ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: **Town Hall, Moorgate Street, Rotherham**

Date: **Thursday, 9 September 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. Communications.

4. Declarations of Interest.

5. Questions from members of the public and the press.

6. Rotherham Safeguarding Adults Annual Report 2009/10 (Pages 1 - 30)

10.05 am

7. Supporting People - Contribution to Prevention (Pages 31 - 42)

10.40 am

8. Personalisation in Rotherham: My Choice, My Future (Pages 43 - 52)

11.15 am
Items for Information Only

9. Shaping Our Future - Community Health Services (Pages 53 - 75)

10. Briefing - Equity and Excellence White Paper: Implications for Rotherham (Pages 76 - 86)

11. Forward Plan of Key Decision (Pages 87 - 88)

12. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 8th July 2010 (Pages 89 - 98)

13. Minutes of meetings of the Cabinet Member for Health and Social Care held on 28th June 2010, 12th July, 2010, 26th July, 2010 & 6th August, 2010 (Pages 99 - 114)

Date of Next Meeting:-
Thursday, 7 October 2010

Membership:-

Chairman – Councillor Jack
Vice-Chairman – Steele
Councillors:- Barron, Blair, Burton, Doyle, Goulty, Hodgkiss, Kirk, Turner and Wootton

Co-opted Members

Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Victoria Farnsworth (Speak Up), Ms J Dyson, Ms J Fitzgerald and Mr P Scholey

Agenda Item 6

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER

1	Meeting:	**Adult Services & Health Scrutiny Panel**
2	Date:	**9 September 2010**
3	Title:	**Safeguarding Adults Annual Report**
4	Programme Area:	**Neighbourhood and Adult Services**

5 Summary

The Rotherham Safeguarding Adults Board (RSAB) produces an Annual Report of activity in relation to the vitally important work of Safeguarding Adults. RSAB ratify this report for publication to all Partner agencies represented at RSAB 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 Adult Social Care and Health Scrutiny Panel notes the attached Safeguarding Adults Annual Report 2009-2010.

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 has been presented to The Rotherham Safeguarding Adults Board on the 14th July 2010, the report was then published to all Partner agencies represented at SAB and on the Council website in pdf. Safeguarding Adults Awareness week 2010 was held 12th to 16th July 2010. The report is now 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

Rotherham Safeguarding Adults

Annual Report

April 2009 to March 2010

Contents

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.

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.

Professor Patricia Cantrill

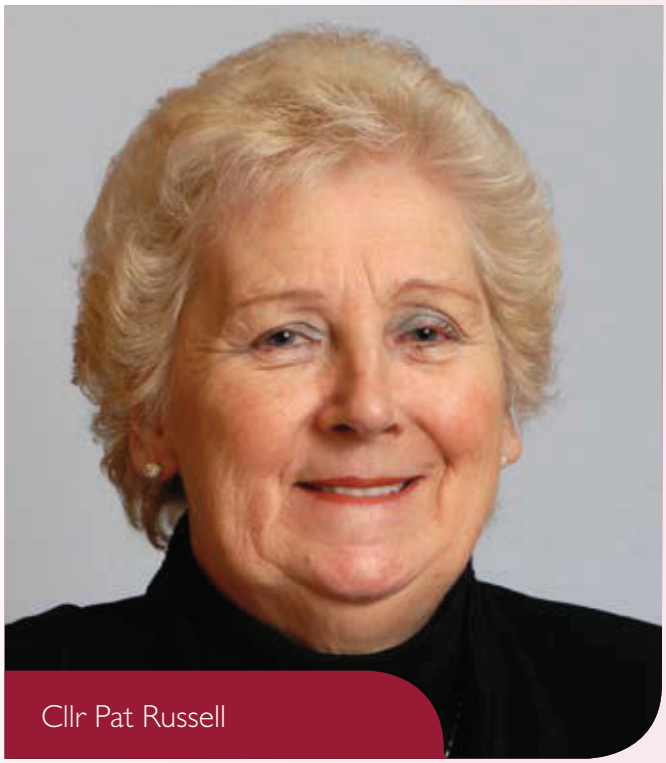
This is a testament to the commitment of everyone who works to provide services to some of the most vulnerable people in Rotherham, not least the Safeguarding Adults Team and I would like to take this opportunity to thank everyone for their dedication and high levels of achievement.

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.



Cllr Pat Russell

2009-10 Review

The Rotherham Safeguarding Adults Board is made up of all the key partners in Rotherham who have contact with vulnerable adults (see Appendix 1 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.

'Reducing substantiated abuse'

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 Effective Board and Partnership Arrangements in Place'

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.

The Safeguarding Adults Board has 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.

'Further increased the level of awareness and number of alerts'

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.

A successful safeguarding campaign over the last 12 months included an awareness week in June 2009 which distributed over 25,000 safeguarding leaflets and 300 posters across Rotherham. Local transport displayed safeguarding adverts and an intense radio campaign played on local radio stations. This has continued throughout the year including the distribution of bookmarks and leaflets into all libraries, a re run of the radio campaign in December 09 and January 2010, adverts in key publications, promotion stalls at key events such as Rotherham's older people day and Rotherham Show.

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%

'Tried and tested multi-agency procedures'

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.

'Regional and National Recognition'

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.

'Put in place an extensive training and development programme'

2009/10 has seen continued improvements in the training and development of staff in safeguarding awareness. Following extensive consultation across all key partner agencies the multi-agency Bronze to Platinum training programme was ratified by the Board in February 2010. The multi-agency Safeguarding Adults and Mental Capacity Act Training Manager and training sub group oversees the delivery of this programme which so far has achieved:

- 1302 of social care staff are trained in safeguarding adults
- 97% of social care independent sector trained, a 17% improvement
- 1838 of the Neighbourhoods and Adult Services Directorate workforce are trained in safeguarding adults.
- 33 staff (18 Council, 15 Health) were trained in safeguarding investigations (Platinum Standard).
- 1072 multi-agency workers were trained in safeguarding basic awareness/refresher
- Shortlisted for Yorkshire & Humberside 'Making a Difference Award in November 2009 for the Safeguarding Adults e-learning module.
- 42 Council Members have completed the e-learning module.
- An additional 2071 Council Staff have completed e-learning module

Neighbourhoods and Adult Service has:

'Improved the Customer Experience'

We have 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:

- Access to the safeguarding team is rated 'Excellent', satisfaction with access improved 74% to 96%
- Re-launched Council Website with 2 click access, rated 'Excellent'
- Improved satisfaction with information/advice from 97% to 100% through improvements such as:
  - 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

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 (Commissioning Services) has:

- Ensure appropriate representation at the Rotherham Safeguarding Adults Board and the Safeguarding Adults Operational Sub Group
- Posted Safeguarding Adults information on the staff intranet, including the Rotherham Safeguarding Adults Newsletter
- Delivered Safeguarding Adults awareness leaflets to all staff with wage slips
- Undertaken training needs assessment of commissioning staff, scheduling appropriate training
- Assigned Safeguarding Adults lead roles within the commissioning arm of the organisation following the internal separation of the provider/commissioner functions and review of the Safeguarding Adults processes
- Implemented the recommendations from a Serious Case Review, including monitoring those recommended for commissioned services
- Covered aspects of the Safeguarding Adults agenda at multi disciplinary primary care training events

- A Safeguarding Adults event is planned for November 2010.

Rotherham Community Health Services has:

- Employed a full time Safeguarding Adults Lead Nurse
- Representation at Rotherham Safeguarding Adults Board, Safeguarding Adults Operational Sub Group and Safeguarding Adults Training Panel
- Contributed to Rotherham Safeguarding Adults Training Pool to deliver multi-agency training and developed an internal training programme to deliver silver level training.

Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (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 Safeguard 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.

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.

Quality Assurance and Contract Monitoring in Care Provision in Rotherham

'No care home in Rotherham is rated poor'

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, Rotherham Council 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, Neighbourhoods and Adult Services. 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.

Contract Assurance and Reviewing Officers

(CAROs), work very closely with the Safeguarding Team, including attendance at strategy meeting and case conferences.

Providers are required to adhere to the South Yorkshire Safeguarding Adults Procedure 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 Contract Assurance and Reviewing Officers.

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 Rotherham 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 Adults' 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.

Our commitment for 2010-2011

- We will undertake an annual multi agency Safeguarding Adults awareness campaign

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
279 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.

* 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

Source of Alert		
Alerter:	2008/2009	2009/2010
Residential/Nursing Care	91	161
Relative/Friend	69	62
Health	62	67
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	15
Anonymous	3	7
Other Local Authority	0	8
Other Dept in RMBC	0	14
Not recorded	0	10
Other Source*	0	76

Our commitment for 2010-2011

- We will work with the Care Quality Commission to improve information sharing at a local level, regional and national level

Who was the subject of 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.

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
Unknown Ethnicity	1	11

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

Our commitment for 2010-2011

- We will implement the learning from the outcomes of Serious Case Reviews, Quality Assurance findings and the Care Quality Commission inspection through multi-agency action plans driven through the Rotherham Safeguarding Adults Board

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 Provider	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.

Our commitment for 2010-2011

- We will 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

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	46	Abuse Not Substantiated	15

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%

Our commitment for 2010-2011

- We will review, strengthen and implement the area specific guidance section of the South Yorkshire Safeguarding Adults Procedures

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.

Our commitment for 2010-2011

- We will make sure all staff are trained through implementing the 2010/2011 'Bronze to Platinum' training programme across the Council. key partners and independent providers

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguards 2009 / 2010			
Referrals Received by RMBC	4	Referrals Recieved 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.

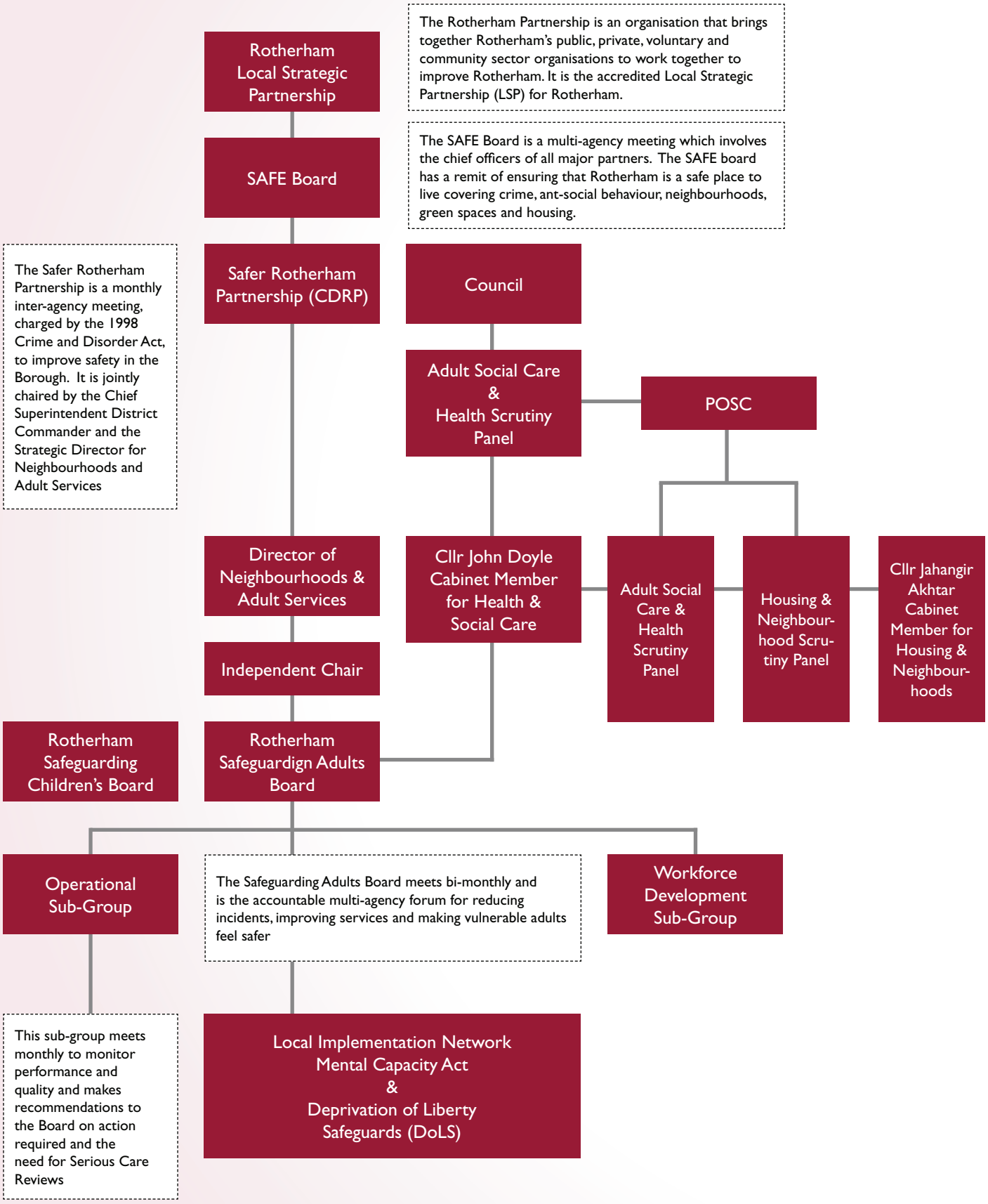
As a Supervisory Body we have continually worked with the care homes, acute trust and community hospitals to raise awareness of the safeguards, to ensure that there are no unlawful deprivations of liberty in the Borough.

