

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 11 November
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.

10.00 am

6. Stroke Services in Rotherham

10.30 am

7. Annual Report of the Joint Learning Disability Service (Pages 1 - 17)

11.00 am - 2 Minutes Silence

11.02 am

8. Hospital Discharge Process - Improving the Customer's Experience (Pages 18 - 27)

11.30 am

9. Carers' Corner Report (Pages 28 - 42)

12.00 Noon

10. Falls Collaborative - Evaluation (Pages 43 - 57)

For Information

11. Forward Plan (Pages 58 - 60)

12. Hospital Aftercare Service (Pages 61 - 64)
13. Yorkshire Ambulance Service Update (Pages 65 - 71)
14. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 7th October 2010 (Pages 72 - 81)
15. Minutes of a meeting of the Cabinet Member for Adult Independence Health and Wellbeing held on 27th September 2010 and 11th October 2010 (Pages 82 - 91)

**Date of Next Meeting:-
Thursday, 2 December 2010**

Membership:-

Chairman – Councillor Jack
Vice-Chairman – Steele

Councillors:- Barron, Blair, Burton, 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 BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Adult Services and Health Scrutiny Panel
2	Date:	11 th November 2010
3	Title:	Annual Report of the Joint Learning Disability Service
4	Programme Area:	Neighbourhoods and Adult Services (NAS)

5 Summary

The Annual Report of the Joint Learning Disability Service (LDS) outlines the continued strong performance of the service which links its services and priorities to those identified within the Neighbourhoods and Adults Service's Plan (based on Strategic Objectives and the Outcome Framework). This strong performance has been reflected in its contribution to :

- Care Quality Commission (CQC) annual performance rating of Rotherham Adult Social Care performing "excellently" since 2009
- LDS Partnership Board Self Assessment which was submitted in March 2010 and achieved over 30 mentions in the Regional Good Practice and Innovations Guide and the following overall comment *"A very full and robust submission which highlights a number of good practice areas which we have included in the Good Practice and Innovation Guide which will be shared across the region"*.
- Annual Health Self Assessment further improved, achieving 3 greens and an amber on the 4 health targets resulting in Rotherham achieving the second highest performance across the Yorkshire and Humber region

A range of satisfaction surveys and customer feedback experiences have been conducted in the year and actions identified to evaluate performance and deliver increased customer satisfaction.

Customer Service Excellence performance framework operated by NAS for all service areas, has reported LDS performance to be top rated at platinum 2009/10. This has continued in latest reporting period (July – Sept 2010) with satisfaction results across the board in Learning Disability achieving 100%.

Customer comment extract from the latest report (Sept 2010) *“The staff were excellent, I left Badsley Moor Lane with a variety of information and support”*.

Despite the overall strong performance by the joint LDS in 2009-10, targets have been set which are challenging for 2010-11 aimed at achieving either benchmarked step change improvements where necessary, in relation to our comparator group of local authorities or continuous improvement as a minimum which ever is the greater.

6 **Recommendations**

That Cabinet Member for Adult Independence Health and Wellbeing notes the content of the attached Joint Learning Disability Service Annual Report and the service objectives for 2010 / 11.

7 Proposals and Details

The annual report contains individual commentary sections on the following range of the service's activity. This serves to highlight the years significant events; achievements; and future intentions for each aspect as well including a final broad performance agenda for 2010/11, that specifically references the Learning Disability Service's plans in key areas.

- Personalisation
- Performance
- Safeguarding
- Health
- Employment
- Supported Living
- Transitions
- Person Centred Planning (PCP)
- Contracting and Monitoring
- Service Level Agreements Summary
- The Partnership Board
- Achievements
- Obesity and Weight Management
- Black and Ethnic Minority Communities

Broad Performance Agenda for 2010 / 11 - key areas:

- Contract Monitoring
- Service Quality
- People with Complex Needs
- BME Engagement Project
- Customer feedback & satisfaction

The annual report will be publicised via the Rotherham MBC website and formally reported through to both the Partnership Board and NHS Rotherham Board.

8 Finance

There are no additional costs associated with publication of the annual report, compilation costs are from within existing budgets.

9 Risks and Uncertainties

Future continued strong performance is likely to be more challenging in view of the upcoming budget pressures and reconfiguration of services following publication of the comprehensive spending review for all Councils.

10 Policy and Performance Agenda Implications

Neighbourhoods and Adult Services Service Plan.

Learning Disability Services performance contributes to all 7 outcome areas of the CQC outcomes framework:

- Improved Health and Wellbeing
- Improved Quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from Discrimination and Harassment
- Economic well-being
- Maintaining personal dignity and respect

11 Background Papers and Consultation

CQC Commissioner assessment guide 2009-10

Learning Disability Health Self Assessment in Yorkshire and Humber 2009-10

Valuing People Now: Partnership Board annual self assessment report – Rotherham 2009-10

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Rotherham Joint Learning Disability Service

Annual Report
April 2009 to March 2010



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Introduction

The Annual Report of the Joint Learning Disability Service (LDS) outlines the continued strong performance of the service which links its services and priorities to those identified within the Neighbourhoods and Adults Service's (NAS) Plan (based on Strategic Objectives and the Outcome Framework). This strong performance has been reflected in its contribution to:

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“The staff were excellent, I left Badsley Moor Lane with a variety of information and support”

Despite the overall strong performance by the joint LDS in 2009-10, targets have been set which are challenging for 2010-11, aimed at achieving either benchmarked step change improvements where necessary, in relation to our comparator group of Local Authorities or continuous improvement as a minimum, which ever is the greater.

Individual commentary sections follow in this report, that reflect on a key range of services, activities and plans for the coming year.

Transforming Community Services



One of the most significant events for the service is Transforming Community Services, in that the Primary Care Trust (PCT) cannot provide services after March 2011. The PCT has approached the Rotherham and Doncaster, South Humber Foundation NHS Trust (RDaSH) to take over the service currently provided by Rotherham Community Health Services and the offer documents have been submitted. This will mean that RDaSH will be responsible for delivering services within the Partnership Agreement for the Assessment and Treatment Unit (ATU), the Intensive Community Support Team and the Complex Health Team, and those staff that work within the Integrated Community Teams.

The Joint Learning Disability Service contributes to the improved health and welfare of people with learning disabilities in Rotherham. In providing targeted support to individuals with healthcare needs beyond those that can be met at a primary health care level, it helps people to stay well, supports independence and tackles health inequalities. It provides better care for people with learning disabilities by offering safe and effective services and offering choice and person centred support. The joint service enables the maximisation of efficiencies, ensuring better value for all.



The service contributes to the health and wellbeing of people with learning disabilities, most specifically in increasing the choice and control of people through offering a range of services provided across statutory and voluntary services, and through enabling advocacy services to give people a voice and influence on the planning and delivery of services. This report outlines the main activities and success of the Joint Service.

Personalisation

The Joint Learning Disability Service is making an effective contribution to the Neighbourhood and Adult Service (NAS) personalisation agenda, with several members of senior management on the Personalisation task and subgroups.

A series of personalisation visioning events has been held in conjunction with Neighbourhood and Adult Services. These days have involved staff, customers and local providers in consideration of how the market is developing to meet personalisation needs. The Individual Social Care Assessment (ISCA) is now being used during new assessments and reviews of all service users and all are offered a personal budget at review.

The Service has written a Person Centred Planning Strategy that aims to ensure that information gathered in Person Centred Plans is used to better inform and shape future service needs and commissioning. This is an important development, as it is essential that the client is placed firmly at the heart of assessment and provision.

Performance

The Rotherham Learning Disability Service knows 860 adults who are aged 18 years and over, most of whom have a moderate or severe disability. Up to 20 new young people are referred to the adult team each year and the number of people dying is approximately 10 each year. There is evidence to suggest a marked increase in the rates of survival into adulthood of children with severe and

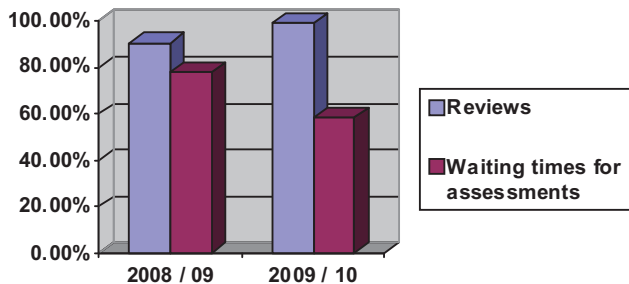


complex disabilities. We have a robust transition process and young people are known to the service from the age of 14 and the transition is jointly planned from the age of 16. Projecting Older People Population

Information System (POPPI) reports there are 1,989 people aged over 50 years in Rotherham who have a mild, moderate or profound learning disability in Rotherham in 2008.

From 11 Adult Social Care reportable Key Performance Indicators (KPIs) recorded in the LDS 2009/10 scorecard, 10 or 91% have achieved their year end target with only 1 or 9% (NI136 People supported to live independently) not achieving its year end target, although the performance had improved from the previous year.

Key achievements were the number of people who received a review (PAF D40), where 98.94% (744 people) of all annual reviews due, were completed. This was an improvement from 90.26% in 2008 / 09. This result places Rotherham Learning Disability Service in the top 3 performing Local Authorities nationally and the best performing Local Authority in the Yorkshire and Humber region.



For the national indicator measuring the Waiting Time for Assessments (NI132), 77.78% of all new assessments were completed within the national target of 28 days in 2009/10. This places Rotherham Learning Disability Service in the top performance quartile nationally and 2nd in the Yorkshire and Humber region. Whilst we recognize this is a step change improvement from our reported score of 58.33% in 2008/09 the learning Disability has set a minimum target for 2010/11 of 90% and is currently achieving 96% (as at September 2010).

Similarly improved Learning Disability Service performance was achieved on NI133 Waiting Time for Packages of care, where 83.33% of service users were in receipt of all services within 28 days of the completion of their assessment against a Learning Disability Service target of 80%. This result places Rotherham Learning Disability Service in 2nd place of Yorkshire and Humber and again in the top quartile nationally (benchmarking data accessed via the NASCIS online analytical

tool). The targets and aspirations of the service are to continue to maximize performance to service users and the 2010/11 target has been set at 96% with current performance being 100% as at September 2010 reporting.

Safeguarding



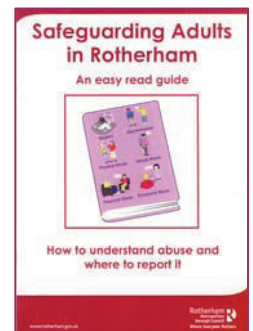
The Service Manager for Safeguarding (RMBC) attends the Partnership Board meetings on a quarterly basis and the Learning Disability Service Manager with responsibility for Safeguarding within the service also attends and reports to the Board annually. Two officers from South Yorkshire Police with responsibility for safeguarding also attend the Partnership Board.

The Learning Disability Head of Service is a member the Safeguarding Adults Board which meets monthly and is the accountable multi-agency forum for reducing incidents improving services and making vulnerable adults feel safer.

The Head of Learning Disability Service also represents the service on the SAFE Theme Board. Attendance at these meetings ensures that the needs of service users with a learning disability are addressed by the Crime and Disorder Group.

The service undertakes its own safeguarding investigations and these are usually jointly led by a Social Worker and a Community Nurse. The service had 43 alerts last year.

The Board involves service users as key partners by ensuring effective consultation with and contribution by vulnerable adults into the deliberations of the Board. Speakup worked with the Local Authority to develop an accessible version of the safeguarding leaflets which enables all vulnerable adults to understand the safeguarding procedure.



Health

A significant amount of data has been collected to support the regional health assessment process, including through the General Practitioner (GP) Directed Enhanced Service (DES), offering annual health checks and a local questionnaire survey of people with learning disabilities and family carers, which will be analysed and feed into the Joint Strategic Needs Analysis (JSNA).



The service has a Health Facilitator Nurse in post whose work includes working with GPs on the implementation of the DES, training staff in Health Centres, the Ambulance Service, working with the Long Term Conditions leads and wider primary services such as pharmacy, dentistry, ophthalmology, chiropody.

The Health Facilitator Nurse role has also contributed significantly to the completion of the Health Assessment Framework and acts as liaison between Primary Care Services and families for those carers who request support.

The Intensive Community Support Team and the Complex Health Needs Teams are having a significant impact upon the learning disability community and the admissions to the Assessment and Treatment Unit have remained at an average occupancy of 5 throughout the year.

Employment

The service has continued to be involved in the Access All Areas scheme and there are currently 46 placements available across the Council and our partner organisations. The Council was successful in bidding for monies for the Move-on Employment scheme, which offers 6 months' paid employment.

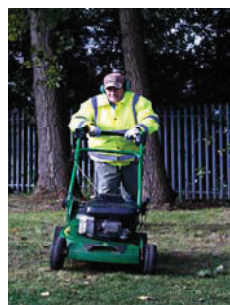
The Council has just been awarded £80,000 for a Public Service Agreement (PSA) Move-

on to Employment Project coming our way to support employment of individuals with learning disabilities and those in secondary mental health services. The 'Move-on to Employment' project is designed to break down this barrier by providing work experience placements and, where possible, paid employment opportunities.

These are the elements of the 'Move-on to Employment' project:

- Providing unpaid work experience placements (up to 30 days) to learning disabled people and people that are receiving secondary mental health services.
- Providing paid employment opportunities to at least 13 people who have had one of the above placements.

Within the Learning Disability Service, 24 placements have been accessed by people with a learning disability under the Access All Areas scheme and 10 people have been employed via the Move-on scheme. Many of the placements accessed by our service users have been supported by our in-house service, ADPro, who job coach and match people's skills and interests with the work placements which have included class room assistant at an infant school, the Chief Executive's office and Rotherham Metropolitan Borough Council (RMBC) pest control operative.



MENCAP, within the Service Level Agreement, are working in partnership with the Co-operative. Local stores have employed 3 of our service users in Rotherham, a further 2 are on work trials to hopefully lead into paid employment. Last year, nationally the Co-operative employed 90 of MENCAP clients through offering work

trials that lead into paid work. They offer fantastic opportunities and support and have pledged to continue working with Rotherham this year. Pathways have built good relationships with local store managers and senior managers to identify further opportunities.

Supported Living

There are 45 supported living schemes (including 2 we purchase out of authority), supporting 122 tenants with learning disabilities and 4 vacancies under active consideration (126 places in total). This includes 2 new schemes commissioned in 2009 / 10 for a total of 8 new tenants, 4 of whom have complex needs. Of the 8 new tenants, without supported living developments, 3 would have remained in residential care and 5 families would have either remained under significant stress or would themselves have requested residential care. Suitable residential placements would have been unlikely in the local area leading to costly out of authority placements. The 8 new supported living places are in accordance with expressed wishes in person centred plans.

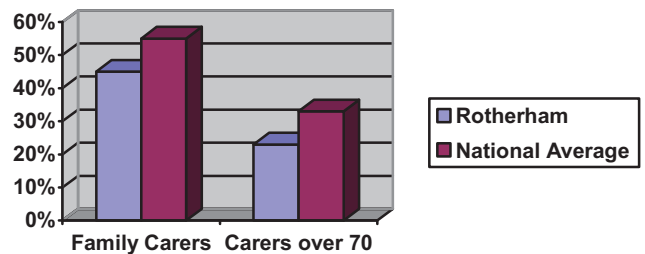


DW was set to go into his new home (a supported living scheme opened in summer 2009) on 4th July – his choice, he said:

“It’s the best date because it’s independence day and moving into my own home is real independence”

Our commitment to supporting people to have a home of their own has resulted in Rotherham having fewer people living with elderly carers than the national average. 45% of people known to us live with their families - the national average is 55%. Of those people living with family carers in Rotherham, 23% live with a carer over 70 - the national average is over 33%. Families have confidence in the service and this has helped them to “let go” - this means that over half of our supported living tenants have carers who are able to enjoy their own lives.

