

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 8th July, 2010

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Burton, Kirk, Steele, Turner and Wootton.

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES) and Jonathan Evans (Speak up).

Apologies for absence were received from Ms Janet Dyson (Speakability) and Mr Peter Scholey.

11. COUNCILLOR MICHAEL CLARKE

The Chair referred to the recent death of Councillor Michael Clarke.

The Panel held a minute's silence as a mark of respect.

12. COMMUNICATIONS.

Health Conference – Leeds

The Chair reported that she and Councillor Steele had been invited to a Yorkshire and Humber Health Scrutiny Network meeting in Leeds on 15th July, but that she was unable to attend. Councillor Turner expressed an interest in attending in her place.

13. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

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

There were no members of the press or public present.

15. HOSPITAL AFTERCARE SERVICE

Lesley Dabell, Chief Executive, Age Concern Rotherham and Hannah Massey, HA Service Co-ordinator gave a powerpoint presentation in respect of Age Concern Rotherham Hospital Aftercare Service.

The presentation drew specific attention to:-

- Introduction
- Background Information – Age Concern Rotherham
- Age Concern Rotherham – Aims
- Hospital Aftercare Service – History
- Hospital Aftercare Service – Aims

- What Hospital Aftercare Service do
- Hospital Aftercare Team
- Where referrals come from
- Hospital Aftercare Service Development
- What has Hospital Aftercare Service delivered in 2009/10
- Information relating to referrals
- Service User Feedback
- Feedback from referrers
- Outcomes
- Learning so far
- What have we done to respond?
- Identified areas for development
- Conclusions
 - Pilot overall successful in 1st year
 - 2010/11 – 2nd year of pilot

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

- Reference was made to Age Concern having an aim of reducing older people's social isolation, but that the HAS service was only provided between 8.30 am to 8.30 pm. It was felt that most people felt isolated at night-time when the service was not available and a query was raised as to who stepped in during this period. Confirmation was given that although there were various organisations who operated night care services, there was no night time equivalent to the HAS.
- A comment was made about the funding of the 2 year pilot and how the service would be sustained beyond this period. It was noted that with the recent change of Government that there was uncertainty as to how this would be achieved and clarification was still awaited.
- A query was raised as to how many patients required more than 7 days aftercare. It was confirmed that some clients required between 100 to 200 days and some of these were generally visited once a week. Many of these clients only needed someone to talk to and in this instance the befriending team helped out.
- Reference was made to the high number of falls encountered particularly by elderly people, and a query was raised as to whether there had been any reduction in these numbers. It was noted that the HAS had been referring more patients to the Falls Prevention Service which would hopefully help to bring the numbers down.
- Reference was made to befrienders and whether they connect people in similar circumstances and localities together and signpost them to appropriate activities/groups where available? It was confirmed that this was the job of enablers. However befrienders did spend time with people with mobility issues who were unable to get out. It was hoped that this service could be developed further with the possibility of introducing the 24 hour service discussed

earlier.

Members thanked Lesley and Hannah for their informative presentation.

16. PATIENT TRANSPORT SERVICE CONTRACT

Nigel Parkes and Doug Hershaw from NHS Rotherham gave a presentation in respect of the Patient Transport Contract.

The presentation drew specific attention to:-

- Patient Transport Services (PTS)
- What is PTS?
- How much does it cost?
- History
- What do we want from PTS?
- How will we achieve it?
- What will it mean for patients?
- Actions

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

- Reference was made to screening of patients and a query was raised as to how this was done and who it was done by. It was confirmed that this was undertaken by the front-line staff who were taking the bookings and it would be via a series of questions to identify whether they met the criteria.
- Concerns were raised that some people who drive have mobility issues which would hinder them on arrival at the hospital, and a query was raised as to what would happen to these people? It was confirmed that in most hospitals there were "meet and greet" people who would be able to assist in these instances.
- A suggestion was made that arrangements could be made for dual pick ups for people living in the same area. Confirmation was given that this had been considered but that it was not feasible to put into practice.
- Reference was made to the cost per journey by medical vehicles of £14.25 and a query was raised as to how this compared with the costs related to taxis. It was confirmed that the cost of a taxi would be different dependent on the length of the journey, whereas the average cost associated with the medical vehicles was based on a mix of all types of vehicles and journeys.
- How would a decision be made as to which vehicle was dispatched to patients? It was noted that the criteria would determine whether an ambulance or a taxi was used, in that if the patient required a stretcher or specialist medical equipment they would be more likely to use an ambulance.
- Concerns were raised that most outpatient appointments run

behind schedule. What would happen with regard to the PTS in this instance? Confirmation was given that as these vehicles were already based at the hospital there would be not problem with going back for a patient when their appointment had finished.