Our commitment for 2010-2011

- We will audit the implementation and embedding of the Mental Capacity Act (including Deprivation of Liberty Safeguards) with the Local Authority and commissioned social care services

The Constitution and Structure of the Rotherham Safeguarding Adults Board

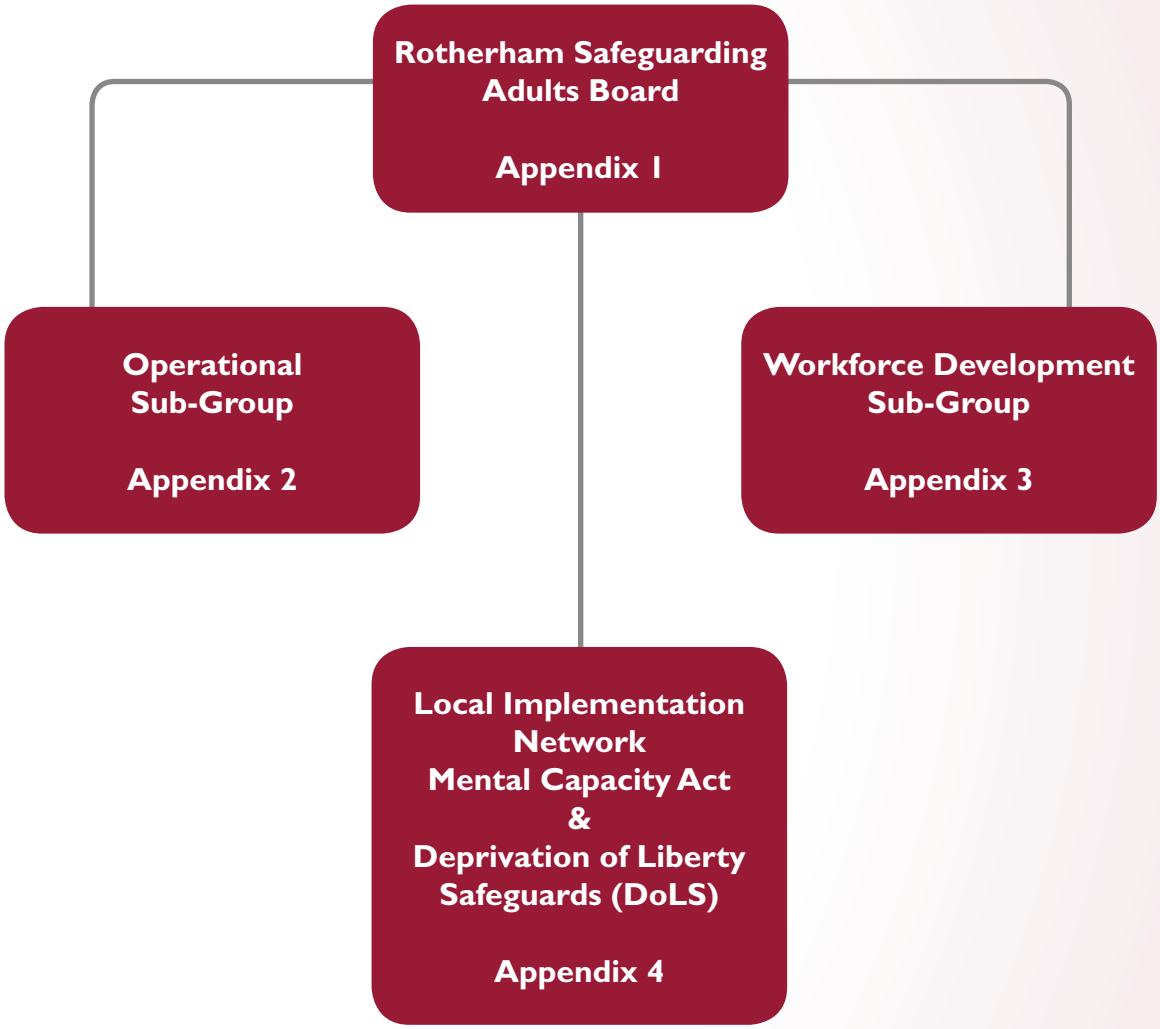
Safeguarding Adults Reporting Structure



Safeguarding Adults Board Sub Structure

The Rotherham Safeguarding Adults Board has devised Business Plans for each of the specific responsibilities which are assigned to the sub groups and the Board seeks to ensure that they are carried out efficiently; and to bring proposals to the Board when it is believed that improvement in agency or interagency operations is required.

The overall aims, objectives and principals of the sub groups are attached to the report in the appendices.



Appendix 1

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 Bickerstaffe Head of Learning Disability Services
- Sarah Blake RMBC Safeguarding Adults and Mental Capacity Act Training and Development Manager
- Sue Cassin NHS Rotherham Head of Clinical Governance
- Lesley Dabell Age Concern Rotherham Chief Executive
- Helen Dennis RMBC Safeguarding Adults Co-ordinator
- Kath Henderson NHS Rotherham Director of Provider Services
- Cherryl Henry RMBC Domestic Abuse Co-ordinator
- Martin Johnson YAS, (through PCT representation)
- Jill Jones 2010 Rotherham Ltd Partnership Lead
- Shona McFarlane RMBC Director of Health and Well Being
- Lorraine Moore Care Quality Commission
- Sam Newton RMBC Safeguarding Adults Manager
- Simon Palmer South Yorkshire Police Detective Inspector Public Protection Unit
- Janet Roberts Rotherham NHS Foundation Trust Safeguarding Adults Lead
- Dave Roddis RMBC Service Quality Manager
- Cllr Pat Russell Safeguarding Adults Champion
- Angela Shaw NHS Rotherham Community Health Services
- Deborah Smith Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH) Deputy Director of Operations
- Amanda Thompson South Yorkshire Fire and Rescue Community Partnership Officer
- Sandra Tolley RMBC Housing Choices Manager
- Chrissy Wright RMBC Director of Commissioning and Partnerships

Appendix 2

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 NHS Foundation Trust (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.

Appendix 3

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 NHS Foundation Trust (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
• Janet Ryalls	Rotherham Metropolitan Borough Council
• Nicki Chambers	Rotherham Metropolitan Borough Council
• Julie Pearson	NHS Rotherham

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

Appendix 4

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 NHS Foundation Trust (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 NHS Foundation Trust (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 NHS Foundation Trust Board
- Rotherham Safeguarding Adults Board

Performance and Quality Reports should be received.

Appendix 5

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

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

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Contact us at: 01709 823761
minicom 01709 823 536
www.rotherham.gov.uk

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Supporting people
Communities and Local Government

Supporting People Programme

Contribution to Prevention

Claire Smith , SP Commissioning Manager (Acting)

Supporting people
Communities and Local Government

Supporting People in Rotherham

- **Received £7.56 million funding for 2010/11 from Communities and Local Government (CLG)**

- **Contracts with 30 providers for 41 contracts, 93 services**

    - **56 Accommodation based services**
    - **32 Floating Support services**
    - **1 Home Improvement Service**
    - **4 Telecare services**

- **Provides services for 21 different client groups**

- **Provided services to over 12,000 household units in 2009-10**

Supporting people
Communities and Local Government

Purpose of Supporting People

- **Provides critical preventative services to the most vulnerable people in Rotherham**

- **Commissions services that deliver improved health and well-being of vulnerable adults and accessible community based services**

- **Commissions services that enable people to remain in their own homes and provide personalised supported living options**

- **Promotes involvement and consultation of clients in the development and delivery of all services, monitoring providers through the Quality Assessment Framework (QAF) and Outcomes Framework**

- **Ensures alternatives to residential provision and opportunities for early intervention**

Supporting people
Communities and Local Government

Who does SP help?

People most at risk of social exclusion

- Homeless families, victims of domestic abuse, people at risk of re-offending
- Through hostels, refuges, floating support
- Mostly delivered by 3rd Sector

People with low level needs maintaining independence

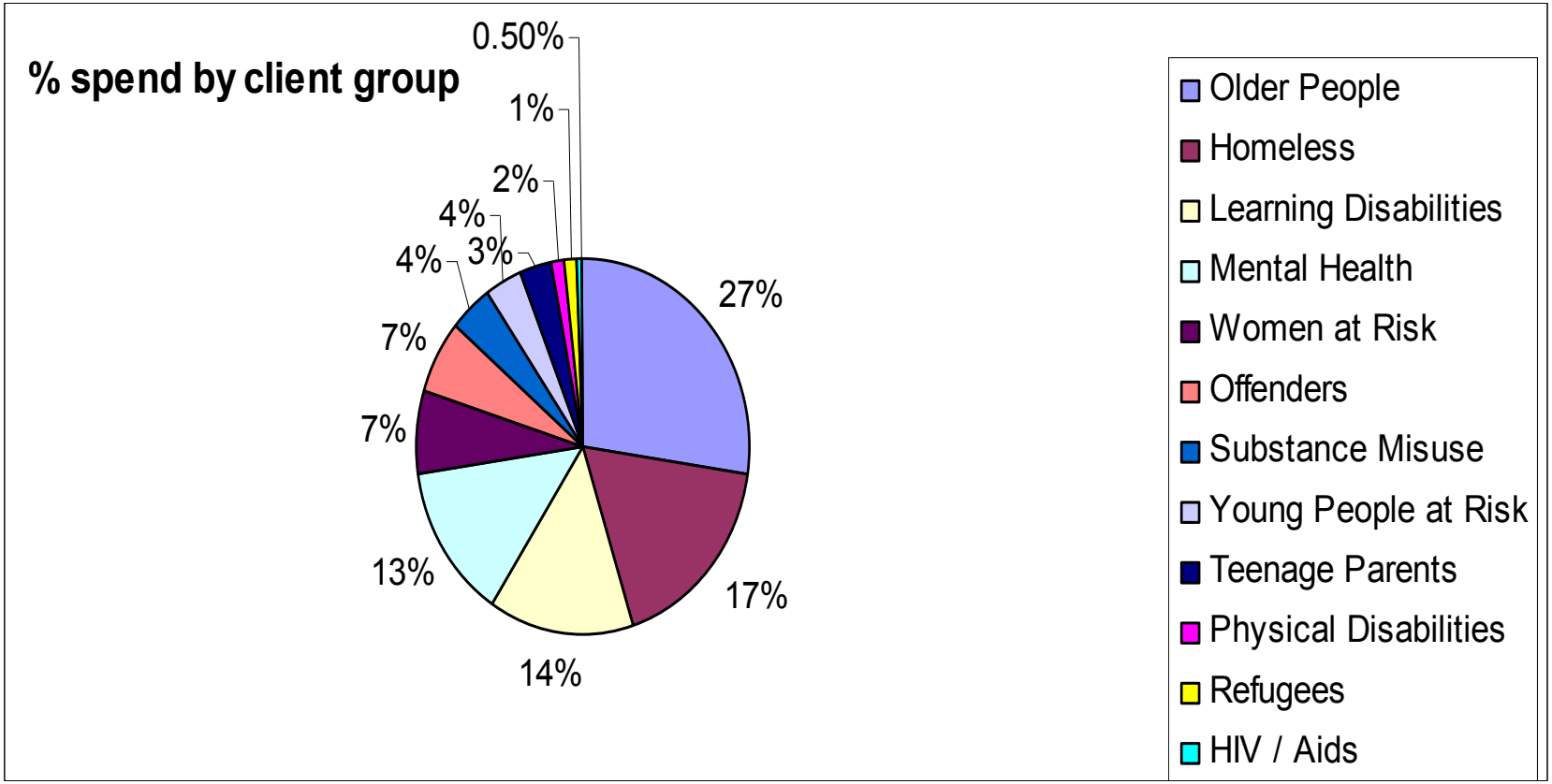
- Older people, low intensity disabilities, young people at risk
- Through Home Improvement Agencies, floating support, accommodation, telecare
- Covers a large number and range of services

People with more intensive needs

- Frail elderly: high levels of disabilities; adults with mental health problems or learning disabilities; people recovering from drug misuse
- Within supported accommodation or floating support

Supporting people
Communities and Local Government

Client Group Summary of Spend



Supporting people
Communities and Local Government

Prevention

The Griffiths Report into community care, published in 1988, placed a strong emphasis on the importance of establishing services to help people live in their own homes and retain independence, dignity and choice.