People living with:



Transitions

Rotherham has good data on the needs of young people coming into Adult Services in the next 5 years, which informs planning. The service must continue to be aware of transitions that are taking place in order to meet the needs of some of our most vulnerable customers. This helps with strategic planning but also ensures that we are responding to changes in need and demand. This will be especially important as personalisation gives more choice and control to our clients.



There are clear and transparent protocols to guide the transitions process. We continuously evaluate the quarterly Transitions Panel which Sensory, Physical Disability and Learning Disability managers attend. We have an established Young Adult

Transitions Team within the Physical Disability Service which starts working with young adults from the age 14 years onwards.

Information from 14+ assessments is sent through to all the appropriate adult services. The Learning Disability Service continues to meet on a quarterly basis with the Children with a Disability Service and plan from 16 onwards appropriate transition plans. Adult Learning Disability Social Workers become actively involved with young people from 17 years onwards, thus supporting a smooth transition into adult services and provision.



Person Centred Planning (PCP) continues to be at the centre of transitional planning for young people and carers. Quarterly transitional planning meetings involve partners to ensure robust arrangements. Improvements are:

- PCP training has extended into Children and Young People's Services (CHYPS) and families and carers.
- One special school has now embedded PCP in the curriculum from nursery to 19+ and this model has been expanded into 2 further special schools.
- Progress has been made in working more effectively together with CHYPS which has resulted in a combined Person Centred Looked After Children review process being devised, leading to young people having more control of their lives.
- Joint working with Education now leading to personalised service design to prevent exclusion and re-direct from traditional services.
- PCP transitional reviews, more than doubled to 20 in 2008 / 09. 40 outcomes being sought including Direct Payments, employment, housing and health options. This has improved the Learning Disability Service ability to forward plan and make BIP for transition people based on a PCP.

There are 55 young people identified at the 2 main special schools who will be transferring in the next 3 years into adult services. They will all have a PCP prior to this - to date 65% have been completed. A Borough-wide PCP Steering Group has been formed, led by Person Centred transition

review process and has resulted in a significant cultural shift.

The process has focussed on what really matters to the young person from their point of view. The process explicitly recognises the contributions all the people in a person's life can make and that the young person and their family's are the experts on their lives.

Work has commenced on pulling together all the areas within transitions to develop a strategy that will ensure young people enter adult services with a complete plan of their identified needs in relation to education, health, housing and social care.

Contracting and Monitoring

The Contracts Team has completed a 100% programme of planned contract monitoring visits of residential / nursing and supported living service providers, during the annual reporting 12 month period September 2009 - August 2010. This involved 40 services within Rotherham and a further 3 services from out of area. Some homes were visited more than once and, where necessary, individual action plans and monitoring schedules were put in place. Additional component breakdowns are currently being analysed for inclusion in the team's 2010 annual report to the Learning Disability Partnership Board.

In addition, the Contract and Reviewing Officers (CAROs) also completed a total of 87 social care assessment reviews, this was almost double the amount originally targeted for the year of 49. This increased reviewing activity contributed significantly to the excellent Learning Disability Service and overall Neighbourhood and Adult Services (NAS) reviewing scores for 2009 / 10 (D40).

Service users and family carers contribute to contract monitoring arrangements of providers by being able to complete satisfaction surveys. In 2010 / 11, the Learning Disability Service intends to extend this participation by rolling out the Directorate's Home from Home contract monitoring process. This will increase the learning disability service user and carer direct customer involvement in testing the quality of service provision and will

inform providers of areas that need to be addressed in order to meet minimum satisfactory service standards or be eligible for any quality premium scheme enhancements.



The resulting reports and monitoring of provider action plans will demonstrate improved performance for individuals across the whole range of outcome domains (eg health and well being, improved quality of life, etc) and drive up overall quality of provider services. This will support people to live healthy and independent lives, make informed choices about care and receive support that responds to their needs.

Service Level Agreements Summary

Rotherham Learning Disability Service has several Service Level Agreements (SLAs) with various organisations, which fund the provision of Advocacy, an Employment Service and Leisure Services for people with learning disabilities in Rotherham. Work has commenced jointly with these service providers to review the current SLAs, to ensure that they remain strategically relevant and provide the services that people with a learning disability in Rotherham require; to help them work towards paid employment, have a voice to help shape their services and are able to enjoy leisure activities that they otherwise would not be able to access.

The service specifications of the agreements have been revised and targets set for the providers to work towards; to ensure they remain focused. The monitoring arrangements / information required has been strengthened so the SLAs can be performance managed more effectively and the financial / funding information required from the providers has also been improved, which will in turn help to determine the services' effectiveness and value for money.

The Contract Assurance Reviewing Officers monitor all in-house and independent sector providers. Following completion of each Person Centred Plan / Person Centred Review, people are asked to complete a customer satisfaction survey.

The Learning Disability Service has implemented an improvement plan to address gaps across the service in customer satisfaction testing mechanisms. The agreed actions are as follows:

- Review current customer satisfaction testing mechanisms and identify gaps.
- Develop systems with partners to receive customer satisfaction results / customer feedback already gathered.
- Work with partners, staff and customers to develop outcome based surveys based on Customer Service Excellence best practice guidance.
- Identify appropriate and innovative methods to gain customer satisfaction.
- Publish results and communicate to staff via NAS performance reporting systems.

The Partnership Board

The Service has worked closely with the Learning Disability Partnership Board this year and organised several events, the first were 2 days presenting the Valuing People Now priorities and each service user and carer received 3 votes to vote which of the 6 priorities was most important to them, for service users they voted for:

- Being Safe,
- Being Healthy
- Having Friends and Relationships

Over a period of 3 months, the service hosted a day specific to each of the 3 topics, each day having more than a 100 people attending. Service users received a file that built up over the 3 days into a portfolio that they have kept for future reference.



Let's Talk about Being Safe: This day had a hate crime drama and the Council's Community Cohesion Officer did a presentation on recognising Hate Crime. Doncaster Self Advocacy Group, CHAD, introduced their Safe in Doncaster scheme and a Rotherham version of the scheme is due to be launched at the Fairs Fayre event in October. St Helen's People Choice also gave a presentation about Hate Crime and included a very powerful poem about Hate Crime.

Let's Talk about Being Healthy: had lots of stalls for people to visit offering lots of advice on a variety of health issues. The most popular event was the Smoothie bike - people entered a competition and then got to ride the bike which in turn made a Smoothie from the power of the cycling. There was a healthy eating stand where people could get a fruit kebab.

Let's Talk about Having Friends: the last event; had a choice of workshops for service users to attend which were "Meeting new friends" and had one of the Partnership Board Carer representatives presenting, "Being a good friend" which showed people how to be a good friend, "Keeping safe" which was about how to have a safe relationship and there was a workshop that had an interactive board game, devised by 2 of the NHS staff in the Learning Disability Service that advised people about sexual health.

The Partnership Board held its first Annual General Meeting in January, with over 130 people attending the event – this included 68 service users and 23 family carers. There were presentations and group work. On this day people helped decide the content for the Let's Talk events. A report pulling together all the information from the day was prepared by the Partnership Support Officer.



Valuing People Now recommended that all Partnership Boards produced an annual report detailing local progress in the implementation of the strategy. A national template was developed to allow Partnership Boards to develop a benchmark set and engage in this work. The annual report template was designed to bring together all the existing information in one place, including the information needed to report to the Ombudsmen, and to be used as a useful tool in reporting to the Overview and Scrutiny Committee in Cabinet. The report was comprehensive and the feedback received from Valuing People strongly indicated that Rotherham's Learning Disability Partnership and the Service:

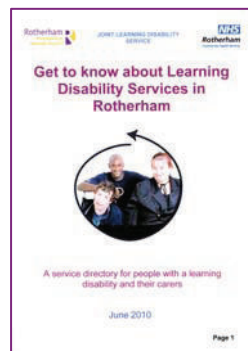
- Have good and inclusive membership with direct links to Senior Managers and other areas of Social Care.
- Robust budget figures.
- Are green on 3 of the 4 top targets areas within the Health Assessment Framework.
- Have more people living independently than in residential care.
- Recognise the need to change the provider market.
- Have an up-to-date Employment Strategy.
- Demonstrate a commitment to advocacy and developing services.
- Service users and carers are supported and have a real voice (and this was demonstrated in the comments made by our family carers in the report).
- Work jointly with Children and Family Services
- Have a strategy to embed person centred planning, including young people in transition.
- Have an up-to-date workforce delivery plan.
- Are making good progress with regard to Hate Crime and developing strong links with the police.
- Involving people with learning disability and family carers in helping check the quality of care in services.
- Have a joint commissioning strategy and can highlight a number of improvement in services for people with learning disabilities.
- Have a local delivery plan for the next year which outlines all the VPN agendas.

To help in the sharing of best practice, Valuing People have produced an Innovation and Good Practice Guide for the region. Rotherham Learning Disability Service has a significant number of entries within the guide featuring in the following areas:

- Health
- Housing
- Employment
- Advocacy
- Transition
- Personalisation
- Workforce
- Commissioning
- Quality Assessment
- Including Everyone
- 3 entries under miscellaneous.

The Learning Disability Partnership Board was reviewed in May 2009 and resulted in the formation of the Partnership Board Performance and Improvement Group which is now responsible for the governance of the Board and oversees the task groups. Family carers and service user representatives are members along with both Co-Chairs.

Support provided to the Partnership Board has also resulted in the Learning Disability Directory, "Get to know about Learning Disability Services in Rotherham", being significantly updated this year. This is available electronically on the website.



The LDS website has been updated since the move to the new Jadu system and now contains links to more information (including a report pulling together information from the Let's Talk events). Link:

http://www.rotherham.gov.uk/info/200171/learning_disabilities

Achievements

The Learning Disability Service has 34 mentions within the Regional Innovations and Good Practice Guide.

The Service's performance on Performance Indicator D40 was the third highest in the country for learning Disability.

The Health Self Assessment scores for Rotherham were 3 green and 1 amber, placing Rotherham joint second within the region.

Obesity and Weight Management - Health trainers are carrying out work around weight management in 2 of the Day Services, providing a 6 week course and ongoing support is being provided by the Learning Disability Service Community Nurses. It is hoped that the course will be a rolling programme once the evaluation has been carried out. In addition to this, a group is currently meeting to finalise details of Re-Shape Rotherham, a scheme that will run weight management groups in day services to combat Obesity.



Quote from CS parent of CGS who has taken part in the weight management programme:

"Before C went on the programme he was quite immobile, he slept a lot of the time and was always breathless. He has now lost 2 stone and his breathing is much better and he is more settled when he is asleep. He has started to go swimming and can go into town without taking his chair now. C has also started doing his Michael Jackson dancing again. C's quality of life has improved a lot and he is going to continue with the healthy eating programme"

Black and Ethnic Minority Communities – A specific piece of work has commenced with regard to people from Black and Ethnic Minority Communities. The project has been a partnership between Learning Disability Service and Rotherham Advocacy Project (RAP). It was agreed to appoint 2 project workers from the BME community to lead the project. They have undertaken structured questionnaires and face to face interviews with 15 families who currently access services.



An awareness raising event was arranged to bring together professionals, carers and service users in a culturally acceptable forum where there was a presentation on personalisation and question and answer workshops. It provided an opportunity for carers to share experiences of accessing services and to provide mutual support. One of the key issues highlighted by carers is about how organisations communicated with them and how events were not at appropriate venues and a lack of interpreters was perceived as being discouraging.

The project workers visited a range of providers including day services, respite care services, assessment and treatment and the new carers centre to complete an audit cultural appropriateness and how services could be improved to fulfill the needs of BME service users and carers.

Broad Performance Agenda for 2010 / 11

Contract Monitoring: Service users and family carers contribute to contract monitoring arrangements of providers by being able to complete satisfaction surveys. In 2010 / 11, the Learning Disability Service intends to extend this participation by rolling out the Directorate's Home from Home contract monitoring process. This will increase the

learning disability service user and carer direct customer involvement in testing the quality of service provision and will inform providers of areas that need to be addressed in order to meet minimum satisfactory service standards or be eligible for any quality premium scheme enhancements.

Service Quality: The Service Quality Team are working with Speakup to develop customer satisfaction testing mechanisms for Assessment and Care Management, Day Care, Respite Care, Residential Care, Community Support and Supported Living. Service users from Speakup are having input at all stages of development, including contributing to the content and format of questionnaires, method of survey; as well as ensuring they are produced in an easy read format. All our questionnaires are being piloted with real service users before being implemented. We will be using innovative methods such as customer to customer interviews to administer surveys from April 2010. Outcomes from survey activity will provide benchmarks for customer perceptions of services and any areas for improvement to react to our customers' thoughts as part of our learning from customers' culture.

People with Complex Needs: The Learning Disability Service is working with Speakup to develop a toolkit to be used to support person centred planning for those service users with complex needs.



BME Engagement Project: The project is nearing completion and RAP in conjunction with Learning Disability Service is compiling a report with recommendations for the future delivery of support services to service users and carers.

Early indications of recommendations include:

- Increased support for carers.
- Trained bi-lingual advocates.

- Use of trained interpreters not relying on family members.
- Halal food to be provided, not substituted with vegetarian food.
- Leaflets and information for carers to be available in community languages.
- Trained link workers to guide BME families through the process and support initial service provision.

One of the Service's Senior Managers is a member of the Workforce Development Subgroup which meets monthly to monitor performance and quality and makes recommendations to the Board on action required and the need for Serious Case Reviews.

Other priorities include:

- The implementation of the Personalisation agenda and the service is due to start offering personal budgets to services users from April 2010.
- Working with young people and improving transitions planning.
- Increasing employment opportunities.
- Transforming day services.
- Developing strategies for people with complex needs, profound and multiple disabilities, those who challenge the service.
- Implementing Green Light

A range of the above satisfaction surveys continue to be piloted during 2010 and are being monitored and adapted where necessary to enable full roll out, analysis and performance reporting to be phased in during 2010-11. Learning from customers feedback is already undertaken and has resulted in changes being made. For example following the day service satisfaction survey, it was identified that customers did not have access to Easy Read menus in day services. The menu board has been refreshed to include pictures and has been relocated to the dining room entrance. Customers have also met with the cook to discuss quality and choice of meals.

If you require any further information on this report or the Learning Disability Service, you can contact us by:

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Customer Feedback & Satisfaction

The Service has worked with partners, staff and customers to develop outcome based satisfaction surveys based on Customer Service excellence best practice guidelines in assessment and care management. Home from Home customer satisfaction processes are being adapted to meet the needs of people with a learning disability. Further satisfaction surveys are planned to reflect the activity undertaken by the Assessment and Treatment Unit; health support and intensive support teams of the joint LDS.



LDS/JFr/jo:153
(29.10.10)

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER
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1	Meeting:	Adult Services and Health Scrutiny Panel
2	Date:	11 th November 2010
3	Title:	Hospital Discharge
4	Programme Area:	Neighbourhood and Adult Services

5. Summary

The purpose of this report is to provide reassurance and confidence to Cabinet Member with regard to improving the customer experience of the hospital discharge process. This report outlines the progress and the developments which have been made to improve discharge for patients following the review of hospital discharge arrangements. Safe and timely discharge of patients is essential to ensure customer safety and satisfaction; and has improved customer feedback.

6. Recommendations

The contents of this report are noted.

7. Proposals and Details

In order to improve the customer experience of hospital discharge process, a 'whole system' approach has been adopted by Rotherham Health and Social Care Community in accordance with the Government legislation, directives and principles outlined below.

The discharge of patients from Rotherham General Hospital is established upon the current hospital 'Discharge Policy and Procedures' which incorporates policy principles, policy statement, and responsibilities, with the objective to enable the safe and timely discharge of patients. The introduction in January 2004, of the 'National Health Service Community Care Delayed Discharge Act etc 2003' and latterly the Mental Capacity Act 2005, the NHS National Framework for Continuing Health Care have been incorporated into the Discharge Policy and Procedures, and has been instrumental in reducing the number of delayed transfers of care. This policy is under continuous review to incorporate new government legislation and directives.

