

CABINET MEMBER FOR HEALTH & SOCIAL CARE

**Venue: Eric Manns Building, 45 Moorgate Street,
Rotherham.**

Date: Monday, 12th July, 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 (as amended March 2006)
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence
4. Minutes of the previous meeting held on 28th June 2010 (Pages 1 - 2)
5. Annual Safeguarding Report (herewith) (Pages 3 - 36)
6. Transforming Community Services – Shaping our Future (Pages 37 - 42)
7. Exclusion of the Press and Public
The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
8. Rothercare Charging Policy (Pages 43 - 48)

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 28th June, 2010

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

An apology for absence was received from Councillor Jack.

H6. MINUTES OF THE PREVIOUS MEETING HELD ON 14TH JUNE 2010

Consideration was given to the minutes of the meeting of the Cabinet Member for Health and Social Care held on 14th June, 2010.

Resolved:- That the minutes of the previous meeting held on 14th June, 2010 be approved as a correct record.

H7. REPRESENTATION ON OUTSIDE BODIES

Resolved:- (1) That representation by Members on outside bodies for 2010/11 be as follows:

Monthly Visits of Inspection to Adult Services Establishments

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

Renewal or Discharge of Guardianship Order Panel

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

Contracting for Care Forum

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

Domestic Violence Forum

- Chair of Adult Services and Health Scrutiny Panel
Councillor Jack
- Chair of the Children and Young People's Scrutiny Panel,
Councillor G A Russell

Champion for Older People
Councillor Walker

Champion for Physical Disabilities and Sensory Impairment
Councillor P A Russell

Champion for Carers
Councillor R S Russell

Champion for Learning Disabilities & Safeguarding Adults
Councillor P A Russell

Champion for Public Health
Councillor Burton

Community Liaison Group for Wath Wood Hospital
Councillor Gosling

Learning Disabilities Partnership Board
Councillor P A Russell

Rotherham Alcohol Advisory Service
Councillor Burton

(2) That the membership for the Regional Forums of the National Executive of the Homecare Council be withdrawn

(3) That the decision in respect of representation on the Rotherham Advice and Information Network – Board of Management be deferred pending further information relating to the running of the organisation.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER
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1	Meeting:	Cabinet Member for Health and Social Care
2	Date:	12 July 2010
3	Title:	Safeguarding Adults Annual Report
4	Programme Area:	Neighbourhood and Adult Services

5 Summary

The Rotherham Safeguarding Adults Board (SAB) produces an Annual Report of safeguarding adult's activity. SAB ratify this report for publication to all Partner agencies represented at SAB and for publication on the Council website. The report is also presented to Cabinet Member for Health and Social Care and presented at Adult Social Care and Health Scrutiny Panel.

6 Recommendations

That Cabinet Member approves the attached Safeguarding Adults Annual Report 2009-2010 to be approved for publication and presentation to:

- **Safeguarding Adults Board on 14th July 2010**
- **Adult Social care and Health Scrutiny Panel on 9th September 2010**

7 Proposals and Details

Safeguarding Adults “No Secrets” DoH 2000 states that “The multi-agency management committee should undertake (preferably annually) an audit to monitor and evaluate the way in which their policies, procedures and practices for the protection of vulnerable adults are working.” This has now been passed to the role of the Safeguarding Adults Board, this will be the second annual report produced on behalf of the Board.

The timetable for consultation and publication is that the report will be presented to The Rotherham Safeguarding Adults Board on the 14th July 2010, the report will then be published to all Partner agencies represented at SAB and on the Council website in pdf. Safeguarding Adults Awareness week 2010 will be held 12th to 16th July and it is envisaged that the report will be ready for publication the week commencing 19th July on the back of the heightened awareness from the previous week. The report will then be presented to Adult Social Care and Health Scrutiny Panel on 9th September 2010

8 Finance

Costs associated with publication are £1000 for the design and art work, the identified budget for funding is the safeguarding adult’s budget.

9 Risks and Uncertainties

None.

10 Policy and Performance Agenda Implications

Neighbourhoods and Adult Services Service Plan.

Protecting vulnerable people from exploitation and safeguarding adults.

To strengthen the approach we take to prevent adult abuse and protect vulnerable people from exploitation, working together with our partner agencies to reduce the number of cases of abuse by 2013.

Safeguarding Adults contributes to outcomes framework

- Freedom from Discrimination and Harassment
- Improved Health and Wellbeing
- Improved Quality of life
- Personal dignity and Respect.

11 Background Papers and Consultation

Safeguarding Adults “No Secrets” DoH 2000

I&DeA Adult Safeguarding Scrutiny Guide April 2010

“OSC’s should, as a minimum, expect to review an annual report of the Safeguarding Board and the performance data collected by it”

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Rotherham Safeguarding Adults Board

Annual Report

April 2009 to March 2010

Rotherham **Safeguarding Adults** Office
Floor 2 Norfolk House Walker Place Rotherham S65 1HX
Tel. (01709) 334026

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Introduction

The Rotherham Safeguarding Adults Board is made up of all the key partners in Rotherham who have contact with vulnerable adults (see pg 24 for a list of its members). In Rotherham Safeguarding Adults is our core business and partners have been working together and individually to ensure that there is a **'zero tolerance'** of all forms of abuse and a key focus on prevention.

Rotherham's strategic partnership has set out its vision for the next three years within the Safeguarding Adults Strategy 2009-2012:

'Every vulnerable adult in Rotherham will live a full life as safely and independently as possible and live a life free from abuse and neglect'

During 2009-2010 significant improvements have been put in place to promptly and effectively respond to **protect** individuals when allegations of abuse are made. However we have equally worked to **prevent** abuse from occurring in the first place and continued to actively **promote** understanding and awareness of the Safeguarding Adult's agenda.

In summer 2009, the Care Quality Commission inspected our arrangements under the new methodology for Safeguarding Adults which resulted in a judgement of **'Performing Well'**, one of the first in the country to have undergone this harder test. As part of this process we have significantly raised awareness of the need for safeguarding across the borough. This is a significant achievement as Rotherham was one of the first authorities to achieve this against the new inspection regime.

Strong leadership and effective partnership arrangements are clearly evident in the Rotherham Safeguarding Adults Board, which reports to the Safer Rotherham Partnership. The Board recruited an Independent Chair and reviewed its priorities for the next three years with a headline target of **'Reducing abuse in Rotherham'** with a focus to **Prevent, Promote and Protect**.

Through the Rotherham Safeguarding Adults Board all agencies are fully aware of their responsibilities and are fully committed to delivering against the South Yorkshire Safeguarding Policy and Procedures. The Rotherham Safeguarding Adults Board has played a pivotal role in improving the awareness of responsibilities across all agencies. Service Users are represented at the Board through a number of bodies such as Voluntary Action Rotherham and Scope. The Board also receives a regular Customer Insight report which details customer views about the service, which contributes to improving the service and the development of the Board. We have strengthened the Rotherham Safeguarding Adults Board's links to the Domestic Violence Forum and Domestic Violence Priority Group and the Safeguarding Children's Board through the Director of Commissioning and Partnerships and Director of Health and Wellbeing.

We have delivered a number of improvements across all agencies:

- Improved access arrangements for reporting adult abuse
- Implemented the second phase of **'Home from Home'**
- Increased alerts through a targeted awareness campaign
- Developed the Bronze to Platinum Multi Agency Training Programme
- Full engagement on the Serious Case Review for 'Home H'
- Targeted actions around financial abuse through improved legal involvement and specific awareness TV and radio campaigns.
- Strengthened membership of the well attended Board further with the Fire Service and member champion, Councillor Pat Russell.

Safeguarding vulnerable adults remains our number one priority and we want all our citizens to know that we are passionate about 'stamping out' abuse and protecting vulnerable people. Our priority for the next twelve months will be to bring about a reduction in substantiated abuse.