This emphasis on prevention and early intervention is reinforced in *Putting People First (2007)*.

The vision for preventative services in Rotherham:

- Access to information, advocacy and advice services that promote health and wellbeing.
- Access to suitable, flexible, modern, cost effective support services that enable, maintain and develop their independence
- Those who need care services are able to maximise their dignity, respect and control, and their independence is maintained for as long as possible.

Supporting people
Communities and Local Government

Prevention

Primary Prevention/Promoting Wellbeing:

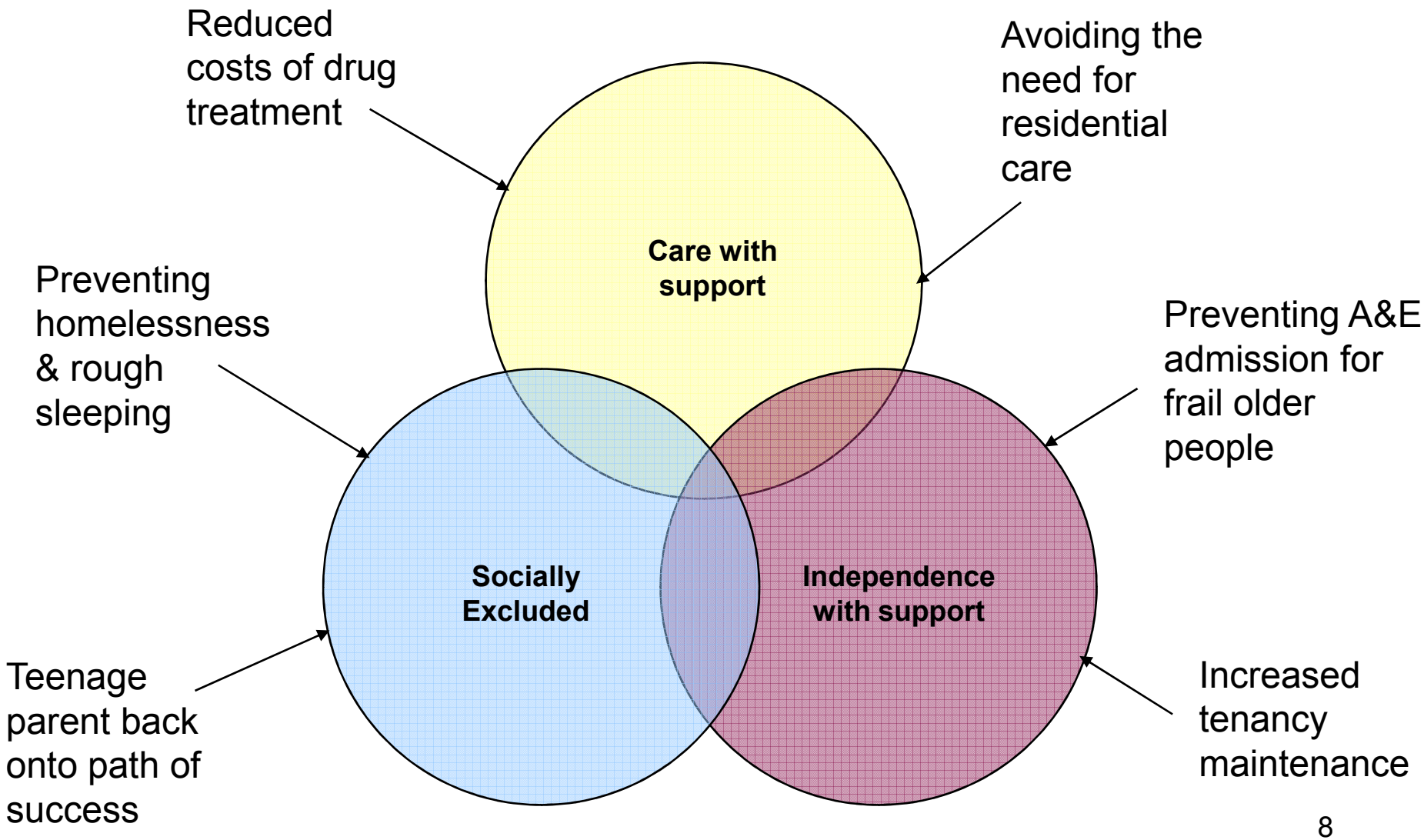
- Aimed at people who have no particular social care needs or symptoms of illness.
- This Lower level intervention deals with loneliness, isolation, provides emotional support and advocacy and provides low level practical support.

Secondary Prevention/Early Intervention:

- This is aimed at identifying those at risk where intervention can halt or slow down deterioration.
- This high level prevention focuses on a range of services such as extra care housing, preventing homelessness, supported living, equipment and adaptations.

Supporting people
Communities and Local Government

Supporting People's contribution towards the prevention agenda



Supporting people
Communities and Local Government

Performance

Supporting People conduct robust annual contract reviews to ensure performance, quality and value for money.

The 2 main National Indicators reported on are:

NI 141 Percentage of vulnerable adults achieving independent living
NI 142 Percentage of vulnerable people who are supported to maintain independent living

In 2009-10 supporting people services achieved:

88% in NI 141 (LAA stretched Target 80%)
98% in NI 142 (Target 98%)

Supporting people
Communities and Local Government

What are the cost benefits?

National Evidence

Communities and Local Government (CLG) documented evidenced that the financial benefits provided through SP investment and links with health, social care and housing
=
For every £1 of SP money spent there is a net gain of £1.78

Local Evidence

CLG Local Financial Modelling Tool – Savings occur in 6 main areas;

- Residential Packages decline saving £25.4 million
- Homeless costs decline by £400,000
- Reduced Tenancy Failure saves £200,000
- Demand for Health Services reduce saving £2.3 million
- Demand for Social Service Care reduces saving £600,00
- Crime costs decline saving an estimated £2.1 million

Supporting people
Communities and Local Government

The Value of the SP Programme

Cost and Quality

- Cost avoidance/savings
- Delivering value for money
- Improved service quality

Supporting Wider Agendas

- Promoting Independence
- Demonstrable Outcomes for service users
- Delivering Prevention
- Personalisation/Person centred services and choices

Partnership Work

- Supporting the Third Sector
- Flexible delivery of services/innovation
- Joint commissioning to ensure streamlined, efficient services

Social Cohesion

- Reaches hard to contact groups
- Supports inclusion

Supporting people
Communities and Local Government

Strategic Objectives

- **Keeping clients at the heart of the programme**
- **Enhancing partnership with the Third Sector**
- **Jointly Commissioned services to better meet the needs of clients**
- **Increasing efficiency and reducing bureaucracy**
- **Raise the profile of Supporting People**
- **Secure access to preventative services for vulnerable/excluded groups**
- **Ensure supported Housing Services meet future needs and future demographic changes**
- **Support providers & clients to adapt to changes in models of service in line with personalisation**

PERSONALISATION IN ROTHERHAM

MY CHOICE, MY FUTURE

Rotherham Metropolitan Borough Council
Where Everyone Matters

WHERE WE WERE ...

- Rotherham – national acclaim for the work that has gone into developing personalisation
- Rotherham – in the premiere league fpr Direct Payments
- Rotherham – Key Principles of personalisation developed with customers
- Rotherham – series of monthly visioning days in place
- Rotherham – excellent relationships with the voluntary sector

Guiding Principles

- Customers will have maximum choice and control over all aspects of their lives,
- Services will respond to individuals and communities needs by developing innovative ways of working,
- Services will become totally focused on customers and the outcomes they desire,
- Personalisation will seek to improve the quality of life for the individual, their community and their neighbourhood, and
- Services will be developed in association with partners and customers to focus on prevention.

Delivering Personalisation, in Rotherham, we promise we will:

- Work in partnership with people using services, carers and citizens of Rotherham to make sure they have awareness of what is happening, are consulted with and are given opportunity to contribute to the transformation to personal budgets
- We will offer Self-Directed Support & Personal Budgets to existing and new service users
- We will work jointly with health to deliver preventative and cost effective services
- We will have in place arrangements to offer universal access to information and advice
- We will work jointly with providers, third sectors organisations and communities to increase the range of service choice

My Choice, My Future

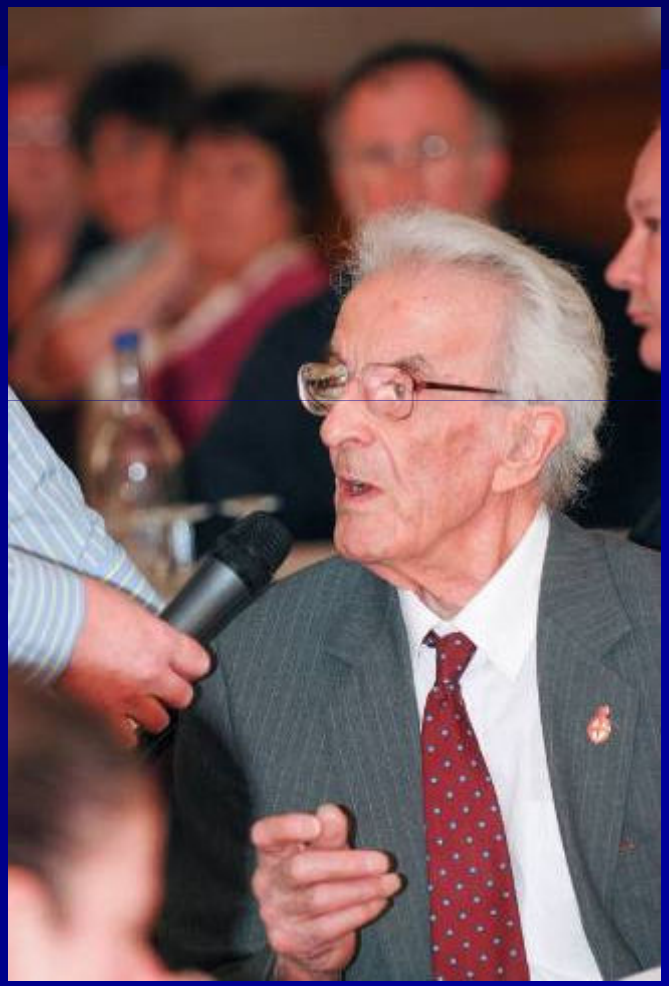
Delivering Personalisation:

- Our Promises, reflect Putting People First and ADASS Milestones for Personalisation
- Programme Board & Project Groups approach to deliver our promises
- Series of Visioning Events continue
- Staff training and development essential
- Change in culture that is being led by NAS – sessions set up with CYPS / OT service to report on progress
- Principle of customer choice and consultation firmly at centre of coalition thinking

My Choice, My Future

What have we done so far?

- Held Personalisation Week – December 2009 – Engagement & Consultation with Citizens of Rotherham
- Developed Resource Allocation System, Individual Social Care Assessment, Support Plan to Deliver Self Directed Support – Planned that all Assessment & Care Management Teams will be
- Journey Mapping customers through new process
- Market Mapping what services are available, where do we have gaps
- Joint working with providers and voluntary sector
- Quarterly Provider Newsletter
- Offer of Voluntary Sector & Community Groups Transformation Fund
- Universal Information & Advice Strategy
- Opening of Carers Centre
- Themed Visioning Days



My Choice, My Future

What have we got planned for future?

- Roll out Self Directed Support Process to all service areas
- Offer new service users and service users whose care is due for a review a personal budget
- Work with User-Led Organisations on the transformation to personal budgets
- Work jointly with health and other key partners to deliver preventative, enabling and rehabilitative services
- Make sure that the public have access to information about how to meet their care and support needs
- Make sure there is an increase in the range of services available
- Hold themed visioning days
- Use innovative ways of communicating and consulting with service users, carers, providers, voluntary sector, partners

More Awards ?

- 3D Visioning Event has been shortlisted for 2 national awards
- Consultation Café – wins Innovation Award
- Personalisation Diploma – shortlisted for Skills for Care Awards
- Clear link between consultation and the success of the process
- National profile for Rotherham

The Personalisation Moment

Rotherham Council saved my life twice. Once eight years ago – I then did not need any care at all and then for a second time recently after I had a fall. . . They were there when I needed them. I have walked into town twice on my own now and I hope to do it a third time next week

Delivering better outcomes - Prevention

'Today's older people grew up with supermarkets and self-service, and tomorrow's will use iPhones and the internet. Older people don't want to become dependant, but councils need to help them help themselves. – Under Pressure 2010

'There are huge financial pressures on councils in the years ahead, but redesigning services and exploiting technology can make them better, more efficient and more personal. Some councils are showing the way, tackling the causes of ill-health and social isolation, reducing the need for expensive social care and helping people live well in later life.' – Under Pressure 2010

How do I want my future to look? That's a good question but it's an easy one . Ask yourself how you want your future to be… then you've got the answer. Its that simple isn't it ?