The Community Care (Delayed Discharges) Act 2003 introduced a system of reimbursement by Social Services to the relevant NHS body, for delays caused solely by failure to provide timely social care assessments and/or social care services. The reimbursement cost is £100 per day for each person whose discharge is delayed.

The purpose of the legislation is to improve services for patients and ensure they have the right care in the right place, at the right time. Central to this, is avoiding situations where patients are put at risk by remaining in an acute hospital bed, when they no longer need acute care.

It is essential for Rotherham Health and Social Care Communities to maintain and build upon effective local partnerships and a whole systems approach to care planning and service development. This should be implemented within the broader policy framework of the NHS Plan and the National Service Frameworks. One outcome of this approach should be to minimise delays in discharge for patients in acute hospital beds.

The major principles of the act are;

- Unnecessary admissions are avoided and effective discharge is facilitated by a 'whole system approach' to assessment processes and the commissioning and delivery of services;
- The need for engagement and active participation of individuals and their carer(s) as equal partners;
- Discharge is seen as a process, and not an isolated event. It has to be planned at the earliest opportunity across the primary, hospital and social care services;

- The process of discharge planning should be coordinated by a named person (the 'care co-ordinator'), with responsibility for coordinating all stages of the 'patient journey';
- Staff should work within a framework of integrated multidisciplinary and multi-agency team working to manage all aspects of the discharge process. The team should consider transfer to the patient's own home before seeking any alternative arrangement;
- Effective use is made of all available services, especially intermediate care services, so that existing hospital capacity is used appropriately and individuals achieve their optimal outcome.

The continued increase in the population of older people in Rotherham has contributed to an increase in hospital admissions; with a significant projected demographic increase of 5020 older people in Rotherham (11.5% 2001-2010; Source: 2001 census Information Dept). There will continue to be an increase in Rotherham's older people population with the potential for increases in hospital admissions and discharges, and subsequent pressure on finite resources to deliver quality health and social care support services to our customers within specific time frames.

There are ongoing initiatives to avoid inappropriate admissions into acute care and developments to provide alternative levels of care pathways and support services. Rotherham's Health and Social Care Communities i.e. Rotherham Foundation Trust, NHS Rotherham, RMBC Adult Services, have established and also re-established different groups to plan and deliver improved services adhering the above principles.

Adult Services continues to be an active member of the Emergency Care Network Group, a multi agency membership whose purpose is to develop integrated and effective Urgent and Emergency Care Services and pathways across the Health and Social Care Community of which the safe and timely discharge of patients is an element of this work.

The Discharge Monitoring Group has been re-established at the request of Adult Services and now has two groups, a strategic and an operational group. The purpose of the strategic group is to bring about a substantial improvement in the discharge process, involving all stakeholder partners, in order to ensure safe and timely hospital discharge for patients, in accordance with government guidance and legislation and is accountable to the Emergency Network Group. One purpose of the operational group is to review process and protocols pertaining to discharge in response to operational practice, learning, and also in response to both customer comments and complaints; and is accountable to the strategic group.

Adult Services Customer Quality Team produces quarterly Excellence Performance Reports which are obtained and produced by a variety of methods including customers' involvement. With regard to the Hospital Social Work Team and the safe and timely patient discharge of patients, the report evidences a high level of customer satisfaction with an improvement of service

deliver of social care ranging in the lower 90% satisfaction from the previous quarter, to higher 90% range of satisfaction for the first quarter of 2010. (See appendix 1 for figures).

There is partnership working between Health and Social Care complaints departments both regionally and locally operating through their comments and complaints procedures, pertaining to hospital discharge. Comments or recommendations resulting from a complaint are fed into the Operational Discharge Monitoring Group to inform practice and amendments to procedure, through learning from customer experiences.

Other recent developments has been the permanent appointment by Adult Services of a part time Health and Social Care Coordinator for BME patients, who provides information and advice on their admission into hospital if required. This customer group previously identified from the initial pilot were receiving a less equitable service, or no service at all due to lack of awareness by not being informed. This has also had the benefit of raising the issue and profile across all organisations.

There is a specific and proactive focus by Adult Services through their Health and Social Care Information Facilitators, to providing information to carers or family member who are likely to require community care services on discharge from hospital, advice of available health and social care services, prior to the allocation of a social worker: whilst also outlining the patient's journey. This may be beneficial to them individually as a carer, or to the cared for person.

The continuous successful recruitment to vacant posts has increased the number of new social workers and enabled some increased degree of flexibility to patients and their carers for appointments, where carers who previously may have experienced difficulty in being available to participate in assessments, during core hours due to other commitments, are now able to do so outside core hours.

There are two part time stroke coordinators employed by Adult Services who operate on the stroke ward and provide additional advice and support to patients who may decline or not be eligible for social worker involvement, in preparation for their discharge from hospital.

A relatively new development in order to provide consistency in the application of NHS Continuing Health Care Framework whilst also enhancing the patient's opportunity to be successfully assessed against the eligibility criteria is the creating of dedicated team from Adult Services and Rotherham Foundation Trust to undertake this function.

8. Finance

No additional resources currently required.

9. Risks and Uncertainties

There are a variety of risks that can impact upon the patient's timely discharge which will potentially cause delay. These include:

Insufficient staff availability due to variety of factor; e.g. Pandemic episode; emergency planning / major incident episode. All organisations have their own Business Continuity Plans to deal with short periods of difficulty. There is ongoing work across the Health and Social Care Community to develop a robust surge plan for all longer term eventualities and mitigate the effects of Pandemic type episodes.

There is the short term impact of absence through sickness which can reduce the staffing capacity to undertake timely assessments. In addition there are some difficulties in successfully recruiting to all social work vacancies due to the dearth of available social workers nationally. The Council's Grow Your Own Scheme will provide a limited mitigation of this risk.

Unpredictability to calculate specific costs incurred for reimbursement of patients whose discharge is delayed solely due to the responsibility of Adult Services. There is a budget allocation to accommodate a degree of costs incurred, should contingency actions to avoid reimbursement and the discharge patients within government time frames not be achieved.

Other possible delays can be due to equipment being unavailable or other healthcare professionals' responsibilities needing to be completed; or a combination of the above.

A further risk is the sufficiency of capacity or limited development of resources with regard to alternative levels of care facilities, resulting in inappropriate hospital admissions, subsequently placing increased and inappropriate demand on acute care and discharge.

10. Policy and Performance Agenda Implications

Timely transfers of care impact positively on numerous Key Performance indicators:

- NI 132; NI 133; N1 136; NAS 1: D 40

Ultimately it will provide improved outcomes for customers in the areas identified below against CQC Outcomes Framework:

- Improved health and wellbeing
- Improved quality of life
- Exercise choice and control

11. Background Papers and Consultation

National Health Service Community Care and Delayed Discharge Act etc 2003.

Hospital Discharge Policy.

National Framework for NHS Continuing health care.

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Appendix 1
Key Lines of Enquiry (DRAFT SS Evidence)

What development and actions are being undertaken to improve the safe and timely discharge of patients from hospital. Are services consistent and of a high standard.

Delivering Excellent Service	Evidence	Gap/action	Contact/reference
<p>Safe and timely Patient Discharge / Transfer of care from Acute Hospital environment.</p> <p>High level of customer satisfaction with access to council services from all parts of the community</p>	<p>Customer Services Excellence Performance Report;</p> <ul style="list-style-type: none"> • Overall satisfaction with the service received? - Increase from 93% to 98%. • How happy are you that we did what you said we would do when we first contacted you? – Increase from previous quarter 90% to 97%. • How happy are you with the time taken between your first contact & receiving a service? – Increase from 87% to 89%. • Did you find it easy or difficult to understand the information we gave you? Increase from 95% to 97%. • How happy are you that staff explained what would happen next? - Increase from 93% to 97%. • How happy are you that you were treated fairly? – Increase from 95% to 98%. • How happy were you that staff were polite, friendly and sympathetic to your needs? Increase form 97% to 98% 	<p>Continuous endeavour for improvement across all the identified areas.</p> <p>Focus area for improvement as this is a relatively low performance figure compared to the others</p>	<p>Jasmine Speight</p>

Inspection of Customer Access to Services

Delivering Excellent Service	Evidence	Gap/action	Contact/reference
Neighbourhoods and Adult services actively monitors the quality of experience of people who access the service including those of target groups or communities of interest	Learning from Customers work streams, - Mystery Shopping; Home Truths, Customer Satisfaction Testing; Customer 1st Stats, (Telephone calls, letters, waiting times) Learning from customer workshops (quarterly workshops held with a cross section), Carers Forum feedback, customer complaints,		
Customers can contact the council easily in person via the internet, e-mail or by telephone for example using a single number to acquire contact with Hospital Social Team	<p>Adult Services reception within hospital available for customers to make relevant enquiries; with interviewing officers available if required.</p> <p>Part time BME Health & social care coordinator available to hospital patients & their carers</p>		<p>H Cavanah/ Rachel Crehan/Carole Darwin</p> <p>S Khan</p>
Hospital social work team are easily accessible to all hospital customers, they are family friendly, welcoming, and have facilities for private interviews.	<p>DDA compliancy</p> <p>Private interview facilities available</p> <p>Signs are reasonable</p>		
The Hospital social work team offer out-of-hours service to customers / carers if required. The range of services provided reflects the needs and aspirations of local people and partners.	Assessing Officers are available to people visiting Out of Hours; after 5pm to 8pm.	<p>(partial service availability)</p> <p>Ongoing area of work</p>	M Joynes
Staff are well trained in customer care, equalities and diversity and demonstrate a high level of customer focus.	<p>ff circulation of Calendar of Religious Festivals and Special Days 2010/11</p> <p>Part time BME Health & social care coordinator available to hospital patients & their carers.</p>		S Khan

Inspection of Customer Access to Services

Delivering Excellent Service	Evidence	Gap/action	Contact/reference
<p>The Council uses feedback from comments and complaints in a systematic way to improve the accessibility and quality of the service.</p>	<p>Recognition of positive comments of staff & service delivery via managers meeting monthly awards.</p> <p>Joint working with health partners through complaints; e.g. hospital complaints dept, PALS, VAN regional complaint meetings - learning from complaints & feeding into discharge monitoring group to inform & improve service.</p>		<p>Stuart Purcell - NAS Ann Dale - NHSR Brigid Reid - RFT</p>
<p>A wide range of quality information which is easy to read and available in a range of languages and formats is available.</p>	<p>Some material available in ethnic minority languages, e.g. complaints.</p> <p>Interpretation and translation service available in SS.</p> <p>Talking Newspapers and Brailing service available through sensory disability teams.</p> <p>DVD for Deaf people "Speak Up" - video information for adults with learning disability. Learning Disability Directory that is available in community languages.</p>		<p>Sharon Hirshman/ T White</p>
<p>Service standards are clearly explained and understood both staff and all customers and partners.</p>	<p>Service Standard leaflet provided by staff to customers / carers</p>	<p>Requires refresh / updating</p>	
<p>Rehabilitation Services available on discharge to patients assessed as eligible</p>	<p>Intermediate Care beds and Community rehabilitation services.</p>		

Is the Council using e-government to support access to services?			
Delivering Excellent Service	Evidence	Gap/Action	Contact/Reference

How is the service using customer's feedback and complaints to improve service quality?			
Delivering Excellent Service	Evidence	Gap/Action	Contact/Reference

How is the Council improving customer access through partnership working?			
Delivering Excellent Service	Evidence	Gap/Action	Contact/reference

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER

1	Meeting:	Adult Services & Health Scrutiny Panel
2	Date:	11 November 2010
3	Title:	Carers' Corner Report
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

The Carers' Corner officially opened on the 12th May 2010. The initial development of the centre was overseen by the Commissioning and Partnerships department. In June 2010 the management of the Carers' Corner became the responsibility of Health and Wellbeing. This report summarises the progress that has been made in establishing the centre as a valuable asset to Rotherham carers.

In the last 5 months the centre has attracted over 250 new carers.

The wide range of agencies that now provide advice and support from the centre have helped over 323 carers so far to improve their health and wellbeing. This only accounts for those people who have attended specific sessions and does not include the footfall through the centre where advice and information is provided at reception point. Overall footfall through the centre averages 15 people per day. Within September over 338 people came in to the centre.

Over 1000 individual carer's assessments have now been completed and there has been a 400% increase in carers registering with the carers' emergency scheme.

6 Recommendations

That the Panel notes:

- **The successful implementation of the Carers' Centre.**
- **The progress that has been made in encouraging carers and organisations to utilise the centre.**
- **Future plans outlined at 7.8.**

7 Proposals and details

7.1 The Carers' Corner has now been open for 23 weeks. In September the centre celebrated the 1000th Customer to use the service. This occasion was marked by a presentation to the customer, an event which received positive coverage in the local press and on radio. The centre was developed through extensive consultation with carers and is now providing a much needed and well appreciated service to the people of Rotherham. As a result of this consultation, a number of changes have been brought in to encourage the usage of the centre and to establish the facility as an important resource for Rotherham carers. This has been reflected in comments from carers that are captured at the centre. A couple of examples are included to give the flavour.

a) **I would like to thank everybody who has helped me at the centre. Before I walked through your doors I did not even know that I was a carer.**

b) **The Carers' centre is a breath of fresh air. This is the support that we have wanted for years and I now feel that somebody really understands the important role we play.**

7.2 The objective of the Carers' Corner is to provide carers in Rotherham with a first point of contact for all enquiries relating to caring. It is accessible to all carers from all service areas and enables carers to access information, advice and guidance to support them to continue in their role as a carer. The vision established by carers was that the Carers' Corner would be a one stop shop for carers and this is how the centre is developing.

7.3 The appointment of the Carer's Centre Manager has led to a greater focus on performance and allowed new and innovative ideas to be developed within the centre. Regular performance information is now collected and this is presented towards the end of this report.

7.4 The Centre now has in place a performance monitoring system which captures activity at the Carers' Corner. This includes monitoring of where contacts are coming from, recording of first time users of Carers' Corner, service users' details including ethnicity, age, gender and nature of disability to enable us to identify the groups utilising the centre. This is giving information that can clearly identify how contact with the centre has improved the well being of the carer's life.

7.5 Significant developments are taking place regarding the services offered from the centre. A programme of outreach work is now set for the next 6 months with clear measurable outcomes specifically designed to target carers in Rotherham who live in more rural areas and who would struggle to get in to the centre. An expansion of the role of the BME support service will see further work with a wider BME audience including Yemeni, Chinese and east European communities.

- 7.6 One of the most pleasing aspects of the centre's development has been the services that are being offered by partners and external agencies that are related to carers. Each organisation has its own merits but the centre is becoming particularly well known for the work related to younger carers and the legal support that has been offered by Howells solicitors. This mixture of provision meets the needs that carers themselves have identified and provides a rich mixture of dedicated support services. We are consistently seeing new carers coming into the centre and this is helping to alleviate one of the major issues that faced the centre when it opened. Although carers had a high profile it was felt that a certain number had monopolised the shaping of our views on carers. This is no longer the case with many new voices and opinions shaping the development of the centre.
- 7.7 A detailed commentary on performance is included at the end of this document.
- 7.8 Future Plans – the plans to continue to ensure the positive development of the centre include:
- a) Increased promotion of the services offered at the centre.
 - b) Increase the outreach work offered by the centre ensuring positive outcomes for carers that can be monitored.
 - c) Improve links with children's services to promote support for young carers.
 - d) Increase opportunity for carers to be in paid work/ voluntary work.
 - e) Increase the amount of Direct Payments uptake for carers.
 - f) Increase the amount of carers assessments completed

These actions will be monitored through performance measurements via Swift and the carer's corner performance database that is now operational

8 Finance

Staffing Arrangements - The Centre Manager is a part time post, 16 hours per week; The Carer's Coordinator is also part time, at 21 hours per week.

The carer's centre officers provide home visits to carers throughout the week and are not in the centre. A minimum of two staff are required on site and there has been situations where staffing has been difficult recently relying on staff from the service quality team and assessment and care management to provide cover.

