

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Bailey House, Rawmarsh Road, Rotherham. S60 1TD
Date: Thursday, 27 May 2010
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
7. Better Health, Better Lives - Presentation
8. Adult Services and Health Scrutiny Panel Draft Work Programme 2010/11 (herewith) (Pages 1 - 2)

For Information

9. Fulfilling and Rewarding Lives: A briefing on the National Adult Autism Strategy for England (herewith) (Pages 3 - 5)
10. Renal Services Strategy 2009-2014 (herewith) (Pages 6 - 19)
11. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 1st April 2010 (herewith). (Pages 20 - 28)
12. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 22nd March, 12th April & 26th April 2010 (herewith). (Pages 29 - 40)

**Date of Next Meeting:-
Thursday, 8 July 2010**

Membership:-

Chairman – Councillor Jack

Vice-Chairman – Councillor Steele

Councillors:- Burton, Barron, Blair, Clarke, Goulty, Hodgkiss, Kirk, Turner and Wootton

Co-opted Members

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

Adult Services and Health Scrutiny Panel Draft Work Programme 2010/11

Date/ Communications	Adult Services	Health	Other/ Joint NAS & Health
VISITS	<ul style="list-style-type: none"> Carers' Centre 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<p>SUGGESTIONS FOR WORK PROGRAMME – <i>Not yet allocated to a specific meeting</i></p> <p>Info Items</p> <ul style="list-style-type: none"> 		<ul style="list-style-type: none"> Strategic Review of Health Inequalities in England post - 2010 Update on prostrate cancer figures Substance Misuse 	<ul style="list-style-type: none"> RMBC – prevention of burns and scalds?
<p>27 May 2010 For Info:</p> <ul style="list-style-type: none"> Autism Strategy for Adults in England Renal Services Strategy - summary 	<ul style="list-style-type: none"> Cabinet Member – priorities for coming year Assistive technology review (report) Nominations to outside bodies 	<ul style="list-style-type: none"> Better Health, Better Lives 	
<p>8 July 2010 For Info:</p> <ul style="list-style-type: none"> Forward Plan 	<ul style="list-style-type: none"> Revenue Budget Monitoring (2009/10 Out-turn) Personalisation, including Performance monitoring Assistive technology review (report) 	<ul style="list-style-type: none"> PTS Contract Annual Report of Safeguarding Board Diabetes Review - report 	<ul style="list-style-type: none"> Hospital Aftercare Service Outcomes from LINK survey of care home residents with dementia
<p>September 2010</p>	<ul style="list-style-type: none"> Social Isolation Update 	<ul style="list-style-type: none"> Outcome of Stroke Pathway Review 	<ul style="list-style-type: none"> JSNA – annual snapshot
<p>October 2010</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Assessment process from users' perspective
<p>November 2010 For Info:</p> <ul style="list-style-type: none"> Forward Plan 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> End of Life Care 	
<p>December 2010</p>	<ul style="list-style-type: none"> Budget 		
<p>January 2011</p>	<ul style="list-style-type: none"> Budget 		
<p>February 2011</p>	<ul style="list-style-type: none"> 		

Date/ Communications	Adult Services	Health	Other/ Joint NAS & Health
March 2011 For Info: Forward Plan	<ul style="list-style-type: none">• Revenue budget (monitoring)		<ul style="list-style-type: none">•
April 2011	<ul style="list-style-type: none">•	<ul style="list-style-type: none">• 2010/11 Quality Accounts – Panel comments	<ul style="list-style-type: none">• LINK Work Programme

Fulfilling and rewarding lives: A Briefing on the National Adult Autism Strategy for England

Fulfilling and rewarding lives is the Government's first ever strategy for adults with autism¹ in England.

The strategy was published on 3rd March 2010. A full copy of the strategy can be found at www.autism.org.uk/dhstrategy

Key actions from the strategy include:

1. Improved training of frontline professionals in autism
2. The recommendation to develop local autism teams
3. Actions for better planning and commissioning of services, including involving people with autism and their parents/carers
4. Actions for improving access to diagnosis and post-diagnostic support
5. Leadership structures at national, regional and local levels for delivery
6. Proposals for reviewing the strategy to make sure that it is working

1. Improved training of frontline professionals in autism

Awareness and understanding of autism among professional is poor. For example, the recent National Audit Office report on *Supporting people with autism into adulthood* found that 80% of GPs did not feel that they had a good understanding of autism.

The strategy sets out a number of actions and recommendations to address the lack of awareness of autism among frontline staff, including:

- Work to ensure that autism is included in the core training curricula for doctors, nurses and other clinicians
- Autism training to be part of training for staff carrying out community care assessments
- Autism awareness training for all working in the public sector
- £500,000 to fund a training programme to improve understanding of autism among frontline professionals in health and social care
- Programmes of work to support training at a local level
- Training in autism for all Disability Employment Advisors (DEAs)

2. The development of local autism teams

Currently where services are working at a local level for adults with autism, this has largely been as a result of the development of local autism teams. These teams provide support to mainstream services to help them to support adults with autism.

These teams also help ensure that those adults who have an IQ above 70 (and therefore do not qualify for support from the learning disability team) or

¹ The term autism is used throughout to refer to all diagnoses of autism, including Kanner autism, classic autism, Asperger syndrome, high functioning autism and pervasive developmental disorder (PDD).

who do not have a significant co-occurring mental illness (and so do not qualify for support from mental health teams) do not “fall in the gap” created by traditional service boundaries.

The strategy recognises the importance of local autism teams and encourages local services to develop these teams.

To support this the Government will ensure that local best practice examples are shared as the implementation of the strategy is taken forward.

3. Actions for better planning and commissioning of services, (including involving people with autism and their parents/carers)

Information on the needs of local people with autism has been poor, meaning that local authorities and primary care trusts (PCTs) have been failing to develop appropriate services.

The strategy seeks to address this through:

- A commitment to change the guidance on the development of local “Joint Strategic Needs Assessments (JSNAs)” to include autism. JSNAs are a a planning tool that every local area must produce. Including autism in the JSNA will help ensure that appropriate services will be developed locally for adults with autism
- The development of a protocol of what information should be recorded locally on the needs of adults with autism and how it should be shared between services
- Establishing the importance of involving people with autism and their family/carers in the development and delivery of services
- Encouraging the development of local autism partnership boards “that bring together different organisations, services and stakeholders locally and set a clear direction for improved services”.

4. Actions for improving access to diagnosis and post-diagnostic support

Access to diagnosis for adults with suspected autism is poor. There is a real lack of local diagnostic services² and GPs have said they do not have the expertise to identify people with suspected autism for referral even if there was somewhere for them to refer onto. Without a diagnosis adults with autism can find it very difficult to access support.

Moreover diagnosis is often carried out in isolation with no subsequent development of a personalised package of support.

The strategy seeks to address this issue by:

² The NAS services directory identifies only 14 NHS teams/individuals who provide diagnosis and assessment for adults – all of these only diagnose on referral and some will only diagnose those with a learning disability.