Customer – Visioning Day 2009

NHS Rotherham

Shaping our Future

Community Health Services

Proposals for the future organisational arrangements for community health services in Rotherham

May 2010

Better Health, Better Lives

This document describes our proposals to change which organisations are responsible for providing community health services for the people of Rotherham. Community health services in Rotherham include:

- some GP practices - the Gate Surgery, Canklow Surgery and Rosehill Medical Centre
- staying healthy services including smoking cessation
- children's services including health visitors, school nurses, community children's nurses and services for children with mental health problems
- planned care and clinic services, including those provided at the Rotherham Community Health Centre
- services to people with long-term conditions including district nurses, physiotherapists, occupational therapists
- primary care mental health services which are provided in GP practices
- services for people with learning disabilities
- specialist palliative care and end of life care services

These services are very important to people who need to access them.

Our proposals are about which organisation is best placed to ensure the provision of high quality services. The purpose of the proposed change is to strengthen existing community health services and integrate these more closely with other local health and care services.

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Contents

Introduction

Rotherham's NHS is among the best in the country. We have high quality primary care, community health services and hospitals, and have secured good performance ratings for several successive years. Public and patient feedback is positive. Our financial position is sound. The relationships within the health community are good. We therefore have a very positive platform upon which to build.

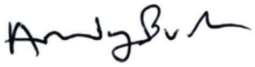
NHS Rotherham's strategy Better Health, Better Lives - Adding Quality and Value describes our goal and vision for health and health services. Better Community Services sets out our plans for community health services.

The proposals for the future organisational arrangements for community services have been developed during the past nine months.

We know that, for some services, staff and other interested people and organisations may want to make proposals that are different from those presented here. We are open to hearing about and discussing these other proposals, all of which will be presented to the NHS Rotherham Board before it makes a final decision about the future arrangements for community health services.

Additional information has been produced to explain the implications of the proposals for staff employed by NHS Rotherham. Details about how to obtain this information have been sent to all staff.

Thank you.



Alan Tolhurst	**Andy Buck**	**Charles Collinson**
Chairman	**Chief Executive**	**Professional Executive Chair**

Background

In 2009 the Department of Health asked all primary care trusts to agree proposals for the future organisational structure for community health services by March 2010 d to implement these proposals by March 2011[1] [2].

NHS Rotherham currently invests £38.7 million in a wide range of community health services, nearly all of which are provided by our provider arm, NHS Rotherham Community Health Services. This investment and the range of services provided has grown during the past few years to meet the needs of an increasingly elderly and diverse population and to ensure that services are accessible, provided from high quality facilities and of good quality.

Over the past decade we have been improving and modernising the NHS in Rotherham and have made major improvements. Life expectancy has increased by two years and the number of premature deaths from heart disease and stroke has halved. Health services have also improved, with amongst the lowest waiting times in the country, low rates of healthcare associated infections and good outcomes for patients. Our community health services have made an important contribution to achieving these improvements.

We now face a very considerable challenge. The tightening of public sector finances, continued growth in the number of older people, ever increasing public expectations and the rapid arrival of new treatments and technology mean that if we are to continue to improve health and provide high quality services we are going to need to find ways to become even more effective and efficient. In short, we will need to do more for less.

We believe the changes outlined in this document will help us to do this. We believe they will help provide a more streamlined service for patients with easier access and continuity of care.

[1]The Operating Framework for the NHS in England, Department of Health December 2009.
[2]Transforming Community Services, The assurance and approvals process for PCT provided community services, Department of Health February 2010.

Our vision

NHS Rotherham strategy *Better Health, Better Lives - Adding Quality and Value* reaffirms our goal and vision, strengthens our focus on eight priorities and describes how we will transform community services to deliver high quality care.

Our vision is *Better Health, Better Lives* for everyone in Rotherham.

We want babies to be born healthy and to have the very best start in life, so that when they start school, children are ready to learn and succeed. Children and young people should be given every opportunity to be fit and active, and be well aware of the risks posed by obesity, smoking, alcohol, sex and drugs.

We want adults to enjoy continued good health, with quick convenient access to excellent services when they are ill. We want to work with people who have a long-term condition, such as diabetes or respiratory disease and we want to support people to manage their health and enable them to access high quality services. This will help to minimise the risks and damage done by these diseases.

When life comes to an end, we want people to be able to choose where they die, and to protect their dignity.

NHS Rotherham believes that we can approach the next five years from a position of strength: performance is good, the financial position is sound and there are positive relationships within the local NHS and with our partners.

The NHS can, however, never stand still – we must continuously strive to improve so that we can continue to meet patient's needs with high quality, modern services. We believe that we need to change the way community health services are organised and provided three reasons:

- At the moment, community services are run by Rotherham Community Health Services, which is part of NHS Rotherham and separate from other NHS service providers. We think that by integrating community health services with those run by other providers, we will be able to provide easier to access, more responsive and even better quality services.

- During the next few years, we will face a tough financial climate, and so we need to make sure services are organised and provided in the most efficient and effective way possible. Our proposals aim to help to achieve this.

- The Department of Health's policy makes it clear that in Rotherham we cannot continue to run community services as a part of NHS Rotherham.

We believe that major improvements to quality and efficiency will be best achieved by integrating community health services with other existing local health and care services.

We therefore propose that:

- NHS Rotherham will become a commissioner only.
- NHS Rotherham will cease to have a provider arm and Rotherham Community Health Services (RCHS) will, in its present organisational form, 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.
- The new arrangements must protect, wherever possible the interests of staff.

Summary of the proposals

The NHS Rotherham Board has given detailed consideration to the options now open to us.

We have discussed these options with all major stakeholders including healthcare providers in Rotherham, Rotherham Council, GPs, the Rotherham Hospice and staff and their representatives. This has led to the development of the proposals described in this document.

We have considered what specific arrangements would be suitable for the services presently provided by Rotherham Community Health Services (RCHS). We have done this by focusing on each service, and considering options open to us. This has led to the proposals summarised here.

General Practices

RCHS manages three small GP practices. All other GPs in Rotherham are independent contractors.

We propose to invite the patients at the Rosehill Medical Centre to register with other GPs.

We will consider 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 will procure a new provider for these surgeries.

Children's Services

RCHS provides a range of children's services including health visiting and school nursing, specialist nursing services, and mental health services.

We propose to transfer these services to the Rotherham NHS Foundation Trust.

We also propose to consider 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

RCHS currently runs the Rotherham NHS Stop Smoking Service. We propose to transfer this service to the Rotherham NHS Foundation Trust.

RCHS provides the Rotherham Occupational Health Advice Service. We propose to transfer this service to the Rotherham NHS Foundation Trust.

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

Planned Care and Clinic Services

RCHS provides a range of planned care and clinic services, including physiotherapy, podiatry services, speech and language therapy, primary ear care and community dental services.

We propose 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.

We propose 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.

We propose 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.

We propose 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.

We propose 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.

We propose to transfer these services to the Rotherham Hospice Trust.

Proposals in Detail

This part of the document describes the changes we propose to make in detail. For each of the services, we have described the change we propose to make, what we hope to achieve by making this change and why we think the proposal will help to achieve this. We are also assessing each of the changes against the eight tests set out by the Department of Health.

General Practices

RCHS presently manages three small GP practices. In order to be able to deliver a wide range of services to the public and offer extended opening times, NHS Rotherham prefers to commission services from GPs who serve over 5,500 patients.

Rosehill Medical Centre

Rosehill Medical Centre provides primary care services for 2,534 patients, most of who live in Rawmarsh.

The Medical Centre, which came under RCHS's temporary management in May 2008, is too small to be viable in the long-term. There is a choice of four other general practices in Rawmarsh, all of which are viable and provide good quality services.

We propose to invite Rosehill Medical Centre's patients to register with any of the four other practices in Rawmarsh, or elsewhere in Rotherham, following which this practice will close. This will be done at about the same time as the new customer service centre opens in Rawmarsh, which will see some of the other existing practices move to these improved premises.

The purpose of this change will be to ensure that Rosehill Medical Centre's patients receive good quality primary care services from GPs which have a long-term future.

Quality: the GPs from whom Rosehill Medical Centre's patients will be able to choose are all of good quality. Patients will be able to access the full range of primary care services from these practices.

Efficiency: Rosehill's premises are not fit for purpose and resources to improve them are not available. The cost of this solution will be lower than the existing cost of Rosehill Medical Centre.

Sustainability: all the GPs from whom Rosehill's patients will be able to choose are viable.

Canklow Surgery and The Gate Surgery

The Canklow Surgery provides primary care services for 1,693 patients, most of whom live in and around Canklow.

The Gate Surgery provides services for patients with particular needs, including asylum seekers, refugees, economic migrants, homeless people and people with substance misuse problems. Whilst the Gate Surgery only has 1,505 patients on its list, the delivery of a bespoke service to these patients is in keeping with our strategy of targeting services at communities in greatest need.

The Canklow and Gate surgeries' managers and staff have submitted a 'right to request' proposal to establish a social enterprise which would become responsible for the future delivery of these services. The NHS Rotherham Board has welcomed this proposal and has agreed to support the managers and staff to develop a comprehensive business case for the proposed social enterprise.

If the social enterprise business case cannot be supported, we propose to procure a new provider for the Canklow and Gate surgeries.

The purpose of the social enterprise or of procuring a new provider will be to ensure that the Canklow and Gate surgeries' patients can continue to receive high quality primary care services tailored to their particular needs.

It will be important to confirm that the preferred option is viable in the long-term.

Quality: the Canklow Surgery provides services for a particularly disadvantaged community. The Gate Surgery provides services for people with particular needs. The service specification for the new provider whether a social enterprise or other provider, will ensure these needs continue to be met.

Efficiency: the cost of the two options under consideration will be a key criterion in deciding which to choose.

Sustainability: the provision of primary care services for this community and group of patients presents special challenges, and so we will want to be confident that whichever option we choose is viable.

Children and Young People's Services

RCHS provides a range of children's services including health visiting and school nursing, specialist nursing services, and mental health services.

NHS Rotherham and Rotherham Council are jointly committed to the integration of children's health services with the Council's children's services. Very good progress has been made towards achieving this, with the co-location of all services to be completed during 2010, and increasingly integrated leadership and management arrangements. Together we wish to build on this progress.

We propose to transfer children's community health services, with the possible exception of mental health services, to the Rotherham NHS Foundation Trust, with a requirement that services be provided via the integrated model with Rotherham Council.

We also propose to consider whether it would be best to transfer the child and adolescent mental health services provided by RCHS to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

The purpose of the proposals will be to ensure that children and young people's health needs continue to be met to very high standards, whilst ensuring that all services for children and young people work very closely together to meet all their needs. Staying healthy is one of the five Every Child Matters outcomes, and more needs to be done in Rotherham to ensure that we give babies the very best start in life, and support children and young people to lead healthy lives as they grow up.

The transfer of services to the Rotherham NHS Foundation Trust would retain employment within the NHS, and as the foundation trust already has robust clinical governance and professional leadership and development arrangements, meeting these requirements would be relatively easy. We will ensure that the foundation trust will sustain and build upon the integrated service model that has been developed with Rotherham Council.

The transfer of child and adolescent mental health services to the Rotherham, Doncaster and South Humber Mental Health Foundation Trust, which already provides tier three mental health services for children and young people in Rotherham, would ensure the continued provision of high quality clinical governance and clinical and professional leadership. This foundation trust is already closely involved in integrated service provision in Rotherham via the single point of access to child and adolescent mental health services, and tier 2 and 3 services in other districts. This will be further enhanced when all child and adolescent mental health services co-locate at the Kimberworth project later in 2010.

Quality: the proposals must ensure the continued provision of a high quality service, within well established clinical governance frameworks and with experienced, effective clinical and professional leadership. The major improvements to outcomes for children and young people will be secured by a high degree of integrated service delivery, with primary care and with Rotherham Council

Efficiency: the proposals will enable some efficiency improvement to be secured, for example in support services.

Sustainability: the proposals will involve transferring services to well established, viable organisations.

Staying Healthy Services

RCHS and NHS Rotherham currently provide a number of services that support people to live a healthy lifestyle.