Message from the Independent Chair of Rotherham Safeguarding Adults Board: Professor Pat Cantrill

It is now a year since I was appointed Chair of Rotherham Safeguarding Adults Board. It has been a very busy year for all Safeguarding Adult's partners but they have risen to the many challenges they have faced.

It is valuable to have an independent assessment of how we are performing in meeting the needs of vulnerable adults and we were delighted in September 2009 when after an inspection of our services by the Care Quality Commission, the independent regulator of health and adult social care services in England we were rated as '**Performing well**' which is one of the highest ratings in the country.

This is a testament to the commitment of everyone who works to provide services to some of the most vulnerable people in Rotherham, not least the Safeguarding Adults Team and I would like to take this opportunity to thank everyone for their dedication and high levels of achievement.

Of course there is always more to do and we all face a demanding year ahead as services across our entire partner organisations address the challenges of working with reduced resources. We need the people of Rotherham's help to make sure that we know when vulnerable adults need our help.

As last year I would like to stress that safeguarding vulnerable adults is the responsibility of all of us and it is only by working together that we will make sure that we make Rotherham a safe place for all its residents.

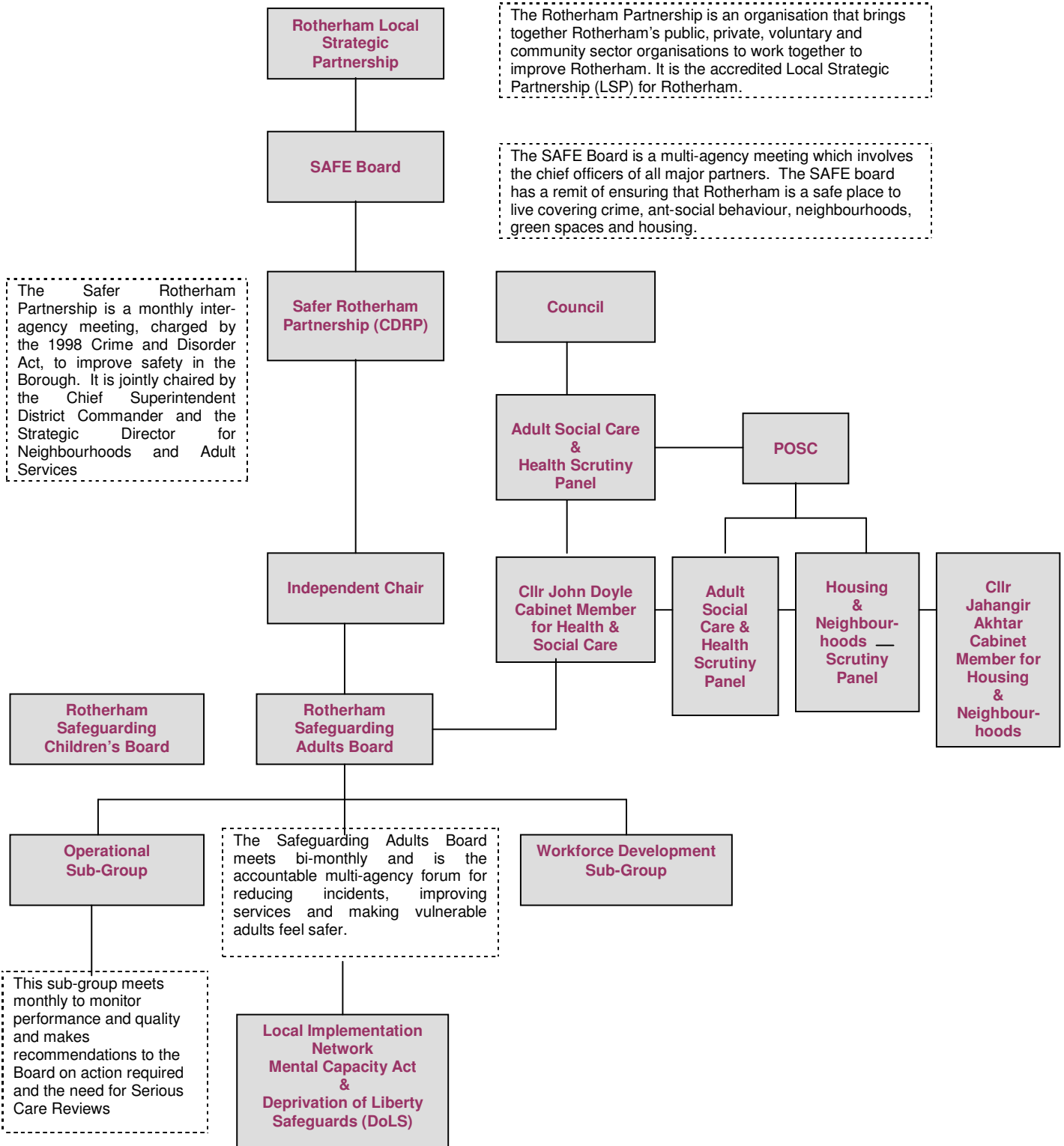
Message from the Safeguarding Adults Champion – Councillor Pat Russell

Safety from harm and exploitation is one of our most basic needs. Councils have a responsibility in relation to safeguarding adults who are defined as vulnerable. Safeguarding adults is everybody's business. In order for the council to fulfil these responsibilities there is a need for strong strategic leadership, this role is performed by the Safeguarding Adults Board. As a Council member I am Safeguarding Adults Champion and proud to sit on the Safeguarding Adults Board to contribute to ensuring safeguarding adults is given sufficient priority to improve outcomes for vulnerable adults in Rotherham.

To include pictures of the Chair and Cllr Russell

The Constitution and Structure of the Rotherham Safeguarding Adults Board

Safeguarding Adults Reporting Structure



Achievements and Contributions

Safeguarding Adults remains our number one priority. The Council, the Rotherham Safeguarding Adults Board, Safer Rotherham Partnership and Local Strategic Partnership have a continued commitment for Rotherham to be one of the safest places in the country.

In 2009/2010:

- We have increased the level of awareness and alerts by 22% to 689
- Increased overall awareness by 19%
- 95% of customers are satisfied our services helped them to feel safe
- 100% of customers feel safer as a result of safeguarding intervention
- Completed 83% of cases in year, increased from 78.2%, with 37 ongoing cases into 2010/2011
- Implemented innovative ways of engaging with customers
- Second phase of '**Home From Home**' is improving standards increasing the number of homes rated 'Good' or 'Excellent'
- One of the first Safeguarding Adults Boards in the country to have a Multi Agency Training and Development Programme – '**Bronze to Platinum**' which has already trained over 5000 Council and partner staff in safeguarding awareness
- Put in place a strengthened Quality Assurance framework
- We have further reduced crime by 13%

We have improved the way people access and receive information about the safeguarding service resulting in 100% customer satisfaction with the service provided by the safeguarding team. Other areas of improvement recognised by Customer Inspectors are:

- Access rated 'Excellent', satisfaction with access improved 74% to 96%
- Re-launched Council Website with 2 click access, rated 'Excellent'
- Improvement in satisfaction with information/advice from 97% to 100% through improvement such as:
 - Information is now produced in 5 languages.
 - Care Packs guiding service users through safeguarding process
 - New material on CD, TV adverts, website video footage, Braille

The South Yorkshire Procedures ensure we have effective and accountable management of safeguarding cases across all agencies. The Board played a pivotal role in improving awareness of roles and responsibilities.