- Recommending the local appointment of a lead professional to develop a local diagnostic and assessment services for adults with suspected autism
- Committing the National Institute of Clinical Excellence (NICE) to developing model care pathways to form the foundation of local referral and care pathways
- Setting out that a diagnosis of autism will trigger a community care assessment and a carer's assessment
- Committing to set out in statutory guidance the type of information that should be provided to adults with autism and their parents/carers once they have been diagnosed

5. Leadership structures at national, regional and local levels for delivery

A lack of leadership at all levels on autism has been a key barrier to the development of services for adults with autism.

In a letter to MPs on the Autism Bill, Minister of State for Care Services Phil Hope set out that the Valuing People Now model for national, regional and local leadership would be replicated in the autism strategy.

As well as ensuring that services are taking responsibility for adults with autism, this is also important to ensure that local services are able to access the support they need to deliver on the aspirations of the autism strategy.

The strategy states that:

- Directors of Adult Social Services should ensure that there is a joint commissioner/senior manager who has in his/her portfolio a clear commissioning responsibility for adults with autism
- At a regional level, DH will work with the Association of Directors of Adult Social Services (ADASS), strategic health authorities, local government offices, deputy regional directors and other key partners to support the development of a regional delivery plan for adults with autism in each government region.
- More details on regional plans will be set out in the delivery plan, which is due to be published by 31st March 2010
- At a national level, the Minister for Care Services and the Director-General of Social Care at the Department of Health will co-chair a "National Programme Board", which will oversee the implementation of the strategy. The board will include representatives from other government departments as well as stakeholder groups.

6. Proposals for reviewing the strategy to make sure that it is working

It is important that the implementation of the strategy is kept under review and that the strategy can be revised as necessary.

To address this the Government has committed to formally review the strategy in 2013 and take action if the improvements set out in the strategy are not delivered.



Yorkshire and the Humber
Specialised Commissioning Group

Yorkshire and the Humber Renal Network

RENAL SERVICES STRATEGY

2009–2014:
SUMMARY



OVERVIEW

The National Service Framework for Renal Services provides the vision for kidney services centred on the needs of each patient and forms the benchmark against which the Yorkshire and the Humber Renal Network will develop services. This strategy is an important step in ensuring that Yorkshire and the Humber delivers renal services that exceed these standards.

The Yorkshire and the Humber Renal Network has responsibility for the entire patient pathway and makes a commitment to **reduce the development of kidney disease**, through ensuring high coverage of prevention and disease management interventions across primary and secondary care, to **ensure early identification and referral** of patients likely to need Renal Replacement Therapy, and adequate preparation and choice of treatment type and to **ensure timely availability and access** to Renal Replacement Therapy.

These aims will be achieved through the delivery of a comprehensive five year work plan which will be supported by the development of clear standards, performance monitoring mechanisms and commissioning frameworks. This will be underpinned by robust information, and incentives for quality improvement, and strengthened by clinical leadership and patient and carer engagement.

Renal Services, along with services in the NHS as a whole, face challenging times and difficult decisions may be required. The existence of the Yorkshire and the Humber Renal Network means that a collaborative, coordinated and consistent approach to planning and delivering services can be developed within anticipated constraints.

The Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014 clarifies roles and responsibilities and provides a comprehensive backdrop against which to address all the challenges and opportunities facing renal services over the coming years

The full version of the document, including the full five-year work plan, can be found at: www.yhscg.nhs.uk/renal-network.htm

WHAT ARE THE AIMS OF THE YORKSHIRE AND THE HUMBER RENAL STRATEGY?

This Yorkshire and the Humber Renal Network Strategy outlines the aims of the Network and sets out a 5-year work plan.

The aims of the Yorkshire and the Humber Renal Network are:

- To reduce the development of kidney disease, through ensuring high coverage of disease management interventions across primary and secondary care.
- To ensure early identification and referral of patients likely to need Renal Replacement Therapy, and adequate preparation and choice of treatment type.
- To ensure timely availability and access to Renal Replacement Therapy.

WHAT IS THE NATIONAL CONTEXT?

The National Service Framework (NSF) for Renal Services ¹, published in 2004 and 2005, sets out a 10 year plan for the improvement of renal services and included comprehensive quality markers across the pathway of renal disease. The NSF thus represents the benchmark against which the Yorkshire and the Humber Renal Network will develop services.

In addition, there is a range of associated guidance and quality standards the Network will aim to meet. These include relevant National Institute of Clinical Excellence (NICE) guidance ², Quality and Outcomes Framework ³ (QOF) standards, 18 week Commissioning Pathway ⁴, Putting Prevention First ⁵, the Organ Donation Taskforce recommendations ⁶ and the End of Life Care in Advanced Kidney Disease Framework ⁷.

Treating patients with Acute Kidney Injury (AKI) especially those with disease so severe as to require dialysis support is a key service offered by specialist renal units. The recently published results of a National Confidential Enquiry into Patient Outcome and Death (NCEPOD) ⁸ review of the care of patients who died in hospital with a primary diagnosis of AKI indicated that only 50% of patients were deemed to have received an overall standard of care that was considered good. This was particularly striking for those who developed AKI post admission where only one third received good care.

THE YORKSHIRE AND THE HUMBER RENAL NETWORK

A Network should engage all stakeholders, including clinical and other staff, commissioners, managers and patients. It can provide a structure for service planning and delivery, promote seamless care and support staff by targeting resources where they are most needed.

The Yorkshire and the Humber Renal Network comprises of a single Renal Strategy Group for the whole of the Yorkshire & the Humber region, supported by three Local Implementation Groups, which reflect and support local commissioning, provider and patient population groups and relationships.



WHAT IS COMMISSIONING?

'Commissioning' is the strategic planning and resource allocation function of the NHS, mostly done by Primary Care Trusts (PCTs). It involves buying in services (purchasing) from a range of health service providers (including GPs, dentists, and community pharmacists, NHS and private hospitals, and voluntary sector organisations) to meet the health needs of local people, and monitoring how well they are being delivered.

The 'Commissioning Cycle' is detailed in the diagram below:

