ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: **Town Hall, Moorgate Street, Rotherham. S60 2RB**

Date: **Thursday, 6th January, 2011**

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. The Demographic Change for Rotherham (Pages 1 - 24)

10.30 am

7. Diabetes Review - Findings and Recommendations (Pages 25 - 36)

11.00 am

8. Yorkshire Ambulance Service - Potential Indicators for 2011/12 Quality Accounts (Pages 37 - 42)

11.30 am

9. The Rotherham Foundation Trust - Improvement Areas for 2011/12 Quality Accounts

11.45 am

10. Falls Collaborative - Evaluation (Pages 43 - 52)

For Information

11. Minutes of the Adult Services and Health Scrutiny Panel (Pages 53 - 59)
    - minutes of meeting held on 9th December, 2010

12. Cabinet Member for Adult Independence Health and Wellbeing (Pages 60 - 67)
    - minutes of meetings held on 22nd November and 6th December, 2010

Date of Next Meeting:-
Thursday, 10th Februar, 2011

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 (UNISON)

Demographic Change in Rotherham

Rotherham Metropolitan Borough Council
Where Everyone Matters

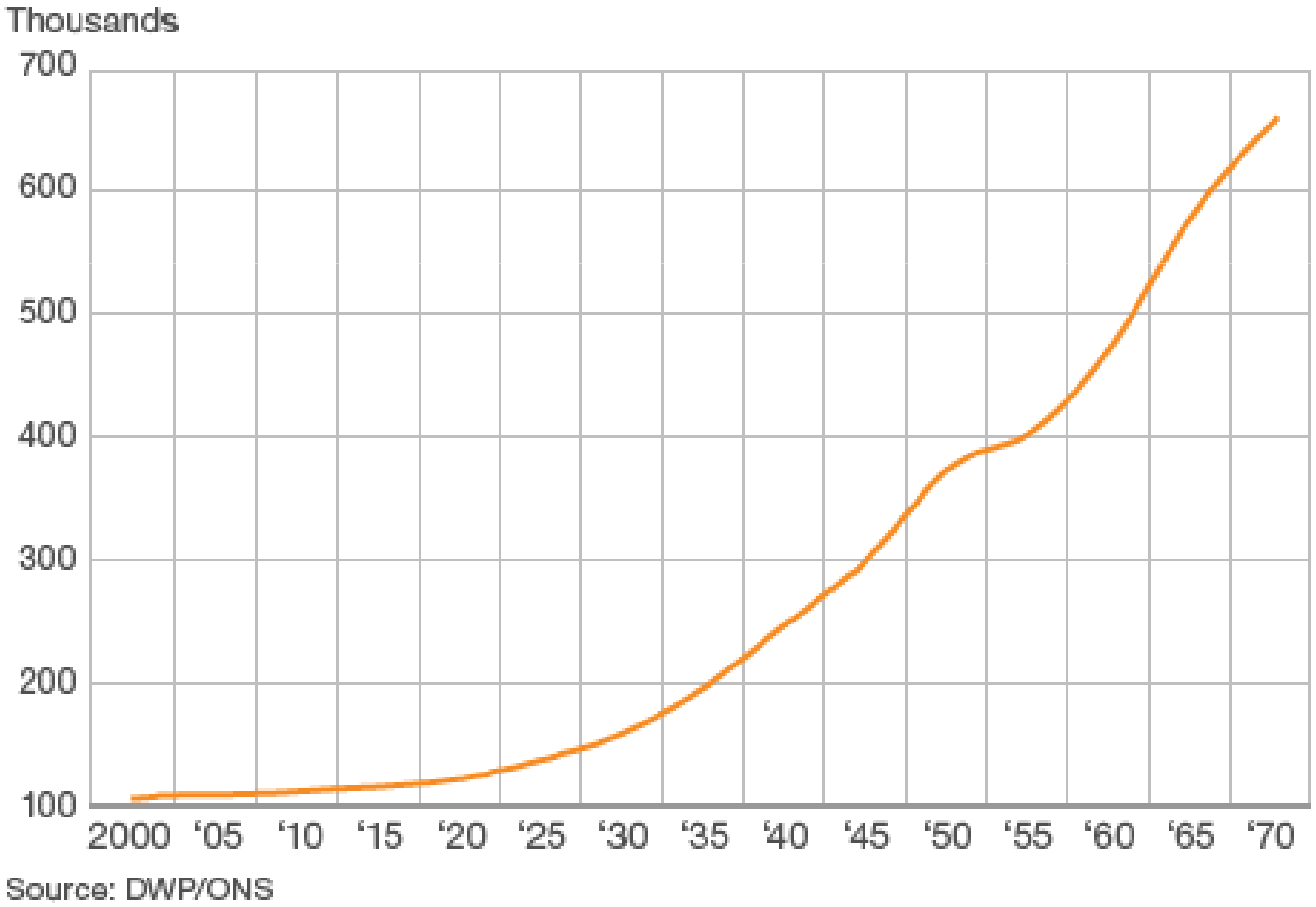
Challenges for Health and Social Care Services