Ahead of '**No Secrets 2**' we are continually, through learning from individual cases, serious cases, quality assurance, the inspection and customer feedback, reviewing and improving our area specific protocols. Examples of this are:

- Through business process re-engineering the Safeguarding structure now covers all customer groups.
- Developed suspension of placement protocols based on lessons learned from incidents involving care homes throughout the year.
- The process for referral to police has been updated and re-launched
- With Improvement and Development Agency (IDeA) incorporated **PREVENT** into protocols and training

We have put in place innovative yet sensitive ways for customers, carers and relatives to be involved in improving the Safeguarding Adults service:

- 'Home Truth' diaries are kept by customers to see the full journey
- Post case conference interviews establish satisfaction with outcomes
- Investigating officer testing satisfaction with the support provided.
- Customer inspectors carrying out mystery shopping of the service
- Asking residents/relatives about the quality of care in homes
- Campaign tests awareness, access and potential hot spot areas.

Our work on '**Home from Home**' has received regional and national recognition. Regionally it was nominated for a Great British Care Award and nationally the Care Quality Commission approached us to help respond to a report published in March 2009 by Care Equation on roles and responsibilities in promoting improvement in adult social care services. Rotherham has played a pivotal role in developing a clear 'information sharing' protocol involving colleagues from the regional and national ADASS group which will reduce this burden and help to strengthen sharing information in a timely and effective way to deal with adult abuse. Alongside this protocol, Rotherham is working with the Care Quality Commission to develop an information sharing 'portal' which will improve the information flow between the Care Quality Commission and Councils in 'real time', feeding into the new Quality Risk Profiles. Rotherham has been identified as a pilot area for this portal in the next 12 months.

Rotherham had the biggest reduction in crime in South Yorkshire in 2009/2010. Overall crime has been reduced by 13.4% with 2,987 less victims. Our continued focus has been on making Rotherham a safer place to live. As a result of the increased alerts the Safer Rotherham Partnership made Safeguarding Adults a Priority Area for 2009/2010. Their focus has driven performance on increasing referrals and multi-agency training.

Rotherham NHS Foundation Trust has:

- Created a new role of Safeguarding Adults Lead
- Held a number of Mental Capacity Act/Deprivation of Liberty Safeguards training sessions
- Developed in-service Safeguarding Adults training and since December 2009 more than 100 staff have accessed this.
- Implemented recommendations from the outcome of a Serious Case Review.

NHS Rotherham has: at present have not provided updated information

Rotherham, Doncaster and South Humber Mental Health Services (RDaSH) has:

- Established a Safeguarding Adults Forum enabling staff to review and learn from practice
- Attend the Rotherham Safeguarding Adults Board and provide representation to the Safeguarding Adults Operational Sub Group as appropriate
- Undertaken a review of organisational systems in order to provide a Safeguarding Adults Case Conference Chair.

South Yorkshire Fire and Rescue Service has:

- Developed an internal Strategy and Referral Pathway
- Established a single point of contact for managing, recording and auditing all safeguarding alerts and referrals
- Developed an internal safeguarding training plan and package
- Undertake consultation, pilot and evaluation of the Safeguarding Strategy and Safeguarding Training
- Representation at the Rotherham Safeguarding Adults Board and the Safeguarding Adults Operational Sub Group
- Set up an internal Vulnerable Persons Liaison Group
- Provided contribution to Serious Case Reviews and Internal Management Reviews
- Developed internal collaboration to support safe recruitment via CRB and ISA Vetting and Barring Scheme.

South Yorkshire Police has:

- Continued to work together in a positive way, with all Safeguarding Adults investigators from all partner agencies
- Continued to co-train on the 'Working Together to Safe Vulnerable Adults' two day training course which runs across the South Yorkshire Safeguarding Adults Procedures
- Revised the Police Safeguarding Alert Form to assist other agencies with more information
- Developed a vulnerable adult alert form to inform other agencies of concerns
- Continued to support vulnerable victims of abuse and neglect to get recourse through the criminal justice system where appropriate.

Yorkshire Ambulance Service has: at present have not provided updated information

Voluntary Action Rotherham has:

- Recognised the importance of Safeguarding Adults and ensured that it is a key priority for the Voluntary and Community Sector network members
- Identified and promoted best practice with Voluntary and Community Sector members and statutory partners
- Shared Safeguarding Adults Tool Kits and signposted organisations to the appropriate training

- Made recommendations in relation to the on-line Safeguarding Adults training to the Voluntary and Community Sector
- Promoted the identification of safeguarding issues and implemented reporting mechanisms
- Supported capacity within Voluntary and Community Sector organisations to implement high safeguarding standards and shared best practices
- Supported Voluntary and Community Sector engagement in the development of Safeguarding Strategies
- Supported members of the Adult Services Consortium to actively engage and participate in the Rotherham Safeguarding Adults Board
- The Adult Services Consortium will continue to support the Voluntary and Community Sector with Safeguarding Adults issues.

Neighbourhoods and Adult Service has:

- Improved customer access and satisfaction for safeguarding adults. We have improved the way people access and receive information about the safeguarding service resulting in 100% customer satisfaction with the service provided by the safeguarding team. Other areas of improvement recognised by Customer Inspectors include:
 - Information is now produced in 5 languages.
 - A Care Pack to guide service users through safeguarding process
 - New material on CD, TV adverts, website video footage, Braille
- Effectively managed safeguarding cases. Robust safeguarding arrangements are in place in Rotherham to promptly and effectively react to protect individuals where allegations are made. We have reviewed and further strengthened our approach with a new safeguarding structure covering all user groups. This focuses on investigation, raising standards and quality of Residential/Nursing Care homes, Mental Capacity Act, Deprivation of Liberty Safeguards, investigation and leadership
- Fully implemented The Mental Health Act, Mental Capacity Act and the Deprivation of Liberty Safeguards. The service was launched 1 April, 2009. The Council in its role as Supervisory Body has amongst other developments:
 - Trained a pool of Best Interest Assessors and Mental Health Assessors
 - Appointed a Mental Capacity Act Co-ordinator

Quality Assurance and Contract Monitoring in Care Provision in Rotherham

In 2009/2010 a robust Quality Assurance and audit framework was put in place which includes:

- Independent Multi Agency Quality Audits in place through the Safeguarding Adults Operational Sub Group
- Case File auditing framework in place through Team Managers.
- Random audit programme in place with Director of Health and Wellbeing.
- Independent Quality Assurance checks through Service Quality Team
- Multi Agency Safeguarding Adults QA Strategy and toolkit in place and tested through complex establishment investigation at Home L., evidencing excellent partnership working.

As a result of this quality assurance testing, improvements to procedures were made, including an improved referral process, eliminating duplication and improving information sharing and standardised strategy meeting minutes.

Home from Home – Raising Standards in Care Homes

In partnership with Age Concern, we have fully embedded the '**Home from Home**' scheme, our innovative approach to quality assurance and contract monitoring of care homes in Rotherham. Each provider is given a quality rating of '**bronze**', '**silver**' or '**gold**'. Any service found to be below silver standard is prioritised for early intervention. All services will have an action plan in place to deliver continuous improvement. A web page has been produced which lists the homes in the '**Home from Home**' scheme and the reports once completed are attached for customers, potential customers, relatives and professionals to read or download.

Round one of assessments took place between December 2008 and September 2009. 35 homes were assessed and 2 were rated Gold, 16 were rated Silver, 16 were rated Bronze. Round two began in October 2009 and the assessment visits were completed at the end of March 2010. To date 28 homes have been rated with improvements seen in 9 homes resulting in 5 Gold, 15 Silver and 8 Bronze, A number of homes have improved their Care Quality Commission rating as a result of the improvement plan put in place through '**Home from Home**' and already this scheme is having a positive impact on CRILL (Collating Regulatory Information at Local Level) and LAMA (Local Area Marketing Agreement):

- Overall quality ratings increase on last year.
- Overall performance is above the National/Comparator Group average
- Increased the number rated excellent across all service types
- Increased nursing homes rated good/excellent, from 45% to 75%
- There are no providers rated poor

'Home from Home' gives incentives to drive up standards/quality.