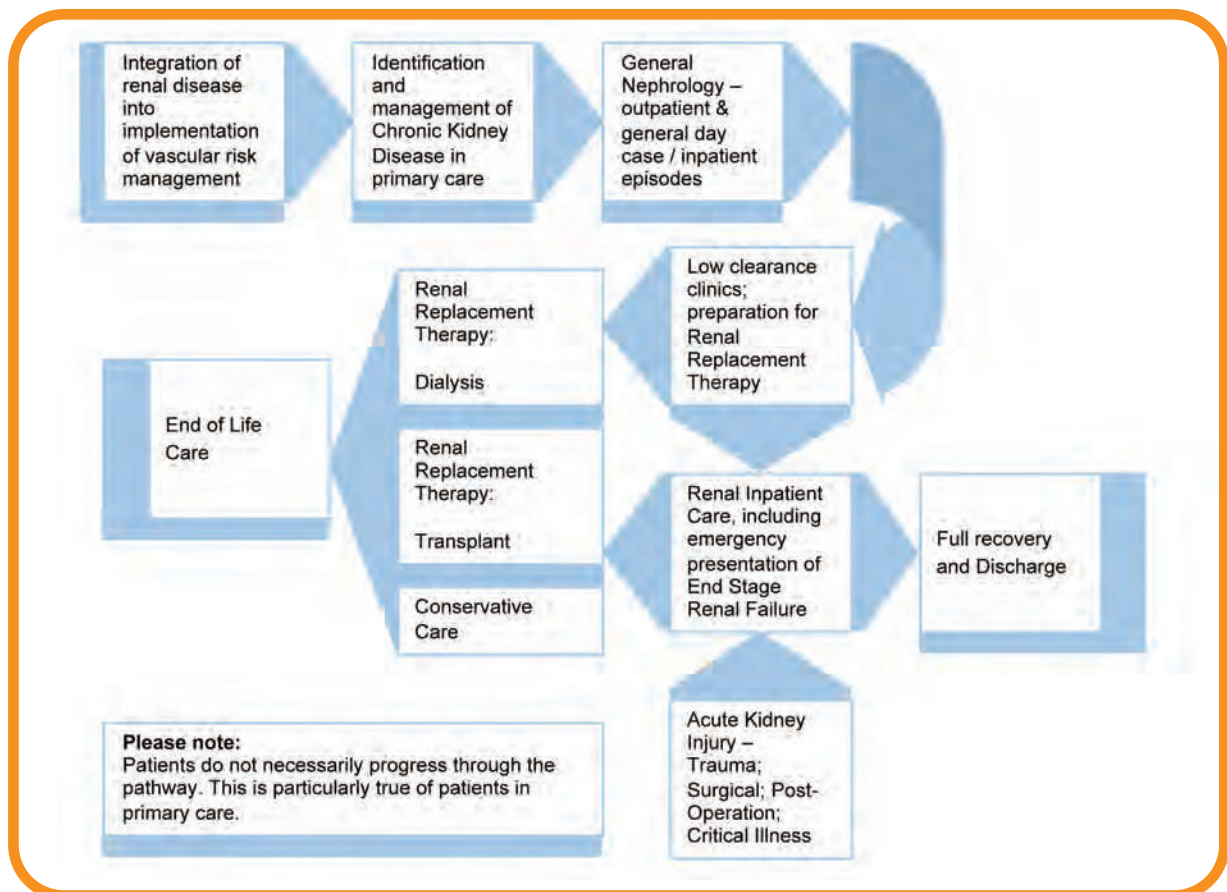


WHAT ARE THE ROLES AND RESPONSIBILITIES?

The majority of patients with renal disease are principally cared for in primary care. Primary Care Trusts (PCTs) are responsible for planning and commissioning these renal services. However, there are significant advantages to some aspects of the renal pathway being planned across more than one PCT boundary. Therefore, certain elements of renal care, namely renal replacement therapy (dialysis and transplantation), are planned collaboratively by PCTs working at a regional level. The Yorkshire and the Humber Specialised Commissioning Group (SCG) has responsibility for commissioning these areas. The Yorkshire & the Humber SCG is a permanent Joint Committee of, and acts on behalf of, all 14 PCTs in the Yorkshire & the Humber Strategic Health Authority area.

The remit of the Yorkshire and the Humber Renal Network covers all aspects of the renal patient pathway (see next section for an approximate illustration of the pathway). The Yorkshire and the Humber Renal Strategy Group, and the Local Implementation Groups aligned sub regionally, and local arrangements in PCTs, need to provide expert advice to PCTs on commissioning renal services.

THE RENAL PATIENT PATHWAY



WHAT IS THE HEALTH NEED?

Health, wellbeing and quality of life are influenced by a complexity of different factors, for example, where we live, our social and economic status and the way we live our lives.

Information on the health needs of patients with renal disease is continually being updated. The most recent comprehensive health needs assessment ⁹ in this region was undertaken in 2008 prior to the formation of the Yorkshire and the Humber Renal Strategy Group. This was undertaken to inform the development of commissioning arrangements for renal services through the Specialised Commissioning Group. It gives a snapshot of key issues in renal disease. Further work undertaken since this time will be published in due course.

Table of the estimated, diagnosed and undiagnosed Chronic Kidney Disease population in Yorkshire and the Humber (2009-10):

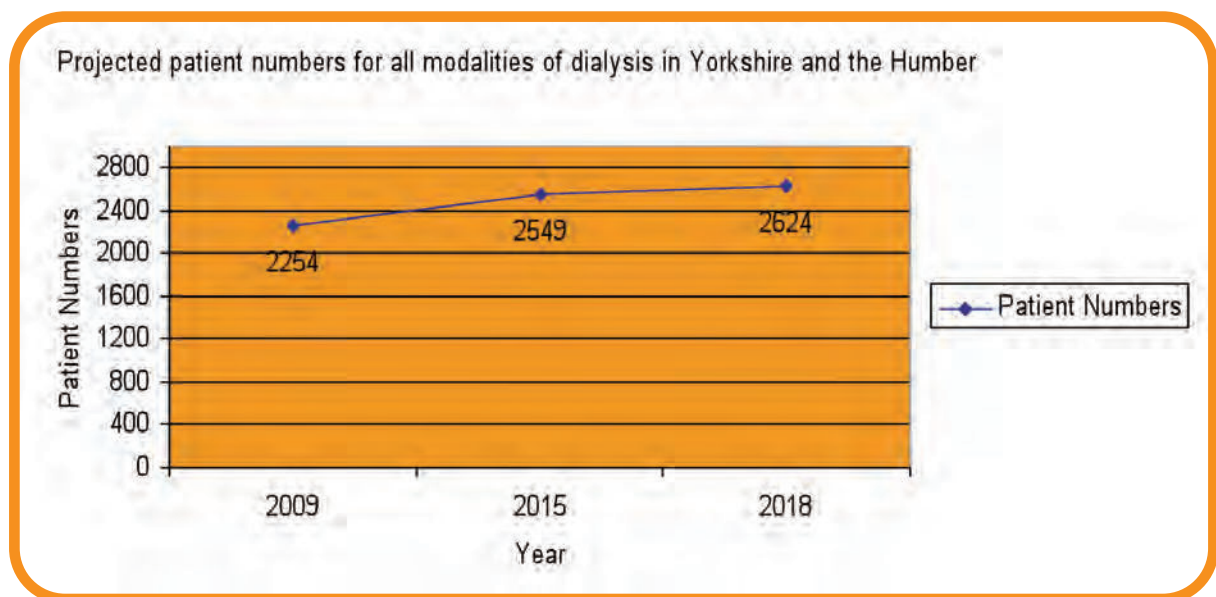
Yorkshire & the Humber	Current Position
Number of People registered with a GP	5,382,498
Estimated number of people with Chronic Kidney Disease	358,488 ^a (7%)
Number of People diagnosed with Chronic Kidney Disease	168,506 ^b (47%)
Estimated undiagnosed population	189,982 (53%)

Source: a: Estimate taken from NEOERICA model (2009)

b: NHS Information Centre QOF Extract for Yorkshire & the Humber (2007-08)

YORKSHIRE AND THE HUMBER RENAL NETWORK PREDICTED FUTURE DEMAND

Current Yorkshire and the Humber models predict that over the next 9 years (up to 2018) the region will have an additional 370 patients in the prevalent population requiring dialysis (Source: current RRT demand model). It should be noted that the figures stated in this section are subject to review and may change. Further work is being done on future demand modelling currently. The detail of this should not delay planning for increasing the capacity in dialysis services, particularly haemodialysis.