Adult Services and Health Scrutiny Panel 6th January 2011
Miles Crompton, Corporate Policy Team

1 in 5 will reach 100

Rotherham Metropolitan Borough Council
Where Everyone Matters

Projected number of centenarians in the UK



Source: DWP/ONS

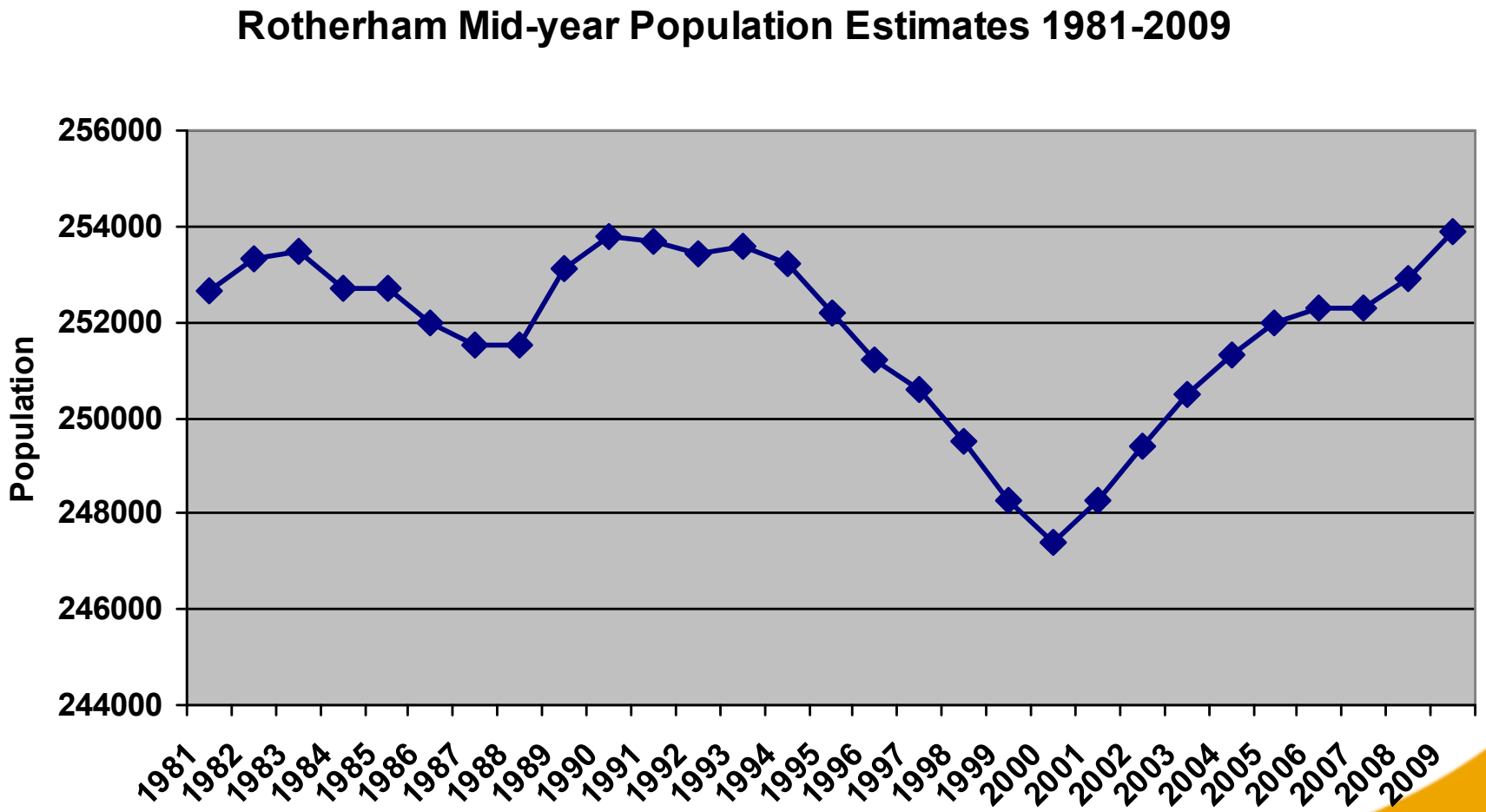
Key Facts about Rotherham Population

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Total population 253,900
- 2,152 per sq mile (wards range from 714 to 11,342)
- 51% female, 49% male
- 22% children aged 0-17
- 23% older people aged 60+
- 16% on disability benefits
- 7.5% BME
- Life expectancy Male 76.6 / Female 80.7