To date:

- 2 Gold homes have received an additional £5 per week per bed
- 11 Silver homes have received an additional £3 per week per bed

Case Studies of Home from Home

Home AL – Silver to Gold, Improved Care Quality Commission rating from 2 star to 3 star

Manager at AL:

"I have just been informed that we have achieved a gold rating and wanted to pass on my thanks to your team in helping us achieve this. Last year we were rated silver and had a lot of input from you to improve, by working together we achieved an excellent rating with CQC and gold from yourselves."

Home MC – Bronze to Silver

Residents' comments:

"I feel the home is very much changing for the better with the new manager"

"The new manager is very hands on and dedicated to her job. She is doing the best she can for the residents comfort and well being."

Home A - Bronze to Silver

Relative's comment:

"They are trying to develop and promote the home and are changing the dining and sitting rooms around so there will be lounges for families to sit with their family member."

Safeguarding issues arising as a result of Contracting Concerns with commissioned care and support agency

Contracting concerns regarding the commissioned Domiciliary Care and Residential and Nursing Care services are dealt with by the Contracts Team in Commissioning and Partnerships. The majority of contracting concerns are logged by operational staff, a number from Safeguarding Team with a small number coming from service users/families directly.

Concerns raised are forwarded to the Contract Assurance and Reviewing Officers (CARO's) by an electronic alerting system and are screened for Safeguarding issues. If it is found to be a Safeguarding issue, then the Safeguarding Team are alerted to investigate. CARO's, work very closely with the Safeguarding Team including attendance at strategy meeting and case conferences.

Domiciliary care agencies are alerted initially by email with an expectation of a timely response, and which may involve a visit to the Provider by the CARO. Contract concerns relating to residential homes are also received via email and involve a visit from the CARO, and normally

discussion with the home manager. The issues arising out of a safeguarding investigation are dealt with at an appropriate time, with action plans developed with the providers to rectify the problem and allow appropriate action to take place.

Providers are required to adhere to the RMBC's Safeguarding Policy and are expected to develop their own local policy. Compliance with Safeguarding policy is itemised in the standard contract conditions and compliance is reviewed against this policy at contract monitoring meetings and at annual reviews. Mandatory Safeguarding training of employed staff is required with adherence to this monitored by regular reviews of the provider by the contracts team. Compliance with the policy is stimulated by targeted promotion of the Safeguarding policy across the Independent sector and Voluntary and Community sector during key events with participation monitored by the CARO's.

Performance Management Framework

The actions defined in the **Rotherham Safeguarding Adults Strategy 2009 – 2012**, will be delivered through the agreed **Rotherham Safeguarding Adults Performance Management Framework**. This framework has been developed by the Safeguarding Adults Board for all partner agencies that are involved in the management and coordination of safeguarding vulnerable adults and puts in place clear accountability, reporting structures, effective measures of performance and systems for dealing with poor performance. The Safeguarding Adults Board will receive performance reports on the action plan of this Safeguarding Adults Strategy every quarter, which will be monitored at the **Safeguarding Adults Operational Sub Group**.

The performance measures in the framework are divided into the three key themes:

Promote

This suite of indicators reflects the number of safeguarding alerts from each of the service user groups and the ethnic origin of alleged victims. The number of authorised **Deprivation of Liberty Safeguards** is reflected under this theme as is the measure of vulnerable adult's satisfaction with the process and its impact on them feeling safe.

Prevent

The level of training staff received to assist them in their role is recorded in this suite of indicators as is the indicator to reflect the number of homes graded silver or above through the **'Home from Home'** initiative.

Protect

This theme focuses on the outcome of safeguarding investigations and records the number of completed cases, the number of investigations that culminate in a case conference and what percentage of abuse is substantiated. The timescale for allocation of safeguarding investigations is reflected in these indicators as is timescale for completion of an investigation. It also includes a measure for re-referral rates and the number of Serious Case Reviews commissioned by the Safeguarding Adults Board.

This comprehensive suite of Safeguarding Adults Performance Indicators has already improved the quality and timeliness of responses to Safeguarding Adults referrals.

Facts and Figures

April 2009 - March 2010

A total of 689 alerts were reported through the new Safeguarding Adults reporting process.

The information presented in this analysis and the terminology used is taken from the information from the Abuse of Vulnerable Adults (AVA) Collection NHS Health and Social Care Information Centre 2009.

Safeguarding Adults Activity

The table below illustrates how all elements of Safeguarding Adult's activity, from the initial alert has increased.

During 2009/2010 there has been a continued public and professional awareness raising campaign, and a focus on staff training particularly in the residential and nursing sector. This has contributed to a better public and professional understanding of the signs and symptoms of abuse and to the mechanisms for reporting concerns. As anticipated this has resulted in a further increase in the number of safeguarding alerts.

Older Peoples Services have consistently recorded the greatest number of safeguarding alerts. However, once again this year there has been a significant increase in those from other vulnerable adult groups which reflects an increasing awareness in these services.

Number of Alerts 2009 – 2010					
In total there were 689 Alerts made to Safeguarding Adults					
Older People	Learning Disability	Physical Disability	Mental Health Older People	Mental Health	Sensory Disability
469	43	118	51	17	1

The strategy meeting/discussion is a crucial stage in the safeguarding process as it determines which organisation is best placed to lead the investigation. The strategy meeting/discussion also identifies how the investigation will be conducted and how the investigators will report on their findings. A strategy meeting should only be called when the threshold for '**significant harm**' has been met.

The table below indicates a reduction in strategy meetings convened to those in 2008/2009. This is due to the business process re-engineering of the Safeguarding Adults process and demonstrates a more consistent approach to the application of the '**significant harm**' threshold.

Number of Strategy Meetings Convened 2009 – 2010
317 Strategy Meetings/discussions held across all services compared to 378 in 2008/2009

The South Yorkshire Safeguarding Adults Procedures are very clear regarding when a case conference should be held on completion of a safeguarding investigation. Prior to the new procedures, case conferences happened routinely. This year's figures reflect a decrease in the number of investigations that culminate in a case conference. Once again this indicates that the procedures are being applied appropriately and consistently across all service user groups.

Number of Case Conference Convened 2009 – 2010

61 Case Conferences convened across all services compared to 107 in 2008/2009

Review of Alerts

April 2009 - March 2010

Who Alerted?

It is important to note that the definitions of 'alert' and 'referral' have changed since last year's report and therefore direct comparisons cannot be made in this report to those in the 2008/2009 Safeguarding Adults Annual Report.

Alert

An alert is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

Referral

A referral is the same as an Alert however it becomes a referral when the details lead to an adult protection investigation/assessment relating to the concerns reported.

Source of Alert		
Alterer:	2008/2009	2009/2010
Residential/Nursing Care	91	161
Relative/Friend	69	62
Health	62	82
Domiciliary Care	26	131
Alleged Victim	31	10
Neighbours/Public	27	6
Social Care Staff	10	28
Police	8	78
Housing	7	16
Ambulance	6	0
Anonymous	3	7
Other Local Authority	0	8
Other Dept in RMBC	0	14
Not recorded	0	10
Other Source*	0	76

* Other source refers to a variety of sources e.g. Probation, Employment and other agencies and voluntary and community sector.

If we make a direct comparison between the number of 'alerts' reported in 2009/2010 and 'referrals' from the previous year **there has been a substantial rise in the number of alerts from Professional and other organisations which account for 57% of alerters** compared to 39% in 2008-2009 as indicated in the table above. This significant increase is due to the success in raising awareness across all organisations and agencies which indicates there is less reliance on waiting for the victim, family, friends, and public to alert which as a source has decreased by 13% this year.

Who was the subject on the alert?

