

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 7 October 2010

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence and Communications.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Pharmaceutical Need Assessment Consultation - Presentation by Joanna Hallatt, Community Pharmacy Development Pharmacist, NHS Rotherham (herewith) (Pages 1 - 27)

10.00 am

7. 'Equity and Excellence: Liberating the NHS' - Consultation on the Health White Paper (herewith) (Pages 28 - 31)

10.40 am

8. Breastfeeding Review - Cabinet Response and Action Plan (herewith) (Pages 32 - 36)

11.05 am

9. Assistive Technology Review - Presentation on findings, conclusions and recommendations by Delia Watts, Scrutiny Adviser

11.30 am

10. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 9th September, 2010 (herewith). (Pages 37 - 42)

11. Minutes of a meeting of the Cabinet Member for Adult Independence Health and Wellbeing held on 13th September 2010 (herewith) (Pages 43 - 47)

**Date of Next Meeting:-
Thursday, 11 November 2010**

Membership:-

Chairman – Councillor Jack

Vice-Chairman – Steele

Councillors:- Barron, Blair, Burton, Doyle, Goulty, Hodgkiss, Kirk, Middleton, 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



Rotherham

***DRAFT
FOR CONSULTATION
(Executive Summary)***

**Pharmaceutical Needs
Assessment
For
NHS Rotherham**

**Draft Issue Date: August 2010
Review Date: November 2010**

Pharmaceutical Needs Assessment

EXECUTIVE SUMMARY

CONSULTATION

- NHS Rotherham's Pharmaceutical Needs Assessment (PNA) 2010 is intended to inform commissioners of unmet pharmaceutical needs of people in Rotherham and identify evidence-based opportunities to address these needs.
- NHS Rotherham welcomes all views and comments on this PNA so that it can fully capture and reflect our population's pharmaceutical health care need and link this to the commissioning of evidence-based services.
- The PNA will be reviewed in light of all comments received. In particular we are inviting comments with supporting evidence with respect to:
 - a) Additional pharmaceutical needs of our population which have not been identified here.
 - b) The relative priority of these needs over other areas of healthcare
 - c) Capacity, capability and interest within community pharmacy in Rotherham to meet these needs
- Formal feedback can be submitted through NHS Rotherham's consultation hub at:

<http://www.rotherham.nhs.uk/getinvolved/pna-consultation.htm>.

This website has further information on the consultation process and drop-in sessions which will be held to further explain the document; answer questions and collect feedback. This will be included in the consultation feedback report.

The consultation period is 23rd August to 21st November 2010

Any replies received after this date, will not be included in the response to this document, but will be taken into consideration in the review.

Anyone wishing to contribute to the consultation in writing can use the reply form in Appendix 2 and return by post as indicated on the form.

Contact ppe_team@rotherham.nhs.uk for any queries

The Rotherham Pharmaceutical Needs Assessment (PNA)

A PNA has been undertaken across Rotherham to:

- Inform our commissioning plans about future pharmaceutical services that could be provided by community pharmacists (CPs) and other providers to meet local need.
- Contribute to the overall Joint Strategic Needs Assessment and commissioning strategy to ensure that pharmacy and medicines management services play a key part in the development of health services in Rotherham.
- Ensure that the PCT has robust and relevant information on which to base decisions about applications for market entry for pharmaceutical services*.
- Commission high quality pharmaceutical services
- Determine which directed services (advanced and enhanced) exempt applications (e.g. 100 hour pharmacies) must provide.

This document outlines the process followed for NHS Rotherham to meet its statutory duty in producing and publishing a PNA which fulfils the legal requirements laid down in National Health Service (NHS) (Pharmaceutical Services) (Amendment) Regulations 2010.

Pharmaceutical services should complement and contribute to the key strategic health targets for NHS Rotherham. The PNA will facilitate the opportunities for pharmacists to make a significant contribution to the health of the population of Rotherham.

*Subject to parliamentary approval PNAs will become the legal basis on which applications to provide NHS services will be assessed

NHS Rotherham

NHS Rotherham has a total population of approximately 255 thousand people. Most of Rotherham's population live in urban areas but large parts of the borough are rural (Rotherham Metropolitan Borough Council Rotherham [RMBC]). The health of people in Rotherham is generally worse than that of the health of England with significant variation in levels of deprivation. NHS Rotherham is responsible for commissioning healthcare services, including pharmaceutical services, to improve the health of the population.

The health needs for Rotherham are set out in detail in '*Better Health, Better Lives for everyone in Rotherham*'.

Provision of high quality pharmaceutical services will contribute positively to these outcomes.

Pharmaceutical Services in Rotherham

Rotherham is well provided for with respect to dispensing pharmaceutical services. There are 59 community pharmacies in the borough, one appliance contractor and four dispensing doctor practices (NHS Rotherham Pharmacy List July 2010). Rotherham has greater than the national average of pharmacies per 100 thousand head of population however has less than the national average of GPs per 100 thousand head of population (NHS National Information Centre- www.ic.nhs.uk).

Patient surveys locally and nationally indicate that patients are satisfied with the services they receive from community pharmacies.

In 2005 the national framework for community pharmaceutical services identified three levels of pharmaceutical service: essential, advanced and enhanced. The purpose of this PNA, as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework these needs can be addressed.

NHS Rotherham wishes to ensure that all the opportunities within the currently funded, essential and advanced service elements of the community pharmacy contractual framework are fully utilised to ensure maximum health gain for our population. Where it is evident that additional pharmaceutical services may be needed, or where opportunities for alternatives in provision may be appropriate, the evidence-base for this is presented so that commissioners can make informed decisions for investment.