The recent appointment of a new staff member, Tina Amerson , who is in a post funded for six months via the successful Access All Areas scheme, has significantly improved the need not to rely on other staff to cover the centre however at times of annual leave and sickness this continues to be problematic.

I plan on reviewing the manager's post if finances allow in April 2011. My hope is to make this a full time post.

8.2 The overall budget for the carers centre was set at £102,494 and the service has remained within budget since its opening.

9 Risks and Uncertainties

9.1 Capital and recurrent expenditure were originally estimated and as a result some costs have been incurred that were not planned for.

- a) Replacement of the front door £845.00
- b) Waste disposal £124.96
- c) Air conditioning unit £170.54
- d) Metallic door shut £195.00
- e) ICT changes / care taker recharges £150

Lack of staffing during sickness and annual leave requires support from other service areas to maintain core functionality of the service and to remain open to customers.

9.2 **It is essential that the centre continues to attract new carers and to ensure that satisfaction with the service remains high:**

- a) We will ensure we continue to attract new customers by increasing our outreach services ensuring carers who are unable to come in to Rotherham Town centre have the opportunity to receive support from us via our outreach programmes across Rotherham.
- b) We will continue to monitor customer feedback and satisfaction through surveys and outcome focussed performance monitoring and use this information to appropriately adjust our service when required.
- c) We will continue to work in partnership with the Carers Forum ensuring we are meeting the needs of carers across Rotherham

10 **Background Papers and Consultation**

Joint Rotherham Carers Strategy 2008/11.

Carers' strategy – Carers at the heart of the 21st Century families and communities - a caring system on your side a life of your own.

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Performance

Specific objectives have been agreed that the Carers' Corner would be measured against targets and outcomes as identified in the report to DLT on 29/04/10

The Carers Corner will increase the awareness and access to carers assessments by the following:

- a) **Increase the number of carers' assessments completed: Increased performance against NI 135 - 'Carers receiving a needs assessment or review and a specific carer's service or advice and information:**

We have three dedicated carers' assessors who are based at Carers' Corner. Their remit is to complete carers' assessments and offer individualised advice / information to ensure clear outcomes for carers. Since the opening of the Carers' Corner there has been an increase of assessments completed.

The target for April 2011 is that the % of carers receiving an assessment or a review / advice information will be 30 % of the total number of service users. At the time of writing we are well on target to reach this milestone with particularly notable performance from the Older People and PDSI areas.

The Chart below shows the assessments that have taken place.

Month	MH Carers Assessments	Carers Assessments	Joint Assessments	Totals
April	8	50	114	172
May	8	54	155	217
June	26	62	135	223
July	7	53	109	169
August	20	46	88	154
September	29	51	67	147
October		10	11	21
Totals	98	326	679	1103

- 1 **Our objective is to Increase the number of carers on the Carers' Register, Emergency Carers' Scheme and Carers' Forum**

47 carers were registered on Carers Emergency Scheme 31st March 2010

242 carers are now registered week commencing 11th October

An increase since Carers Corner opened of 195 is equal to an increase of over 400 % – again this is a significant achievement.

2 That the Carers' Forum is representative of the demographics of Rotherham:

- a) Representation on the carer's forum now covers a very wide range of carers needs, including Older People, Physical Disability, Sensory Needs, Learning Disability, Children with Disabilities and Mental Health.
- b) The Forum has a direct link with the Carers' Centre now and the manager of the centre attends the forum and ensures information and consultation with the forum occurs. Direct consultation regarding the outcomes for the centre and priorities are openly discussed. The specific needs of carers are agreed and where appropriate results in direct action. E.g. guest speakers organised, service updates and appropriate finance information shared.

3 That the needs of hard to reach carers groups are identified and met:

- a) The largest majority of people using the Carers' Corner according to an assessment of postcodes are located in Herringthorpe, East Herringthorpe, Rawmarsh, Parkgate, Clifton, Kimberworth Park. Since the Rotherham Show we have seen an increase in referrals from other areas of Rotherham
- b) Carers' Corner completes a monitoring form for each customer. This includes a monthly analysis of demographics allowing us to identify areas of Rotherham not accessing services from Carers' Corner. This is important as it is essential that all carers are aware of this facility.
- c) In order to ensure we are now contacting hard to reach groups a series of outreach days focussing on specific areas have been devised. These outreach services will continue next year and adapt in response to their success. We will continually be aware of groups that we are having difficulty reaching and adapt our procedures to ensure that all carers in Rotherham can use the centre.

Clear objectives have been outlined for these outreach days with outcome monitoring forms for all contacts. Outreach dates so far have been

- ***11th & 12th September – Rotherham Show (Over 300 contacts) (22 New Carers Registered)***
- ***23rd September – Diversity All Women's Event***
- ***8th October – World Mental Health Day and Rugby Club Doncaster Focus Mental Health and men and Mental Health***
- ***13th October Rotherham Hospice focus on cancer support***
- ***14th October – Joint Working with Crossroads***
- ***15th October Carers Corner***

The following dates have also been booked in

- **28th October Fairs Fayre**
- **3rd November B & Q Rotherham**
- **8th November Swinton Civic Area Assemblies**
- **3rd Town Centre Carers Rights Day**
- **17th Nov Carers Corner promotional event**
- **3rd Dec Rotherham Town Centre outside Boots**

- d) Mohammed Nawaz (Community Service Manager) operates an advice and information service from the centre and is about to start an outreach programme from the Unity Centre His remit will be to reach out to Yemeni, Chinese and new European communities as they use the Unity Centre on a regular basis. We will also engage with other organisations that have regular contact with the BME community. **The BME support service currently supports 40 carers from Ethnic minorities.** This support can include day support, drop in, supported to live independently, healthy ageing, carer's breaks, carers events x 1 a month, day trips, consultation and user involvement, advocacy, and community support.
- e) Tassibee has now been commissioned to provide a service from the Carers' Corner and is running their women's carers group from the centre. Again this represents great diversity in the services that are offered to carers.

4 Inclusion of young carers in the centre

Rotherham Parent Carers Forum is now based in Carers' Corner every Thursday Morning. This group has expanded since it started at the centre 2 months ago and it now provides support, information and advice to parents and carers who play a vital role in shaping and developing the services available to our children. 30 Parents & Children have applied through Carers' Corner to attend the free pantomime that is being arranged by Rotherham Parent Carers Forum for children with a disability and their parents or carers. The inclusion of young carers is a significant achievement for the centre and represents development in an area that is often not well recognised.

5 Inclusion of carers of people who are substance misuses in the centre

We run a weekly drop in service from Carer's Mental Health Support Team. Support is provided via signposting to appropriate agencies such as NHS Rotherham Community drug and alcohol Team.

6 That carer's information, advice and guidance are provided in the most common community languages and in appropriate formats:

We have a large volume of leaflets accessible in many languages to support BME groups, social care information packs accessible in Braille and data accessible on the Information Booth.

We will complete an inventory of all leaflets within the centre including information on the range of languages that are available and whether additional information is required.

- 7 That the Carers' Corner will increase the number of carers accessing employment training and volunteering opportunities:

A drop in session has just started with the Job Centre based from Carers Corner and already carers have been referred and assisted to get a job. The Job Centre are delighted with this relationship and early signs are that we will continue to assist carers in this vital area through our joint work. We are in the process of looking at organising a job club for carers wanting to work or gain experience volunteering. Our role would be to offer support, establish a venue for carers to meet and share experiences as well as share information and work on CVs linking with Job Centre Plus.

- 8 **Carers will have a greater understanding of caring issues and Personalisation through access to e-learning models:**

- For customers to have choice and control in Rotherham it is essential that information, advice and guidance is available and that empowerment sits at the heart of the centre's ethos. There are copies of easy Read Guides to Personalisation and Choosing My Service checklists in the centre and Direct Payments information is provided in 6 languages.
- Every person who comes to Carer's Corner requesting information about access to services is informed about Personalisation and personal budgets. (This is now monitored as part of regular performance management).
- Personalisation Visioning Events have taken place and carers have been invited as a mainstay of developing choice and control
- Carers Forum Coordinator has been to personalisation visioning events and discussed at Carers forum meetings.

- 9 **Customers will gain employment experience at the centre through the Access All Areas project contributing to our NI 146 target:**

Tina Amerson has now started at the centre to represent Access All Areas. Her role is to offer advice and information, monitor performance take appointments.

Via Links. We are looking at recruiting volunteers. Short listing is in progress due to the significant numbers interested

- 10 **Carers will be clear how to access information, advice and guidance in Rotherham:**

Promotional work over the past several months advertising Carers' Corner and the support/services it provides has increased the number of carers accessing the centre in September 2010. (See performance figures).

- 11 **Carers will be supported to continue in their caring role by a range of agencies providing specialist professional advice and guidance: Carers will be able to access advice and guidance on health and social care issues through the inclusion of specialist services and 'drop in' sessions:**

We now offer a wide range of specialist advice and support based from the centre and organise appointments as well as drop in support for those services:

These services are well advertised across the borough resulting in an increase in referrals to these agencies from the carer's corner over the past few months.

- 1) **3 Carer's Officers** provide the opportunity for carers to have their own assessment and identify their needs.
- 2) **Alzheimer's Society** provides monthly sessions offering information and advice on all aspects of dementia and access to luncheon clubs and a befriending service.

September 2010

- *36 Carers supported at Luncheon club, 3 carers referred to Befriending Services.*
- *Monthly drop-in session provided at Carers Corner and Carers Corner are now referring to Alzheimer's Society for the Befriending Service.*
- *Alzheimer's Society are currently making plans to open a memory clinic in Rotherham, which Carers Corner will promote and signpost service users to.*

October 2010

- *New Carers referred to Alzheimer's Society for Luncheon Clubs.*
- *20 Carers given information & Advice about Alzheimer's Society and the variety of services they provide, this was via Alzheimer's Leaflet & Befriending Service information.*

Future Activities:

- *November 2010 Drop In Session Tuesday 2nd November.*
- *December 2010 Drop In Session Tuesday 7th December.*
- *Invited to Information & Advice Day at Carers Corner Friday 10th December.*

*Alzheimer's Society reported that since the opening of Carers Corner the numbers attending Luncheon Club has **increased from 6 people to almost 40** people going to the Luncheon Club at Conisbrough. Alzheimer's Society are looking to expand their Luncheon Clubs and opening one in Rotherham*

- 3) **South Yorkshire Centre for Inclusive Living** provide 2 x weekly sessions offering advocacy support for carers.

April to August 2010

- 20 appointments for SYCIL - average 4 per month

September 2010

- 13 Appointments, including 2 home visits - accessing advocacy support, access to benefits advice, welfare rights support

October 2010

- 17 Appointments, including 2 home visits - accessing advocacy support, access to tribunal support, housing advice

Future Activities

- x Weekly Sessions at Carer Corner
- 1 x Weekly Drop In Service at Library, Rotherham - Carers Corner will signpost to this service

Invited to Information & Advice Day at Carers Corner Friday 10th December

- 4) **Welfare rights** offer x 1 monthly session providing advice on benefits and rights offering home visits and providing support at tribunals.

April to July 2010

- Record of 10 appointments - average 2 per month
- September & October - 8 Appointments accessing 2 full benefits check, 4 carers allowance applications, 1 tribunal support, 1 DLA/Carers Allowance support

Future Activities

- November 18th Drop In Service 1/2 Day
- December 10th Drop In Service 1/2 Day

Invited to Information & Advice Day at Carers Corner Friday 10th December.

- 5) **McMillan Support** offers a referral system set up to access their service from the carer's corner.

7 referrals made from the centre supporting carers who care for people diagnosed with cancer - Feedback from a nurse thanked Carers Corner for sending the information through for a new patient at Weston Park, this alerted the McMillan Nurses that care and support was needed for a new patient.

- 6) **BME Carers** x 1 weekly session providing advice & guidance for carers from the BME community

40 carers supported by providing specialist services for Ethnic Minority Communities.

This includes day care, drop-in, supported independent living, healthy ageing, Carer's breaks, Carer's event 1 x month, day trip for carers, consultation and user involvement, Advocacy and community support. 18 Carers are supported with the provision of day care, sitting service and community support work. The service works in partnership with Hospital Trust, Rotherham NHS, Fire Service, Police and other voluntary and community organizations in order to support the carers.

- 7) **Tassibee** x 1 weekly session (commissioned) providing support, advice & guidance for carers from BME community particularly female carers.

In the 5 weeks this service has been going 27 new female carers from BME Community have been into the centre and accessed a wide range of services.

10 referrals to Assessment Direct; 6 referrals to Rotherham Parent Carers Forum; 4 Benefits support - 7 general information about the centre.

This has been a success with women carer's from BME Community coming into Carers Corner to access a variety of services.

Language support is provided from Tassibee. Tassibee are also supporting carers who are nervous about coming into Carers Corner through meeting up with Carers in an arranged location and bringing carers in.

Plan to hold a BME Support Day prior to Eid to share information with BME community about Carers Corners.

Invited to Information & Advice Day at Carers Corner Friday 10th December.

- 8) **Parent Carers Forum** x 1 weekly session providing support & info for carers of children with a disability/ access to social events to meet social inclusion needs. *Over 30 parents / children now receive support and meet regularly at the centre*

- 9) **Job Centre Plus** x 1 monthly session providing job opportunity and training information for carers

Future Activity

- *Drop In Session 1 Day in November*
- *Drop In Session 1 Day in December*
- *Invited to Information & Advice Day at Carers Corner Friday 10th December*

Joint working with Job Centre Plus, RMBC Training department and Carers Forums to identify training needs of carers.

4 Taster training sessions to be held at Carers Corner with a follow-on full day training course which Carers will receive a certificate.

- 10) **Home improvement Agency** x 1 monthly help organise small repairs to homes support to access grants and referrals to hotspots.

Within September and October 6 Referrals to Home Improvement Agency to provide security service to property

- 11) **Crossroads** x 2 monthly sessions access to crossroads care services.

September & October approximately 30 signposts to Crossroads via Crossroads leaflet

Future Activity

- *Promoting Crossroads Personalisation & Carers Event November 24th at Source Meadowhall*
- *Drop In Session 1 Day in November*
- *Drop In Session 1 Day in December*
- *Invited to Information & Advice Day at Carers Corner Friday 10th December*

- 12) **Shelter** provides housing advice. Housing benefits/money management advice.

2 referrals to provide support to access housing. Process in place to refer directly to Shelter as they no longer run a drop in service from the centre.

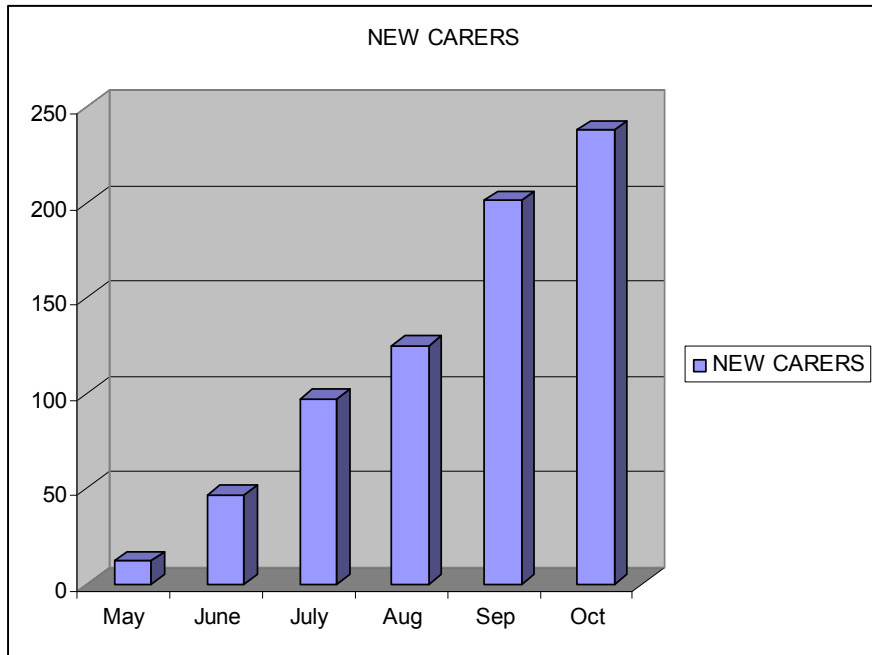
- 13) **Energy efficiency** x 1 weekly session support info/guidance on energy efficiency.