Members thanked Nigel and Doug for their informative presentation.

17. **NOMINATIONS TO OUTSIDE BODIES**

Resolved:- That the following appointments and nominations be made to the Panels, bodies etc. listed below, for the 2010/2011 Municipal Year:-

- (a) Members Sustainable Development Action Group
Councillor Steele
- (b) Health, Welfare and Safety Panel
Councillor Wootton (Substitute: Councillor Turner)
- (c) Women's Refuge
Councillor Jack

18. **REVENUE BUDGET MONITORING 2009/10 OUTTURN**

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report in respect of the Adult Services Revenue Outturn Report 2009/10.

The 2009/10 approved cash limited budget was £72,692,857, and the net Outturn for the service for 2009/10 was £72,608,110. This resulted in an overall net overspend of £84,747 (-0.12%). This represents an increase in the underspend compared with the last budget monitoring report largely due to additional income from continuing health care and a further underspend on extra care housing.

The key variations within each service area are as follows:

Commissioning and Partnerships (+£96k)

There were a number of under and overspends within this service area, mainly around the income budget pressures in respect of performance and planning posts transferred from Neighbourhoods. These were reduced by a number of management actions including, non-recruitment to vacant posts, a general moratorium on non pay budgets and maximising grant funding.

Assessment & Care Management

Older People (Independent) (-£386k)

The overall underspend within this service area was in respect of a number of vacant social work posts, an overall underspend on the Intermediate Care pooled budget (-£61k) and an underspend on independent sector residential and nursing care due to additional income from health and increased income from property charges (-£684k). However, the underspend was reduced by an overspend on the independent sector Home Care budget (+£192k) due to increased demand together with an increase in demand for Direct Payments (+£195k).

Physical and Sensory Disabilities (+£146k)

The main pressures during the year were a continued increase in both number (1110 hours) and cost of independent home care placements (+£312k) together with a further increase in demand for direct payments (+£170k). These overspends were reduced further by management actions including the delayed implementation of new investments to establish residential and respite care services within the borough (-£314k)

Safeguarding (+£64k)

The overspend on this head of account was due to agency staff costs and a loss on income from NHSR.

Independent Living (-£61k)

The underspend within this head of account was a result of the reconfiguration of Rothercare Direct and a recurrent underspend on Extra Care Housing provision after a review of the service.

Health and Well Being

Older People (In-House) (+£653k)

The main overspend during the year was within In-House Home Care services (+£514k) due to the initial delays in the implementation of shifting provision to the independent sector including an overspend on employee costs due to contracted hours being greater than hours of service delivered. There were further overspends within in-house residential care due to the additional costs incurred as part of the de-commissioning of a number of former homes (+£280k) plus the final costs of closure of the laundry (+£166k) and meals on wheels services (+£305k) agreed as part of the 2009/10 budget setting process.

These overspends were reduced by underspends within Extra Care Housing (-£360k), Day care (-£118k) and Transport (-£158k) due to the general moratorium on vacant posts plus a reduction in vehicle running and leasing costs.

Learning Disabilities (-£589k)

The overall underspend within the service was mainly as a result of delays in start up of new supported living schemes (-£195k), increased income from Continuing Health Care funding (-£233k) and underspends within day care (-£138k) as a result of a review of the service.

Mental Health Services

The main pressures during the year were within residential care due to an increased number of placements during the first six months of the year plus a continued increase in demand for direct payments over and above budget.

These pressures have been offset by non recruitment to vacant posts and the achievement of a number of efficiency savings after reviewing a number of service level agreements with independent and voluntary sector providers.

Management Actions

A total of £1.1m of management actions were identified earlier in the year to mitigate the then budget pressures, 93% of which were achieved by the end of the year.

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

- Concerns were raised about the overspend in respect of Safeguarding and that it was partly due to the loss of income from NHS Rotherham, who were not contributing to Safeguarding
- Reference was made to the 20% limit with respect to underspends that could be carried forward and a query was made as to who had made the decision to set this limit. It was confirmed that this was agreed by Cabinet 2-3 years previously.
- Reference was made to decommissioning costs and it was queried what this related to. It was confirmed that this was in respect of the withdrawal of meals on wheels and laundry service and costs associated with the closure of existing homes prior to the buildings being handed back to the council's asset management function.
- It was noted that the underspend relating to older people (independent) was due to the number of vacant social work posts. An explanation was sought as to the current position relating to this. It was confirmed that the number of vacancies had previously been 22, but that it was currently only 4-5 which was considered to be due to normal staff turnover, and did not raise any concerns as far as service delivery was concerned.
- A comment was made about the overspend relating to direct payments and it was queried why this was occurring, if providing direct payments was meant to be cheaper than providing services

directly. It was confirmed that as service users were moving across to direct payments, Council services were reducing rather than ceasing completely, therefore meaning that they were dual running for a period of time. This was therefore having a negative effect on the budget.