Essential Pharmaceutical Services

Community Pharmacies in Rotherham receive approximately £11 million of national funding to provide pharmaceutical services, both Essential and Advanced within the national framework. This is based on Rotherham receiving 0.5% of national monies, the total national funding for 2009/09 being £2,231 million (Pharmaceutical Services Negotiating Committee [PSNC])

The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of “Essential services” comprising:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance (including clinical effectiveness programmes)

Across the borough, including areas of high deprivation, there is a good distribution of 40+hour pharmacies and three 100-hour pharmacies as well as one distance selling (internet/mail-order) pharmacy. The overall improved access to pharmacy services “out-of-hours” reflects the good coverage provided by the 100-hour pharmacies, which are contracted to be open at least 100 hours per week (NHS Rotherham Pharmacy List).

Access to ‘Essential’ pharmacy services is therefore good across the borough.

There are, however, potential improvements in service highlighted in this analysis:

1. Improving communications so that patients and carers are aware of the range and availability of all local pharmaceutical services.
2. Improving access to Emergency Hormonal Contraception (EHC) and Minor Ailments (Pharmacy First) treatment through supporting existing pharmacy contractors who do not currently provide these services to do so.
3. Specific areas have been identified in which access is required for substance misuse services.

4. Maximising the opportunities of the current pharmaceutical contractual framework. There are significant opportunities for community pharmacy to improve patient care and experience and reduce health inequalities. In many areas this should be achieved by ensuring the appropriate delivery of services already funded within the pharmaceutical contractual framework.
5. Maximising the opportunities in contracts with other providers including GP led health centres, walk in centre and out of hours services.

NHS Rotherham will work with existing pharmacy contractors in Rotherham to address the gaps in service which have been identified and to improve access and choice.

Advanced Services

In addition to the Essential services the community pharmacy contractual framework allows for Advanced services which currently include; Medicine Use Reviews and a Prescription Intervention Service (MURs). Advanced services are similar to the direct enhanced service provided by GPs where the specification and payment is agreed nationally. PCTs currently have limited opportunities to monitor/ appraise or direct these services to local need.

Each pharmacy can provide a maximum of 400 MURs a year. Each MUR costs £28, potentially representing approximately £ 660,000 local investment annually. We are keen to ensure that this investment provides significant health gain for our population and is targeted to areas of local need by pharmacists working together with their GP colleagues.

Enhanced Services

Enhanced services are additional local services commissioned from community pharmacies and negotiated locally by NHS Rotherham.

NHS Rotherham currently commissions Enhanced services for sexual health (Emergency Hormonal Contraception.), drug misuse (needle exchange, supervised consumption of methadone and buprenorphine [Subutex®]), Out-of-Hours access to medicines, rota to provide access to medicines on Bank Holidays, Stop Smoking services (Nicotine Replacement Treatment (NRT) Voucher scheme, Stop Smoking Support), Minor Ailments (Pharmacy First), access to Palliative Care Medicines and

Emergency Planning services (Antiviral Collection Points [ACPs]). All of these services reflect local need and we are keen to maintain this alignment.

NHS Rotherham is developing new pharmaceutical services which reflect local need as identified by Rotherham's key health needs and reflected by the public survey.

Enhanced services in development include: Chlamydia Screening and Treatment, Vaccination services (swine flu, seasonal flu).

NHS Health Checks (vascular checks) are also being considered to address low uptake from the 'more difficult to reach' members of the community who would benefit.

At a national level there is evidence to show that local Enhanced services provided by community pharmacy do not always reflect local need; however Enhanced services in Rotherham have been developed based specifically on need.

This PNA identifies opportunities in provision of healthcare services which could be provided by pharmacies and pharmacists. It also identifies where pharmacy can be considered as a cost-effective alternative service provider to support service redesign, and/or local implementation of evidence-based care pathways.

KEY MESSAGES

- Rotherham is a relatively deprived population. It is well provided with community pharmacies. The overall coverage for access to medicines in and out of hours has increased since 2005.
- Across Rotherham the number of pharmacies per 100 000 population is greater than the national average .There is therefore **no requirement** for any new premises to provide dispensing services.
- Access to community pharmacies across Rotherham is well provided for during core and supplementary opening hours, with access to a 100-hour pharmacy within Rotherham every day of the year. Pharmacies will be encouraged to reflect or exceed GP practice opening hours.
- Those pharmacies with premises which will not accommodate a consultation room will be encouraged to seek alternative methods of providing this service.
- A number of localities have health needs that can be addressed though pharmacies delivering existing Enhanced services.
- Improving communications so that patients and carers are aware of the range and availability of all local pharmaceutical services.
- The promotion of Safe Disposal of Medicines to the public needs to be raised to ensure that the service provided by community pharmacies is recognised fully and used appropriately.
- Business continuity arrangements to ensure the integrity of essential pharmacy services in emergency situations need to be strengthened.
- Contractors not currently providing services will be encouraged to deliver Enhanced service across the breadth of Rotherham to enable better access and improve choice for patients.
- Medicines in Care Homes are an area with an identified gap in service provision. NHS Rotherham intends to redesign the service requirements for advice and support to Care Homes. As an interim measure NHS Rotherham will work with existing contractors to provide the current Enhanced service.
- Priorities for the local Practice Based Commissioning groups are unclear therefore relating then to pharmaceutical services and how community pharmacy could contribute is undetermined and requires further consideration.
- A large proportion of the pharmaceutical needs identified, can be addressed by appropriate application of the essential and advanced services elements of the pharmacy contractual framework, or within existing contracts with other providers.
- There are potential additional opportunities for pharmacy to contribute to the delivery of healthcare services for Rotherham residents, and these are identified in the PNA. The purpose of this PNA is to provide local commissioners with a tool to explore whether local pharmaceutical services offer appropriate, cost-effective options appropriate to local need. As the PNA matures we will identify where, specifically, pharmacy services have been highlighted as a priority for investment.