September/October - 13 people offered advice information and signposting. The worker is retiring so this service is to be reviewed

- 14) **Carers Mental Health Support Team** x 1 weekly session providing carers assessments for people caring for people with Mental Health problem.

The following chart shows that we are continuing to identify new carers through the centre. Over 250 people have come forward as brand new carers during the last 5 months. Clearly the excellent positioning of the centre is helping here and this is a trend that we will continue to monitor.

New Carers not known to us before opening of centre



The following comments and FAQ section capture the positive responses that there have been to the centre.

CARERS CENTRE FAQ

A New Carers' Centre for Rotherham Carers

Where is the new carer's centre?

Following consultation with carers Councilors agreed to the development of a Carers Centre at 2 Drummond Street, Rotherham. Carers have always supported the idea of such a centre in Rotherham and the response from carers has been overwhelmingly positive.

The location of the new centre is directly across from the bus station, library, theatre and Council benefits office. There are a high number of disabled parking bays to allow access to the centre outside the library, Norfolk House and in front of the bus station. The centre also benefits from being near to the market and local town centre facilities such as shops and banks.

What does the centre provide?

The centre provides advice, information and support for all carers of all ages, throughout the borough and represents the commitment that has been made by Rotherham Borough Council to supporting carers

How have we involved customers?

Carer consultation events were held in August 2009 and March 2010, October 2010 and future consultation events are arranged. During these events over 550 suggestions and comments were received from carers. We have listened to these suggestions and developed the centre in response to carer's ideas and needs. Carers have prioritized their preferences and in order have requested:

Increase access to carer's services / Direct Payments

Increase in carer's assessments

Increase in access to advice and information

The Falls Collaborative

‘Reducing the incidence and severity of in-patient falls in reality’

Manchester :October 2010

Patricia Bain, Deputy Chief of
Quality & Standards



Why this matters to us....

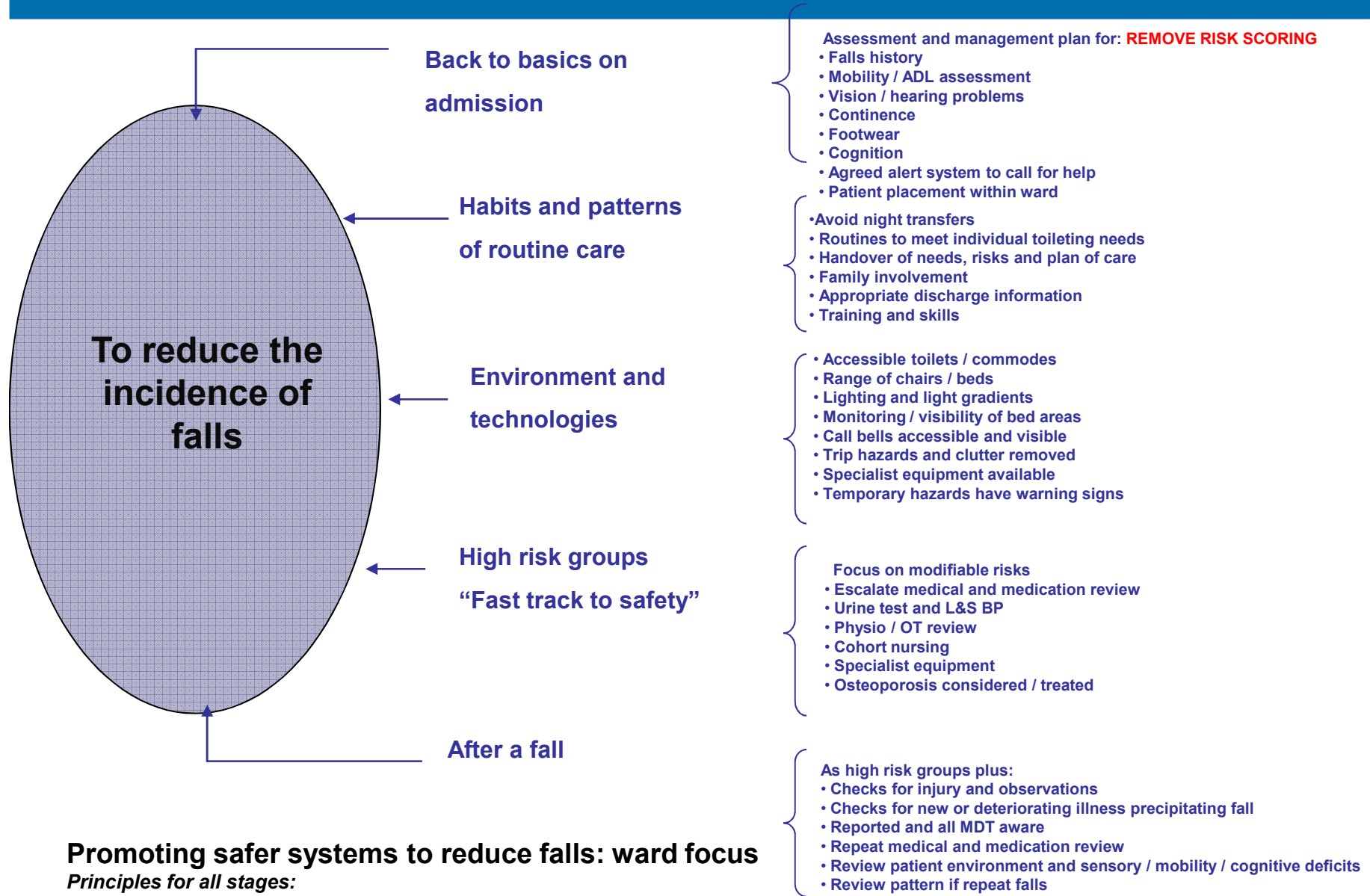
- **Falls are common nationally and locally**
 - 30% of all patient safety incidents (200,000 per annum in England and Wales despite gross underreporting and recording e.g. *Sari BMJ 2007*)
- **Rotherham**
 - *1200 fall incidents per year*
- **Harmful to our patients**
 - 20-30% lead to minor injury
 - 2-5% to moderate or serious injury
 - Cluster of serious incidents related to falls in 2008
 - No change in incidence, single intervention approaches

Why this matters to us?

- **Costly for our Trust**
 - Length of stay, impaired rehab, discharge to long term care, opportunity costs. e.g. Inpatients sustaining Hip Fracture Mean LOS 46 days and very poor functional outcome (*Murray JAGS 2007*)
 - Cost to our Trust annually between £400-600,000
 - May be subject to **external inspection/performance targets**
- **Worrying for staff and relatives**
 - Complaints, coroners inquests, litigation, guilt, anxiety, “*someone must be to blame*” “*place of safety*” “*something must be done*”
 - Perceptions

The Nature of the Project

- Whole systems approach, multiple interventions
- Evidence Based and Innovation
- Measured, benefits realisation
- Resourced : £5000 per ward, free slippers
- Multi disciplinary
- Collaborative: staff, patients, SHA, PCT, University, other Trusts
- Realistic Evaluation



Promoting safer systems to reduce falls: ward focus

Principles for all stages:

- **Leadership at all levels**
- **Measurement and reporting**

Realistic Evaluation

- Looks at ***why*** an intervention works, to complement the ***whether*** it has worked.
- Undertaken by talking to staff and asking them why they think patients fall, and a literature review.
- Created 5 additional areas for in-depth review

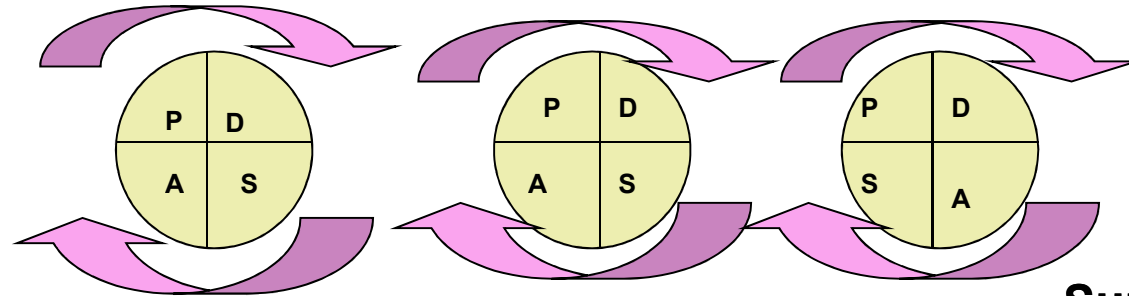
	CMO	Data collection
1	Engaging relatives in the falls prevention programme	<ul style="list-style-type: none"> •Interviews with staff •Interviews with relatives
2	The appropriate use of bedrails	<ul style="list-style-type: none"> •Review of assessment and bedrail documentation •Interview staff •Observation of practice
3	Aggression, dementia, and gender	<ul style="list-style-type: none"> •Available data on patients with dementia •Interviews with staff •Documentary analysis to determine falls prevention action
4	Effectiveness of medication review	<ul style="list-style-type: none"> •Survey, interview with all professions •Available data relating to patient medication
5	Responding to call bells	<ul style="list-style-type: none"> •Interviews/surveys of patients •Survey/interview ward staff about capacity to

What and who the project involved :

The Methodology

- Select the topic
- Set goals and Measures
- Recruit team
- Dec08/Jan 09

Action Periods



Launch

Feb 09



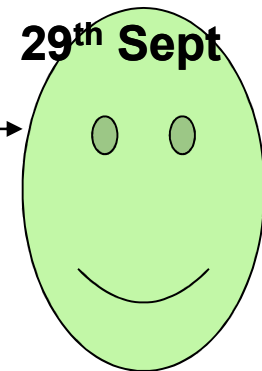
10th Mar
Learning session
1

7th May
Learning session
2

17th July
Learning session
3

Summit

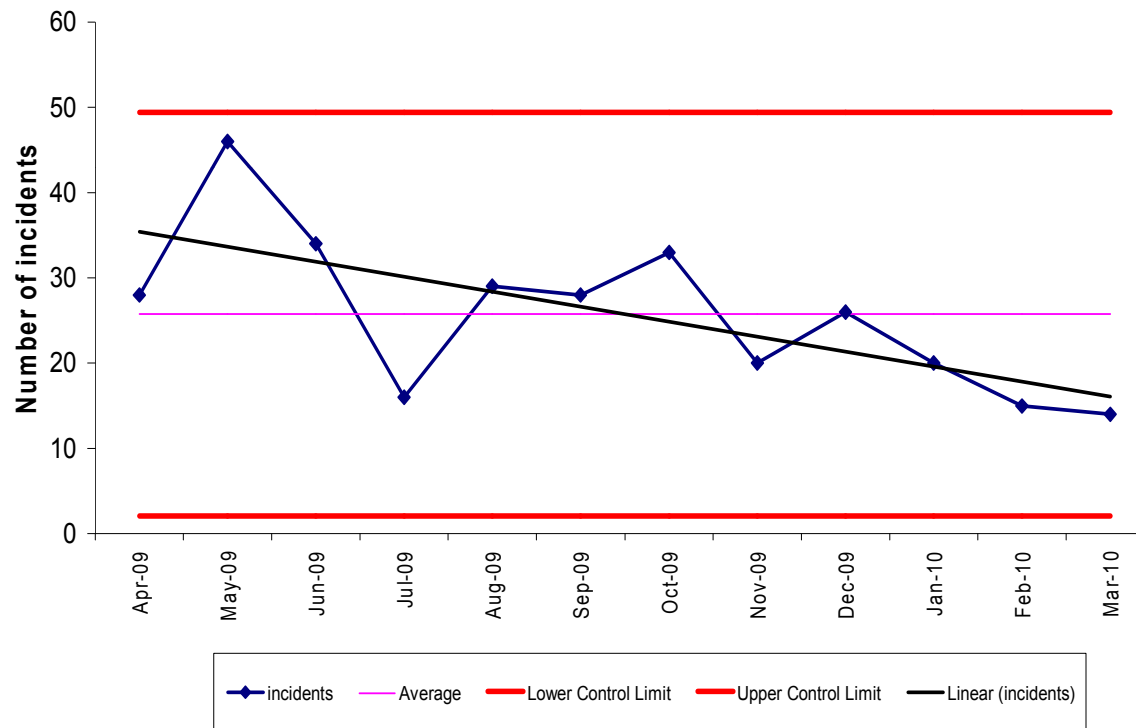
29th Sept



In-patient Falls Collaborative

Priority 2: Achievements of Staff : HSJ Nominated Award

Patient Falls From A Height



Outcomes of the project

- Reduction falls Trust wide average 40% from height, 10% same level = 230 less falls per year
- Cost savings £383,000 per year
- 75% increase in timeliness of neuro-observations
- Call bell maintenance reduced
- Bed rails use improved and bed procurement risk focused
- Slippers provided for all who needed them

Survey data

- Patient and Staff Survey significant improvement
- Awareness increased, perceptions changed

Realistic evaluation Dementia : ranked scores	Score
Staff training on supporting people with dementia	287
Consider specialist unit	187
A range of different communication aids to help communicate the need to give personal care and support	176
Access to mental health services for guidance on tailoring more patient specific support	167
Dementia practice guidelines	143
A pen portrait by the bedside.....	137
More use of low beds	134
The employment of a mental health nurse on the wards	127
A patient diary	97

What we learned

- Perceptions can be changed
- Its challenging for everyone
- Maintaining momentum and MDT input is difficult
- Collaboration, whole systems approach works on many levels
- We cannot compromise the autonomy, independence, rehabilitation, dignity of older patients : A unit with no falls is doing no rehab”
- Not to pretend that the numbers and skills of nurses on wards for disabled, patients suffering dementia symptoms, aggressive and frail patients has nothing to do with patient safety, dignity or quality

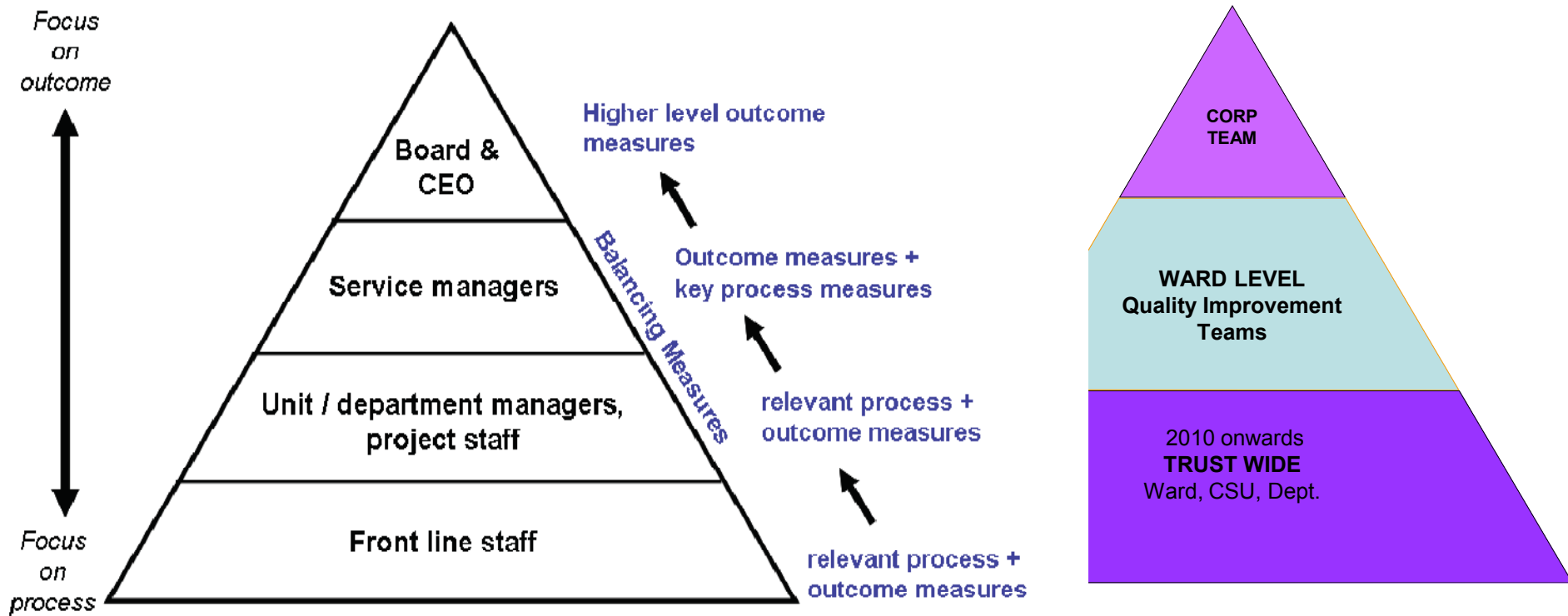
Ongoing implementation: Trust wide

- Purchasing for safety: Low/high beds, call bells, slippers
- Bed rails and environmental assessments
- Re-design of Assessment Forms
- Engagement in Medication Review
- Neuro-observation training
- Eye sight testing service
- Alternative level of care for patients suffering symptoms of dementia
- Training Quality Improvement Teams
- Health community approach
- Dissemination, regional, national