HOW ARE PATIENTS AND CARERS INVOLVED IN THE YORKSHIRE AND THE HUMBER RENAL NETWORK?

Renal services benefit from having a well established culture of patient involvement. Patients and carers stay in contact with their services for many years and develop strong relationships with the clinical teams and they therefore have valuable insights to share.

Renal patients and carers bring a unique perspective which no professional can express and their views are invaluable in ensuring that services remain focused on patient needs.

The Yorkshire and the Humber Renal Network aims to achieve active patient and carer representation and will support involvement in a number of ways:

- Developing an ongoing programme of patient & carer involvement
- Patient representation at all relevant Renal Strategy Group and Local Implementation Group meetings
- Developing an information pack and programme of support for patient and carer representatives
- Establishing links between the Renal Network and the local patient groups/ Kidney Patient Associations
- Maintaining consistent access and availability of appropriate information to facilitate an informed and planned care pathway
- Actively working with the National Kidney Federation regarding initiatives to support patient involvement.

Consideration will be given to ensuring that patients from different backgrounds and communities are involved and that all patients and carers are represented.

The Yorkshire and the Humber Renal Network is committed to involving patients and the public, including Overview and Scrutiny Committees so that their views are taken into consideration during the planning, improvement, monitoring and evaluation of all renal services across the region.

WHAT ARE THE PRIORITIES?

Priority Area	Objective
Acute Kidney Injury & Critical Care	To ensure a systematic approach to the planning for more effective management of acute admissions across the region so that both provider trusts and PCTs are clear how best to manage acute admissions in addition to chronic care
Anaemia Management	To develop alternative models for the provision of IV Iron in primary care and support the implementation of best practice in relation to anaemia management across primary care in the region
Capacity Planning for Dialysis	To ensure an appropriate mix of home haemodialysis, satellite and main unit haemodialysis and peritoneal dialysis capacity appropriate to clinical and geographical need to meet current and future requirements and ensure care closer to home.
Conservative Care	To ensure full supportive treatment for those with advanced kidney failure who, in conjunction with carers & the clinical team, decide against dialysis – Linked to the End of Life Care in Advanced Kidney Disease Framework
Emergency Planning	To ensure that services for patients requiring renal replacement therapy have robust business and service continuity plans in place
End of Life Care	To develop a Yorkshire & Humber wide approach to End of Life Care for Advanced Kidney Disease, based on the End of Life Care in Advanced Kidney Disease Framework
Health Needs Assessment	To ensure that service development and commissioning arrangements are informed by regular health needs assessment
Home-Based Therapies & Self-Care	To increase the number of patients undertaking home-based therapies (HD & PD) and self-care, ensuring that all patients are offered these options, where clinically appropriate
National Service Framework Milestones	To ensure progress against the National Service Framework (NSF) milestones and identify gaps and areas for development
Patient & Public Engagement & Involvement	To ensure patient & carer involvement is integral to the Renal Network and that there is patient & carer input into commissioning, performance management and service improvement arrangements.
Pre Dialysis Year	To ensure consistent and equitable renal care across the region, including timely and appropriate access to services
Primary Care Capacity, Quality & Expertise	To develop the capacity and capability of primary care in the identification and management of CKD and to ensure effective communication between primary and secondary care.
Supporting Young Adults with Kidney Disease	To review existing provision in place to support young adults with kidney disease and develop approaches to support both the transition from paediatric services and presentation in young adulthood
Transplant Capacity	To ensure equity of service across the region and to increase transplantation where possible within local control
Transport	To ensure that there is equitable, reliable and effective patient transport for renal haemodialysis patients
Workforce Planning	To ensure that there is sufficient capacity within the workforce to deliver the required standards of renal services

HOW WILL THE STRATEGY BE IMPLEMENTED AND MONITORED?

The Yorkshire and the Humber Renal Network is responsible for the implementation of this Strategy. A component of this work is the establishment of a single commissioning framework (including performance management and quality) for Renal Services in the region.

In addition, the delivery of the Strategy will be supported by:

- Clearer Standards and Performance Monitoring
- Incentives
- Information
- Clinical Leadership and Support
- Five-Year Work Plan

The Yorkshire and the Humber Renal Strategy and progress against the work plan will be reviewed on annual basis.



YORKSHIRE AND THE HUMBER RENAL STRATEGY GROUP MEMBERS

Ivan Ellul

Chair of Yorkshire & the Humber Renal Strategy Group
Chief Executive of NHS East Riding of Yorkshire

Dr Chas Newstead

Clinical Lead
Consultant Nephrologist, Leeds Teaching Hospitals NHS Trust

Dr Michael Gordon

GP Lead
Gleadless Medical Centre, Sheffield

Elaine Harrison

Nurse Lead
Hull & East Yorkshire Hospitals NHS Trust

Greg Fell

Public Health Lead
NHS Bradford & Airedale

Dennis Crane

Patient Representative
North Region Advocacy Officer, National Kidney Federation

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Yorkshire & the Humber Specialised Commissioning Group

Rebecca Campbell

Renal Network Manager

Caroline Briggs

Chair of North & East Yorkshire and North Lincolnshire Local Implementation Group
Director of Strategic Commissioning & Development, NHS North Lincolnshire

Matt Neligan

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York Hospitals NHS Foundation Trust

Dr John Stoves

Renal Information Exchange Group Lead for Yorkshire & the Humber
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2. **National Institute of Clinical Excellence (NICE):** <http://www.nice.org.uk/>
3. **The NHS Information Centre for Health & Social Care** The Quality and Outcomes Framework. <http://www.ic.nhs.uk/qof>
4. **The 18 Week Commissioning Pathway** – Chronic Kidney Disease. Department of Health. 2008.
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ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 1st April, 2010

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Doyle, Hughes, Kirk, Turner and F Wright

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Ms. J. Mullins (Rotherham Diversity Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

Apologies for absence were received from Councillor Clarke

In attendance: Councillor J Burton, Mrs C Dickinson and Mrs D Swanson

85. COMMUNICATIONS.

Assistant Director of External Relations, NHS Rotherham

The Chair introduced Helen Watts, to the Panel. Helen had been newly appointed to the post of Assistant Director of External Relations with NHS Rotherham.

Quality Accounts – Joint meeting with LINKrotherham

Members were given a final reminder that a joint meeting was being hosted by LINKrotherham to look at the draft quality accounts for RDASH and the Rotherham Foundation Trust on Thursday 29th April 2010 at their offices on Coke Hill, Rotherham. She urged members of the panel to attend and asked that anyone interested to contact Delia Watts.

Yorkshire and Humber Regional Health Scrutiny Network

The Chair reported that she and Councillor Barron had met with other elected members on 17th March to discuss the best way of scrutinising health on a regional basis. It had been suggested and agreed that an informal meeting of members take place a few times a year, to look at issues that were coming up.

If members agreed to scrutinise an issue, a formal committee would be set up to include representatives from all authorities that wanted to become involved.

She confirmed that members of the panel would be kept informed of the work undertaken.

86. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

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

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

88. LINKROTHERHAM WORK PROGRAMME UPDATE

Christine Dickinson, Co-ordinator for LINKrotherham gave a presentation in respect of the LINKrotherham Work Programme.