Appendix 2 Consultation Reply Form



Pharmaceutical Needs Assessment

Consultation Reply Form

Responses can be completed and sent in online at

www.rotherham.nhs.uk/getinvolved/pna-consultation.htm

Alternatively please complete and return to:

Pharmaceutical Needs Assessment
 Medicines Management Team
 NHS Rotherham
 Oak House
 Moorhead Way
 Bramley
 Rotherham
 S66 1YY

Closing date for responses: 5pm 21st November 2010

Any responses received after this date will not be included in the response report, but may be taken into consideration when the document is reviewed

Name	
Contact address including postcode	
Organisation representing (if appropriate)	
Email address	
Brief description of organisation (if appropriate)	

Freedom of Information

We will manage the information you provide in response to this consultation in accordance with the Department of Health’s Information Charter.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals with amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on NHS Rotherham.

NHS Rotherham will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to departments within NHS Rotherham and / or published in a summary of responses to this consultation.

I do not wish my response to be passed on to other departments within NHS Rotherham	
I do not wish my response to be published in a summary of responses	

Are you responding?

As a member of the public	
As a health or social care professional	
As a pharmacist / appliance contractor	
On behalf of an organisation	

Area of work:

NHS		Trade Body	
Social Care		Independent Contractor to NHS	
Private Health		Manufacturer	
Third Sector		Supplier	
Regulatory Body			
Professional Body		Other (please give details)	
Education			
Trade Union			
Local Authority			

If you are responding on behalf of an organisation, please indicate which type of organisation you represent:

NHS		Trade Body	
Social Care		Independent Contractor to NHS	
Private Health		Manufacturer	
Third Sector		Supplier	
Regulatory Body			
Professional Body		Other (please give details)	
Education			
Trade Union			
Local Authority			

Consultation Comments and Views

NHS Rotherham welcomes comments and views from all interested parties on the draft Pharmaceutical Needs Assessment (PNA)

Q1. Do you feel that the purpose of the PNA has been explained sufficiently?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q2. Do you feel that the information contained within the PNA adequately reflects the current community pharmacy provision within Rotherham?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q3. Do you feel the needs of the population of Rotherham have been adequately reflected?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q4. Are you aware of any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA?

Yes / No *please circle as appropriate*

If yes, please let us know which services.

Q5. Has the PNA given you adequate information to inform your own future service provision? (*Pharmacies only*)

Yes / No *please circle as appropriate*

If no, please let us know why.

Q6. Is there any additional information that you feel should be included?

Yes / No *please circle as appropriate*

If yes, please let us know which organisations should be contacted


Q7. Do you have any other comments?

Yes / No *please circle as appropriate*

If yes, please let us know

Thank you for contributing to the consultation process.

A report of on the consultation will be including in the final document which is due for publication February 2010.

A family portrait featuring a man, a woman, and two children. The man is in the center, smiling, wearing a black shirt. The woman is to his left, also smiling, wearing a grey blazer over a red top. In the foreground, a young girl and a young boy are smiling and hugging each other. The background is a blue gradient with white light trails and bokeh effects.

Consultation on NHS Rotherham's Draft Pharmaceutical Needs Assessment (PNA)

Joanna Hallatt
Medicines Management
September 2010

Better Health,
Better Lives

Pharmaceutical Needs Assessment (PNA)

The government has introduced legislation which requires all Primary Care Trusts to publish a Pharmaceutical Needs Assessment by 1st February 2011.

This document will ultimately help to inform the PCT's decision making process in relation to pharmaceutical services for the next 3 years.

What is the PNA?

The Pharmaceutical Needs Assessment (PNA) is a tool to help NHS Rotherham identify current provision and future pharmaceutical service needs at a local level.

It will support decisions made when considering pharmacy applications and decisions to direct pharmacies to provide services that are needed to meet local needs.

The PNA will inform commissioning intentions for services that could be delivered by community pharmacies in the PCT business and commissioning cycles driven by the 2008 Joint Strategic Needs Assessment (JSNA) and NHS Rotherham's Strategic Plans 2008 – 12 (Better Health, Better Lives).

Objectives of the PNA

- Establish current needs of the local population
- Assess the provision of pharmaceutical services against needs
- Establish pharmaceutical outcomes based on the assessments
- Action plan for shaping the future

Assessment of Need

- General information about the areas of Rotherham e.g. , rural in character, urban, etc.
- Population.
- Information relating to specific hard to reach groups.
- Access to Essential pharmacy services including hours of opening and choice.
- GP dispensing practices within the Locality.
- Access to Advanced and Enhanced service provision.
- Out of area pharmacy provision (within a one mile distance of Rotherham's borders).

Provision of Pharmaceutical Services

Essential services must be offered by all community pharmacies.

This includes the following services:

- Dispensing of medicines or appliances
- Advice regarding patient's medication and possible interactions with other medications, food or drink
- Repeat dispensing
- Disposal of unwanted medications
- Health promotion advice and signposting to further services
- Referral to appropriate health care professionals where necessary
- Support for self care.

Other elements of the contractual obligations include appropriate recording of information and clinical governance processes to ensure safe and effective working practices.

Provision of Pharmaceutical Services

Advanced services require specific accreditation of the pharmacy

- To ensure premises are suitable for conducting confidential consultations
- Pharmacist to provide Medicines Usage Reviews (MUR) to patients

This MUR assesses a patient's medication, administration, compliance and their understanding of their medicine regime. It also provides an opportunity to discuss any problems the patient may be having with their medication. A report of the individual patient's knowledge and ability to comply with their medication is provided to the patient's GP.

Other advanced services include Appliance Use Reviews (AUR) and Stoma Appliance Customisation (SAC).