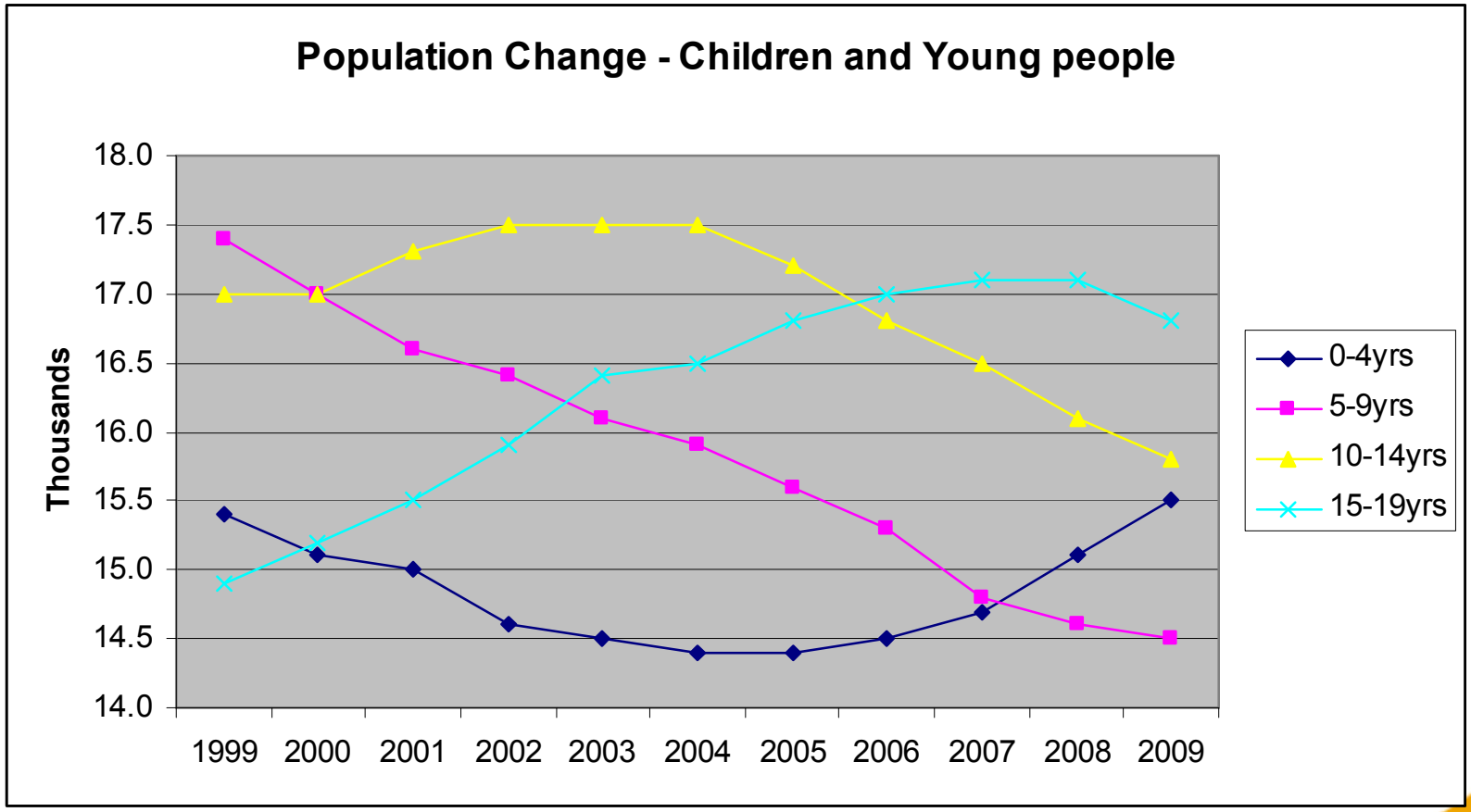
Population Change

Rotherham Metropolitan Borough Council
Where Everyone Matters