The presentation drew specific attention to:-

- LINKrotherham Workplans
 - Personalisation
 - Discharge procedure for Cancer Patients
 - Deaf and Hard of Hearing – support for patients
 - Dementia Patient in Care Homes – facilities/support in care homes to meet the needs of dementia sufferers, their families and carers
 - GP/Patient Engagement
 - GP provision in Laughton Common – to establish whether there was a need
- The Future
- Joint Working
 - Health affects all aspects of life
 - Working together to get it right first time and reduce inequalities
- Campervan

A discussion ensued and the following issues were discussed:

- How would LINKrotherham relate to patient care on hospital wards, in particular the treatment of the elderly. It was confirmed that if the problem was brought to the attention of LINKrotherham it would be logged and measures would be put in place for improvement, and then closely monitored.
- A concern was raised about the number of GP practices who did not have the facility for taking blood samples, leaving many patients having to make journeys across town to have this done. It was noted that this service was an optional service which some GP surgeries offered, it was not obligatory. However if enough concern was raised with LINKrotherham, they could try to encourage more surgeries to provide this service.
- A query was raised as to where the funding came from for the LINK. Confirmation was given that this was a government initiative which was funded by the Department of Health.
- Reference was made to the GP surgery at Laughton Common and a suggestion was made that LINK looked at the implications for surgeries at Dinnington/Thurcroft as part of their review.
- How do LINKrotherham qualify the money they are spending and

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how do they gauge what they were doing was benefiting Rotherham? It was confirmed that a report would be presented to the Commissioners/providers of service. They would then monitor the progress contained within the report.

Resolved:- That the work programme be noted.

89. LINKROTHERHAM CAMPERVAN

Christine Dickinson, LINK Co-ordinator presented the submitted report concerning the LINKrotherham Campervan.

During May 2009 LINKrotherham carried out 3 weeks of public engagement using a VW Campervan. The campaign was so successful that LINKrotherham had decided to do it again, with a slight twist.

The campaign this year would be primarily aimed at evidencing work plans rather than public engagement. The VW Campervan will be hired from 5th June until 18th June 2010.

To celebrate the end of the campaign and the fact that it will be Carers Week LINKrotherham will be holding a town centre event on 18th June and all participants on the van will be invited to attend, free of charge.

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

- What measures were in place for engaging with young people? It was confirmed that a visit to Dearne Valley College had been arranged so far, but any other suggestions would be welcome.
- Reference was made to the fact that last year the campervan visited the north of Rotherham mainly, and a query was raised as to whether the same places would be visited this time or whether it would be new ones. Confirmation was given that this year would be all new venues, which were appropriate to the work programme.

Resolved:- That the content of the report be noted.

90. SCRUTINY REVIEW - BREASTFEEDING FOR ROTHERHAM: A HEALTHY FUTURE

Councillor Jo Burton presented the submitted report which set out the findings and recommendations of the scrutiny review into the social and community aspects of breastfeeding in Rotherham.

The aim of the review was to identify what measures could be put in place in order to encourage more women to initiate and sustain breastfeeding.

Specifically the review looked at:-

- What was currently available in Rotherham to support women to breastfeed
- The views and experiences of mothers in Rotherham
- Examples of good practice locally and elsewhere
- How existing resources could be best utilised
- How the Council and the wider Rotherham Partnership could play its part in making Rotherham more breastfeeding friendly.

The recommendations from the review included:-

- Pilot breastfeeding friendly council building at all libraries – ideally with a launch during National Breastfeeding week, 21-27 June 2010. Evaluate the lessons learned from the pilot by October 2010.
- Develop a phased programme to apply for accreditation to NHS Rotherham's 'Breastfeeding Friendly Rotherham Award' for all buildings that are open to the public, to be completed by May 2012
- Draft simple guidance for staff to ensure a consistent approach to breastfeeding women – both employees and visitors to council buildings.
- Develop a Rotherham Breastfeeding Manifesto (to make the Borough of Rotherham breastfeeding-friendly) by bringing together all relevant agencies with the shared aim of boosting rates.
- Promote Breastfeeding Friendly Rotherham via the Rotherham Show in September 2010.
- Encourage closer working between health professionals and peer supporters.

Following consideration of the report, the review and its recommendation were to be submitted to PSOC on 16th April 2010 for approval, and to Cabinet on 28th April 2010. The Cabinet response to the recommendations was then required by the end of June.

Progress on the review's recommendations would be monitored on a six monthly basis by the Adult Services and Health Scrutiny Panel.

A comment was made that some women had difficulty breastfeeding and therefore had no choice but to bottle feed. It was noted that there was very little advice or support offered by midwives to assist these women. Councillor Burton confirmed that this had been recognised and that one of the recommendations of the review was to give midwives more training in this area.

A discussion took place around publicising breastfeeding more, in particular making it more acceptable for young mums to breastfeed in public. It was confirmed that there was a "Breastfeeding Awareness Week" planned in June which would be well publicised. Also steps were being taken to raise awareness with local businesses to encourage them to provide facilities for young mums to breastfeed their babies.

Resolved:- (1) That Members endorse the findings and recommendations of the report

(2) That the report be forwarded to Performance and Scrutiny Overview Committee for approval, and future submission to Cabinet

(3) That the response of Cabinet to the recommendations be fed back to this panel.

91. **ROTHERHAM COMMUNITY HEALTH CENTRE**

The Chair expressed her disappointment at the low numbers attending the visit and suggested that, in future, other similar visits at the request of the Panel would only go ahead if a minimum of six panel members were able to attend.

Consideration was given to a report concerning the visit to the Rotherham Community Health Centre by members of the Adult Services and Health Scrutiny Panel on 11th March 2010.

The £12m Rotherham Community Health Centre (RCHC), Greasborough Road, was developed by NHS Rotherham in order to provide patients with rapid access to a wide range of health services and is part of the delivery of the Better Health, Better Lives strategy.

GP Surgery and Walk-In Service

Located within the centre is Chantry Bridge Medical Practice, which was operated by Care UK and opens on week days from 9.00 am to 5.00 pm, offering a range of comprehensive services to registered patients.

Members of the Panel noted that the facility was extremely well used, with the GP surgery already having more than 200 patients registered, many of whom were newly arrived in Rotherham.

A major feature of the new centre was a Walk-in service for treating minor illnesses and injuries. People are able to walk in without an appointment to see a GP or healthcare practitioner, whether registered at the practice or not, between 8.00 am and 9.00pm, seven days a week, including bank holidays.

The facilities available at the "Walk-in" were aimed at helping people with busy lifestyles who needed access to flexible and convenient health services. It was designed to complement local GP and hospital services, to provide a range of treatments to members of the public when their GP practice was closed.

Staff can work flexibly across the GP and Walk-in services as need demands, and there have been even greater integration of the services

from 28th March 2010.

Diagnostic Centre

The Diagnostic Centre, which is also operated by Care UK, is part of a government initiative to provide additional, purpose built environments to efficiently and effectively meet the challenge of increasing access to healthcare in the UK.

It is open Monday to Saturday from 8.00 am to 8.00 pm, including bank holidays, offering a range of diagnostic imaging procedures, X-ray, Ultrasound, Echocardiograms and MRI.

The centre does not currently have a plaster room so when minor breaks and fractures are diagnosed the patient would need to go to hospital for treatment. The panel members recommended that a plaster room be commissioned for the centre, and this was to be considered.