Rotherham NHS Stop Smoking Service

The Stop Smoking Service provides one to one and group work to support people to stop smoking. In 2009 the service received 9,841 referrals, of which 5,470 set a quit date and of these 2,548 successfully stopped smoking (a quit rate of 47%). The number supported to quit is good, however the proportion of people referred to the service who subsequently quit could improve.

The proposal is to transfer the Smoking Cessation Service to the Rotherham NHS Foundation Trust with an initial fixed term two year contract based on a tariff per successful quit.

The purpose of this proposal is to ensure the continued successful provision of smoking quits, with an increased emphasis on improving the referral to quit rate. The service will also be expected to improve quit rates among pregnant women.

We believe that by integrating this service into the heart of the NHS in Rotherham, we will create the best opportunity for the service to succeed and support more people to stop smoking.

Quality: the Rotherham NHS Foundation Trust will be able to provide effective governance for this service. The contract for the service will focus on improving outcomes – referral to quit rate; long-term quitting; and quit rate amongst pregnant women.

Efficiency: this service is currently provided as part of a block contract. Integration will provide the opportunity to move to a contract which pays for outcomes

Sustainability: the Rotherham NHS Foundation Trust will provide a viable, long-term solution for this service.

Rotherham Occupational Health Advisory Service and the Health Trainer Service

Rotherham Occupational Health Advisory Service (ROHAS) provides support and advocacy to people whose health is affected by their employment. ROHAS works with individuals and employers to reduce the length of absence from work due to ill health and ensures that wherever possible employers are able to make adaptations to support the return to work. Last year ROHAS had 1,400 contacts including 441 new patients. The service works with each of their clients for an average of 8 months to support return to employment.

The Health Trainer Service works with individuals on lifestyle behaviour change. The services is linked to a number of general practices, to the learning disability services and has been expanded to support the cardiovascular risk screening programme. During 2009/10 the service worked with 699 clients, five times as many as the previous year. Nearly 60% of referrals (400) are from GPs and the NHS, and the main issues are diet, weight, physical activity and stress.

The proposal is to transfer these services to the Rotherham NHS Foundation Trust.

The purpose of this proposal is to ensure the continued successful provision of this service. We believe that by integrating these services into the heart of the NHS in Rotherham, we will create the best opportunity for the services to succeed and support more people to improve their health. We will, however, need to ensure that the integrity of the services is maintained, and be satisfied that other options would not be preferable.

Quality: integrating these services with those provided by the Rotherham NHS Foundation Trust will ensure robust governance and support is in place as well as staff training, supervision and development opportunities. The service specification will require provision of services from community locations. Integration will create greater opportunities for seamless care.

Efficiency: both of these services are small. Providing them from within a larger organisation will help to reduce back office and infrastructure costs.

Sustainability: The Rotherham NHS Foundation Trust is a large established organisation able to provide a long-term future for these small services. There will always be a need for long-term lifestyle support for the increasingly elderly population, particularly those with long-term conditions. The link to community and hospital services will maximise opportunities for lifestyle change.

Planned Care and Clinic Services

RCHS provides a range of planned care and clinic services including:

- Musculo-skeletal services
- Podiatry
- Speech and language therapy
- Primary ear care
- Dermatology clinics
- Community dental services

The proposal is to transfer these services to the Rotherham NHS Foundation Trust, and integrate them with the wider range of planned care services the foundation trust already provides.

The purpose of this proposal is ensure that these effective and well regarded services continue to be provided to a high standard. The proposal also creates the opportunity, where this is appropriate; to integrate these services with the far wider range of planned care services provided by the Rotherham NHS Foundation Trust. This will enable clearer care pathways to be established, thereby providing more seamless services.

There is not another alternative local provider with which these services could be integrated. The alternative to integration with the Rotherham NHS Foundation Trust would therefore be to procure a new provider services. This would not achieve the high degree of integration we wish to achieve.

Quality: Integrating these services with those provided by the Rotherham NHS Foundation Trust will ensure robust governance and support is in place as well as staff training, supervision and development opportunities. The service specification will require provision of services from community locations. Integration will create greater opportunities for seamless care.

Efficiency: There is currently some duplication and overlap in the provision of these services across Rotherham. Integration will provide some opportunities for rationalisation although NHS Rotherham will require a choice of point of access to be retained for patients. We will be expecting the Rotherham NHS Foundation Trust to consider greater provision of outpatient services in community locations and addressing the high level of follow up appointments across the community. The current contract for these services is a block contract. We will expect to move to a contract for activity on cost and volume. This will give greater confidence about value for money.

Sustainability: The Rotherham NHS Foundation Trust is a viable service provider with a good service and financial track record. For a population the size of Rotherham's having one provider for the range of community outreach and outpatient services will make for good economic sense.

Long-term Conditions, Intermediate Care and Urgent Care Services

RCHS provides a wide range of services that support people with long-term conditions. These include district nurses, allied health professionals and specialist nurses working in a variety of settings including GP practices, patients' homes, clinics, intermediate care and Breathing Space. The Rotherham Equipment and Wheelchair Service also contribute to meeting these people's needs.

The proposal is to integrate these services with those provided by the Rotherham NHS Foundation Trust subject to agreement about the service model, associated organisational development plan and reformed contract including a new scheme of tariffs and incentives.

Some GPs have expressed interest in integrated community nursing services, which would see the nurses employed by the GPs themselves working with district nurses

in integrated teams. Two pilot projects to this effect are underway. At this stage, we believe the community nursing model being sought by some GPs could be achieved by GPs and the Rotherham NHS Foundation Trust working together. We will hold further discussions with GPs, community nurses and the Rotherham NHS Foundation Trust about this, the outcome of which will then become part of our plan.

The purpose of this proposal is to ensure that the needs of people with long-term conditions and other people, in particular older people, continue to be met.

Supporting people with long-term conditions accounts for between 40 per cent and 50 per cent of NHS Rotherham's investment in the local NHS. It accounts for about £13 million of our investment in community services. These services are therefore a very important part of the local NHS.

We will expect the Rotherham NHS Foundation Trust to considerably strengthen the provision of service at and closer to patients' homes. We will expect clear, seamless care pathways to be in place. We will expect far fewer patients to be admitted as emergencies to hospital, and will expect hospital length of stay to be reduced. The outcome will be better services, less dependency on the hospital and much improved efficiency.

This integrated service model can only be achieved if we transfer community health services to the Rotherham NHS Foundation Trust. The alternative to this option would be to procure a new provider for these services, and forego the quality improvement and efficiency opportunities we wish to secure.

The risk associated with this proposal is mainly that associated with the Rotherham NHS Foundation Trust becoming a bigger provider with responsibility for a wider range of services. This may impact on the degree of competition possible within the local health service. We will need to make sure that all services remain fully responsive or effective.

Quality: Integrating these services with those provided by the Rotherham NHS Foundation Trust will ensure robust governance and support is in place as well as staff training, supervision and development opportunities. The integration of these services will provide the opportunity to streamline care pathways to ensure that patients are seen and cared for in the right place by the appropriate staff member at the right time. We will want to explore with GPs and the Rotherham NHS Foundation Trust the option to base and manage community nursing service as an integrated part of primary care teams.

Efficiency: The current payment system pays the Rotherham NHS Foundation Trust for admitting patients to hospital. We propose to contract for services in a different way which will require a move away from the current tariff system to one based on payment for a pathway of care. This will mean that payment incentives will encourage the provision of care closer to home and the right level of support for patients enabling them to remain in their own home. By delivering services in a different way, opportunities will arise to make more rational use of the estate, leading

to a smaller hospital, freeing up funding and staff to deliver more patient focused services in the community closer to patients' homes.

Sustainability: The Rotherham NHS Foundation Trust is a viable service provider with a good service and financial track record. The integration of services into a single organisation will create a larger provider, with improved viability, thereby securing the future provision of both community and hospital services in Rotherham.

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 the primary care mental health services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH).

The purpose of this proposal is to ensure that these services, which are greatly valued by GPs and their patients, continue to be provided in the way which experience has proven to be effective. The contract with RDaSH will specify the requirement to maintain direct access to the service by GPs and their patients a mandatory requirement.

RDaSH is the only local NHS provider of mental health services. It can provide the governance and professional leadership needed for this service. It has committed itself to maintaining the existing, successful service model. No other local organisation has the capability or experience required to provide mental health services. The only viable alternative to integrating the service with RDaSH would be to seek a new provider via competitive procurement.

Quality: RDaSH is rated as excellent. It has a reputation for extensive service user and carer involvement in service design and monitoring. It is developing new models of care. We will ensure the GP based focus of this service is maintained by means of the service specification and contract.

Efficiency: this service has developed in the last eight years and now employs about 40 staff working in GP practices. The GP based nature of this service means there are few efficiencies to be made in relation to accommodation. The integration of service management into a large organisation will present some opportunities to rationalise back office functions.

Sustainability: RDaSH offers a long-term solution for these GP based services. The organisation is rated at the highest level by Monitor (the independent regulator of foundation trusts). The critical mass of such a large mental health organisation will provide appropriate levels of staff support and supervision and opportunities for staff development.

Services for People with Learning Disabilities

RCHS currently provides, in partnership with Rotherham Council and the the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH), a number of services for people with learning disability.

The proposal for the specialist assessment and treatment services, the integrated community learning disability teams, and the specialist and community health services is to transfer these services to the RDaSH subject to agreement about models of care and contracts. These contracts are currently in development and will seek to ensure that these services continue to provide their current level of high quality service, while at the same time remain sufficiently flexible to respond to services users changing needs and best practice.

The three residential homes for people with learning disabilities are different in that the care is commissioned by Rotherham Council and the service provider, South Yorkshire Housing Association, contracts with RCHS to provide the staff to support the residents. It proposed to transfer the staff to RDaSH, subject to agreement about models of care and contracts. It is the intention of all of the partners and stakeholders involved to work together to ensure that these services continue to develop and improve in line with the needs of residents and best practice.

The purpose of this proposal is to ensure that the specialist health needs of people with learning disabilities continue to be met by a specialist health provider that is committed to working very closely with Rotherham Council to protect the existing, successful service model.

RDaSH is the only local NHS provider of services for people with learning disabilities. It can provide the governance and professional leadership needed for this service, and already does so in other towns. It has committed itself to developing and modernising the existing, successful service model. No other local organisation has the capability or experience required to these services. The only viable alternative to integrating the service with RDaSH would be to seek a new provider via competitive procurement.

Quality: RDaSH is rated as excellent. It has a good reputation for extensive service user and carer involvement in service design and monitoring, and has links to both NHS and social care organisations. The organisation also has well established systems for addressing the requirements of the Mental Health Act. It is developing new models of care. The scale of the operation means RDaSH will be able to offer opportunities for staff development.

Efficiency: RDaSH will ensure that efficiency improvements are achieved. RDaSH already provides services for people with learning disabilities elsewhere, and this will add opportunities for efficiency improvement.

Sustainability: RDaSH offers a long-term solution for these services. The organisation is rated at the highest level by Monitor (the independent regulator of foundation trusts). The critical mass of such a large organisation will provide appropriate levels of staff support and supervision and opportunities for staff development. This transfer will ensure services are embedded in a large successful organisation, an appropriate service specification will guarantee that the local provision of this service is maintained.

RCHS provides the staff for three residential homes which are owned and provided by South Yorkshire Housing Association (SYHA) and commissioned by Rotherham Council.

Further discussions are required with SYHA and Council before a proposal can be made about these services and staff.

Palliative and End of Life Care Services

RCHS provides a range of specialist palliative and end of life care services, including the staff for Rotherham Hospice, which is owned and provided by the Rotherham Hospice Trust.

The proposal is to transfer all these services to the Rotherham Hospice Trust subject to agreement about governance and leadership, the service model and contract.

The purpose of this proposal is to enable the Rotherham Hospice to become a centre of excellence for the provision of specialist palliative and end of life care services. This important service offers choice to people at the end of life. It is a service we intend to grow over the next two years to provide real alternatives to patients. NHS Rotherham currently commissions a range of community support for end of life care and palliative care working with funding raised by voluntary organisations which include the hospice, MacMillan and Marie Curie. This proposal is being developed in liaison with all the funding organisations to ensure best use is made of both public and private funding.

Rotherham Hospice is the only local specialist provider of end of life care services. It has built a reputation as a valued and effective part of local health services. It is presently expanding from eight to 14 beds. It is committed to further expansion, and to becoming the centre of excellence to which we aspire.

Quality: The Rotherham Hospice is registering with the Care Quality Commission. Its services, currently provided in partnership with RCHS, are well regarded. The transfer of all specialist palliative and end of life care services to the Hospice will enable it to build upon this good track record to provide a wider range of high quality home based, day care and in patient services.