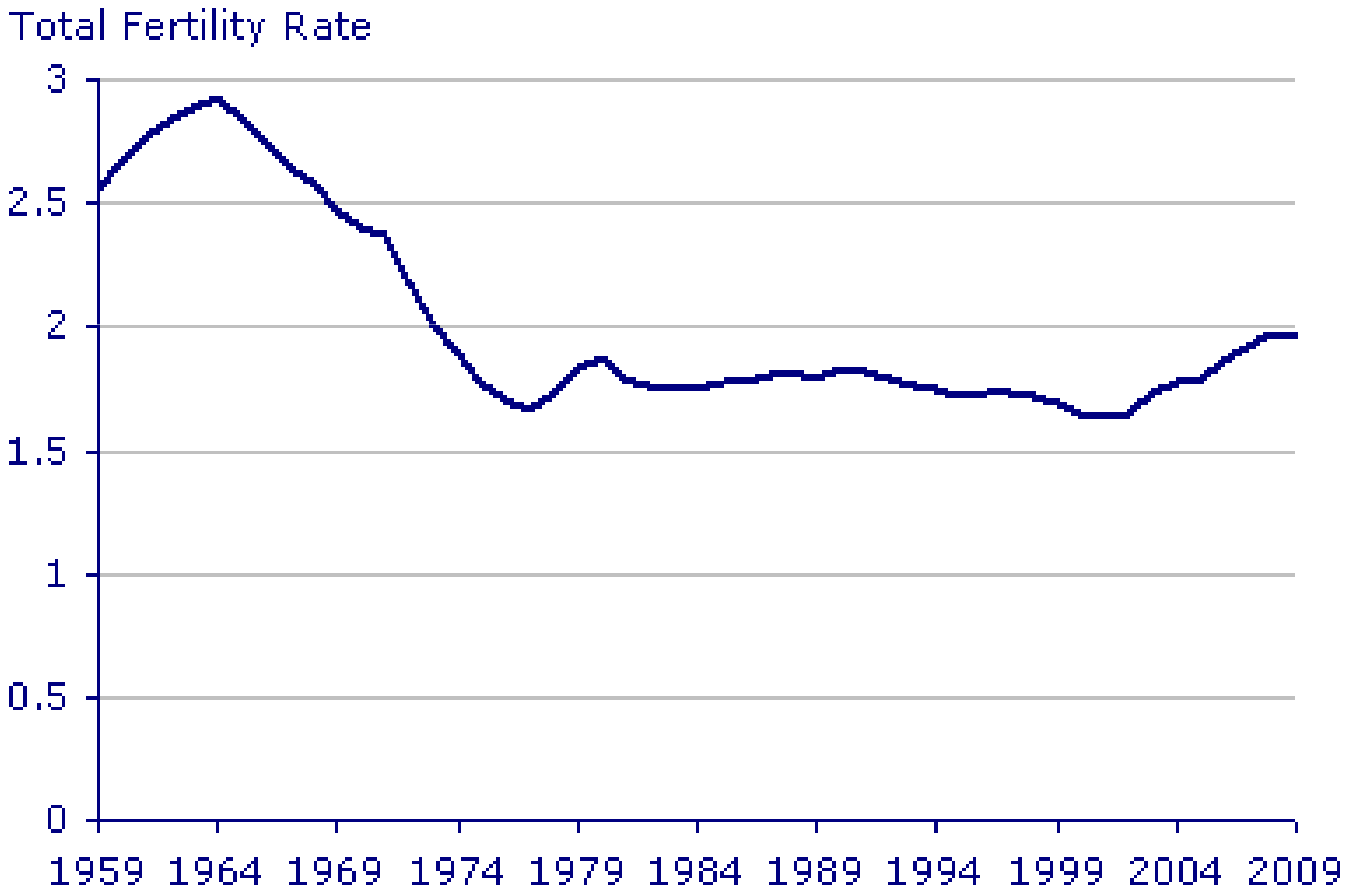
Children & Young People

Rotherham Metropolitan Borough Council
Where Everyone Matters