- Reference was made to the outsourcing of home care and how successful it had been. It was suggested and agreed that a comparison be made available in respect of in-house care and independent care and brought back to a future meeting of the Panel.

Resolved:- That the unaudited 2009/10 Revenue Outturn Report for Adult Services be received and noted.

19. ASSISTIVE TECHNOLOGY REVIEW UPDATE

Ben Knight, Scrutiny Officer presented the submitted report in respect of the Assistive Technology Review.

The Use of Assistive Technology in Rotherham

Recent findings from the Inspection of Adult Social Care by the Care Quality Commission (CQC) indicated that the council provided a good use of assistive technology to promote the safety and well-being of people in their own homes through Rothercare service.

Rotherham received £441,948 Preventative Technology Grant (PTG) from the Department of Health under Section 31 of the Local Government Act 2003, which was made up of £165,327 for 2006-07 and £276,621 for 2007-08. This was in the form of a specific formula grant with no conditions attached.

Through the grant, the Government expected councils to invest in 'telecare' to help support individuals with the aim to help an additional 160,000 older people nationally to live at home with safety and security and to reduce the number of avoidable admissions to residential/nursing care and hospital. The Care Improvement Partnership anticipated that 884 possible users could benefit from the grant based on £500 per user.

Neighbourhood and Adult Services (NAS) recruited a specific project manager to deliver the assistive technology project using PTG funding. This had since been absorbed within the new Rothercare Direct structure. The initial duration of the project of 2006-8 was extended, with the final funding from the Assistive Technology Grant to be spent by March 2010.

Issues emerging from the review:

- Prior to the receipt of the PTG there was no overarching strategy in place in Rotherham. However, since Rothercare was established there had been various assistive technology projects utilising a

range of grant monies. As part of the evidence gathering Members may wish to explore the evaluation of the assistive technology project and specifically Preventative Technology Grant funding, to establish whether the aims of the project had been met and whether value for money has been achieved.

- As part of the *Joint Commissioning Strategy* between Rotherham MBC and Rotherham PCT a joint strategy for Assistive Technology was drafted in 2007. However, the protocol does not appear to have been finalised.
- It had been reported that a property at Grafton House Smart Flat had been supplied with a suite of assistive technology devices. As service users use this facility they evaluate which pieces of technology meet their specific needs. It is suggested that Members may wish to visit this facility to see how this works in practice.
- £130,000 expenditure was ear-marked on assistive technology for the 3rd sector so that they could identify 500 new clients for free Rothercare trials previously unknown to NAS. Members may wish to explore the impact of this initiative.
- The 'Just Checking' system monitors customer's lifestyle through discreet sensors whilst the service user remains in their own home. This technology is primarily targeted at service users with dementia with carers remotely monitoring, via the internet. Approval was given to 'rolling out' this system in Rotherham. However, Members may wish to explore the scheme's implementation and impact.

A discussion ensued and members suggested that a visit should be arranged to the Grafton House Smart Flat, and Ben Knight agreed to make the necessary arrangements and make contact with members of the review group when these had been finalised.

Resolved:- (1) That Councillor Turner join the review group

(2) That a final interview day be held by the working group to get the current position of RMBC and NHS partnership on Assistive Technology.

(3) That arrangements be made for the review group to visit the Smart Flat set up at Grafton House.

20. FORWARD PLAN OF KEY DECISIONS

Consideration was given to the Forward Plan of Key Decisions for the period between 1st July 2010 and 30th September 2010.

Resolved:- That the Forward Plan of Key Decisions for the period 1st July 2010 and 30th September 2010 be noted and received.

21. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 27TH MAY 2010

Reference was made to Minute No. 7 "Fulfilling and Rewarding Lives: A Briefing on the National Adult Autism Strategy for England" by the National Autistic Society (NAS) and a request was made for it to be discussed at a Panel meeting.

It was noted that a report would be presented to the Cabinet Member for Health and Social Care on the Council's response to the National Adult Autism Strategy for England and it was suggested that it also be presented to the Panel. The view of NAS could therefore be fed into any discussion at that meeting.

Resolved:- That the minutes of the meeting of the Panel held on 27th May 2010 be approved as a correct record for signature by the Chair.

22. MINUTES OF A MEETING OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE HELD ON 14TH JUNE 2010

Resolved:- That the minutes of the meeting of the Cabinet Member for Health and Social Care held on 14th June 2010 be noted and received.