Sustainable improvement, owned by all

Reporting and Monitoring Structures

Quality Improvement Teams



- Quality Improvement Teams trained and on all wards
- Annual programme of work agreed
- Ward to Board reporting and monitoring framework

Any Questions



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 November 2010 and 31st January 2011					
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*
November, 2010					
Domiciliary Care Framework Agreement	8 November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
Overarching Commissioning Strategy	8 November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
Market Facilitation Plan	8 November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
PDSI Strategy	8 November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
Shared Lives Initiative	8 th November 2010	Cabinet Member for Adults Social Care and Health	Report		Report

KEY DECISIONS BETWEEN 1 November 2010 and 31st January 2011

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*
REWS Review	8 th November 2010	Cabinet Member for Adults Social Care and Health	Rescare Formula Fees Uplift 31.01.11		
Learning Disabilities Health Assessment Framework Outcomes	8 th November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
In House SLAs	8 th November 2010	Cabinet Member for Adults Social Care and Health	Report		Report
December 2010					
Learning Disabilities Partnership Agreement	6 th December 2010	Cabinet Member for Adults Social Care and Health	Report		Report
Performance Quarter 2	6 th December 2010	Cabinet Member for Adults Social Care and Health	OT Review	28.02.11	
January 2011					
Social Care Changes	31 st January 2011	Cabinet Member for Adults Social Care and Health	Report		Report
Rescare Formula Fees Uplift	31 st January 2011	Cabinet Member for Adults Social Care and Health	Report		Report

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Rotherham

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ospital Aftercare Service Evaluation 2010 Executive Summary

Introduction

This report provides a review of the first year of the Age Concern Rotherham Hospital Aftercare Service. This service is a 2 year pilot project which is funded by NHSR. The review has been carried out to check whether the service is meeting the outcomes set out in the service level agreement, and whether stakeholders are satisfied with the service provided. The result of the evaluation will help to shape the development of the service as it moves into its second year.

Background

Age Concern has been operating a hospital discharge service since 1996. In 2008, NHS Rotherham approached Age Concern with a view to expanding the service on a 2 year pilot basis.

Service description

The Hospital Aftercare Service (HAS) is a flexible service operating 365 days a year.

Review and findings

Methodology

This review consists of analysis of activity data relating to the service, analysis of responses to stakeholder surveys and a number of case studies to illustrate the service provided.

Feedback from Stakeholders

i) Referrers from Rotherham Foundation Hospital Trust

The feedback was generally very positive and is summarised in the report. Ward staff and social workers particularly valued the service for patients that they felt were still vulnerable, and felt reassured that someone would be following them up and identifying any problems.

- Noticeable impact on bed days saved
- Service is timely
- Recognises possible impact of the 7 day follow up
- Fills essential gaps
- Supportpotentially vulnerable patients on discharge

ii) Service Users and Carers

The service has supported over 500 service users in its first year. The service has helped carers feel better supported as well as the service user themselves as demonstrated in the user feedback survey. The focus on working with service users in an enabling way has helped the service users regain their independence and signposting them to other services has enhanced their quality of life.

Service Activity

Overview of service delivery in first year

- ❖ 508 referrals – 35 needed befriending only
- ❖ 83% of service users 70+
- ❖ 8% of service users under 60
- ❖ 2112 visits carried out to Hospital Aftercare service users
- ❖ 294 visits to befriending service users
- ❖ 131 transported home
- ❖ 159 collections and deliveries of medication from hospital pharmacy
- ❖ 397 referrals to other agencies

The number of referrals received by the service has been consistently above the level required by the service level agreement which was 240 per annum

Quality and performance indicators

The service specification includes a number of quality and performance indicators and targets are agreed for each of these. Most QPI's were exceeded.

Economic impact

- The service helps facilitate earlier discharge by prompt provision of transport and medication collection. Ward staff feel able to discharge vulnerable patients because they are reassured that they will be escorted home safely.
- Service users have been supported to access over £65,000 of extra benefits in a 6 month period.
- Evidence shows that the service prevents falls. Prevention of 1 fall represents a saving of £10,000 to the health care community and £5,400 to the social care community.
- Approx. £10,500 saved on transport home by NHS Transport.
- Approx. £48,000 saved on bed days through early discharge, amount saved by preventing readmissions is unknown.

Health Impact

- 98% of respondents to the user survey reported that the service had enhanced their quality of life.

Outcomes Achieved by service users

- Regained their independence
- Achieved a better quality of life
- Felt less socially isolated
- Felt reassured and less anxious
- Improved their economic well-being as a result of the extra benefits claimed
- Service users have reduced their risk of having a fall
- Service users have gained access to a wide variety of other services to help them remain living in the community
- Patients and carers have had a better discharge experience
- Carers have felt better supported in their carer role
- Carers have felt less stressed and anxious about their caring role

Lessons learned

- Flexibility in the number of days service users can receive is important in providing a high quality service
- Transport home has been a more important part of the service than originally envisaged
- The collection and delivery of medication from the hospital has enabled patients to get home earlier and have a better discharge experience
- A significant number of service users only require the initial support to get home and settle on the day of discharge but still derive benefit from the service.

Areas for development

- Befriending
- Support for service users with dementia and their carers
- Support with personal care on discharge

Conclusions

Overall the first year of the Hospital Aftercare Service has been successful, we have:

- Developed flexibly and changed to meet the needs of the service user
- Over-achieved on the targets set by NHSR
- Delivered positive outcomes for all stakeholders
- Received positive feedback from all stakeholders about the quality and impact of the service.

For a copy of the full evaluation report 2009/10 or for further information about the Hospital Aftercare Service please visit Age Concern Rotherham's Website at

www.ageconcernrotherham.org.uk

or contact Hannah Massey, Hospital Aftercare Service Co-ordinator on 01709 829621 or at Hannah.massey@ageconcern-rotherham.org.



Yorkshire Ambulance Service Monthly Update October 2010

Dear Colleague

Welcome to the Yorkshire Ambulance Service (YAS) Monthly Update - a regular bulletin to keep stakeholders briefed on the Trust's performance and key priorities.

In this issue, you will find information on the following:

- CQC Condition Removal
- Performance
- Other Trust News

Our Annual Report and Quality Accounts for 2009-10 were published in September, and you can access these by following the link below. The report details the financial activities of the Trust and gives you an insight into the improvements and progress made by YAS over the last year. You can also read about our achievements, challenges and how we continue to make it our priority to provide high quality care for our patients.

<http://www.yas.nhs.uk/Publications/docs/20010-11/Annual%20Report%2C%20Quality%20Accounts%20%26%20Financial%20Summary%202009-10.pdf>

If you have any feedback regarding the Annual Report and Quality Accounts please email corp-comms@yas.nhs.uk

CQC Condition Removal

In September the Care Quality Commission (CQC) officially removed the condition it had placed on the Trust's registration. This condition related to the achieving of national response time targets, and the removal of the condition is a result of our significant efforts in ensuring the necessary improvements in this area were made.

The CQC made two visits to YAS in June and July 2010 and found that:

- response times had improved markedly with YAS responding to 76.1% of category A calls within eight minutes from April to August 2010, with the figure for August being 78.82% at the time of the review
- a new rota system will ensure that staffing levels are matched to the expected demand for services at any time
- the Trust is working with local hospitals to reduce handover times to A&E staff

- the Trust is using rapid response vehicles as an initial response to incidents, which are then backed up by double-manned ambulances as appropriate.

The removal of the condition is excellent news for the Trust, and we are committed to sustaining this level of performance - patients remain our highest priority and we will work closely with our healthcare partners to further improve response times and continue to provide a high quality ambulance service in Yorkshire.

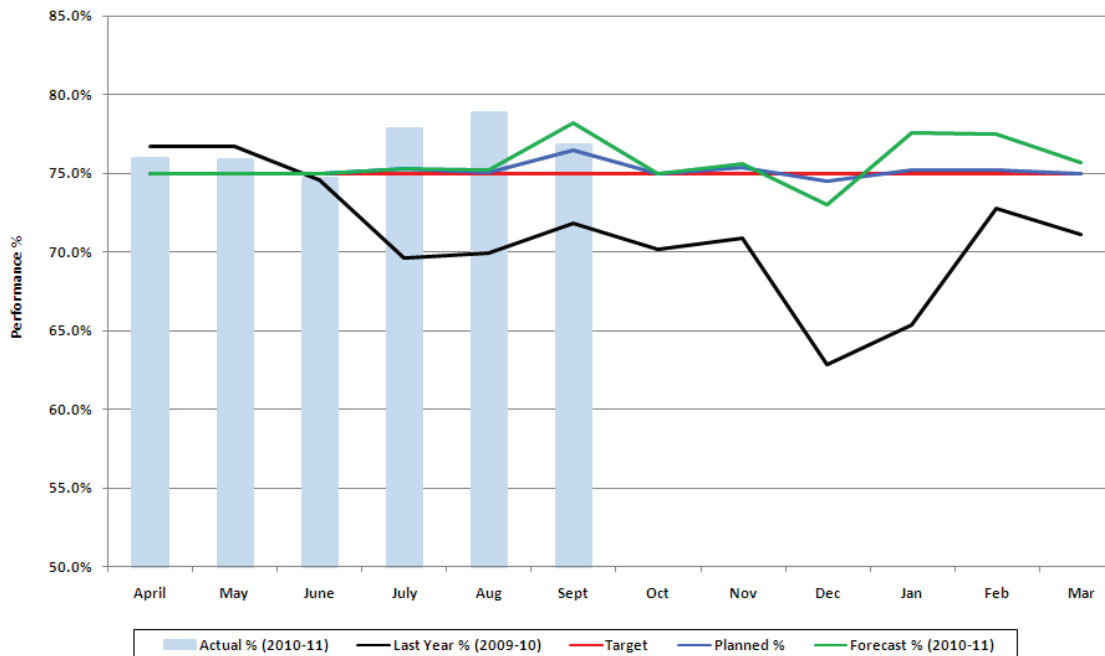
Response Time Performance

Getting the right care to patients who find themselves in a life-threatening emergency is YAS's top priority.

We are committed to achieving the national response time standards on a sustainable basis and are currently achieving the Category A target to reach 75% in eight minutes for the year.

We continued to meet our category A performance targets in September, achieving 76.8% for the month, and our year-to-date position at the end of September was 76.7%.

Cat A 8 Minute Performance



Performance against YAS Operational Improvement Plan - September 2010

Category	Planned - Sept 2010	Actual - Sept 2010	Year-to-Date (end of Sept)	National target
A8	75%	76.8%	76.7%	75%
A19	95%	97.6%	97.8%	95%
B19	95%	94.7%	94.7%	95%

Category A8 year-to-date performance at the end of September was 76.7%, above the national target of 75%. Category A19 performance was above the national target of 95% for September, though performance for B19 is slightly below target for the year to date. Performance is strong in October so we are confident that we will achieve our year-end targets.

National Ambulance Service Performance Table

Throughout October YAS has been ranked in the middle of the national ambulance performance league table.

A&E Performance by PCT in September 2010

	All incidents		Category A incidents				Category B incidents				Category C incidents	
	% incidents variance		% incidents variance		% in 8 minutes		% incidents variance		% in 19 minutes		% incidents variance	
	Sept	YTD	Sept	YTD	Sept	YTD	Sept	YTD	Sept	YTD	Sept	YTD
North Yorkshire and York PCT	5.9	6.0	11.4	12.4	69.5	69.0	2.6	1.0	91.8	91.3	0.7	4.0
North Yorkshire CBU	5.9	6.1	11.4	12.4	69.5	69.0	2.6	1.0	91.8	91.3	0.7	4.0
East Riding of Yorkshire PCT	6.5	6.9	10.2	13.5	69.2	70.5	6.3	-0.2	92.2	90.5	-1.8	10.8
Hull PCT	5.2	0.8	2.2	3.1	92.1	89.6	8.3	0.4	98.3	98.5	1.2	0.1
East Yorkshire CBU	5.8	3.6	6.2	8.2	80.2	79.9	7.4	0.1	95.6	94.9	-0.1	5.0
Bradford and Airedale PCT	4.4	0.3	2.6	-1.1	76.1	75.5	1.3	-4.3	93.3	92.7	25.1	10.9
Calderdale PCT	4.2	4.7	8.0	2.6	83.1	81.0	7.9	3.4	94.0	92.9	1.4	1.3
Kirklees PCT	4.4	3.4	8.3	0.8	76.6	74.4	3.3	0.9	93.1	93.4	0.3	9.7
Brad/Cald/Kirk CBU	4.4	2.1	5.3	0.1	77.4	76.1	3.1	-1.2	93.4	93.0	11.4	8.8
Wakefield District PCT	7.6	6.7	6.6	3.4	80.1	79.3	6.6	6.9	94.2	95.4	15.0	13.8
Leeds PCT	5.1	4.3	2.6	0.4	76.3	76.3	5.9	0.3	94.3	95.6	6.2	13.2
Leeds and Wakefield CBU	5.9	5.1	3.8	1.3	77.5	77.2	6.1	2.3	94.3	95.6	8.6	13.4
Barnsley PCT	8.5	2.6	8.7	3.8	78.2	80.3	4.3	3.3	97.8	97.9	8.7	2.2
Doncaster PCT	0.9	4.4	0.9	7.3	77.0	77.7	5.2	0.3	97.1	97.1	0.0	2.7
Rotherham PCT	-1.7	-1.5	2.0	2.0	79.6	78.8	3.0	-3.1	97.3	96.6	-3.1	-0.5
Sheffield PCT	3.5	2.8	1.7	6.0	78.5	80.5	1.9	-2.3	97.0	96.6	11.3	5.0

South Yorkshire CBU	2.8	2.3	2.8	5.1	78.3	79.5	3.2	-0.9	97.2	96.9	5.3	2.8
YAS SLA TOTAL	4.7	3.6	5.2	4.4	76.8	76.7	4.3	0.2	94.7	94.7	6.2	7.2

* CBU refers to YAS's clinical business units.