Provision of Pharmaceutical Services

Enhanced services are commissioned locally by the PCT and are developed and commissioned at a local level to meet the needs of the population. Currently, NHS Rotherham commissions the following Enhanced services:

- Minor ailments services.
- Smoking cessation services
 - Stop Smoking Support
 - Nicotine Replacement Therapy (NRT) Supply
- Substance Misuse
 - Supervised Consumption
 - Needle Exchange services
- Community Pharmacy Out of hours Call out
- Pharmacy Antiviral Collection Points (ACPs)
- Palliative Care Drug Provision
- Pharmaceutical Advise to Nursing and Residential Homes

Patient and Public Involvement

- A pre consultation engagement exercise took place in June 2010 which enabled the patients and public to provide their views on pharmaceutical provision in Rotherham
- The information gained has helped to inform this PNA consultation document.

Maps

A number of maps were developed to enable a clear picture of service provision against a number of defined indicators.

Health needs as identified in the PCT's Joint Strategic Needs Assessment and the 'Better Health, Better Lives' Commissioning Strategy were mapped against current service delivery which were then used to map and identify gaps in service provision.

Gaps in services provided

- No gaps in essential services
- Some pharmacies without a consultation room
- Gaps in provision in enhanced services
- Access and Choice
- Lack of knowledge by public of services offered

Consultation

NHS Rotherham is required to now carry out a formal consultation for a minimum period of 60 days.

This commenced on 23rd August and finishes on 21st November 2010.

Outcomes of the consultation will feed into the final PNA process to enable a final PNA document to be published on 1st February 2011

Attending various meetings in Rotherham to explain PNA.

Outcomes of the consultation will feed into the final PNA process to enable a final PNA document to be published by 1 February 2011.

What we need to know

- If PNA has been explained sufficiently.
- If the information in the PNA reflects current pharmacy provision
- Whether the PNA reflects the needs of the local population
- Are any pharmacies providing services that are not in the document
- Any additional information you feel should be included

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	7 October 2010
3.	Title:	Equity and Excellence: Liberating the NHS - Responding to the Consultation
4.	Directorate:	Chief Executive's

5. Summary

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 changed roles for local government.

A suite of consultation documents has been published alongside the white paper, which require a response by 11 October 2010. The key consultation proposals which impact on RMBC, as a local authority, are set out in the: "Local Democratic Legitimacy in Health" consultation paper. This report sets out the key proposals, and asks for members of the Adult Services and Health Scrutiny Panel to contribute to the Council's formal response.

6. Recommendations

That the Adult Services and Health Scrutiny Panel:

- **Note and discuss the proposals set out in the consultation document**
- **Discuss and consider the questions, to inform the Council's response.**

7. Proposals and details

The paper provides further information on proposals for increasing local democratic legitimacy in health, as set out in the consultation paper. The paper states that the proposals will provide real local democratic accountability and legitimacy in the NHS through a clear and enhanced role for local government and elected members. It suggests local authorities are uniquely placed to promote integration of local services across boundaries between the NHS, social care and public health. Local authorities will be given an enhanced role in public health promotion for their local areas. The document sets out a number of questions against the key proposals a suggested response is still in development in consultation with Directorates and will be provided separately, in advance of the meeting for discussion and consideration.

7.1 Health and Well-being Boards

A key proposal in the white paper is for local authorities to establish a statutory partnership 'Health and Well-being Board'. It is intended that the board would have 4 main functions:

- To assess local need and lead on Joint Strategic Needs Assessments
- To promote integration and partnership across the NHS, social care and public health
- To support joint commissioning and pooled budget arrangements
- To undertake a scrutiny role in relation to major service re-design

Membership of the board would include: the Leader of the Council, social care, NHS commissioners, local government and patient champions, GP consortia, representative of NHS Commissioning Board and a representative of the local HealthWatch. Other public body officials, the voluntary sector and providers may also be invited as the local authority wishes.

Views are being sought on whether these boards should be a statutory function, or whether local authorities should have the power to decide how best to take forward joint arrangements within their own area. Consideration also needs to be given in relation to the membership and proposed functions of the board.

7.2 Overview and Scrutiny Function

The statutory overview and scrutiny functions will be transferred to the new health and wellbeing board if established. These functions 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 Secretary of State for Health

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

Views are being sought on whether these functions should be transferred to the health and well-being board and how best to ensure local resolution of issues and

concerns through scrutiny and referral. The document also seeks ideas on what arrangements local authorities can put into place to ensure effective scrutiny of the board's functions.

7.3 Local HealthWatch

The paper proposes to increase choice and control for patients, by creating a local infrastructure in the form of local HealthWatch. It is the intention that the current Local Involvement Networks (LINKs) will become the local HealthWatch branch, which will have the power to refer concerns to HealthWatch England; which will form part of the Care Quality Commission.

The structure of the new HealthWatch will be broadly similar to the current arrangements, although HealthWatch will have additional functions, so they become more like a 'citizens advice bureau', these functions include:

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

Views are being sought on whether local HealthWatch should take on this wider role and how local authorities are best able to commission the service.

7.4 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.

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.

The consultation asks for consideration to be given to how local authorities can be best supported to increase integrated and partnership working.

7.5 Responding to the Consultation

The deadline for responding to the consultation is 11 October 2010. The consultation questions and comments received to date through discussions with

Elected Members and officers within RMBC will be circulated in advance of the meeting.

ASH panel members are being asked to consider the questions and contribute towards the formal response.

8. Finance

There are no direct financial implications to this report.

9 Risks and Uncertainties

There remains uncertainty with regards to the proposals in relation to the new health improvement roles and responsibilities for local authorities; including details of the ring-fenced budget and Director of Public Health and staff. Further clarity on these proposals will be provided by the publication of the Public Health White Paper due in autumn.

10 Policy and Performance Agenda Implications

There are a number of policy changes set out in the paper in relation to the partnership arrangements between health bodies and local authorities.

Consideration needs to be given as to the best option for either establishing a new Health and Wellbeing Board as set out in the proposals, or whether to build this into existing Partnership arrangements, such as using the Alive Theme Board. How this arrangement then fits into the existing LSP structure, Community Strategy and refreshed Corporate Plan priorities will need to be considered.