Efficiency: The Hospice is funded partly by charitable fundraising and partly by NHS Rotherham. Bringing all these services together under one provider will create

some efficiency opportunities. Agreement will be reached with the Hospice for it to access support services (for example, payroll, and information technology) from the NHS. Whilst a larger organisation may have greater opportunities for cost effectiveness, the Hospice is able to offer more personalised care packages. It will be important to ensure that the existing links to the major NHS providers and social care are maintained.

Sustainability: The Hospice Committee has successfully operated the Hospice in conjunction with NHS Rotherham and Rotherham Community Health Services since 1996. The transfer of all these services will create a large charitable sector provider, able to attract high quality leaders and staff with a firmer base for the development of a number of voluntary funded developments including MacMillan and Marie Curie investments. The Hospice's charitable fundraising will be made more secure by its larger footprint. NHS Rotherham will agree a contract with the Hospice that provides a sound basis for its viable operation.

What will be the impact of our proposals?

The changes we are proposing will not, for most people, lead to any immediate changes in service provision. 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.

- 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.

Glossary

Board
The top layer of management at NHS Rotherham which provides strategic leadership to the organisation. It consists of executive and non executive directors.

Care Quality Commission (CQC)
The independent regulator of health and social care organisations in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations.

Commissioning
The authority to perform commercial transactions by buying or procuring services. For example NHS Rotherham commissions health services from hospitals on behalf of the people of Rotherham.

Every Child Matters
Published in 2003, Every Child Matters sets out the Government's approach to the well-being of children and young people from birth to age 19.
For more information please visit: **http://www.dcsf.gov.uk/everychildmatters**

Governance
Systems and processes as part of organisational management.

GPs
General practitioners – qualified doctors who work in a community setting.

Intermediate care
A generic term to describe a wide range of services that help prevent unnecessary admission or facilitates early discharge from hospital. It fills the care gap between independent living at home and care in hospital.

Long term conditions
Diseases or illnesses that are not 'cured' but managed through medication or lifestyle interventions (diet etc). Examples include asthma, diabetes, chronic obstructive pulmonary disease and coronary heart disease.

Monitor
The independent regulator of NHS foundation trusts.

NHS Rotherham
The commissioning organisation of the NHS in Rotherham.

Palliative Care
When there is no cure for an illness, palliative care tries to make the end of a person's life as comfortable as possible.

Podiatry
Care of the foot and ankle.

Procurement
To purchase or buy goods or services.

Rotherham Community Health Services (RCHS)
The organisation which currently manages community health services across Rotherham including district nurses, health visitors and many of the departments based in the Rotherham Community Health Centre eg podiatry and ear care.

Rotherham Hospice
Provides specialist palliative care for patients suffering from life limiting illnesses over the age of 18.

Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust
Also known as RDaSH, this organisation manages mental health and learning disabilities services at inpatient and community facilities across Rotherham and Doncaster.

Social Enterprise
A business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community rather than being driven by the need to maximise profit for shareholders and owners.

The Rotherham NHS Foundation Trust
Also known colloquially as Rotherham Hospital or Rotherham District General or abbreviated as RFT. The Rotherham NHS Foundation Trust is the acute hospital in Rotherham providing acute hospital care to adults and children.

Urgent Care
Urgent care is the range of responses that health and care services provide to people who require or perceive the need for urgent advice, care, treatment or diagnosis.

Briefing - Equity and Excellence White Paper: Implications for Rotherham

The Government's Health White Paper precedes legislation to be placed before Parliament in the current parliamentary session. It proposes major reforms to the NHS and also changes roles for local government.

The Headlines

- NHS Principles remain: available to all, free at point of use, based on clinical need etc
- Health spending in real terms will increase – still 'ring fencing' NHS spend
- Comparisons with clinical outcomes in UK v Europe (esp. on cancer and stroke – we may have 'best' system but not 'best' outcomes)

Main proposals

- **Choice, control and patient involvement**
  - the government plans to give patients choice of treatment and provider in the vast majority of NHS-funded services by 2013/14
  - every patient will have a right to choose to register with any GP practice they want
  - Patients will be given access to detailed information about hospitals and GP services to enable them to exert more choice and control over who provides their treatment
  - The Health Bill will create HealthWatch England, a new independent consumer champion within the Care Quality Commission. Local Involvement Networks (LINks) will become the local HealthWatch; these will be funded by and accountable to local authorities

- **Healthcare outcomes and performance framework**
  - Many top-down targets will be abolished Not about process targets – about clinical measures **(if there is no clinical justification, we will remove the target ie 18 wk wait**)
  - The current performance regime will be replaced with separate frameworks for outcomes that set direction for the NHS, for public health and social care, payment by performance – outcomes not activity providing incentives for better quality
  - It will include a focused set of national outcome goals determined by the Secretary of State, against which the NHS Commissioning Board will be held to account, alongside overall improvements in the NHS
  - The Secretary of State, proposes to create a new Public Health Service, proposals are to be set out in the Health Bill and will set local authorities national objectives for improving population health outcomes - It will be for local authorities to determine how best to secure those objectives

- **NHS Commissioning Board**
  - An autonomous statutory NHS Commissioning Board will be established. The board will take over the current Care Quality Commission's (CQC) responsibility of assessing NHS commissioners and will hold GP consortia to account for their performance and quality.

- **GP Commissioning**
  - Commissioning will be transferred from PCTs to local consortia of GPs – in shadow form from 2011/12. (probably 1 or 2 consortia likely in Rotherham though no absolute clarity yet on this). Following the passage of the Health Bill, consortia will take on responsibility for commissioning in 2012-13.

- **Administration and savings**
  - The government is committed to reducing NHS management costs by more than 45 percent over the next four years.
  - The NHS is to release £20 billion of efficiency savings by 2014 to be reinvested to support improvements
  - Strategic Health Authorities (SHAs) will be abolished
  - PCTs will be replaced by GP consortia

- The Department of Health (DH) will also radically reduce its own NHS functions and become more strategic – focus will be on improving public health and reforming adult social care
- A review of DH arm's-length bodies will shortly be published

The Heath Bill will be presented to Parliament in autumn and will support the creation of a new national Public Health Service, to integrate and streamline existing health improvement and protection bodies and functions.

Overview of New Roles and Resources for Local Councils

- Greater accountability, local autonomy and democratic legitimacy through the development of GP consortia, working in partnership with local authorities
- PCT public health improvement functions will be transferred to local councils after the abolition of PCTs in 2013.
- Local Directors of Public Health will be jointly appointed by local authorities and the national Public Health Service. Further clarity is required around the arrangements for the employment of public health teams and the accountability of the Local Director of Public Health
- A ring-fenced public health budget will be allocated to local authorities (currently around £4bn) to support their public health and health improvement functions, the allocation formula for those funds will include a new "health premium" designed to promote action to improve population-wide health and reduce health inequalities.
- Councils will be required to establish "health and wellbeing boards" or within existing strategic partnerships, to join up the commissioning of local NHS services, social care and health improvement. This will allow local authorities to take a strategic approach on promoting integration across health and adult social care, children's services (including safeguarding) and the wider local authority agenda.
- An extension and simplification of powers to enable joint working between the NHS and local authorities.
- Specific responsibilities for Local Authorities will be:
    - Promoting integration and partnership working between NHS, social care public health and other local services and strategies
    - Leading Joint Strategic Needs assessments and promoting collaboration on local commissioning plans
    - Building partnerships for service changes and priorities
- Health Overview and Scrutiny Committees (HOSCs) will be replaced by the above functions.
- Elected Members, relevant NHS commissioners, Directors of Public Health adult social services and children's services will all be under a duty of partnership and involved in carrying out the responsibilities above.
- Creation of a national HealthWatch for England to be the national voice for patients and the public. Local Involvement Networks (LINks) will become local Health Watch branches. Local Health Watch will have a role in ensuring patient feedback is reflected in commissioning plans

Implications for Rotherham

- PCTs to be abolished from 2013, when RMBC will need to take responsibility for health improvement and;
- Appoint the DPH jointly with the Public Health Service – The Director of Public Health in Rotherham is a joint appointment with NHSR and sits on the Council's SLT, but is employed by NHSR currently
- It is not yet known what the arrangements will be for Public Health teams within the authority, this will become clearer when the Health Bill and public health white paper are published.
- RMBC will receive a ring-fenced PH budget to undertake their new roles and responsibilities, however there is a suggestion that mainstream services such as housing, early years, transport, leisure and social care make a far more significant contribution to public health and health improvement than the resource in the ring-fence - LGA will be putting forward that the ring-fenced is removed, further details on this will be available on the publication of the Public Health White Paper.

- Creation of a 'Health and Wellbeing Board' within the existing Partnership structures of the authority – this will need to be considered in relation to current partnership arrangements and how it will impact on current themes and Community Strategy
- Health Overview and Scrutiny Committees' functions will be superseded by the new proposals, further details on how this will effect local authorities is yet to be published
- LINks will become the new local HealthWatch, the paper suggests arrangements for these will be similar to how LINks works currently, with RMBC funding and holding them to account.
- With commissioning transferring to the new GP consortia from PCTs, greater partnership working will be required with GPs, current arrangements and relationships will therefore need to be looked at.
- Work is currently on-going to establish what joint working arrangements are currently in place between RMBC and NHSR. Some joint working exists currently but this is not as advanced locally as in some other areas and it is clear there is significant scope for more joint commissioning and greater integration.

Overview of roles and responsibilities

Government

- Health Bill intends to limit role of Sec of State but will still include:
    - Setting a formal mandate for NHS Commissioning Board
    - Holding the NHS Commissioning Board to account
    - Arbitration
    - Legislative and policy framework
    - Accounting annually to Parliament

NHS Commissioning Board…

- Help standardise best practice and promote equality – it will not manage providers or be the NHS headquarters
- It will champion patient and public involvement not providers
- It will have 5 main functions…
    - Provide national leadership on commissioning for quality improvement (working with NICE, Monitor)
    - Promote and extend public and patient involvement and choice
    - Ensure the development of GP commissioning consortia
    - Commissioning certain services (GPs, dentistry, community pharmacy, primary ophthalmic services)
    - Allocating and accounting for NHS resources
- The Board would not have the scope to restrict the scope of the services offered by the NHS
- Board will operate in a shadow form as a special health authority from April 2011. Converted by forthcoming Health Bill into a statutory body to go live in April 2012
- From this year, SHAs will separate their commissioning and provider oversight functions and support the Board in its preparatory year
- The Board itself will decide what presence, if any, it needs in different parts of the country
- SHAs will be abolished during 2012/2013

PCTs

- Cease to exist from 2013

GP Commissioning

- This is not a return to GP fundholding (which led to 2 tier NHS) nor a rejection of Practice Based Commissioning (which never saw real transfer of responsibility)
- Consortia of GP practices working with other professionals in partnership with local communities and local authorities will commission majority of services for their patients
- They will not commission GP services, other family health services (ie dentistry, community pharmacy, primary ophthalmic services –the NHS Commissioning Board will do this) though they will be 'involved'

- NHS Commissioning Board will calculate practice-level budgets and allocate them to consortia and may adopt a lead commissioner model
- They will have an accountable officer – and every GP practice will have to be a member of a consortium (if they hold a patient list they have to be part of a consortia)
- Consortia will need to be big enough to manage financial risk, allow for accurate allocations and have sufficient geographic focus
- They can choose what they do themselves and what they 'buy in' from VCS, local authorities and private companies
- Capitalise on PCT commissioning experience during transitional period but timetable is…
    - GP consortia in shadow form 2011/2012
    - After Health Bill, consortia take on commissioning 2012/2013
    - NHS Commissioning Board allocate resources for 2013/2014 to consortia in late 2012
    - GP Consortia to take full financial responsibility from April 2013

Providers

- To create the largest and most vibrant social enterprise sector in the world – to free FTs from the constraints they are under
- Regulated as all other providers – be they voluntary or private
- As all NHS Trusts become FTs staff will have the opportunity to transform their organisations into employee-led social enterprises
- Foundation Trusts will not be privatised
- They will consult on options for increasing FT freedoms including abolishing the cap on income you can earn from other sources, enabling FTs to merge more easily and whether they should be able to tailor governance arrangements to meet their own local needs
- All Trusts to be FTs within 3 years
- Continue with plan to transfer community services by April 2011 and move as soon as possible to an "any willing provider" model. In future all community services will be provided by an FT or other types of provider
- Providers will have a joint licence overseen by Monitor and CQC to maintain essential levels of safety and quality and ensure continuity of essential services

CQC

- Role will include Licensing and Inspections

Monitor

- Monitor's role will be as an Economic regulator, to promote effective and efficient provision, to promote competition, regulate prices and safeguard continuity of services. The CQC will continue to act as quality inspectorate across health and social care for both publicly and privately funded care**.**
- This will include powers to protect assets or facilities required for continuity of services, authorising special funding arrangements for essential services, powers to levy providers for contributions to a risk pool and intervening directly in the event of failure

Further detail and White Papers are expected as follows:

- The Public Health White Paper will be published late 2010 – which will support creation of a new public health service and make clearer the implications for local authorities in relation to their new roles and responsibilities
- Adult Social Care White Paper is due to be published in 2011
- There will be a further consultation on extending choice later in 2010. The White Paper reiterates the Government's commitment to extending choice through a roll-out of personal budgets for health. The NHS Commissioning Board will have a key role in extending choice and control, and Monitor will ensure that patients have a choice

Timeline:

Health Bill introduced to Parliament	autumn 2010
Separation of SHAs' commissioning and provider oversight	by end 2010
Public Health White Paper	late 2010
White Paper on social care reform	During 2011
NHS Commissioning Board fully established	April 2012
New Local Authority Health and Wellbeing Boards in place	April 2012
Public Health Service in place, with ring-fenced budget and local health improvement led by DPH in local authorities	April 2012
Health Watch established	April 2012
Formal establishment of all GP consortia	During 2012
SHAs are abolished	2012-13
PCTs are abolished	From April 2013

Local Democratic Legitimacy in Health – Consultation Paper

Introduction

The paper provides further information on proposals for increasing local democratic legitimacy in health, through a clear and enhanced role for local government and elected members. Local authorities are uniquely placed to promote integration of local services across boundaries between the NHS, social care and public health.