Other Services

The centre also provided most of the primary care services that were based at Doncaster Gate Hospital. These included:

- Ear care centre
- Speech and Language therapy
- Community Physiotherapy
- Sexual Health
- Family Planning
- Phlebotomy
- Podiatry
- Specialist surgery suite (for use by GPs with Special Interests (GPSI) to perform treatments such as vasectomies)

The Patient Advice and Liaison Services (PALS) Health Advice Centre and Community Dental had also moved to the new site. The dental practice had expanded from two to five treatment rooms and was for people who found it difficult to access conventional services, such as children (and adults) with disabilities, high anxiety or learning disabilities.

A concern was raised about the waiting area for people attending the ear care service, in that there was no designated room for them and they were made to wait in the corridor. It was felt that this should have been addressed at the planning stage of the building and a room made available.

A comment was made that the music being played in the reception area was so loud that it made it difficult for blind people and the hard of hearing to communicate. Concerns were raised with the staff, but their response had been unhelpful. Helen Watts, Assistant Director of External Relations confirmed that steps had been taken to address this problem and rectify

the situation to the satisfaction of patients.

Resolved:- That the report be noted.

92. YORKSHIRE AMBULANCE SERVICE QUALITY ACCOUNT 2009-10

Consideration was given to a report presented by Delia Watts, Scrutiny Adviser concerning Yorkshire Ambulance Service Quality Account 2009-10.

As of this year, all NHS trusts were required to publish Quality Accounts which provided information for service users and the public on the quality of the services they deliver. Overview and Scrutiny Committees were part of the assurance process and Yorkshire Ambulance Service (YAS) was required to share a draft version of its 2009-10 Quality Accounts with them.

The draft 2009-10 Account was appended to the report and aimed to:

- Demonstrate YAS's commitment to improving the quality of care for the people it served;
- Let people know where and how it had improved its services;
- Share its plans to improve its services in the coming year.

YAS had suggested that the Panel may wish to consider the following issues, in its response:

- Is the Quality Account a fair picture of YAS's services?
- Does the Quality Account cover all the services the Trust provides?
- Does the Quality Account cover the most important quality issues for the Trust and its patients?

Delia circulated a document which detailed some suggested comments for members to consider. These related to the following two issues:-

- Safeguarding Children and Vulnerable Adults
- Review of Quality Performance

Resolved:- That the Panel submit comments on the Yorkshire Ambulance Service's 2009-10 Quality Account as circulated at the meeting.

93. SUGGESTION FOR THE 2010/11 PANEL WORK PROGRAMME

Delia Watts circulated a document detailing suggestions for the Adult Services and Health Scrutiny Panel Work Programme 2010/11.

These included:

Adult Services

- Assessment process from users' perspective
- Advocacy Strategy
- Hospital Aftercare Service
- Revenue Budget (Monitoring)
- Forward Plan
- Budget 2011/12
- Assistive technology review

Health

- Better Health Better Lives
- End of Life Care
- Occupational Therapy
- Patient Transport Service contract
- 2010/11 Quality Accounts – Panel Comments
- Health Inequalities

Other/Joint

- Outcomes from LINK Survey of care home residents with dementia
- Autism Strategy for Adults in England
- Intermediate Care
- LINK work programme
- Presentation from Tassibee
- Rotherham Joint Strategic Needs Assessment

Reviews

- Diabetes

In addition to this it was suggested that work be undertaken in respect of:-

- Social Isolation
- Update relating to Prostate Cancer and Cervical Cancer
- Update relating to improvements to service on hospital wards
- Assessment process to focus in particular on hospital assessments
- Operation of Direct Payments

Resolved:- That the suggestions for the draft work programme be noted.

94. **SOUTH YORKSHIRE JOINT HEALTH SCRUTINY COMMITTEE HELD ON 18TH MARCH, 2010**

Consideration was given to the minutes of the South Yorkshire Joint Health Scrutiny Committee meeting held on 18th March 2010.

It was noted that the Trust's reconfiguration proposals would improve clinical outcomes and reduce the need for patients to travel between the Northern General and Hallamshire sites in Sheffield.

The Trust had been asked to write to all South Yorkshire elected members, once proposals were approved, to explain the changes.

Resolved:- That the minutes of the South Yorkshire Joint Health and Scrutiny Committee meeting held on 18th March 2010 be noted.

95. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 4TH MARCH 2010

Resolved:- That the minutes of the meeting of the Panel held on 4th March 2010 be approved as a correct record for signature by the Chair.

96. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 22ND FEBRUARY 2010 AND 9TH MARCH 2010

Resolved:- That the minutes of the meetings of the Cabinet Member for Health and Social Care held on 22nd February 2010 and 9th March 2010 be noted and received.

**CABINET MEMBER FOR HEALTH & SOCIAL CARE
22nd March, 2010**

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

An apology for absence was received from Councillor Barron.

H102. MINUTES OF THE PREVIOUS MEETING HELD ON 9TH MARCH 2010

Consideration was given to the minutes of the meeting of the Cabinet Member for Health and Social Care held on 9th March 2010

Those present discussed the funding available for community services, what we provided and what shortfalls there were. The Cabinet Member asked for a report to be presented to the next meeting giving details in relation to this.

Resolved:- (1) That the minutes of meeting held on 9th March 2010, be approved as a correct record.

(2) That a report be presented to the next meeting in relation to funding for community services as detailed above.

H103. ROLL OUT OF THE TRANSPORT ELIGIBILITY CRITERIA

Shona McFarlane, Director of Health and Wellbeing presented the submitted report concerning the roll out of the Transport Eligibility Criteria.

In April 2007 Cabinet agreed that a Transport Eligibility Criteria should be applied to all new customers and this had been consistently applied since that time. The number of customers not requiring or accessing transport had proved to be low and would not achieve the original aims of the proposed criteria, which were to achieve savings in the provisions of transport. These savings were achieved through other mechanisms.

The authority continued to provide transport to day services and activities for a significant number of service users to whom this criteria had not been applied, as at the time of the decision they were existing service users.

The report outlined the proposals which had been considered which included:

Option One

- Roll out the implementation of the revised transport criteria across all service user groups at the point of review
- That consultation with affected customers be carried out
- The criteria be amended, to ensure those in receipt of the higher

rate DLA did not receive local authority funded transport

Option Two

- A decision be taken to stop utilising the criteria due to the small number of service users who were affected by the criteria and undertake a whole review of the transport services.

A discussion ensued and the following issues were raised:-

- Concerns relating to the level of risk to service users
- How elderly people would get to day centres without the transport provided
- Would carers who work, get 24 hour care allowance to enable them to transport service users to day centres
- What was the “real cost” of transporting service users to day care centres?
- How would this cost compared to providing 24 hour care allowance?

Resolved:- That a further report be presented at the next meeting with further details relating to the current criteria and the “real” costs of transporting service users to the day care centres.

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 12th April, 2010

Present:- Councillor Doyle (in the Chair); Councillors Jack and Walker

Apologies for absence were received from Councillor Barron, Gosling and P Russell.