11 Background Papers and Consultation

Equity and Excellence: Liberating the NHS. White Paper (July 2010)

Increasing Democratic Legitimacy in Health Consultation document

12 Contact

Kate Taylor

Policy Officer

Chief Executive's

Kate.taylor@rotherham.gov.uk

Julie Slatter

Head of Policy and Performance

Chief Executive's

Julie.slatter@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	7 October 2010
3.	Title:	Breastfeeding Friendly Action Plan
4.	Directorate:	Chief Executive's

5. Summary

Following consultation with relevant colleagues in RMBC and NHS Rotherham, the breastfeeding review recommendations have been reported to SLT and Cabinet, along with a commentary on the best course of action for implementing the recommendations.

An action plan has now been developed, drawing on the knowledge and expertise of colleagues and approval from Cabinet.

6. Recommendations

That the Adult Services and Health Scrutiny Panel:

- **Note the Breastfeeding Friendly Action Plan attached as appendix A to this report**
- **Agree to monitor the action plan on a 6 monthly basis**

7. Proposals and details

Following the breastfeeding review, the recommendations made by Elected Members have been consulted with colleagues in RMBC and NHS Rotherham.

Since the scrutiny review took place, there has been considerable progress made with the breastfeeding agenda in Rotherham. A number of the recommendations have already been implemented and/or completed. The commentary provided to Cabinet therefore made suggestions for re-wording of some of the actions to reflect this progress to ensure the recommendations remained relevant.

To ensure the breastfeeding agenda continues to progress effectively, there needs to be adequate joint working between the council and NHS Rotherham; the action plan is a reflection of this which includes actions for both organisations.

The action plan will be reported on a 6 monthly basis to the Adult Services and Health Scrutiny panel.

8. Finance

There is no identified funding available for delivering these recommendations; recommendations will have to be delivered within existing resources.

9 Risks and Uncertainties

Raising staff awareness will be integral to ensuring Rotherham becomes breastfeeding friendly. Front-line staff, such as receptionists, library staff etc will need to be fully aware of what breastfeeding friendly means and how to react to certain situations, so that any mother wishing to breastfeed within a public building is treated appropriately.

Providing a separate room or screened area may not always be possible within certain buildings, but staff should be able to direct a mother to a quieter area within the building where it would be possible for her to breastfeed if that was her wish.

10 Policy and Performance Agenda Implications

Both the Rotherham Community Strategy and the Women's Strategy contain objectives to encourage more women to breastfeed. A joint breastfeeding policy with NHS Rotherham, the Rotherham Foundation Trust and Children's Centres has now been developed. The plan includes an action to develop a policy to include RMBC libraries and other public council buildings.

11 Background Papers and Consultation

Scrutiny Review: Breastfeeding for Rotherham: A Healthy Future

Breastfeeding Friendly Action plan

12 Contact

Kate Taylor

Policy Officer

Chief Executive's Directorate

Kate.taylor@rotherham.gov.uk

Rotherham Breastfeeding Friendly Action Plan

	Action	Lead	Timescale
1.	Publicise the Council's support for breastfeeding on relevant pages of the Council website and literature, including CYPS, children's centres, libraries, customer service centres and leisure facilities Information to be included on the website to be distributed to all officers responsible for updating web pages.	Relevant RMBC officers (responsible for updating pages on the website and producing literature – to be identified)	On-going
2.	Make existing staff aware of the Breastfeeding policy via an electronic staff briefing circulated to all staff, to include simple guidance for staff to ensure a consistent approach to breastfeeding women – both employees and visitors to council buildings.	NHSR breastfeeding lead to provide content for this to the RMBC Policy Officer leading on this agenda Circulated via the usual RMBC staff briefing procedures	December 2010
3.	Provide front line staff with more in-depth breastfeeding friendly training (covering both policy and guidance) Number of staff requiring training to be established and discussed with NHSR with regards to capacity.	To be provided by NHSR breastfeeding lead and peer supporters (although they currently have limited resources to undertake this)	To be agreed following discussions with NHSR
4.	Include Breastfeeding information for staff in induction training for Members and officers.	NHSR breastfeeding lead to provide information for this.	On-going
5.	Undertake an audit of all public council buildings, based on criteria to be provided by NHSR	NHSR breastfeeding lead to provide basic criteria RMBC Facilities Services to undertake audits	March 2011
6.	Develop a phased programme for all public council buildings to apply for the Rotherham Breastfeeding Friendly accreditation, developed by NHSR (once basic audit has been undertaken)	NHSR to train RMBC facilities services staff to undertake assessments	December 2011

	RMBC Officers to be trained by NHSR to undertake the BF Friendly assessment		
7.	Ensure the directory of breastfeeding friendly places is kept up to date and accessible via the RMBC and NHSR websites. To include details of this directory in the staff briefing so all staff are aware of it and know where to find it	NHSR Breastfeeding lead	On-going
8.	Widen the existing joint Breastfeeding Policy to cover all council buildings as well as children's centres	NHSR Breastfeeding lead to support Policy Officer within RMBC Chief Exec's	April 2011
9.	Review and strengthen the Council's planning policy and guidance so that the needs of breastfeeding mothers are considered.	RMBC planning officer to be identified	To be incorporated into the policy when refreshed
10.	Ensure all refurbished or new-build council buildings incorporate a quiet area for those women who would prefer to breastfeed privately, including the new Civic Offices in Rotherham town centre	RMBC lead to be identified	On-going
11.	Encourage children's centres and all council-run providers of foundation stage education to remove toy feeding bottles from 'home corners' and children's books with a bottle-feeding bias, via a letter from the Cabinet Member for Health and Adult Services, requesting for a response to the suggestion	Cabinet Member for Health with support from NHSR breastfeeding lead and RMBC lead on public health Children's centre manager to provide addresses of venues for letters to be sent to.	December 2010
12.	Raise the issue of breastfeeding promotion through the Secondary Schools' PSHE Co-ordinators Group, to be included on agenda for meeting in 2010/2011 academic year	RMBC CYPS (lead to be agreed)	End of 2010/11 academic year
13.	Rotherham Healthy Schools to continue to be represented on the 'Breast Feeding and Childhood Obesity' Steering Group' led by NHSR	RMBC Healthy Schools	On-going
14.	To include breastfeeding friendly as a key element within the refreshed Public	RMBC Chief Execs Policy	March 2011