Alleged Victim

Approximately two thirds of all alleged subjects of safeguarding concerns, who were referred into the Safeguarding Adults procedure in Rotherham in 2009/2010 were female. This is exactly the same as the previous year's figures.

The age of the alleged victim also remains almost the same as reported in the previous year, once again showing the highest category of alleged victim remains older people.

Gender of Alleged Victim		
	2008/2009	2009/2010
Female	67%	67%
Male	33%	33%

Age of Alleged Victim		
	2008/2009	2009/2010
Over 65 years	72%	74%
Under 65 years	28%	26%

It is significant that the majority of alerts received regard alleged victims from a White/British background. This does not reflect Rotherham's diverse cultural mix.

Awareness raising materials have been produced in community languages **resulting in a 40% increase of referrals regarding individuals from BME communities**. There has been an increase from 18 referrals in 2008/2009 to 25 referrals in 2009/2010.

3.8% of the total number of referrals during 2009/2010 concerned alleged victims from BME communities, this compares to 3.5% for the previous year.

This year has also seen **a 14% increase in alerts from LGBT community**.

'Refused to Declare' and 'Unknown' ethnicity has increased this year.

Continued awareness raising and training tailored to the needs of the BME communities should see a continued increase each year in alerts from these groups.

Unknown Ethnicity	1	11
Ethnicity of Alleged Victim		
	2008/2009	2009/2010
White/British	507	649
Asian/Pakistani	6	10
White/European	4	6
Yemeni	3	5
Asian	2	1
Asian/British	1	0
Asian/Indian	1	0
Black	1	0
Dual Heritage	0	3
Refused to Declare	0	4

Review of referrals and investigations

April 2009 - March 2010

What was referred?

What Were the Categories of Alleged Abuse Investigated?

Categories of Alleged Abuse 2009 – 2010						
Neglect	Physical	Financial - Material	Psychological	Institutional	Sexual	Discriminatory
30%	26%	15%	6%	20%	3%	0%

Categories of Alleged Abuse 2008 – 2009						
Neglect	Physical	Financial - Material	Psychological	Institutional	Sexual	Discriminatory
28%	27%	22%	12%	6%	4.5%	5%

The above table indicates that there has not been a significant change in the breakdown of percentages for each reported category, with '*neglect*' still remaining the highest cause for alert. We have seen a **significant success in the reduction of financial abuse reported**. There has however been a significant increase in '*institutional*' abuse which is reflected in the increase in alerts in a Residential/Nursing Care setting from 91 in 2008/2009 to 161 in 2009/2010. As a result of these figures the Safeguarding Adults Annual awareness Week 2010 is directly targeting the campaign to **all** care homes in Rotherham

What was referred?

Who Was the Alleged Perpetrator?

Relationship of Alleged Perpetrator to Alleged Victim		
	2008/2009	2009/2010
Residential/Nursing Care Provider	45%	46%
Family/Friend	38%	27%
Service Users	6%	10%
Health	3%	8%
Neighbours/Public	3%	0%
Other	2%	6%
Domiciliary Care Provider	1.5%	3%
Rogue Traders	1%	0
Transport	0.5%	0

Setting of Alleged Abuse		
	2008/2009	2009/2010
Residential/Nursing Care Home	48%	61%
Own Home	44%	30%
Hospital	3%	2%
Supported Living	1%	0%
Other	4%	7%

Consistent with the figures for 2008/2009 the highest numbers of alleged victims in 2009/2010 were living in Residential/Nursing Care and that the alleged perpetrator of the abuse was either an identified person paid to care for them, or the care provision as a whole by allegedly neglecting their residents' care needs.

This reflects the robust arrangements that are in place to ensure that all staff in Residential/Nursing Care establishments are trained to enable them to feel confident to recognise and report any safeguarding concerns they become aware of. The continued '**Home from Home**' initiative, has ensured safeguarding awareness is raised and also ensuring a rise in Care Standards.

Review of referrals and investigations

April 2009 - March 2010

What were the outcomes?

The Conclusion of the Safeguarding Adults Case Conferences

Of the 689 Safeguarding Adults alerts received in 2009/2010 61 culminated in a Safeguarding Adults case conference. **In 2009-2010 we have reduced substantiated abuse from 23% to 17%.** This is due to the adherence to the South Yorkshire Safeguarding Adults Procedures and the increased quality control of all safeguarding investigations by the Safeguarding Adults Team Manager. This is reflected in the number of safeguarding alerts that were closed (no further action) prior to a strategy meeting being convened, 410 out of the 689 (59.5%). This indicates that the original alert did not meet the threshold of *'significant harm'* or the alleged victim did not meet the definition of a *'vulnerable adult'* as defined in *'No Secrets'* (Department of Health 2000):

'The definition of a vulnerable adult is – A person aged 18 or over who is or maybe in need of community care services by reason of mental or other disability, age or illness and is or maybe unable to take care of him or herself, or able to protect him or herself against significant harm or exploitation'.

Outcomes of Safeguarding Case Conferences			
61 Case Conferences held regarding individuals			
Abuse Substantiated	61%	Abuse Not Substantiated	39%

61 of the cases investigated progressed to a case conference compared to 107 in 2008/2009, this is a direct result of multi agency safeguarding investigation into 2 care homes in 2008/2009 which took place with a total of 34 additional cases going to case conference in that year. This was unprecedented.

Allegations regarding physical abuse and neglect have consistently been the highest categories of alleged abuse referred into the safeguarding process. This perhaps reflects the visible signs and symptoms of these forms of abuse which can be observed by those having contact with the vulnerable person. Other forms of abuse rely more heavily perhaps on the alleged victim telling someone about the abuse and we are aware that vulnerable people are often unwilling or unable to raise a concern themselves.

However we have seen a significant increase this year in substantiated financial abuse, these trends are reflected in the table below.

Of the 61 Case Conferences Held Abuse was Substantiated in the Following Primary Categories:						
Physical	Psychological	Financial	Sexual	Discriminatory	Institutional	Neglect
35%	13%	8%	2%	0%	2%	40%

Training and Awareness

April 2009 - March 2010

Safeguarding Adults Training

Safeguarding Adults Training		
	2008/2009	2009/2010
Local Authority	610	269
Independent Sector	351	265
Health	192	524
Voluntary Sector	32	38
Students	5	0
Police/Probation	1	150
Other	62	25
Total	1258	1271

This includes the following in addition to the Basic Awareness Training:

- 33 staff undertook Investigating Safeguarding Adults Concerns
- 2 staff undertook Joint Investigation with the South Yorkshire Police/Working Together
- 12 staff undertook Safeguarding Adults Case Conference Chair Training
- 192 staff undertook Safeguarding Adults Basic Awareness Refresher Training
- 49 staff undertook Mental Capacity Act Specialist Training

There has been a significant reduction in Local authority staff trained in 2009-2010 compared to the previous year. This is due to the mandatory E-Learning basic awareness being introduced in 2009, where all staff employed by Neighbourhoods and Adult Services had to complete this training. The reduced figure reflects those who were unable to complete the training last year and those new to the Authority in this reporting year.

The training to partner agencies has increased significantly by 55% from 643 in 2008-2009 to 1002 in 2009-2010.

The Workforce Development and Training Panel oversee the development of the **Multi-agency Safeguarding Adults Training and Development Plan** with different levels of training against the *Bronze* to *Platinum* standards.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguards 2009/2010			
Referrals Received by RMBC	4	Referrals Received by NHS Rotherham	1
Authorised Referrals by RMBC	1	Authorised by NHS Rotherham	0

1 April 2009 saw the introduction of the Deprivation of Liberty Safeguards, appended to the Mental Capacity Act through the Mental Health Act 2007.

Sometimes a person may lack the mental capacity to consent to treatment or care in either a hospital or care home and may need, in their own best interests, to be deprived of their liberty.