H104. MINUTES OF THE PREVIOUS MEETING HELD ON 22ND MARCH 2010

Consideration was given to the minutes of the meeting of the Cabinet Member for Health and Social Care held on 22nd March 2010.

Resolved:- That the minutes of the previous meeting held on 22nd March 2010 be approved as a correct record.

H105. THE LEARNING REVOLUTION: MAKING IT HAPPEN. LEAD ACCOUNTABLE BODY STATUS

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which informed the Cabinet Member of the Learning Skills Council and the Department of Business, Innovation and Skills intention that from 2011/12, all the Learning Skills Council funding for informal adult learning, would be channelled through the Local Authority.

In April 2010 the Learning Skills Council will be abolished and adult learning will be managed by a new successor body called the Skills Funding Agency. Local Authorities would be invited to take responsibility for the local agenda and to provide local leadership and the infrastructure to create a joined up innovative learning offer. Consultation had clearly identified Local Authorities as the best place to co-ordinate informal learning activity.

The government want Local Authorities to build on the best of what exists now and have the autonomy and tools to drive the creation of a new culture of informal learning. Local Authorities would work with others to provide five core elements to underpin a strong local offer of informal learning:

- Innovation
- Universal access
- Targeted support
- Collaboration
- Promotion

In Rotherham there were already strong existing partnerships which could be built on; the Adult Learning and Skills Strategy Group and the Rotherham Adult Learning Partnership already brought together representatives from statutory, public, private and voluntary and

community sector organisations. RMBC's Community Learning team already delivered a substantial amount of Adult Safeguarded Learning through sub-contracted provision. The existing arrangements already provided a joined up local strategic approach but with the Local Authority taking on the role of Lead Accountable Body it would provide even more of an opportunity to promote key agendas, such as community wellbeing; using learning to keep older people in local democracy; supporting people to gain skills to move into work; and providing economic and social wellbeing in communities and families.

The Learning and Skills Council (LSC) and the Department for Business, Innovation and Skills (DBIS) would work with Local Authorities, Colleges of Further Education and a range of other stakeholders and partners over the next year to implement these proposals. Over the next few months they would initiate discussions with Local Authority nominees about funding allocations, partnership and good working practice, quality and inspection issues, data collection and developing a new National Indicator, and opportunities for teachers and facilitators.

Resolved:- That the content of the report be noted.

H106. ADULT SOCIAL CARE 3RD QUARTER (OCTOBER TO DECEMBER) PERFORMANCE REPORT FOR 2009/10

Consideration was given to a report presented by Steve Lightfoot which outlined the 2009/10 Quarter 3 Key Performance Indicator results for the Adult Social Care elements of the Directorate.

At the end of Quarter 3, 75% of our Key Performance Indicators remained on target. There was no change compared with the last quarter.

The following performance measures did not achieve their quarter 3 targets:

NAS 1 (PAFD40) Percentage of clients receiving a review

Performance levels had improved since September and the indicator was currently rated as 'on target'. A recovery plan had been put in place integrating actions agreed at DMT/SMT in November and outstanding actions from previous clinics. As at Quarter 2 we had reviewed 2420 clients, and as a result of the recovery plan this had increased to 3748 by Quarter 3, and to 6314 by 24th March 2010. This represented 79.02% of our service user population which was 2.02% above year end target and was our best ever performance score for review, and placed us above the national average. At current rates of improvement it was anticipated that we would be in the upper quartile by year end.

A meeting had taken place with RDaSH Directors and a plan to deliver improvements in Quarter 4 had been agreed. A member of the Performance team had been working closely with their managers and

information department to implement the actions and, as at 24th March, RDaSH were performing at 89.86%.

NI 136 (Vital Signs 3) People supported to live independently through social services (LAA)

This indicator included a combination of people that were receiving care managed services following a community care assessment and those people that were receiving services from the voluntary sector.

At the end of Quarter 3 we were helping 5,737 service users to live at home, which was an improvement of 165 since the 2nd quarter. This score included this year's voluntary sector figures plus people currently in receipt of an assessed care package. The voluntary sector had helped an additional 114 clients to live in the community this year. We had however lost 209 clients this year due to the closure of Meals on Wheels, Laundry and Bathing services and had also seen a reduction in Mental Health services due to data quality work undertaken by RDaSH. The combined effect on performance had seen a decrease during Quarter 4 and, as at 24th March, we were helping 5,626 service users.

To achieve this year's target we would need to help approximately 1,800 extra service users by the end of the year. The way this indicator was measured excluded a lot of our prevention activity. These were national issues which were being debated pending development of the new National Indicator Set which would be implemented during 2011/12.

NI 132 Timeliness of social care assessments

Performance had improved since the 2nd quarter of the year. Based upon the actions we had put in place following a corporate performance clinic held on 27th November, we predicted that we would achieve our year end target. As at 24th March 77.03% of new clients had had their assessment completed within 28 days of contacting us and actions in place to achieve 80% by year end. This placed us in the next quartile banding when compared to last year's outturn.

There had been a significant amount of management action undertaken on this performance indicator. We had restructured our Intake Teams to provide a more streamlined process for customers. We had been targeting resources to reduce the backlog of new assessments which was created last year following a knock on effect of prioritising a series of high profile safeguarding investigations. Weekly performance clinics had been put in place to recover our performance levels. Additionally RDaSH, who were one of the poor performing elements of the services, had put an action plan in place and performance had improved since last quarter.

NI 133 (Vital Signs 13) Acceptable waiting times for care packages

Performance had deteriorated since the 2nd quarter of the year with the

amount of care packages being arranged within 28 days decreasing from 86.59% to 85.48%. This had improved during Quarter 4 and, as at 24th March, was at 89.77% with a target of 92%. This represented 1,201 care packages out of a total of 1,337 that had been put in place during the year.

Achieving target would place us above the national average, move us up one quartile when compared to last year's outturn and would place us into the top quartile of our comparator group.

Performance clinics had been held in order to understand the reasons for delays which had identified areas for improvement. We are now confident that the year end target would be achieved.

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

- The Cabinet Member felt that Management and staff should be congratulated for their efforts in achieving these improvements and asked that this be passed on to staff.
- What mentoring, if any was available within the workplace for staff? It was confirmed that 16 out of the 67 social workers were newly qualified. Funding had been secured to assist with training for these staff. Line Managers had spent a lot of time mentoring them and monitoring their progress and as a result they were now working to a high standard.
- Reference was made to the under achieving performance figures for RDaSH and concern was raised as to how this might impact on Rotherham's figures. Confirmation was given that although this was a joint partnership figures for each area was reported separately.

Resolved:- That the results and the remedial actions in place to improve performance be noted.

H107. 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 February 2010.

The approved net revenue budget for Adult Services for 2009/10 was £72.7m 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 previous budget monitoring reports had identified underlying

pressures of £2.1m, but after taking account of a number of identified savings and delivery of a number of management actions there was now a forecasted balanced outturn by the end of 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 of provision to the independent sector (+£599k).
- Increase in residential and nursing care short stays over and above approved budget for clients with a physical and sensory disability (+£66k).
- Independent sector home care provision for Physical and Sensory Disability clients had increased by an additional 1,112 hours since April 2009, a further 74 clients were now receiving a service. This was resulting in an overspend of £381k against the approved budget.
- A significant increase above approved budget in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services (+£484k), partially offset 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 (+£277k), laundry (+£145k) and the bathing service (+£40k).
- Increase in costs of Occupational Therapist contracts (+£120k)
- Continued pressure on the cost of day care transport provision for Learning Disability Day care clients reduced by planned delays in recruitment to vacant posts (+£46k).