	Health Strategy – including a pledge for RMBC/NHSR to continue to develop this agenda	Officer (leading on the public health strategy)	
15.	To develop a council policy which supports RMBC employees to continue to breastfeed on their return to work, by: <ul style="list-style-type: none"> • Using existing appropriate communication methods (eg intranet pages) to make available information to employees on the opportunities to breastfeed or express milk on returning to work • Ensuring current maternity provisions provide opportunities for keeping in touch days and facilitate discussions on arrangements for return to work which could include breastfeeding/expressing milk • wherever possible, supporting employees to continue breastfeeding or giving breast milk on return to work (e.g. by allowing unpaid expressing/breastfeeding breaks in addition to the lunch break). 	RMBC Chief Execs Policy Officer to incorporate into breastfeeding policy for RMBC RMBC HR manager to support the distribution of a managers briefing to raise awareness of this	
16.	Continue with the breast pump loan scheme within Children’s Centres. Evaluate the effectiveness of this scheme	RMBC Children’s Centre Manger	To be agreed
17.	Report the evaluation of the current peer support pilot and any development plans to the Adult Services and Health Scrutiny Panel	RMBC Children’s Centre Manger	To be agreed on completion of the pilot scheme
18.	Report the evaluation of ‘Be a Star’ campaign to the Adult Services and Health Scrutiny Panel	Evaluation to be done by the external social marketing organisation	Scheduled as part of project – to be confirmed
19.	NHSR to evaluate the effectiveness of the Peer Supporters at Rotherham Foundation Trust all women within 24 hours of birth.	NHSR breastfeeding lead (dependent on resources available to undertake evaluation)	To be agreed with NHSR
20.	Monitor progress against the review’s recommendations on a six-monthly basis, via the Adult Services and Health Scrutiny Panel, inviting members of the Children and Young People’s Scrutiny Panel also	ASH panel with support from relevant officers	First progress report March 2011 (every 6 months thereafter)

**ADULT SERVICES AND HEALTH SCRUTINY PANEL
9th September, 2010**

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

Also in attendance were Jim Richardson, Ann Clough, Jonathan Evans, Victoria Farnsworth, Lyndsey Longden and Peter Scholey.

Apologies for absence were received from Mr R Wells and Ms J Dyson.

23. COMMUNICATIONS.

The Chair welcomed Councillor Chris Middleton and Lyndsey Longden from our co-optee bank who were attending their first meeting.

The Chair announced that the Yorkshire Ambulance Service AGM and Open House Event was taking place on Tuesday 21st September at the Holiday Inn, Wakefield from 9.45 am to 3.45 pm. Any one wishing to attend should contact Delia Watts.

Delia Watts reported that she was in the process of setting the date for the main evidence gathering session in respect of the Diabetes Review. She added that she had emailed out a set of questions to the members of the review group and asked that they ask their family and friends and ward constituents to answer them prior to this first meeting.

The Chair announced that this was Ben Knight's last meeting of the Panel as he was leaving Rotherham MBC and taking up a new post with Warrington Council. On behalf of the Panel she wished Ben every success in his new job and best wishes for the future.

24. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

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

There were no members of the press or public present.

26. ROTHERHAM SAFEGUARDING ADULTS ANNUAL REPORT 2009/ 10

Professor Pat Cantrell, Chair of the Safeguarding Adults Board gave a powerpoint presentation in respect of the Safeguarding Adults Annual Report for 2009-2010.

The presentation drew specific attention to:-

- Facts and figures from April 2009 – March 2010
- Categories of Alleged Abuse 2009-2010
- Relationship of Alleged Perpetrator to Alleged Victim
- The setting of the alleged abuse
- Improvements in Safeguarding
- Challenges
 - Continue to raise awareness
 - Resources
 - Maintain effective safeguarding service
 - Keeping partner commitment in Adult Safeguarding
 - Political changes
 - Keeping alert to the changes in types of abuse

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

- A query was raised as to how to report abuse and who to. Confirmation was given that there were safeguarding procedures in place and a team looking at alerts. Telephone calls should be made to Assessment Direct in the first instance and enquiries would then be passed to Safeguarding. These calls would be responded to within 24 hours.
- Reference was made to discriminatory harassment cases and whether there were measures in place to deal with these. It was confirmed that systems were in place to handle such cases, and that Safeguarding and Hate Crime were now working more closely to reduce the chance of this occurring.
- A query was raised as to whether the Safeguarding Board were using the experiences of adults, their carers and families to drive improvements and services. It was noted that work was being undertaken on a regular basis with all people involved in the safeguarding process, which involved listening to their experiences and asking them to complete questionnaires.
- What assessment was made about whether services reached all groups of vulnerable adults at risk? It was confirmed that this was a major challenge and that alerts in respect of the 'hard to reach' groups were a lot lower than those of older people. Steps were being taken to address this and recently literature had begun to be translated into five different languages to assist the ethnic minority communities. In addition information had also been included on the Lesbian, Gay, Bisexual and Transgender websites. Information was also being updated on the Safeguarding website.
- Reference was made to lines of communication between

agencies in respect of adults and whether these were positive. The Chair of the Safeguard Board confirmed that there was no legal framework for adults (as there was for children's safeguarding) and therefore this was one of their biggest challenges.