The Deprivation of Liberty Safeguards provides a framework to ensure that a deprivation of liberty happens only under very specific conditions and only when it is in someone's best interests.

In Rotherham, all applications for a deprivation of liberty authorisation are received by the Joint Supervisory Body, located within the Safeguarding Adults Office. The Supervisory Body acts on behalf of the Local Authority and NHS Rotherham through a section 75 (pooled budget) agreement.

Nationally, the number of deprivation of liberty applications is much lower than anticipated, just over one third of the Department of Health forecast. In Rotherham the Joint Supervisory Body had received 5 applications.

As a Supervisory Body we have continually worked with the care homes, acute trust and community hospitals to raise awareness of the safeguards, to ensure that there are no unlawful deprivations of liberty in the Borough.

Safeguarding Quality Assurance, Service Standard and Customer Experience

Safeguarding Adults practice is quality assured by the Safeguarding Adults Team Manager, the Safeguarding Adults Operational Sub Group and Multi Agency review of cases.

Safeguarding Adults practice and adherence to the South Yorkshire Safeguarding Adults Procedures is reported within the Safeguarding Adults Service Standard where information is collated as below:

- Where necessary, immediately secure the safety of the vulnerable adult. **Our current performance is 100%**
- Allocate the case and commence the assessment process within 24 hours of receiving your concern. **Our current performance is 100%**
- Involve the vulnerable adult concerned in the investigation and keep them updated on progress. **Our current performance is 100%**
- Give you the opportunity to contribute your personal views and choices throughout the Safeguarding Adults process. **New Standard**
- Provide you with a Safeguarding Adults Information Pack giving clear advice and information within the first week of your safeguarding investigation process. **New Standard**
- Where a case conference has taken place you will receive a written copy of the minutes and any decisions made within 10 working days. **New Standard**
- Produce an annual public report detailing all Safeguarding Adults' activity in Rotherham. An annual report was published in 2008/2009.

Key Fact: **We have had a 22% increase in the number of alerts to the Safeguarding Adults Team**

Contributing to Personal Dignity and Respect Outcome and Rotherham SAFE Theme

Safeguarding Adults Board Membership

The purpose of the Safeguarding Adults Board is to achieve the shared vision of the safeguarding partners as set out in the **Rotherham Safeguarding Adults Strategy 2009 – 2012**.

The Safeguarding Adults Board membership consists of:

- Professor Pat Cantrill (Independent Chair)
- Val Allen SCOPE Community and Voluntary Sector Representative
- Jackie Bickerstaff Head of Learning Disability Services
- Sarah Blake RMBC Safeguarding Adults and Mental Capacity Act Training and Development Manager
- Lesley Dabell Age Concern Rotherham Chief Executive
- Helen Dennis RMBC Safeguarding Adults Co-ordinator
- Cheryl Henry RMBC Domestic Abuse Co-ordinator
- Kath Henderson NHS Rotherham Director of Provider Services
- Jill Jones 2010 Rotherham Ltd Partnership Lead
- Shona McFarlane RMBC Director of Health and Well Being
- Lorraine Moore Care Quality Commission
- Simon Palmer South Yorkshire Police Detective Inspector Public Protection Unit
- Sam Newton RMBC Safeguarding Adults Manager
- John Radford NHS Rotherham Joint Director of Public Health
- Janet Roberts Rotherham NHS Foundation Trust Safeguarding Adults Lead
- Cllr Pat Russell Safeguarding Adults Champion
- Yvonne Sambrook NHS Rotherham Clinical Governance Lead
- Deborah Smith Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH) Deputy Director of Operations
- Sandra Tolley RMBC Housing Choices Manager
- Chrissy Wright RMBC Director of Commissioning and Partnerships
- Dave Roddis RMBC Service Quality Manager
- Amanda Thompson SY Fire and Rescue Community Partnership Officer

Safeguarding Adults Operational Sub Group

The purpose of the Safeguarding Adults Operational Sub Group will be to provide a joint agency forum for the development and monitoring of Safeguarding Adults policy and practice in response to direction from the Rotherham Safeguarding Adults Board.

1. Specific Responsibilities

- 1.1 Oversee the development of the Safeguarding Adults procedures for partner agency working to safeguard vulnerable adults from abuse.
- 1.2 Monitor through feedback of members the extent to which roles and operational definitions for intervention are understood and adhered to.
- 1.3 Raise awareness within partner agencies and the wider community of the need to safeguard vulnerable adults from abuse and explain how they can contribute to achieving these objectives.
- 1.4 Explore and review information in line with changes in legislation, government policy and local practice experience and advise the SAB of the appropriate information.
- 1.5 This group will, as directed by the SAB, monitor adherence to the South Yorkshire Safeguarding Adults Procedures and report back to the Board accordingly.
- 1.6 Establish Task and Finish Groups to undertake specified and required activity and to oversee and review the work of these groups.
- 1.7 Disseminate learning undertaken from investigations and monitor action plans devised by the Performance and Quality Auditing Task Group. Provide exception reports for the Board.
- 1.8 Report to the Board via the Chair of the Safeguarding Adults Operational Sub Group through a standing agenda item at the Board.
- 1.9 Review and monitor action plan to the Rotherham Safeguarding Adults Strategy and the Inspection Improvement Plan.

2. Format

- 2.1 The Safeguarding Adults Manager, Adult Services will Chair the group with an appointed Vice Chair from any of the other partner agencies.
- 2.2 Meetings of the Safeguarding Adults Operational Sub Group will be held every month. The duration of the meeting will be 1½ hours.

- 2.3 Each member agency should nominate a lead officer and deputy with sufficient authority to speak on the agency's behalf, feed back and effect necessary changes on issues brought to or arising from the group: for example compliance, policy, practice and training.
- 2.4 Each partner agency will contribute agenda items of particular relevance to their agency's national/local policy issues or experience. Or any other item thought to be relevant to the Safeguarding Adults Operational Sub Group.
- 2.5 RMBC will undertake an annual report of Safeguarding Adults investigations it will be presented with conclusions and any proposed action plans to the Board each year.
- 2.6 Terms of Reference for the Safeguarding Adults Operational Sub Group will be reviewed annually.

3. Safeguarding Adults Operational Sub Group Membership:

Rotherham Metropolitan Borough Council – Neighbourhoods and Adult Services

- Safeguarding Adults Manager
- Safeguarding Adults & Mental Capacity Act Co-ordinator
- Safeguarding Adults Mental Capacity Act Training Manager
- Contracts Officer
- Performance Officer
- Safer Neighbourhoods Manager
- Learning Disability Services

Rotherham General Hospital Foundation Trust

NHS Rotherham

- Provider Representative (Rotherham Community Health Services)
- Commissioning Representative

Rotherham, Doncaster and South Humber Mental Health Services (RDaSH)

South Yorkshire Police

Fire and Rescue Services

Voluntary Action – Rotherham

Care Quality Commission

NB: Other partner agencies will be co-opted as appropriate to the Safeguarding Adults Operational Sub Group and the Task and Finish Groups.

Safeguarding Adults Training and Development Sub Group Terms of Reference

The purpose of the Safeguarding Adults Training and Development Group will be to provide a joint agency forum for the development and implementation of Safeguarding Adults training policy in response to direction from the Safeguarding Adults Board.

