progress on delivering the proposed management

# HEALTH AND SOCIAL CARE - 08/02/10

actions and to consider all potential options for managing expenditure within the approved revenue budget.

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

- Reference was made to the delays in the implementation of the new supported living schemes within Learning Disability services and concerns expressed in respect of the unspent budget. Confirmation was given that this was part of the base budget, not a grant and therefore would not be clawed back.
- Concern was raised about the slippage in recruitment and whether this would have an impact of the service provided. It was confirmed that the posts in question were high level management posts, not front line care and domestic staff.
- It was noted that the current overspends were being offset by underspends which were due to delays in implementing services and funding received in respect of continuing healthcare. This caused concern to members as once these services had been implemented, how would the overspend be managed.

Councillor Doyle stated that the NAS management should be congratulated on the budget management and for achieving a successful outcome especially as the full savings from meals on wheels and laundry service had not been achieved in the year.

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

# H85. ADULT SERVICES CAPITAL MONITORING REPORT 2009/10

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which informed members of the anticipated outturn against the approved Adult Services capital programme for the 2009/10 financial year.

It provided detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April 2009 to 15<sup>th</sup> January 2010 and the projected final outturn position for each scheme.

Actual expenditure to the mid January 2010 was £477k against a revised programme of £1.2m for 2009/10. Total funding of £480k had been

### HEALTH AND SOCIAL CARE - 08/02/10

carried forward into 2010/11 since the last report. The approved schemes were funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding.

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

#### Older People

The two new residential care homes opened in February 2009. The balance of funding ( $\pounds$ 230k) related to outstanding fees and the cost of any final minor works.

The Assistive Technology Grant (which included funding from NHS Rotherham) was being managed jointly and was being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. A procurement plan to spend the remaining NHSR funding was currently being finalised and would now be procured in 2010/11. The RMBC funding was approved and included the purchase of lifeline connect alarms, low temperature sensors and fall detectors within peoples homes.

A small element of the Department of Health specific grant (£13.5k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2009/10. The remaining balance of funding was being spent within in-house residential care services.

#### Learning Disabilities

The small balances of funding  $(\pounds 10k)$  carried forward from 2008/09 were to be used for the purchase of equipment for Parkhill Lodge and within existing supported living schemes.

The refurbishment at Addison Day Centre (Phase 2) was now complete and awaiting final invoices.

Since the last report a new scheme to refurbish the respite centre at Treefields had been approved from the Councils Strategic Maintenance Investments fund and would be completed in early May 2010.

#### Mental Health

A small balance remains on the Cedar House capital budget and would be used for the purchase of additional equipment.

A large proportion of the Supported Capital Expenditure (SCE) allocation had been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living

#### schemes.

Suitable properties continued to be identified and spending plans were being developed jointly with RDASH. The possibility of funding equipment purchased for direct payments was also being considered to reduce the current pressures on the mental health revenue budgets and was included as a management action (£50k). Further options were also being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which would support their independence with access to 24 hour support.

# Management Information

The balance of the capital grant allocation (£85k) for Adult Social Care IT infrastructure was carried forward from 2008-09 and used with this years grant allocation to fund the Adults Integrated Solution as part of introducing electronic care management.

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

- Concerns were expressed in respect of the monies being transferred to the 2010/2011 budget in respect of Telehealth and Telecare equipment and a query was raised as to why the money had not yet been spent. Confirmation was given that this was NHS funding and they were responsible for making decisions in respect of this.
- A query was raised as to whether the two new residential homes were now fully occupied. It was confirmed that at the recent Contracting for Care Forum confirmation had been given that both homes were fully occupied.
- The Cabinet Member asked for more detail in respect of the refurbishment at Treefields to be included in the next report.

The Cabinet Member reported that contracts had now been signed for the Carers Centre on Drummond Street. The building was in good condition and it was hoped that it would be ready for its official opening by 25<sup>th</sup> March 2010.

Resolved:- (1) That the Adult Services forecast capital outturn for 2009/10 be received and noted.

(2) That Councillor Doyle receive a report on the detail of the refurbishment programme at Treefields.

Page 24

#### HEALTH AND SOCIAL CARE - 08/02/10

# (THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO ENABLE THE MATTER TO BE PROCESSED.)

#### H86. SHIELD (HIV AND AIDS) PROPOSAL FOR GROUP SESSIONS

Chrissy Wright, Director for Commissioning and Partnerships presented the submitted report in respect of Shield (HIV and Aids) proposal for Group Sessions.

Shield is the only specialist HIV and Aids service operating in the Rotherham area currently contracted to provide housing related support through the Supporting People Programme on a floating basis to this client group. The service was contracted to provide support to 45 clients; however they currently had 42 clients with HIV and Aids and 7 with Hepatitis C. In addition the service also provided education to people in schools.

The 2010-11 budget for the HIV and Aids grant was £45k, and the expenditure on this grant per annum was £22,700, leaving £23,300 uncommitted.

From the gaps analysis undertaken in collaboration with key partners, it became apparent that there was a need in the Rotherham area for group sessions, particularly for women and their children.

Supporting People developed a service specification and sent it to Shield requesting a quote for the service (maximum £20k). They submitted costings to demonstrate they could provide this service in the premises already established in the local area for £15,784 per annum.

The Supporting People (SP) team contacted the Public Health Specialist to identify any other providers of these services in the area and the Gate Surgery was indentified as the only other possible provider. The SP team requested a quote from them against the specification, but the response was that Gate Surgery could not provide a VFM service as it employs psychologists who would not normally deliver this type of service and who were paid at much higher rates of pay than suitably qualified person would be paid.

It was not appropriate to request quotes from providers working outside the Rotherham area as this would require them to obtain premises which would exceed the value of the contract.

The Cabinet Member felt it was important to receive more information on the work of Shield and asked that arrangements be made for someone to come to give him a briefing some time in the future.

Resolved:- That it be agreed that the contract for the delivery of group sessions on HIV and Aids to women and their children be exempted from the requirement of standing order 47.6.2, and the contract be awarded to

# HEALTH AND SOCIAL CARE - 08/02/10

Shield.

# H87. OLDER PEOPLE'S CHAMPION - UPDATE

Councillor Walker reported on the good work which was being undertaken by South Yorkshire Police in that they had been installing security devices on their homes and other property. It was anticipated that they would spread this good work across the whole of Rotherham.

#### H88. MEETING DATE CHANGE

Councillor Doyle reported that the meeting scheduled to take place on Monday 8<sup>th</sup> March 2010 had now been moved to Tuesday 9<sup>th</sup> March 2010 at 10.00 am.

This was due to the CQC Inspection taking place on 8<sup>th</sup> March, which all officers had to attend. It was therefore felt that the meeting should be rearranged to enable them to be present.