A&E System Performance

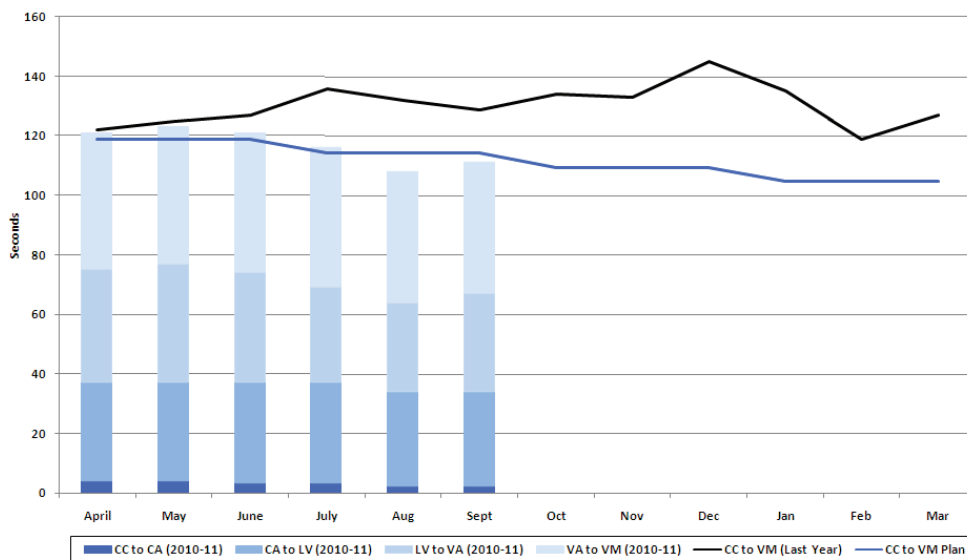
We have already achieved 4% efficiency and continue to implement our A&E Operational Improvement Plan.

One of the key elements of this is activation times (see graphs below).

Our Cat A activation times (the time it takes from a call being connected to a vehicle being mobilised and sent to the patient) are currently ahead of plan and showing significant improvement on last year.

Cat A and B Activation

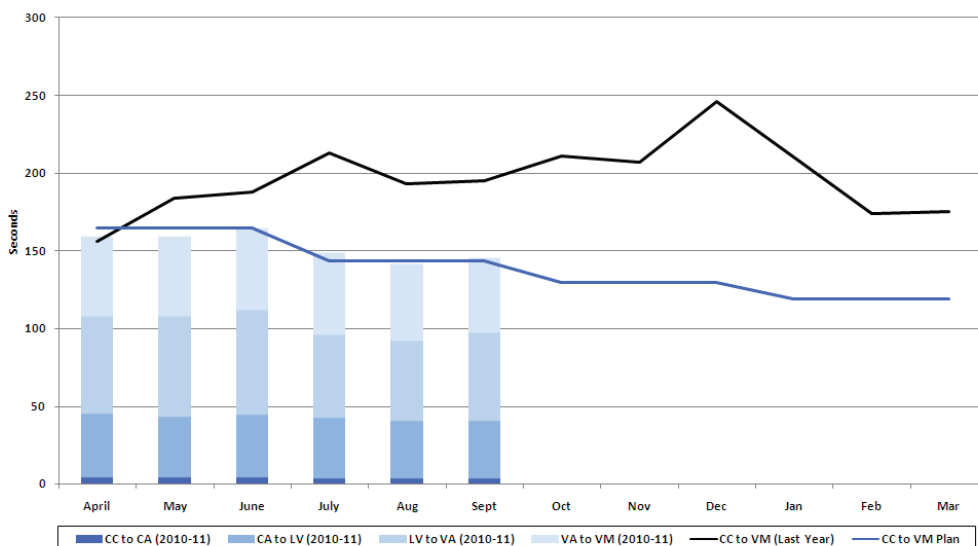
CAT A - Call Connect to Vehicle Mobile



Key:

- CC = Call connected
- CA = Call answered
- LV = Location verified
- VA = Vehicle assigned
- VM = Vehicle mobile

CAT B - Call Connect to Vehicle Mobile



Quality - Clinical Performance Indicator Charts

One way in which we can measure clinical quality is by benchmarking YAS's performance against the five clinical performance indicators (CPIs) for ambulance services which are STEMI, Hypoglycaemia, Stroke, Cardiac Arrest and Asthma.

The latest CPI audit results can be seen in the tables, which show that YAS is performing consistently well on all indicators against the national averages.

YAS Local Hypo CPI	National Average Cycle 3 August 09	YAS May 10	YAS June 10	YAS July 10
H1 Blood Glucose Before Treatment	98.05	92.62	98.66	98.66
H2 Blood Glucose After Treatment	96.75	97.96	97.32	96.64
H3 Treatment for Hypoglycaemia Recorded	97.49	98.66	99.32	100
H4 Direct Referrals made to an appropriate health	26.81	45.65	62.3	38.03
Care Bundle H1, H2 and H3	92.3	90.48	95.95	95.24

YAS Local STEMI CPI	National Average Cycle 4 November 09	YAS June 10	YAS July 10
M1 Aspirin	93.99	97.67	92.63
M2 GTN	90.04	84.71	90.1
M3 Two Pain Scores recorded	77.56	72.94	92.93
M4 Morphine Given	64.94	66.67	69.33
M5 Analgesia Given	66.36	70.83	78.21
M7 Spo2 Recorded	94.29	98.91	96.12
Care Bundle M1, M2, M3 and M5	53.03	52	54.12

YAS Stroke CPI Local	National Average Cycle 3 July 09	YAS June 10	YAS July 10
S1 FAST Test recorded	93.03	95.45	94.07
S2 Blood Glucose Recorded	88.68	97.26	95.3
S3 Blood Press Recorded	99.01	99.33	100
S4 Time of Onset Recorded	55.82	51.56	57.58
Care Bundle S1, S2 and S3	83.13	90.84	89.78

YAS Local Asthma CPI	National Average Cycle 4 September 09	YAS June 10	YAS July 10
A1 Resp rate recorded	98.04	96.67	100
A2 PEFR recorded before Treatment	31.54	50.47	45.63
A3 Spo2 recorded before Treatment	88.64	97.33	87.25
A4 Beta 2 Agonist recorded	92.15	89.33	92.25
A5 O2 administered	89.42	90	88.97
Care bundles A1, A2, A3 and A4	27.78	44.07	37.74

YAS Local Asthma CPI	National Average Cycle 4 September 09	YAS June 10	YAS July 10
A1 Resp rate recorded	98.04	96.67	100
A2 PEFR recorded before Treatment	31.54	50.47	45.63
A3 Spo2 recorded before Treatment	88.64	97.33	87.25
A4 Beta 2 Agonist recorded	92.15	89.33	92.25
A5 O2 administered	89.42	90	88.97
Care bundles A1, A2, A3 and A4	27.78	44.07	37.74

Other Trust News

Awards Success

Individuals and teams at YAS have been recognised and rewarded for their achievements at recent award ceremonies.

At the regional Health and Social Care Awards held at Saviles Hall in Leeds on 7 October, our Clinical Hub Team Leader, Annette Strickland, won the category of Success in Partnership Working. Annette won the award due to her work on YAS's Frequent Caller Project which aims to reduce the amount of calls being received by persistent and frequent callers. The success of this project can be demonstrated by the fact that in 2009-10 there was an 8% reduction in calls, and the year to date is showing a reduction of 10%.

On the same night, Mick Farmer, our Assistant Director of Fleet, was named Public Service Fleet Manager of the Year at the Green Fleet Awards held in London. Mick was nominated for demonstrating innovation, dedication and a commitment to making carbon reduction a priority in his day-to-day duties.

Finally, Steven Harvey, a clinical advisor in our Wakefield Communications Centre, won the inaugural Clinician of the Year Award at the Psiam User Group Conference in Birmingham. Steven won the award for his work on the Clinical Hub and alternative pathways development.

Helicopter Heroes

The fourth series of Helicopter Heroes, a fly-on-the-wall documentary about the Yorkshire Air Ambulance (YAA) which also includes footage of YAS's ground-based crews, has moved to a prime-time evening slot on BBC1, with the first episode aired on Wednesday 20 October.

A selection of programmes from the series, which has been well-received by daytime viewers, will be repeated at 7.30pm for a six-week period.

For further information contact the YAS Corporate Communications team, email: corp-comms@yas.nhs.uk or tel: 0845 120 0048 or Abby McClymont, YAA Marketing and Communications Coordinator, email: A.McClymont@yaa.org.uk or tel: 07825 458600.

Hazardous Area Response Team - *Yorkshire Post*

A feature about YAS's Hazardous Area Response team (HART) appeared in the *Yorkshire Post* on Thursday 28 October. This focused on the role and capabilities of the HART. For further information or a copy of the article, please contact the YAS Corporate Communications team, email: corp-comms@yas.nhs.uk or tel: 0845 120 0048.

Summary

We welcome your comments and feedback on this newsletter and our new approach to keep in touch with stakeholders. Please send these to me at: simon.worthington@yas.nhs.uk

Yours faithfully

A handwritten signature in blue ink, appearing to read 'SW', enclosed in a light blue rectangular box.

Simon Worthington
Acting Chief Executive

ADULT SERVICES AND HEALTH SCRUTINY PANEL**Thursday, 7th October, 2010**

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

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up) and Mr. P. Scholey.

Councillor Doyle was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillor Hodgkiss, Jonathan Evans and Russell Wells.

34. COMMUNICATIONS

(1) Russell Wells had sent his apologies for the meeting but wished to inform the meeting that it was World Mental Health Day on Sunday, 10th October, 2010.

(2) Councillor Barron gave a verbal report on a recent Alcohol Strategy meeting he had attended on 25th September, 2010. The focus of the meeting was street drinking in Rotherham and young people. There were a number of places young people, or their parents, could go for help e.g. Milton House, Youth Start, Safe as Houses. There were also street pastors, a group of Christians, who went around the town centre offering help and advice.

35. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

36. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present.

37. PHARMACEUTICAL NEED ASSESSMENT CONSULTATION

Joanne Hallatt, Community Pharmacy Development Pharmacist, NHS Rotherham gave a powerpoint presentation in respect of the consultation on NHS Rotherham's Draft Pharmaceutical Needs Assessment.

The Government had introduced Legislation requiring all Primary Care Trusts to publish a Pharmaceutical Needs Assessment by 1st February, 2011. The document would help to inform the PCT's decision making process in relation to pharmaceutical services for

the next 3 years.

The presentation drew specific attention to:-

- What is the PNA?
- Objectives of the PNA.
- Assessment of Need.
- Provision of Pharmaceutical Services.
 - Essential Services which must be offered by all community pharmacies.
 - Advanced Services.
 - Enhanced Services.
- Patient and Public Involvement.
- Gaps in Services Provided.
- Consultation.
- What we need to know.

Discussion ensued on the presentation with the following issues highlighted/ raised:-

- The Minor Ailments Scheme had not been evaluated in its entirety as yet due to it not being fully available in a number of pharmacies. There were issues with regard to its availability and was something addressed in the Needs Assessment.
- The Assessment had not specifically looked at health screening or the early non-invasive testing for Diabetes. What had been considered in the past was screening for cardio vascular and general NHS health checks and had been included in the Assessment that there was a desire to work with providers to provide this new service.
- Currently pharmacists were not incentivised to discourage patients from collecting repeat prescriptions that they were unlikely to use, but waste management and waste was part of their contract. It was extremely expensive to dispose of waste as was the original cost of the medication so there was a section in the Assessment that was to be expanded upon.
- There was an out of hours pharmacy service in localities which were different pharmacies that opened extended hours, not through the night, but after working hours, and some that opened earlier. There were 3 100 hour pharmacies that opened extended hours throughout the week and weekends. There was 1 pharmacy, St. Ann's, that was a 365 pharmacy, open every day. The Trust also paid pharmacies and pharmacists to be

available through the night should an emergency prescription be required.

- It had been identified that the services provided by the pharmacies were not widely known by the general public so were not being accessed to their full potential. Work with community pharmacists would take place to advertise the services they provided. It was a key priority in the long term plan.
- It had not been made clear at the present time how pharmaceutical services could be affected by the proposals for GP consortia to commission services or where they fitted into the Commissioning Strategy.
- Due to the uncertainty around budgets and finance at present, the focus was the things it was known pharmacists had to be paid for and what pharmacists were currently paid for which were not value for money. These would have to be looked at dependent upon the funding streams available.
- Packaging was not being looked at specifically, however, as part of the Essential Service that pharmacists were required to provide, they should be making adjustments and arrangements for people of any age or disability with regard to accessing their medication. In the Plan the Trust would like to engage with the older people of Rotherham to ascertain what specific needs they had and how a pharmacist could address them in their element of the contract.

Resolved:- That Joanne Hallatt be thanked for her interesting and informative presentation.

38. 'EQUITY AND EXCELLENCE: LIBERATING THE NHS' - CONSULTATION ON THE HEALTH WHITE PAPER

Julie Slatter, Head of Policy and Performance, presented the submitted report in respect of "Equity and Excellence: Liberating the NHS" – Responding to the Consultation.

The paper provide information on proposals for increasing local democratic legitimacy in health, as set out in the consultation paper. It stated that the proposals would provide real local democratic accountability and legitimacy in the NHS through a clear and enhanced role for local government and elected members. It suggested local authorities were uniquely placed to promote integration of local services across boundaries between the NHS,

social care and public health and local authorities would be given an enhanced role in public health promotion in their local areas.

A key proposal in the White Paper was for local authorities to establish a statutory partnership, the 'Health and Wellbeing Board' which would have four 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 Health Watch. Other public body officials, the voluntary sector and providers may also be invited as the local authority wishes.

Views were 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 needed to be given in relation to the membership and functions of the Board.

The statutory overview and scrutiny functions would be transferred to the new Health and Wellbeing Board, if it was established and functions would 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 were proposed.
- Referring contested service changes to the Secretary of State for Health.

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

Views were being sought on whether these functions should be

transferred to the Board and how best to ensure local resolution of issues and concerns through scrutiny and referral. The document also sought ideas on what arrangements local authorities could put in place to ensure effective scrutiny of the Board's functions.

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

The new Health Watch structure would be broadly similar to the current arrangements but would have additional functions, so they become more like a 'citizens advice bureau'. These functions would include:-

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

Views were sought as to whether local Health Watch should take on this wider role and how local authorities were best able to commission the service.

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

Current arrangements included:-

- 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 suggested that take up of current flexibilities to enable joint commissioning and pooled budgets had been relatively limited. Joint commissioning around the needs of older people or children for example remained untapped, but the new commissioning arrangements would support this. GP consortia would have a duty to work with colleagues in the wider NHS and social care.

One suggested option was 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 was 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 asked for consideration to be given to how local authorities could be best supported to increase integrated and partnership working.

It was noted that the closing date for responses was 11th October. The report had been considered at the recent meeting of the Performance and Scrutiny Overview Committee whose comments, together with any comments from today, would be reported to the Cabinet Member for Adult Independence Health and Wellbeing on 11th October.

Discussion ensued on the report with the following issues raised:-

- Extreme concern that it was a method to privatise the National Health Service.
- The consultation document raised more questions than answers.
- How would a GP Consortium work at a local level? Current discussions as to how it might look in Rotherham were leaning towards a single GP Consortium with a body in place to carry out the commissioning element.
- Suggestion of a better partnership arrangement between NHS and the Council for things such as Public Health was to be welcomed but joint commissioning and pooled budgets had caused problems in the past.
- The Local Government and Council welcomed greater integration, voice and influence, however, there had not been much take up on pooled budgets and integration as envisaged when the ability to do so became available. In terms of making sure they were effective at local level, there were a number of things that could potentially strengthen it i.e. a local authority's leading role of responsibility around the Joint Strategic Needs Assessment as well other initiatives outside of the White Paper. The Public Health White Paper, when it became Law in the Autumn, would help. Local Authorities would have greater responsibility for ensuring that integration did happen and there was some suggestion that there may be rewards/ incentives.
- There was a need to ensure that there was a robust commissioning practice. The Health and Wellbeing Board would have a key role to play to ensure that citizens were receiving the

service they deserved. There would need to be clear criteria around the quality and provision of what was commissioned, that the contractors were managed effectively with performance measures in place and implications for failure so that the contract could be removed, renegotiated and re-commissioned.

Resolved:- That the following comments to be included in the consultation response:-

7.1 Health and Wellbeing Boards

That backbench (Scrutiny) Members form part of the membership

7.2 Overview and Scrutiny

Even if the statutory powers around major service changes were scrutinised by the Health and Wellbeing Board, powers should remain within Council Scrutiny arrangements in order to avoid conflicts of interest

7.3 Local Healthwatch

Adequate funding would need to be provided if it was to take on the wider role suggested

7.4 Improving Integrated Working

Would welcome support for this but have reservations about making joint working mandatory as it may not suit all circumstances.