1. Specific Responsibilities

- 1.1 Responsible for sharing information about development activity and identify need within each respective partner agency
- 1.2 Monitor through feedback of members learning and development budgets, funding streams and resources for multi or inter-agency learning and development activities
- 1.3 Responsible for identifying areas of shared need across partner agencies and agree provider solutions based on analysis of best practice
- 1.6 To identify opportunities for multi or inter-agency delivery and access to resources
- 1.5 Responsible for ensuring the implementation of learning and development programmes within the auspices of the policy
- 1.6 Responsible for determining the criteria for evaluating the learning and development provision and associated performance measures
- 1.7 Report to the Board via the Chair of the Safeguarding Adults workforce and training Group through a standing agenda item at Rotherham Safeguarding Adults Board
- 1.8 To review the quality and appropriateness of learning and development provision and access
- 1.9 To review the learning and development policy on a biennial basis for reference to Rotherham Safeguarding Adults Board
- 1.10 To provide an annual performance report to Rotherham Safeguarding Adults Board

2. Format

- 2.1 The Safeguarding Adults & Mental Capacity Act Training Manager, Adult Services will Chair the group with an appointed Vice Chair from any of the other partner agencies.
- 2.2 Meetings of the Safeguarding Adults Workforce and Training Group will be held every month. The duration of the meeting will be 2 hours.
- 2.3 Each member agency should nominate a lead officer and deputy with sufficient authority to speak on the agency's behalf, feed back and effect necessary changes on issues brought to or arising from the group: for example compliance, policy, practice and training.
- 2.4 Each partner agency will contribute agenda items of particular relevance to their agency's national/local policy issues or experience. Or any other item thought to be relevant to the Safeguarding Adults Workforce and Training Group.
- 2.5 Terms of Reference for the Safeguarding Adults Workforce and Training Group will be reviewed annually

3. Safeguarding Adults Workforce and Training Group Membership:

Rotherham Metropolitan Borough Council – Neighbourhoods and Adult Services

- Safeguarding Adults and Mental Capacity Training Manager
- Safeguarding Adults & Mental Capacity Act Co-ordinator
- Safer Neighbourhoods Manager
- Learning Disability Services

Rotherham General Hospital Foundation Trust

- NHS Rotherham
- Provider Representative

Rotherham, Doncaster and South Humber Mental Health (RDaSH)

South Yorkshire Police

Fire and Rescue Services

Voluntary Action – Rotherham

Safeguarding Adults Training Pool

The purpose of the Safeguarding Adults Training Pool is to deliver Multi-agency Safeguarding Adults Training.

The Safeguarding Adults Training Pool membership consists of:

- Alison Platt NHS Rotherham
- Beverley Hughes NHS Rotherham
- Sarah Blake Rotherham Metropolitan Borough Council
- Louise Brookes Rotherham Metropolitan Borough Council
- Frieda Durham Learning Disability Services
- Gail Bouskill Independent Sector – Johnnie Johnson Housing Association
- Hayley Walker Rotherham NHS Foundation Trust
- Deborah Knowles Rotherham Metropolitan Borough Council
- Lee Marshall NHS Rotherham
- Angie Lindsay Rotherham Metropolitan Borough Council
- Lynn Loftus NHS Rotherham
- Mohammed Nawaz Rotherham Metropolitan Borough Council
- Liz Nelson-Brown Rotherham Metropolitan Borough Council
- Susan Case NHS Rotherham
- Louise Brookes Rotherham Metropolitan Borough Council
- Janet Ryalls Rotherham Metropolitan Borough Council
- Nicki Chambers Rotherham Metropolitan Borough Council

NB: All members of the Training Pool are committed to delivering 5 days training support.

Mental Capacity Act, Deprivation of Liberty Safeguards Local Implementation Network Terms of Reference and Membership

The group has been set up to function as a local multi-agency implementation network to ensure that the statutory requirements relating to the Mental Capacity Act 2005 and the supplementary Deprivation of Liberty Safeguards are met.

The overall aim is to establish good practice and a coherent approach across all relevant organisations.

1. Objectives

- To develop, agree and implement good practice and consistent operational processes so that people with capacity issues receive the right support in decision making
- To prepare and agree practice and procedural guidance for staff with an identified role within the Mental Capacity Act/Deprivation of Liberty Safeguards
- To ensure that staff who have responsibility to work within the requirements of the Mental Capacity Act/Deprivation of Liberty Safeguards develop an understanding of their roles and responsibilities.
- To ensure that information is available for users, families, carers and the public about the Mental Capacity Act/Deprivation of Liberty Safeguards
- To effectively commission an Independent Mental Capacity Advocate Service.
- To effectively commission a Relevant Person's Representative Service
- To identify training and workforce development needs for a range of staff in respect of the Mental Capacity Act and the supplementary Deprivation of Liberty Safeguards
- To develop and implement Management Information Systems to ensure the collection of relevant data necessary to monitor performance/activity against the Mental Capacity Act/Deprivation of Liberty Safeguards
- To support the Rotherham Safeguarding Adults Board by providing a representative from the Co-ordination group at quarterly meetings
- To agree a local multi-agency development plan.

2. Mental Capacity Act, Deprivation of Liberty Safeguards Local Implementation Network Membership:

Rotherham Metropolitan Borough Council – Neighbourhoods and Adult Services

- Director of Health and Wellbeing – Chair
- Safeguarding Adults Manager – Deputy Chair
- Safeguarding Adults and MCA Co-ordinator
- Representative from the Neighbourhoods and Adult Services Service Quality Team

- Service Manager Access Services
- Service Manager Older Peoples Services
- Service Manager Specialist Services
- Commissioning Manager
- Learning Disability Services
- Quality Care Manager
- Service Solicitor

Also representative from:

- NHS Rotherham
- Rotherham Community Health Services
- Rotherham, Doncaster and South Humber Mental Health Services (RDaSH)
- Independent Sector Provider Forum
- IMCA, Speaking Up Service

If a member cannot attend they should send a representative/substitute.

The co-ordination group may decide to invite other officers to contribute to elements of the work. Papers will be forwarded to invitees in advance of monthly meetings.

Decision Making

A quorum for decision making exists when there is at least one representative from Neighbourhoods and Adult Services (RMBC), NHS Rotherham, the Rotherham Foundation Trust and Rotherham, Doncaster and South Humber Mental Health Services (RDaSH).

Frequency of Meeting

Meetings will be held every six weeks. The frequency of these meetings will be reviewed in March 2010.

Reporting Arrangements

Member of the group will report back through their organisational structure or directorate including:

- Neighbourhoods and Adult Services Directorate Management Team
- NHS Rotherham Community Health Services
- NHS Rotherham Foundation Trust Board
- Rotherham, Doncaster and South Humber Mental Health Services Trust Board
- Rotherham Safeguarding Adults Board

Performance and Quality Reports should be received.

Safeguarding Adults Service Plan Priority Actions 2010/2011

The priority for the Rotherham Safeguarding Adults Board is to strengthen the approach we take to prevent adult abuse and protect vulnerable people from exploitation and working together with our partner agencies to reduce the number of cases of abuse by 2013.

Promote

- Undertake an annual multi agency Safeguarding Adults awareness campaign

Prevent

- Implement the 2010/2011 **'Bronze to Platinum'** training programme across the Council. key partners and independent providers
- Learn from the outcomes of Serious Case Reviews, Quality Assurance findings and the Care Quality Commission inspection.
- Develop a universal service review format for all personalised care and support services using the principles of **'Home from Home'** to improve outcomes relating to Dignity and Respect for customers and their families
- Work with the Care Quality Commission to improve information sharing at a local level, regional and national level.

Protect

- Review, strengthen and implement the area specific guidance section of the South Yorkshire Safeguarding Adults Procedures
- Audit the implementation and embedding of the Mental Capacity Act (including Deprivation of Liberty Safeguards) with the Local Authority and commissioned social care services.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER

1	Meeting:	Cabinet Member for Health and Social Care
2	Date:	12 July 2010
3	Title:	Transforming Community Services – Shaping our Future
4	Programme Area:	Neighbourhoods and Adult Services

5 Summary

The purpose of this report is to update on the progress towards achieving the Department of Health's (DH) *Transforming Community Services* agenda in Rotherham. In Rotherham this is known as *Shaping our Future*.

Proposals have been developed for all NHS services and these are currently being consulted on.