- The Cabinet Member for Adult Independence, Health and Wellbeing commented that safeguarding was fundamental to everyone who worked in Adult Services. He referred to the on-line training package which was available to raise awareness and urged everyone to take the time to go through it.
- The Chair queried whether people who needed safeguarding services were fully involved in the control of safeguarding processes and how the Board performs its quality assurance role. It was confirmed that the Board feeds into all other Council networks. There was also a tight performance assessment framework in place with national checks being undertaken by CQC.

Resolved:- That the Scrutiny Adviser circulate the link to the safeguarding e-training module.

Members of the Panel thanked Pat for her informative presentation.

27. SUPPORTING PEOPLE - CONTRIBUTION TO PREVENTION

Claire Smith, Supporting People Commissioning Manager (Acting) gave a powerpoint presentation in respect of Supporting People Programme, Contribution to Prevention.

The presentation drew specific attention to:-

- Supporting people in Rotherham
- Purpose of Supporting People
- Who the Supporting People helps
- Client Group Summary of Spend
- Prevention
- Supporting People's contribution towards the prevention agenda
- Performance
- What are the cost benefits?
- The Value of the SP Programme
- Strategic Objectives

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

- Reference was made to the savings in respect of residential

packages and it was suggested and agreed that a breakdown of these figures be made available via the Scrutiny Adviser.

- A concern was raised about potential homeless people and whether support was available to them. It was confirmed that there were floating services where work is undertaken with people who are at risk of becoming homeless. There are two homeless accommodations which offer temporary accommodation and help individuals find permanent accommodation.
- A query was raised about whether there was a real risk that some of the lower level interventions may no be funded in the future. Confirmation was given that if funding was reduced in the future there was a good chance that this would happen. However work was being undertaken to promote the service with partner agencies.

Members thanked Claire for her informative presentation.

28. PERSONALISATION IN ROTHERHAM: MY CHOICE, MY FUTURE

Tom Sweetman, Innovations Manager gave a powerpoint presentation in respect of Personalisation in Rotherham.

The presentation drew specific attention to:-

- Where we were
- Guiding Principles
- Delivering Personalisation in Rotherham, what we will promise to do
- Delivering Personalisation
- What we have done so far
- What we have got planned for future
- More Awards
- The Personalisation Moment
- Delivering Better Outcomes – Prevention

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

- Reference was made to the “catalogue of choices” and a query was raised as to where this could be found. It was confirmed that currently this was held by social workers, but that it would be available via the intranet and internet in the future.

- Reference was made to the proposed changes to the commissioning of health services and it was queried as to how this would affect Personalisation. Confirmation was given that this was still being considered and would be clarified once the Department of Health had finalised the new arrangements.
- A query was raised about care packages and how flexible they can be to changes in circumstances or need. It was confirmed that following a plan being agreed a follow up meeting is arranged within the first few weeks to ensure it is working. A review date is also set for 6 or 12 months ahead.
- It was noted that the target set for April 2011 in respect of Direct Payments was 50%. Members queried what had been achieved so far and whether this target was realistic. It was confirmed that the percentage achieved so far was 30% but that the stretch target of 50% achievable.

Members thanked Tom for his informative presentation.

29. SHAPING OUR FUTURE - COMMUNITY HEALTH SERVICES

Consideration was given to a NHS report entitled "Shaping our Future – Community Health Services". The report outlined the proposals for the future organisational arrangements for community health services in Rotherham.

Resolved:- That the report be noted.

30. BRIEFING - EQUITY AND EXCELLENCE WHITE PAPER: IMPLICATIONS FOR ROTHERHAM

Consideration was given to a briefing paper on the Equity and Excellence White Paper: Implications for Rotherham.

Resolved:- That the content of the briefing paper be noted.

31. FORWARD PLAN OF KEY DECISION

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

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

32. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 8TH JULY 2010

Resolved:- That the minutes of the meeting of the Panel held on 8th

July 2010 be approved as a correct record for signature by the Chair.

33. 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

Resolved:- That the minutes of the meetings of the Cabinet Member for Health and Social Care held on 28th June 2010, 12th July 2010, 26th July 2010 and the meeting of the Cabinet Member for Adult Independence Health and Wellbeing held on 6th August 2010 be noted and received.

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
13th September, 2010**

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

An apology for absence was received from Councillor Walker.

D17. MINUTES OF THE PREVIOUS MEETINGS HELD ON 26TH JULY, 2010 & 6TH AUGUST, 2010

Consideration was given to the minutes of the previous meeting of the Cabinet Member for Health and Social Care held on 26th July, 2010 and the Cabinet Member for Adult Independence Health and Wellbeing held on 6th August, 2010.

Resolved:- That the minutes of the previous meetings held on 26th July, 2010 and 6th August, 2010 be approved as a correct record.

D18. ADULT SOCIAL CARE 1ST QUARTER PERFORMANCE REPORT

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report which outlined the 2010/ 11 Quarter 1 Key Performance Indicator results for the Adult Social Care elements of the Directorate. Seventeen KPIs were included in the suite, and of these at the end of Quarter 1, 76% (13) remained on target.

The following four performance measures did not achieve their target at Quarter 1.

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

At the end of Quarter 1 we were helping 5,666 service users to live at home. This score included last year's voluntary sector figures plus service users currently in receipt of an assessed care package.

To achieve this year's target we need to help approximately 2,000 extra service users by the end of the year.

An action plan had been developed to meet the target by capturing additional activity such as equipment, assistive technology and signposted services.

A significant increase in performance on this indicator may have an adverse effect on other indicators such as reviews, waiting times

and carers.

Discussions had commenced with the Voluntary Sector to develop a commissioned support service for people who contact us, but following assessment did not meet FACS, approximately 3000 per year.