One of the central proposals of the White Paper is to devolve commissioning responsibilities and budgets to new GP consortia, which will be supported and held to account for the outcomes they achieve by the new NHS Commissioning Board.

Local authorities will be given an enhanced role in health, their responsibilities will include:

- Leading joint strategic needs assessments, to inform commissioning strategies
- Supporting local voices and patient choice
- Promoting joined up commissioning of local NHS services, social care and health improvement and;
- Leading on local health improvement and prevention activity

Local Authority Leadership for Health Improvement

When PCTs cease to exist, local authorities will take over responsibility and funding for health improvement activities. This is intended to unlock synergies with the wider role of local authorities in tackling the determinants of health.

Funding will include spend on prevention of ill-health by addressing lifestyle factors such as smoking, alcohol, diet and physical activity.

The creation of the new Public Health Service (PHS) will complement this role. However the PHS will also have powers in relation to public health emergencies.

Local Directors of public Health will be jointly appointed by local authorities and PHS. They will have ring-fenced budgets, allocated by the PHS. By being appointed by the local authority, the DPH will have direct influence over the wider determinants of health, advising elected members and senior management within the local authority.

The Sec. of State, with local authorities will agree local application of health improvement outcomes. It will be for local authorities to determine how best to secure outcomes. Local neighbourhoods will have the freedom and flexibility to set local priorities, working within a national framework.

Further consultation will take place later in the year on the abolition of PCTs and the establishment of the ring-fenced health improvement budget within local authorities.

Improving Integrated Working

The government is clear that joint, integrated working is vital to developing a personalised health and care system.

The existing framework provided in legislation in the NHS Act 2006 sets out optional partnership arrangements for service-level collaboration between local authorities and health-related bodies. Arrangements include:

- PCTs or local authorities leading commissioning services for a client group on behalf of both organisations
- Integrated provision (e.g. care trusts)
- Pooled budgets

The paper suggests that take up of current flexibilities to enable joint commissioning and pooled budgets has been relatively limited. Joint commissioning around the needs of older people or children for example remains untapped – new commissioning arrangements will support this. GP consortia will have a duty to work with colleagues in the wider NHS and social care.

Q4 What more, if anything, could and should the Department do to free up the use of flexibilities to support integrated working?

Q5 What further freedoms and flexibilities would support and incentivise integrated working?

Government believe there is scope for stronger institutional arrangements, within local authorities and led by Elected Members, to support partnership working.

One suggested option is to leave it up to NHS commissioners and local authorities as to whether and how they work together, and devise their own local arrangements. The preferred option however is to specify the establishment of a statutory role to support joint working on health and well-being. This would provide duties to cooperate and a framework of functions.

Q6 Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?

Health and Well-being Boards

One way in which to enhance roles and responsibilities is through a statutory Partnership Board – Health and Wellbeing Board – within the authority. Alternatively local areas may decide to design their own arrangements, within existing LSP structures.

Consideration could be given to the option of using this Board to replace the Alive Theme Board, although some thought is needed as what the relationship will be with the SLP as a whole.

If these Health and Wellbeing Boards were created, requirements would be minimal, with local authorities having freedom and flexibility for how it works.

Q7 Do you agree with the proposal to create a statutory health and wellbeing board or should it be left to local authorities to decide how to take forward joint working arrangements?

The primary aim of the Boards would be to promote integration and partnership working. They would have 4 main functions:

- To assess their needs of the local population and lead JSNAs
- To promote integration and partnership across NHS, social care and public health
- To support joint commissioning and pooled budget arrangements
- To undertake a scrutiny role in relation to major service redesign

The Boards would have a lead role in determining the strategy and allocation of any local application of place-based budgets for health. There would also be a role in relation to other local partnerships, including those relating to vulnerable adults and children.

Q8 Do you agree that the proposed health and wellbeing board should have the main functions described above?

Q9 Is there a need for further support to the proposed health and wellbeing boards in carrying out aspects of these functions, for example information on best practice in undertaking joint strategic needs assessments?

Q10 If a health and wellbeing board was created, how do you see the proposals fitting with the current duty to cooperate through children's trusts?

Q11 How should local health and wellbeing boards operate where there are arrangements in place to work across local authority areas, for example building on the work done in Greater Manchester or in London with the link to the Mayor?

Membership of the Boards would include: the Leader of the Council, social care, NHS commissioners, local government and patient champions, GP consortia, representative of the NHS Commissioning Board as well as a representative from the local HealthWatch. Local authorities may also invite representatives of the voluntary sector and other relevant public body officials. Providers may also be invited. This list is biased strongly towards officers and non-elected representatives and should have a greater proportion of elected members in order to provide democratic legitimacy.

Views are being sought on the arrangements of bringing together elected members and officers in this way, and how local authorities can ensure this is effective.

Q12 Do you agree with our proposals for membership requirements set out above

Overview and Scrutiny Function

The existing functions of the OSC include:

- calling NHS managers to give information and answer questions about services and decisions
- Requiring consultation by the NHS where major changes to health services are proposed
- Referring contested service changes to the Sec. of State for Health

If Health and Wellbeing Boards are created, it is believed they are better equipped to scrutinise these services locally, therefore the statutory functions of the OSC will be transferred to the Health and Wellbeing Board.

Having a seat on the Board will give HealthWatch a stronger formal role in commissioning discussions than currently exist in LINks. However, there is some concern around the closer link with HealthWatch and the Health and Wellbeing Board. If HealthWatch have a seat on the board there may be a conflict of interest with the Board's role of holding HealthWatch to account.

Members of the Health and Wellbeing Board, including elected members, would be able to identify shared goals and priorities and identify early on in the commissioning process how to address any potential disputes. Government will work with local authorities and the NHS to develop guidance on how best to resolve issues locally.

Q13 What support might commissioners and local authorities need to empower them to resolve disputes locally, when they arise?

If Health and Wellbeing Boards had significant concerns about service changes, an attempt should first be made to resolve this locally. The Board may choose to engage external expertise to help resolve any issues. For s minority of cases there will still need to be a system of dispute resolution beyond the local level. Where local action cannot be taken, the Board can refer to the NHS Commissioning Board. Where the issue may be about the Commissioning Board (such as maternity services) the Health and Wellbeing Board may choose to refer directly to the Sec. of State. If the Health and Wellbeing Board still has concerns and the NHS Commissioning Board is satisfied that the correct procedures have been followed, the Health and Wellbeing Board would have statutory power to refer cases to the Sec. of State.

As the majority of board members would be non-elected, this represents a potentially substantial dilution of the democratic accountability of the scrutiny function.

Under proposals, there will be no local scrutiny of national commissioning of services such as dentistry, maternity services etc. (which will be commissioned by the NHS Commissioning Board), although there's reference to these issues being discussed by the Health and Wellbeing board. This appears to be a potential gap in the local scrutiny function.

Q14 Do you agree that the scrutiny and referral function of the current health OSC should be subsumed within the health and wellbeing board (if boards are created)?

Q15 How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?

A formal scrutiny function will continue to be important within the local authority. Local authorities will have to ensure they have adequate processes in place to scrutinise the functioning of the Health and Wellbeing Board and health improvement policy.

There is still a health scrutiny role for elected members. However, they will only be able to scrutinise how effectively the council undertakes its role of co-coordinating commissioning by the relevant partners. We should therefore be concerned about loss of specific powers to enable elected councilors to scrutinise how local health services are actually provided by NHS Trusts and others.

Q16 What arrangements should the local authority put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

Local HealthWatch

The White Paper sets out plans to increase choice and control for patients, by creating a local infrastructure in the form of local HealthWatch. Local Involvement Networks (LINks) will become local HealthWatch branches and will act as local consumer champions across health and care.

Like LINks, local HealthWatch will continue to promote patient and public involvement; however they will be given additional funding and functions so that they become more like a 'citizens advice bureau', additional functions include:

- NHS complaints advocacy services
- Supporting patients to exercise choice, i.e. choosing their GP practice

Local authorities have a vital role in commissioning HealthWatch arrangements. They will continue to fund HealthWatch and contract for their services. They will also ensure that the focus of local HealthWatch activities is representative of the local community. In the event of under-performance local authorities should intervene, and re-tender where it is the best interests of the local population.

Clarity is needed on what additional funding will be provided in order to commission local HealthWatch to undertake added responsibilities of NHS complaints advocacy services and supporting the Choice agenda. There needs to be adequate ring-fenced funding to ensure that an appropriate level of service can be commissioned. Clarity is also needed on whether there would be any potential for commissioning for local HealthWatch from any organisation other than the existing LINk, which is implied in the proposals, where it is suggested that councils should intervene if local HealthWatch underperforms.

The continued rights for HealthWatch to visit provider services are important, but will only be effective if there is a clear referral path for action, should there be problems.

If referral is to the Health and Wellbeing Board, there is potential for conflict of interest

Q1 Should local HealthWatch have a formal role in seeking patients' views on whether local providers and commissioners of NHS services are taking account of the NHS Constitution?

Q2 Should local HealthWatch take on the wider role outlined above, with responsibility for complaints advocacy and supporting individuals to exercise choice and control?

Q3 What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?

Further Questions

Q17 What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients, the public and, where appropriate, staff?

Q18 Do you have any other comments on this document?

SCHEDULE OF DECISIONS

KEY DECISIONS TO BE MADE BY THE CABINET MEMBER, STRATEGIC DIRECTOR AND DIRECTORS FOR NEIGHBOURHOODS AND ADULT SERVICES

Strategic Director: Tom Cray
Representations to: The Strategic Director for Neighbourhoods, Rotherham Borough Council, Neighbourhood Services, Norfolk House, Walker Place, Rotherham S65 1HX.

KEY DECISIONS BETWEEN 1 September 2010 and 30th November 2010					
Matter subject of key decision	**Proposed date of key decision**	**Proposed consultees**	**Method of consultation**	**Steps for making and date by which representations must be received**	**Documents to be considered by decision-maker and date expected to be available***
September, 2010					
Extra Care Housing Care & Support	13 September 2010	Cabinet Member for Adults Social Care and Health	Report		Report
Assistive Technology Project – Final Evaluation	13 September 2010	Cabinet Member for Adults Social Care and Health	Report		Report
LD Health Assessment Framework Outcomes	13 September 2010	Cabinet Member for Adults Social Care and Health	Report		Report
Improving Customer Service	27 September 2010	Cabinet Member for Adults Social Care and Health	Report		Report
October, 2010					
November, 2010					

KEY DECISIONS BETWEEN 1 September 2010 and 30th November 2010					
Matter subject of key decision	**Proposed date of key decision**	**Proposed consultees**	**Method of consultation**	**Steps for making and date by which representations must be received**	**Documents to be considered by decision-maker and date expected to be available***
Domiciliary Care Framework Agreement	8th November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
Overarching Commissioning Strategy	8th November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
Market Facilitation Plan	8th November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
PDSI Strategy	8th November 2010	Cabinet Member for Adults Social Care and Health	Report		Report

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.

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

(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.

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

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

Apologies for absence were received from Councillors P A Russell and Steele.

H8. MINUTES OF THE PREVIOUS MEETING HELD ON 28TH JUNE 2010

Consideration was given to the minutes of the meeting of the Cabinet Member for Health and Social Care held on 28th June 2010.