6 Recommendations

That:

- **Cabinet Member note the progress of NHR towards achieving Transforming Community Services**

7 Proposals and Details

7.1 Background

The purpose of this report is to update on the progress towards achieving the Department of Health's (DH) Transforming Community Services agenda in Rotherham.

The policy framework of the DH in the recent policy and guidance documents, *Our Health, Our Care, Our Say, Commissioning a Patient Led NHS, NHS Operating Framework, NHS Act (2006) and World Class Commissioning and Transforming Community Services*, set the direction of travel for Primary Care Trusts (PCTs) to become commissioning only organisations and to divest themselves of their provider arm. The Department of Health (DH) *Transforming Community Services* paper aims are:

- To effect the internal separation between PCTs as commissioners and PCTs as providers
- To bring about a step change improvement in community services
- To ensure PCT provider units were business ready to make that step change

In Rotherham the 'split' between commissioning and provider services has already happened. The PCT is now NHSR – commissioning organisation and Rotherham Community Health Services (RCHS) provider organisation.

The DH has established a timetable for implementation of a clear separation between the commissioning and provider functions. During 2010 the NHSR must develop an implementation plan for each of the services. This work is ongoing and in Rotherham it is known as '*Shaping our Future*'.

7.2 Shaping the Future in Rotherham

The implementation of *Shaping our Future* will lead to changes in the Rotherham provider landscape and NHS Rotherham will cease to have a provider arm and Rotherham Community Health Services (RCHS) will cease to exist. RCHS will be replaced with new arrangements as part of an overall plan for the future shape of the NHS in Rotherham. The new arrangements must protect and improve services for patients and the wider community and must protect, wherever possible, the interests of staff.

A Programme Board which has been set up to oversee the consultation process and transfer of services to other providers. A number of project groups reporting to the Programme Board have been established to look at specific areas of the work. Each group is chaired by an NHS Rotherham executive director and there is representation from NAS at the Programme Board and in the appropriate project boards. The project groups are;

- Children and young people
- Planned care and long-term conditions
- Mental health and learning disabilities
- Palliative and end of life care
- Workforce

7.3 Proposals

The proposals in detail are:

- **General Practices**

RCCHS manages three small GP practices. All other GPs in Rotherham are independent contractors. The proposal is to invite the patients at the Rosehill Medical Centre to register with other GPs. Consideration will be given to the “right to request” from managers and staff at the Canklow and Gate surgeries to set up a social enterprise, and if this is not successful NHSR will procure a new provider for these surgeries.

- **Children’s Services**

RCCHS provides a range of children’s services including health visiting and school nursing, specialist nursing services, and mental health services. The proposal is to transfer these services to the Rotherham NHS Foundation Trust. Consideration will be given to whether it would be best to transfer child and adolescent mental health services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

- **Staying Healthy Services**

RCCHS currently runs the Rotherham NHS Stop Smoking Service. The proposal is to transfer this service to the Rotherham NHS Foundation Trust.

RCCHS provides the Rotherham Occupational Health Advice Service. The proposal is to transfer this service to the Rotherham NHS Foundation Trust.

The NHS Rotherham health trainers provide support in GP premises. The proposal is to transfer the services to the Rotherham NHS Foundation Trust.

- **Planned Care and Clinic Services**

RCCHS provides a range of planned care and clinic services, including physiotherapy, podiatry services, speech and language therapy, primary ear care and community dental services. The proposal is to transfer these services to the Rotherham NHS Foundation Trust.

- **Long-term Conditions, Intermediate Care and Urgent Care Services**
RCHS provides a wide range of services that support people with long-term conditions (for example heart disease and lung disease). These include district nurses, allied health professionals and specialist nurses working a variety of settings including GP practices, patients homes, clinics, intermediate care and Breathing Space. The proposal is to transfer these services to the Rotherham NHS Foundation Trust.
- **Mental Health Services**
RCHS provides primary care counselling and psychological therapy services. These services are provided in partnership with GPs who have direct access to the services for their patients. The proposal is to transfer these services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.
- **Services for People with Learning Disabilities**
RCHS provides specialist assessment and treatment and community health Services provided for people with learning disabilities. The proposal is to transfer these services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

RCHS provides the staff for three residential homes which are owned and provided by South Yorkshire Housing Association and commissioned by Rotherham Council. The proposal is to transfer the staff who work in these homes to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

- **Palliative and End of Life Care Services**
RCHS provides a range of specialist palliative and end of life care services, including the staff of Rotherham Hospice, which is owned and provided by the Rotherham Hospice Trust. The proposal is to transfer these services to the Rotherham Hospice Trust.

Service Specifications are being worked up for each of the services and once these are complete draft offers will be developed for the new provider organisations so that they can see in detail which services and associated staffing will transfer to them.

7.4 Impact of the Proposals

The changes proposed will not, for most people, lead to any immediate changes in service provision. NHS community services will continue to be provided in similar ways. However, over time, we expect improvements to be made to the range of community services and the way they are delivered. Some of the impacts are:

- Patients in Rawmarsh will have a choice of four general practices. The Canklow and Gate surgeries patients will continue to have access to the specialist support they need.
- Health visitors, school nurses and other children's health services will continue to work closely with GPs and Rotherham Council to offer services to children.
- There will continue to be a range of services which support people to develop and maintain healthy lifestyles.
- Planned care services and clinics will continue to be held at Rotherham Community Health Centre and other community clinics, backed up by the infrastructure and governance of high quality organisation.
- Patients with long-term conditions will gradually be offered more services in the community, and everyone with a long-term condition will be provided with an individual care plan detailing how, where and when to seek assistance and how they can best look after their own health. These community services will continue to be backed up by high quality hospital services.
- Primary care mental health services will continue to be provided in the same way in GP surgeries by a provider with a good track record.
- Specialist health services for people with learning disabilities will be provided in a similar way by a provider with a good track record. The staff working in the residential homes for people with learning disabilities will transfer to the same provider.
- The Rotherham Hospice will provide a comprehensive home based, day centre and in patient specialist palliative and end of life care services.

7.5 Consultation

The staff consultation process has begun and will run from 24 May to 23 August 2010. As services are unlikely to change at this stage, there is no requirement to consult formally with the public. However NHSR will be writing out to all of our stakeholders to explain our plans.

8 Finance

There are no financial implications to this report at this current time.

9 Risks and Uncertainties

The risks are that the organisations who are receipt of the proposals and offers undertake their due diligence processes and as a consequence do not go forward to take over the provider services

That staff raise strong objections to the transfer of their employment despite retaining their NHS terms, conditions and pension rights. Consultation so far has not indicated that this is likely.

10 Policy and Performance Agenda Implications

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

The outcomes framework requires that changes and improvements are carried out jointly with partners in other organisations

An expansion of integrated commissioning would improve the Outcome 9 – commissioning and use of resources

11 Background Papers and Consultation

- **Commissioning a patient led NHS'** a policy letter that the then Head of NHS (07-05) set the scene for the split of commissioning from provision and the possible externalisation of provider services
- White Paper '**Our Health, Our Care, Our Say'** (01-06) confirming the trend to the commissioner/provider split and initiated thinking of joint working arrangements between provider services/LA/regional provider organisations. Decreed that the move to a separate provider arm is not mandatory but will be judged on a basis similar to best value and general direction of travel emphasis from DH is 'a need to split'.
- **NHS Operating Framework** 08/09 policy direction more explicit here and supporting documents to the operating framework provide further detail as to the desired policy outcome
- **National Health Service Act 2006** this established the ability to form a community foundation trust to provide free health care according to core NHS principles – free at source, free from central government control and SHA performance management, must be financially viable and subject to inspection by CQC and Monitor.
- **World Class Commissioning** this is seen as critical to transforming community services and securing high quality services that deliver safe and effective care

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
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