- **NAS 1 (PAF D40) Percentage of service users receiving a review**

This indicator was showing off target with a Quarter 1 score of 18.08% against a milestone target of 22.67%. However, 225 reviews had been completed during Quarter 1 that were still to be authorised and were not counted in the score. With these included the Quarter 1 score would be 21% which was just under the milestone target.

The roll out of personalised budgets had also had an impact on the rate of reviews undertaken as changes to business processes and the introduction of new forms and IT system changes had been put in place. This had affected the productivity of social work teams as they adjust to new ways of working.

A performance clinic was held on 29th July and the following actions were put in place:

- Appoint new Principal Social Worker from August to focus fully on reducing the numbers of unauthorised reviews.
 - Telephone reviews to commence from July
 - Residential and day care providers carrying out individual reviews on their service users (to commence immediately)
 - Revised targets set for social work teams to increase activity and bring indicator back on target by end of 2nd quarter
 - Remedial targets set for each service user group
 - Meeting to be convened with Mental Health to discuss remedial plan to bring performance back on target.
- **NAS 18 Percentage of customers receiving a statement of need**

This indicator measures the percentage of service users who had received a current statement of their needs and how these were being met.

Unauthorised review activity had had an impact on this indicator because the statements of need could not be sent out until after authorisation by a Team Manager or Principal Social Worker. Authorisation of these reviews would put the indicator back on target and this would be addressed by the appointment of a new Principal Social Worker in August.

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

Of the care packages put in place during Quarter 1, 27 out of a total of 341 took longer than 28 days from the date of assessment. Historical problems with waiting lists for day care places and visual rehabilitation (Green Lane Resource Centre) had had an impact on Quarter 1 performance, as some service users assessed in 2009/ 10 had filtered into the score. These issues had now been resolved and alternative services were being offered so that we did not hold any waiting lists during 2010/ 11.

Reports were now being sent out to managers for action on a weekly basis detailing those who were waiting for services and highlighting cases where a service needed to be put in place in the coming week.

A discussion ensued regarding the use of telephone reviews and concerns were raised that this left customers at risk. Assurance was given that customers were given face to face interviews on alternate years and that consultation was also undertaken with their carers and families as part of the review.

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

D19. SAFEGUARDING ADULTS ANNUAL REPORT

Further to Minute No 9 of 12th July, 2010, a further finalised report was presented in respect of the Safeguarding Adults Annual Report for 2009/ 2010.

Resolved: That the Safeguarding Adults Annual Report for 2009/ 2010 be noted.

D20. ASSISTIVE TECHNOLOGY

Kirsty Everson, Director of Independent Living presented the submitted report which provided a progress update on the roll out of Assistive Technology, summarised the learning from the Preventative

Technology Grant (PTG) Project and identified the next steps being taken.

The key achievements were:

- Creation of an assistive technology smart flat at Grafton House, which has allowed NAS to evaluate the effectiveness of dedicated properties enhanced with a suite of assistive technology. Whilst the flats offer suitable accommodation for clients with a multitude of needs, the key challenge was moving the customer to other, more suitable accommodation. During the PTG project the smart flat was effectively bed blocked, on two occasions by customers.
- Undertaking trials on temperature extreme monitors, during the winter of 2009, one of the coldest on record. Temperature extreme monitors were deployed to ensure customers remained warm in their home. Whilst only limited alarm activations occurred this had led onto further work with Sheffield University and the Keeping Warm in Later Life Project (KWILLT). Further work was now underway with telecare suppliers to reduce the parameters of the sensor and target even more vulnerable customers.
- Deployment of over 250 Bogus Caller Alarms in an initial trial, which in turn had led to additional funding from the JAG and South Yorkshire Police for further trials.

Surveys undertaken during December 2008 and January 2009 suggested that customers felt safer by having the technology installed in their property.

- Just Checking launch, with Rothercare now undertaking the installation element of the operation. This had resulted in increased interest by social worker teams to use this recently developed technology, which enabled the social worker or family member to monitor the daily activities of a customer, to provide additional assessment data or simply to ensure that they were carrying out their normal daily routines without requiring intervention.
- 40 Big button telephones were procured and issued to the sensory team to assist visual impaired clients. Whilst being the cheapest item procured through the project, they have assisted visually impaired clients to remain independent.
- 10,000 electronic clients' records were successfully transferred from the old Rothercare system, Tunstall PNC4 to the new ICT platform, Jontek Answer Link 3g. This was

carried out without a break in live service to customers and the technology has benefited both staff and customers. Staff were able to undertake functions such as effective stock control and easier reporting. Other components to be procured for the Jontek system such as the integrated voice recording system would allow all calls to be recorded at the click of a button. The call could then be played back in real time and evaluated, to allow opportunities for better staff training through quality controlling calls and ensuring that customer request had been met.

During the project various internal departments and external organisations were approached to ensure that the full spectrum of customers were engaged and had the opportunity to benefit from assistive technology.

Next Steps – Building on lessons learnt it had been identified that assistive technology offered a cost effective alternative to traditional care packages. Additional funding of £225,000 from the Mid Term Financial Strategy (MTFS) had been achieved by NAS and would be used to build on the success of the PTG.

The Joint Commissioning Team had been identified to lead on expenditure and would work with partner agencies to forge closer relationships. It had been realised that this could not be achieved from existing resources so a dedicated post to fulfil the telecare agenda was being advertised and this post was now in the process of being recruited.

The new telecare post would work in tandem with Rothercare, joint commissioners, social workers, health professionals and other partner organisations to ensure that innovative ways of deploying telecare were maintained and an outcome focussed approach to the delivery of telecare was achieved. The remit of the telecare post would also involve the promotion of assistive technology through social workers teams to ensure that the delivery of telecare remained at the heart of any social care package.

Resolved:- (1) That the progress being made be noted.

(2) That a copy of the report be presented to the next Adult Services and Health Scrutiny Panel.