Resolved:- That the minutes of the previous meeting held on 28th June 2010 be approved as a correct record.

H9. ANNUAL SAFEGUARDING REPORT

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in respect of the Safeguarding Adults Annual Report.

She referred to the achievements and contributions in 2009/10 which were:-

- 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 in 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
- a strengthened Quality Assurance framework was in place
- We have further reduced crime by 13%

The work on **'Home from Home'** had 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.

The Safeguarding Adults Service Plan Priority Actions for 2010/2011 were to:-

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.

The timetable for consultation and publication was that the report be presented to the Rotherham Safeguarding Adults Board on the 14th July 2010, and then published to all Partner agencies represented at the Rotherham Safeguarding Board and on the Council website. Safeguarding Adults Awareness week 2010 was to be held 12th to 16th July 2010 and it was envisaged that the report would be ready for publication the week commencing 19th July on the back of the heightened awareness of the previous week.

The report would then be presented to the Adult Services and Health Scrutiny Panel on 9th September 2010.

Resolved:- That the Safeguarding Adults Annual Report 2009-2010 be approved for publication and presentation at:

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

H10. TRANSFORMING COMMUNITY SERVICES – SHAPING OUR FUTURE

Consideration was given to a report presented by Chrissy Wright, Director of Commissioning and Partnership which gave an update on the progress towards achieving the Department of Health's "Transforming Community Services" agenda in Rotherham.

The aims of the Transforming Community Services paper were:

- 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 PC provider units were business ready to make that step change

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

The Department of Health had established a timetable for implementation of a clear separation between the commissioning and provider functions and during 2010 the NHSR must develop an implementation plan for each of the services. This work was ongoing and in Rotherham it is known as 'Shaping the Future'.

The implementation of *Shaping our Future* would lead to changes in the Rotherham provider landscape and NHS Rotherham would cease to have a provider arm and Rotherham Community Health Services (RCHS) would cease to exist. RCHS would 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 had 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 had been established to look at specific areas of the work and each group was

chaired by an NHS Rotherham executive director and there was representation from NAS at the Programme Board and in the appropriate project boards.

The project groups were:

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

The proposals in detail were:

- **General Practices**
  RCHS manages three small GP practices. All other GPs in Rotherham are independent contractors. The proposal was to invite the patients at the Rosehill Medical Centre to register with other GPs. Consideration would 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 was not successful NHSR would procure a new provider for these surgeries.

- **Children's Services**
  RCHS provides a range of children's services including health visiting and school nursing, specialist nursing services, and mental health services. The proposal was to transfer these services to the Rotherham NHS Foundation Trust. Consideration would 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**
  RCHS currently runs the Rotherham NHS Stop Smoking Service. The proposal was to transfer this service to the Rotherham NHS Foundation Trust.

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

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

- **Planned Care and Clinic Services**
  RCHS 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 was 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 was 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 was 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 was to transfer the staff who worked 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 was to transfer these services to the Rotherham Hospice Trust.

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

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

Some of the impacts were:

- Patients in Rawmarsh would have a choice of four general practices. The Canklow and Gate surgeries patients would continue to have access to the specialist support they need.

- Health visitors, school nurses and other children's health services would continue to work closely with GPs and Rotherham Council to offer services to children.

- There would continue to be a range of services which support people to develop and maintain healthy lifestyles.

- Planned care services and clinics would 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 would gradually be offered more services in the community, and everyone with a long-term condition would be provided with an individual care plan detailing how, where and when to seek assistance and how they could best look after their own health. These community services would continue to be backed up by high quality hospital services.

- Primary care mental health services would 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 would 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 would transfer to the same provider.

- The Rotherham Hospice would provide a comprehensive home based, day centre and in patient specialist palliative and end of life care services.

The staff consultation process had begun and would run from 24th May to 23rd August 2010. As services were unlikely to change at this stage, there was no requirement to consult formerly with the public, but NHSR would be writing out to all stakeholders to explain our plans.

It was noted that a Government White Paper on Health had been issued today and it was agreed that the Cabinet Member would be provided with a briefing paper in respect of this.

A discussion ensued concerning future options for public health functions. It was agreed that a report be brought to a future meeting detailing the potential options for public health services.

Reference was made to the transfer of jointly commissioned services to the Foundation Trust and it was suggested that a stipulation be made that the Trust be able to make efficiency savings of 10% upon this transfer. It was agreed that this information be included in the next report.

Resolved:- (1) That the progress of NHSR towards achieving Transforming Community Services be noted.

(2) That a report be presented to a future meeting in respect of possible options for public health services

(3) That a report be presented to a future meeting in respect of the Offer to the proposed provider, RFT, of jointly commissioned services.

H11. 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 Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972.

H12. ROTHERCARE CHARGING POLICY

Kirsty Everson, Director of Independent Living presented the

submitted report in respect of the Rothercare Charging Policy.

Rothercare is the Council's alarm and response service provided by Neighbourhoods and Adult Services to help vulnerable people live safely in their own home. It is one element of the overall Rothercare Direct service which acts as the first point of contact for all social care enquiries for adults in the borough.

Since 2004 the Rothercare service charges have increased from £2.60 to £2.94 per week. For the financial year 2004/05, 2005/06 and 2006/07 Rothercare customers did not incur any increase in their weekly charge. It is proposed that from 4th October 2010, the weekly charge be increased by 6 pence. This would increase the overall charges as follows:-

- From £2.94 to £3.00 per week = £144 per annum for Council tenants based on charging over 48 weeks
- From £2.72 to £2.77 per week = £144.04 for non Council tenants based on charging customers over 52 weeks.

In addition to this increase it was proposed to make revisions to the Rothercare charging regime in relation to the freephone telephone number, the use of GSM diallers and to introduce fees for replacing lost or damaged equipment.

Resolved:- (1) That the increase in Rothercare weekly charge be agreed with effect from 4th October 2010.

(2) That the revisions to the Rothercare charging regime in relation to the freephone telephone number and the introduction of fees for replacing lost or damaged equipment be approved.

(3) That the revision to the use of GSM diallers be approved subject to an evaluation of the options available to existing users.

CABINET MEMBER FOR HEALTH & SOCIAL CARE
26th July, 2010

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

An apology was received from Councillor Steele.

H13. MINUTES OF THE PREVIOUS MEETING HELD ON 12TH JULY, 2010

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

Reference was made to the Annual Safeguarding report and a request was made that the final version of the report be brought to the next meeting on 13th September 2010 for approval.

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

H14. NHS WHITE PAPER

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report which set out the key areas of impact for Health and Social Care for Adult Services in the recent White Paper on the NHS.

The White Paper set out that the role of the Department of Health in NHS would be much reduced and more strategic, focusing on improving public health, removing health inequalities and extending choice. This would not just be around where and when but also circumstances of treatment and care received and improving the level of engagement of patients and the public.

The main proposals were:

Choice, Control and Patient Involvement

Personal budgets were being extended to personal health budgets and would allow individuals to be in control of how, where and from whom they received their health care. A personal health budget could either be arranged by the NHS and independent third party, or the individual could be given the money to buy the care themselves through a direct payment.

Other key areas of improvement of choice and control for individuals were:

- The government plans to give patients choice of treatment and provider in the vast majority of NHS funded services by 2013/14
- Every patient would have a right to choose to register with any GP practice they want
- Patients would be given access to detailed information about hospitals and GP services to enable them to exert more choice and control over who provides their treatment

Public Health

There would also be a new Public Health Service, to integrate and streamline existing health improvement and protect bodies and functions, including and increased emphasis on research, analysis and evaluation. It would be responsible for vaccination and screening programmes and manage public health emergencies.

PCT responsibilities for local health improvement would transfer to local authorities after the abolition of PCT's in 2013. Local Authorities would then employ the Director of Public Health jointly appointed with the Public Health Service.

The arrangements for a Public Health team within the authority were not yet known but RMBC would receive a ring-fenced Public Health budget to undertake their public health and health improvement functions. The allocation formula for those funds would include a new "health premium" designed to promote action to improve population-wide health and reduce health inequalities.

Patient and Public Involvement

A new body would be created for patient and public involvement known as HealthWatch England, a new independent consumer champion within the Care Quality Commission (CQC). These would be funded by and accountable to local authorities creating a strong local infrastructure, and would enhance the role of local authorities in promoting choice and complaints advocacy. This would involve the Rotherham LINk being subsumed into RMBC from VAR who currently host the arrangements. Local HealthWatch representatives would also play a formal role to ensure that feedback from patients and service users was reflected in commissioning plans.

Social Care White Paper

The Department of Health would continue to have a vital role in

setting adult social care policy recognising the critical interdependence between the NHS and the adult social care system in securing better outcomes for people, including carers. The intention was to reduce the barriers between health and social care funding to encourage development of preventative services.

The new white paper on Social Care which is to be published in October 2011 would be focusing on the funding of social care through an insurance or partnership scheme and the DH would establish a commission on the funding of long term care and support, to report within a year. The Commission would consider a range of ideas, including both a voluntary insurance scheme and a partnership scheme. The Law relating to Adult Social Care would be reformed and consolidated working with the Law Commission.

Rotherham Foundation Trust
All hospitals were to become foundation trusts, within three years, allowing them to trade independently and be in direct competition with the private hospital sector.

The Transforming Community Services programme would continue and be completed by April 2011, and all future community services would be provided by a Foundation Trust or other types of provider. All providers would have a joint licence overseen by Monitor and CQC to maintain essential levels of safety and quality and ensure continuity of essential services.

The White Paper states that there would be a NHS that "*Is genuinely centred on patients and carers"* and a new Carers Strategy which would be published in April 2011. This would include new online services for the support of patients and carers.

Performance
Many top-down targets would be abolished and the focus would shift to clinical measures with the current performance regime placed with separate frameworks for outcomes that set direction for the NHS, for public health and social care, payment by performance with outcomes not activity providing incentives for better quality. This would also include a focused set of national outcome goals determined by the Secretary of State, against which the NHS Commissioning Board would be held to account, alongside overall improvements in the NHS.

Commissioning

New statutory arrangements would be established within local authorities as "health and wellbeing boards" take on the function of joining up the commissioning of local NHS services, social care and health improvement. These health and wellbeing boards would allow local authorities to take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding and the wider local authority agenda.

PCTs would cease to exist in four years to be replaced by GP Consortia. Over the next four years there would be a reduction of 45% of management costs in the NHS and Strategic Health Authorities would also cease to exist.

An autonomous statutory NHS Commissining Board would be established in shadow form by April 2011 and be fully operational in April 2012. The first allocations of money for commissioning to GP Consortiums would be in Autumn 2012 and they would take over the current CQC responsibility of assessing NHS commissioners and would hold GP consortia to account for their performance and quality.

GPs would become commissioners of all health services, and all GPs with a patient list would be expected to become members of a consortia. These are likely to be configured on a geographical basis and be one consortia of GPs per 100k of population. It was anticipated that this would result in there being two in Rotherham. There would be a mix of GPs commissioning services with specialist management bought in. They would not commission GP services, other family health services (ie dentistry, community pharmacy, primary ophthalmic services) as the NHS Commissioning Board would do this. Essentially the GP consortia could choose what they do themselves, and what they 'buy in' from VCS, local authorities and private companies. They would be developed in shadow from 2010/11 and by April 2013 the GP consortia would effectively replace NHSR.

Overview of New Roles and Resources for Local Councils

There will be an extension and simplification of powers to enable joint working between the NHS and local authorities.

Specific responsibilities for Local Authorities would be:

- Promoting integration and partnership working between NHS, social care public health and other local services and strategies
- Leading Joint Strategic Needs assessments and promoting

collaboration on local commissioning plans
- Building partnerships for service changes and priorities.

Health Overview and Scrutiny Committees' functions would be superseded by the proposals, further details on how this would effect local authorities was yet to be published.

Resolved:- That the key areas of impact for Adult Health and Social Care services be noted.

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
6th August, 2010

Present:- Councillor Doyle (in the Chair); Councillors Steele (Vice-Chair of Adult Services and Health Scrutiny Panel) and Walker (Older People's Champion).

An apology for absence was received from Councillor Gosling.

D15. 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (business/ financial affairs).

D16. SPECIALIST PDSI AND SENSORY IMPAIRMENT SERVICE

Consideration was given to a report, presented by the Director of Commissioning and Partnerships, in respect of the contract to provide specialist housing related support services on a floating basis to people with physical and sensory disabilities.

Resolved:- That approval be given, in accordance with Standing Order 38.1 and 38.2, to waive the provisions of Standing Order 47.6.3 in relation to the contract for the commissioning of the specialised service for people with a physical and/ or sensory disability.