39. BREASTFEEDING REVIEW - CABINET RESPONSE AND ACTION PLAN

Delia Watts, Scrutiny Adviser, presented the submitted report in respect of the Breastfeeding Friendly Action Plan.

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

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

To ensure the breastfeeding agenda continued to progress effectively, there needed to be adequate joint working between the Council and NHS Rotherham and the action plan reflected this with actions for both organisations being included.

Discussion ensued on the report with a number of questions referred to the Policy Team:-

- A. Action 1: Currently the website made no reference to breastfeeding friendly Council buildings (except Children's Centres). When would this be rectified?
- B. Action 3 : When would the discussions take place?
- C. Action 4 : When would the first tranche of training be rolled out?
- D. Action 7 : When would the current directory be linked to the websites?
- E. There should be dates stated in the timescale column instead of "on-going".

Resolved: (1) That the Breastfeeding Friendly Action Plan be noted.

(2) That the questions above be referred to the Policy Team.

(3) That the monitoring of the Action Plan on a 6 monthly basis be agreed.

40. ASSISTIVE TECHNOLOGY REVIEW

Delia Watts gave a powerpoint presentation on the findings, conclusions and recommendations of the Assistive Technology Review as follows:-

Terms of Reference:-

- To examine how technology can assist older and vulnerable people in our society to be in greater control of the way in which they live their lives and manage their own risks.

The Review looked at:-

- How assistive technology (AT) can help people remain independent and prevent early and unnecessary admission to hospital/ residential care.
- How AT is used in Rotherham.
- How Rotherham has benefited from receiving the Preventative Technology Grant.

Assistive Technology:-

- Recently introduced equipment which assists people who have difficulties due to age or disability to carry out everyday tasks.

Key Findings:-

- Nationally take of AT is slow.
- Technology not a substitute for human contact.
- Privacy concerns.
- Dependency.
- Potential for reducing social care costs.
- Historically no strategy for AT.
- Various AT projects.
£500,000 from NHS Rotherham.
£442,000 Preventative Technology Grant.
£225,000 Neighbourhoods and Adult Services.

Recommendations:-

- Produce guidelines for usage/ repair of AT systems.
- Produce joint long term AT strategy.
- Expand and promote AT on offer.
- Create robust monitoring system

Next Steps:-

- Discuss/ amend/ endorse the recommendations.
- Circulate draft report to review team.
- Send draft report to witnesses to check for technical accuracy.
- Circulate final report to ASH Panel Members.
- Refer report to Cabinet and NHS Rotherham.

Discussion ensued on the presentation with the following issues raised:-

- o Importance of a Strategy and clarification that it gave.
- o Balance of AT and human contact imperative.
- o Potential for reducing social care costs but the aim was to give the user a better feeling of wellbeing.
- o AT would deliver some of the independent choice and wellbeing in the future.
- o New Social Care Assessment being undertaken as part of the Personalisation process included a question as to the suitability of AT for that individual, had it been discussed and utilised and had the Social Worker considered AD as part of the package. The service user would be asked to complete a simple monitoring form so their request could be evaluated for equipment.
- o Training sessions/ presentations were taking place by 1 of the

- major AT suppliers about what equipment was available.
- NAS had spent 20% of the budget so far.

Resolved:- (1) That the draft report be circulated to the Review Team for comments and witnesses to check for factual accuracy.

(2) That the final report be circulated to Panel Members prior to submission to the Performance and Scrutiny Overview Committee and Cabinet.

41. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 9TH SEPTEMBER, 2010

Resolved:- That the minutes of the meeting of the Panel held on 9th September, 2010 be approved as a correct record for signature by the Chair.

42. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING HELD ON 13TH SEPTEMBER 2010

Resolved:- That the minutes of the meeting of the Cabinet Member for Adult Independence Health and Wellbeing held on 13th September 2010 be noted and received.

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
27th September, 2010**

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

An apology for absence was received from Councillor P. A. Russell.

H21. LOCAL PUBLIC HEALTH STRATEGY - REFRESH

John Radford, Director of Public Health, presented the submitted report in respect of the Joint Public Health Vision for RMBC and NHSR.

He reported that the Marmot Review had highlighted six key areas which were:-

- Give every child the best start in life
- Enable all children, young people and adults to meet their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

John Radford commented that the Marmot review was very comprehensive and he suggested that he make a presentation at a future meeting to give Members more detailed information.

Reference was made to the 'Black Report' which had been published back in 1980 and a query was raised as to what differences there were between the two reports. It was confirmed that there a change in emphasis this time, in that the Black Report referred to the environment as being important, but the Marmot review went further.

Resolved:- (1) That the content of the report be noted.

(2) That a presentation be made at a future meeting on the content of Marmot Review.

H22. LIFELONG LEARNING

Sue Shelley, Extended Learning Manager, gave an update in respect of Adult Learning priorities and implications for the future.

She confirmed that there were two main strands to the funding stream which were available for adult learning:

- **Informal Adult Learning** through PCDL (Personal Community Development Learning) provided non-accredited learning opportunities. This was mainly sub-contracted provision through our partners.

- Also through **(NDCL) Neighbouring Learning in Deprived Communities** – supports informal learning but also includes the development of small and voluntary organisations to broaden and improve the quality of the learning provider base. This also includes a strand for pre-employability support to enable adults to move into sustained employment.

She added that **Family Learning** would focus on children and family members learning together to improve the skills of adults so they were more confident in supporting their child's learning.

Resolved:- That the information be noted.

H23. PHARMACY NEEDS ASSESSMENT

Sue Wright, NHS Rotherham gave a presentation on the Pharmaceutical Needs Assessment (PNA).

The presentation drew specific attention to:-

- What is the PNA?
- Objectives of the PNA
- Assessment of Need
- Maps
- Scope of the Assessment of Need
- Patient and Public Involvement
- Provision of Pharmaceutical Services
- Gaps in services provided
- Consultation
- What we need to know.

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

- Reference was made about the number of pharmacies be

more than average in Rotherham, and a query was raised whether these were evenly spread across the Borough. Confirmation was given that there were no pockets in Rotherham, however some parts did have more choice than others, although most areas did have good coverage.

- Reference was made to the consultation which had been undertaken and it was queried as to how this had been done. It was confirmed that hand held questionnaires had been distributed in the community over the period of one week. In addition meetings had been held across the community to try to cover various groups.
- It was suggested that links be made with the organiser of the Fayres Fair event which was taking place at the end of October as it was felt this would be a good way to promote the consultation. Also it was suggested that contact be made with the Older Peoples Groups, and reference was made to the "Older Peoples Day" which was taking place on Friday 1st October.
- Reference was made to the consulting rooms which were available in pharmacies and concerns were raised that these were not publicised particularly well. It was suggested that more thought be given to promoting the services available.

Members thanked Sue for her presentation.

H24. THE ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING PROGRAMME

John Radford, Director of Public Health, presented the submitted report which updated Members on the work around implementation of the Abdominal Aortic Aneurysm (AAA) Screening Programme.

He reported that ruptured AAA deaths accounted for 2.1% of all deaths in men aged 65 and over. The mortality from rupture was high, with nearly a third dying in the community before reaching hospital. Overall, a ruptured AAA carries a risk of mortality of between 65-85% compared to a mortality risk of between 5-7% for elective surgery. In 2005 there were almost 5,000 deaths in England and Wales due to AAA, over 95% of which had occurred in people aged 65 and over.

The AAA Screening Programme aimed to reduce AAA related mortality by providing a systematic population based screening service for men during their 65th year and, on request, for men over

65.

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

H25. CONSULTATION ON THE FUTURE DIRECTION OF SKILLS POLICY AND A SIMPLIFIED FUNDING SYSTEM

Sue Shelley, Extended Learning Manager, presented the submitted report in respect of the consultation on the future direction of skills policy and a simplified funding system.

The consultation set out the principles for a skills strategy and proposals on how the funding could be made simpler and more effective. The intention was to focus on the offer to learners and employers rather than trying to navigate the funding system. As part of this review it was intended to overhaul the complex performance management regime of inspection, quality assurance and performance management so that it was more proportionate and the main driver was employer or learner.

The main points from the consultation were:

- All proposals were dependent on the outcome of the spending review
- The spending review would then be followed by the publication of Skills Strategy
- Focus on outcomes – delivers what society needs, particularly getting people into work or into better jobs
- Delivery of full qualifications – places a great demand on both employers and learners if they are going to be asked to contribute to the costs
- Adult Safeguarded Learning – may become one budget to cover all of our current provision
- A minimum size of contract – the consultation asked the views on including Adult Safeguarded Learning in this approach. The view was that Adult Safeguarded Learning should not be included as it needs to be decided locally.
- Learning Accounts – was welcomed as this was empowering people to access learning. This could also provide the opportunity to track learner journeys.

Resolved:- (1) That the proposed future direction of skills policy and changes to funding for Adult Learning be noted.

(2) That the Senior Director for Schools and Lifelong Learning respond to the consultation by 14th October 2010.

(3) That a further report regarding the impact of the review upon Adult Learning be submitted when further information was available.

H26. NHS WHITE PAPER

John Radford, Director of Public Health gave an update in respect of the NHS White Paper which had been issued by the Government.

He outlined the proposals of the paper which were:

- To abolish the Primary Care Trusts and Strategic Health Authorities and replace with GP Commissioning Consortium
- To set up a Public Health Service
- To put in place Health Improvement Measures to the Local Authority
- To establish Health and Wellbeing Boards

He confirmed that it was unsure how the inter-relationship would work but this was likely to be clarified in the next few months when regulations were issued.

There would be three pots of money made available to these groups, a small amount for the public health service to make improvements to health and prevention, a large amount for the GP Consortium and another small amount to fund specialist services, such as cancer treatment and heart operations.

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

- A concern was raised about how the funding would be administered by individual surgeries. Confirmation was given that there would probably be one GP Consortium in Rotherham who would be responsible for this and there would be statutory requirements in place for them to work to.
- A query was raised about what the implications would be for Local Authorities. It was confirmed that the Local Authority would be taking on more responsibility from the NHS in respect of promoting health for people in Rotherham. It was not certain yet how funding would be determined or how it would be spent.
- A query was raised as to whether the GP Consortium would work more closely with the Council than it had in the past. It was confirmed that this was essential in order for it to succeed.

- Reference was made to the work already in place in respect of Breastfeeding and Alcohol related illnesses and a query was raised as to why this had gone to the PCT. It was confirmed that the contracting of services would go to GPs or the Local Authority, but the staffing would come from the Foundation Trust.
- Concerns were raised about the buying in of services and a question was raised as to whether patients would still be able to choose which hospital they could have their treatment in. Confirmation was given that this was unlikely to change, and that GPs would also be able to direct patients to services.
- Reference was made to the Health and Wellbeing Board which was to be created and a query was raised as to what the membership would be for this Board. A comment was made that this needed to be politically lead but it was not clear as yet, what the exact membership would look like.

Chrissy Wright, Director of Commissioning and Partnerships, confirmed that work was ongoing with regarding to the implementation of the proposals contained within the White Paper. A meeting had been set up to discuss the GP Consortium and the Health and Wellbeing Board. She added that further reports would be submitted to the Cabinet Member to keep him up to date with progress being made.

Resolved:- That the information be noted and further progress reports be awaited.

**1 DCABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
- 11/ 10/ 10**

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
Monday, 11th October, 2010**

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

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

H27. MINUTES OF THE PREVIOUS MEETING HELD ON 13TH SEPTEMBER, 2010

Consideration was given to the minutes of the previous meeting held on 13th September, 2010.

Reference was made to Minute No. D20 (Assistive Technology) with recognition given to the key achievements and the support to communities provided by the Area Assembly Teams.

The final report arising from the Scrutiny Review of Assistive Technology was also welcomed.

Resolved:- That the minutes of the previous meeting held on 13th September, 2010 be approved as a correct record.

H28. HOSPITAL DISCHARGE

Consideration was given to a report presented by Mark Joynes, Service Manager – Access, which set out the progress and the developments which have been made to improve discharge for patients following the review of hospital discharge arrangements.

Reference was made to the Discharge Monitoring Group which had been re-established at the request of Adult Services and split into two groups, one strategic and one operational. The purpose of the strategic group was to bring about substantial improvement in the discharge process, involving stakeholder partners, in order to ensure safe and timely hospital discharge for patients with the operational group reviewing process and protocols pertaining to discharge in response to operational practice, learning and also in response to both customer comments and complaints. This operational group was accountable to the strategic group.

More recent developments were the permanent appointment by Adult Services of a part time Health and Social Care Co-ordinator for BME patients, who provided information and advice on their admission into hospital if required. This customer group was

receiving a less equitable service, or no service at all due to lack of awareness by not being informed. This had also had the benefit of raising the issue and profile across all organisations.

There was a specific and proactive focus by Adult Services through their Health and Social Care Information Facilitators, to provide information to carers or family members who were likely to require community care services on discharge from hospital, advice of available health and social care services, prior to the allocation of a social worker, whilst also outlining the patients journey. This may be beneficial to them individually as a carer, or the cared person.

Planning exercises had also been undertaken to address the risks associated with major incidents, such as a pandemic to address insufficient staff availability and to ensure business continuity.

The continuous successful recruitment of vacant posts had increased the number of new social workers and enabled some increased degree of flexibility to patients and their carers for appointments, where carers who previously may have experienced difficulty in being available to participate in assessments, during core hours due to other commitments, were now able to do so outside of core hours. In addition, there were two part time stroke co-ordinators employed by Neighbourhoods and Adult Services who operated on the stroke ward and provided additional advice and support to patients who may decline or not be eligible for social worker involvement, in preparation for their discharge from hospital.

A relatively new development was the creation of dedicated team from Neighbourhoods and Adult Services and Rotherham Foundation Trust which provided consistency in the application of NHS Continuing Health Care Framework whilst enhancing the patient's opportunity to be successfully assessed against the eligibility criteria.

Further information was provided on how and when the assessment team should be contacted, the reduction in delayed discharges, the problems associated with past recruitment, performance and charges caused by delays.

More recently the remit of the specialist discharge nurses had been extended to cover all wards and their workloads freed accordingly.

It was also noted that the hospital was also planning to build some of its own intensive care units, but it was not thought that these units would have any effect on the discharge rates.

Further information was also provided on the role of the pre-

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admission unit, which provided support services on discharge for a patient who had elective surgery. All lines of communication should flow from a pre-admission co-ordinator with information provided to the patient's G.P.

Resolved:- That the report be received and the contents noted.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM IN ORDER TO PROCESS THE CONSULTATION RESPONSE REFERRED TO.)

H29. EQUITY AND EXCELLENCE: LIBERATING THE NHS - CONSULTATION RESPONSE

Consideration was given to the report presented by Shona McFarlane, Director of Health and Wellbeing, which set out details of the Government's Health White Paper which preceded legislation to be placed before Parliament in the current parliamentary session. The White Paper proposed major reforms to the NHS and also changed roles for local government.

The report provided further information on proposals for increasing local democratic legitimacy in health, as set out in the consultation paper and stated that the proposals would provide real local democratic accountability and legitimacy in the NHS through a clear and enhanced role for local government and Elected Members. It suggested local authorities were uniquely placed to promote integration of local services across boundaries between the NHS, social care and public health. Local authorities would be given an enhanced role in public health promotion for their local areas.

A number of questions against the key proposals were asked and the responses were circulated for all at the meeting following consultation with the Adult Services and Health Scrutiny Panel.

The report set out more detailed information relating to:-

- Health and Well-being Boards.
- Overview and Scrutiny Function.
- Local Health Watch.
- Improving Integrated Working.

Discussion ensued on the consultation response, which specific reference to the function of Health and Wellbeing Boards, role of Elected Members and the dilution of democratic accountability of the statutory scrutiny function.

Resolved:- That the consultation response be approved for submission by the deadline of Monday, 11th October, 2010.