However, the above pressures had been reduced by:-

- Additional income from continuing health care funding from NHS Rotherham (-£431k).
- Overall underspend within Learning Disabilities Supported Living schemes mainly due to planned delays in the implementation of new schemes (-£188k).
- Savings within independent residential care due to an increase in income from property charges (-£672k) 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).
- Underspend within In house Transport Unit due to a reduction in

- vehicle leasing costs and additional income (-£150k).
- Slippage in recruitment due to a number of new posts (-£76k) where additional funding was agreed within the 2009/10 budget process.

The majority (93%) of identified management actions had 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 2009 to February 2010 was £429,931.

The Cabinet Member made reference to the fact that over a third of staff in the directorate had not had any absence through sickness over the past 12 months, which was excellent and showed how highly motivated they were. He asked that his congratulations be passed on to them.

Resolved:- That the latest financial projection against budget for the year based on actual income and expenditure to the end of February 2010 for Adult Services be noted.

H108. 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.

The actual expenditure to mid March 2010 was £464k against a revised programme of £1.2m for 2009/10. There was a forecast underspend of around £200k due to slippage in a number of projects, but any balance of funding could be carried over into 2010/11 until the capital project was completed. Capital 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.

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

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 26th April, 2010

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

An apology for absence was received from Councillor Barron.

H109. MINUTES OF THE PREVIOUS MEETING HELD ON 12TH APRIL 2010

Consideration was given to the minutes of the meeting of the Cabinet Member for Health and Social Care held on 12th April 2010.

Reference was made to Minute No H106, and it was confirmed that the performance targets had now all been achieved, with the exception of NI 136 'People supported to live independently through social services (LAA)'. This was a national issue as there was no benchmark currently to measure performance against so it was therefore difficult to record current performance in this area.

A comment was made relating to the Personalisation Agenda and the confusion it was causing among the older people in Rotherham. It was felt that some training was necessary for elected members, to enable them to reassure the community. It was suggested that this be referred to the Member Training and Development Panel in order that appropriate training could be arranged and delivered.

Resolved:- That the minutes of the previous meeting held on 12th April 2010 be approved as a correct record.

H110. CARERS CENTRE OPENING - UPDATE

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report which detailed the objectives of the Rotherham Carers Centre and the outcomes which were expected as a result of the centres development.

The Carer's Centre would provide carers in Rotherham with a first point of contact for all enquiries relating to caring. It would be accessible to all carers from all service areas and would enable them to access information, advice and guidance to support them to continue their role as a carer.

The main objectives of the centre were:

- To increase awareness and access to carers assessments
Outcomes
 - Increased number of carers' assessments completed
 - Increased performance against NI 135 – 'Carers receiving a

needs assessment or review and a specific carer's service or advice and information

- Reduction in the need to provide care and emergency interventions as a result of the carer reaching crisis point.
- To identify unknown carers in Rotherham particularly those hard to reach groups

Outcomes

- Increased number of carers on the Carers' Register, Emergency Carers' Scheme and Carers' Forum
- That the Carers' Forum was representative of the demographics of Rotherham
- That the needs of hard to reach carers group were identified and met
- Inclusion of young carers in the centre
- Inclusion of carers of people who substance misuse in the centre
- That carers information, advice and guidance was provided in the most common community languages and in appropriate formats
- To increase the number of carers accessing employment, training and volunteering opportunities
 - Carers would gain employment access up to 52 weeks of training through JobCentre Plus
 - Carers would select training available from the centre and attendance will be high
 - Carers would have a greater understanding of caring issues and Personalisation through access to e-learning models
 - Customers would gain employment experience at the centre through the Assess All Areas project contributing to our NI 146 target
- To provide better access to information and advice
 - Carers would be clear how to access information, advice and guidance in Rotherham
 - Carers would be supported to continue in their caring role by a range of agencies providing specialist professional advice and guidance
 - Carers would be able to access advice and guidance on health and social care issues through the inclusion of specialist services 'drop in' sessions

A Service Level Agreement (SLA) was to be set up outlining the specification and performance monitoring information requirements. The performance of the centre would be monitored and collated using the following techniques:

- Footfall would be monitored through customer query forms, including why a customer had accessed the centre, equality monitoring information, service area and the outcome of their visit
- Monitoring the number of carers assessments completed at or referred as a result of carer contact to the centre. This information

would be collated monthly via SWIFT

- Monthly monitoring of the Carers' Register, Carers' Forum and Emergency Scheme ensuring membership was increasing and was reflective of the demographics of Rotherham
- Follow up forms completed by the drop in agencies for each carer referred to them, to inform us of the outcomes
- Carer satisfaction surveys
- Outcome monitoring forms completed by our staff when a carer presents to the centre in crisis, identifying how we have prevented a relationship breakdown between the carer and the cared person and the savings as a result to the local authority
- Record information requests received from carers via the NHSR Carers Information Leaflets including what information requested, where it had originated from and carer details including equality monitoring information.

The overall management of the centre and staffing would remain within Neighbourhood and Adult Services but would transfer from the development undertaken in Commissioning and Partnerships Directorate to a provider service in the Health and Wellbeing Directorate.

Staff to be based at the Carers Centre would include:

FTE Centre Manager
 PTE Carers Forum Coordinator
 FTE Administration Officer
 3 FTE Carers Support Officers

Consultation had taken place with Carers and stakeholders since July 2009 with 450 comments and suggestions being received and 350 being implemented. Consultation would continue with carers and stakeholders to ensure that we are continually improving to meet their changing needs.

The centre would be open to carers and stakeholders from Wednesday 28th April 2010, but due to Purdah restrictions the official opening would not take place until Wednesday 12th May. This would be undertaken by the Adult Services Portfolio Holder Elected Member.

Resolved:- (1) That the objectives and outcomes of the centre be noted.

(2) That the proposed staffing arrangements for the centre and their transfer from Commissioning and Partnerships to Health and Wellbeing be noted

(3) That the arrangements to open the centre from 28th April 2010 with an official opening by Elected Member Portfolio holder for Adult Services on 12th May 2010 be noted.

H111. EXCLUSION OF THE 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 items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 & 3 of Part 1 of Schedule 12A to the Local Government Act 1972.

H112. TERMINATION OF PROVIDER WITHIN LEARNING DISABILITY SERVICES

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report relating to the termination of the approved provider within Learning Disability Services.

In February 2009 following a tender process, the approved provider for a supported living scheme for four people with a learning disability was confirmed. The provider had failed to reach and maintain the standard of quality expected by the service due in the main to an inability to appoint a suitable manager for the scheme. Several improvement action plans had been implemented but there had been no significant consistent improvement in quality. Therefore the Learning Disability Service had decided to give notice to the provider and seek an alternative provider.

Resolved:- (1) That the recommendation to terminate the contract for the provision of this supported living scheme be approved.

(2) That approval be given to approach the provider who came second during the award process to deliver the service, thus avoiding the additional expense and delay to existing service users of a further award process.