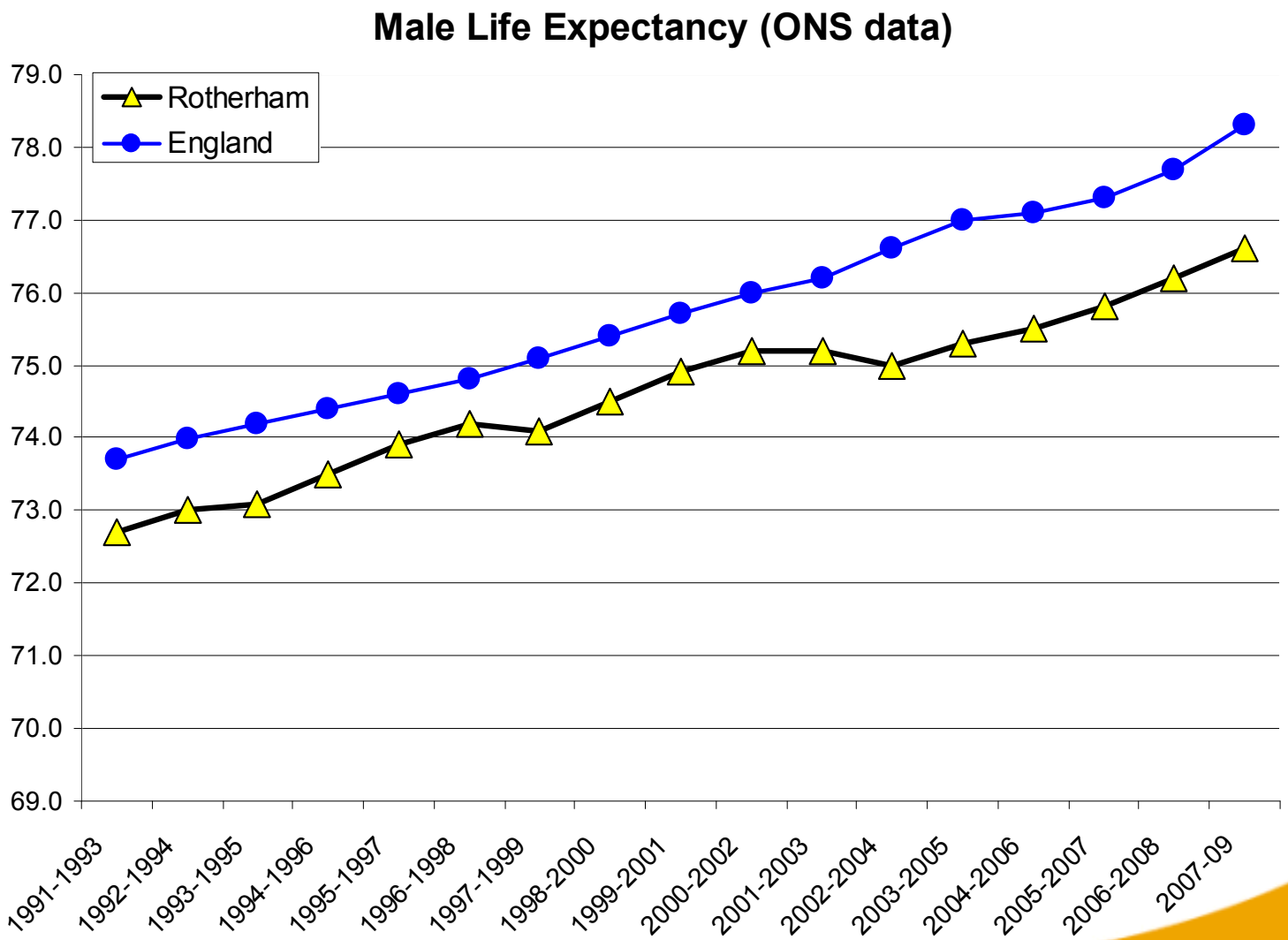
Birth Trends

Rotherham Metropolitan Borough Council
Where Everyone Matters



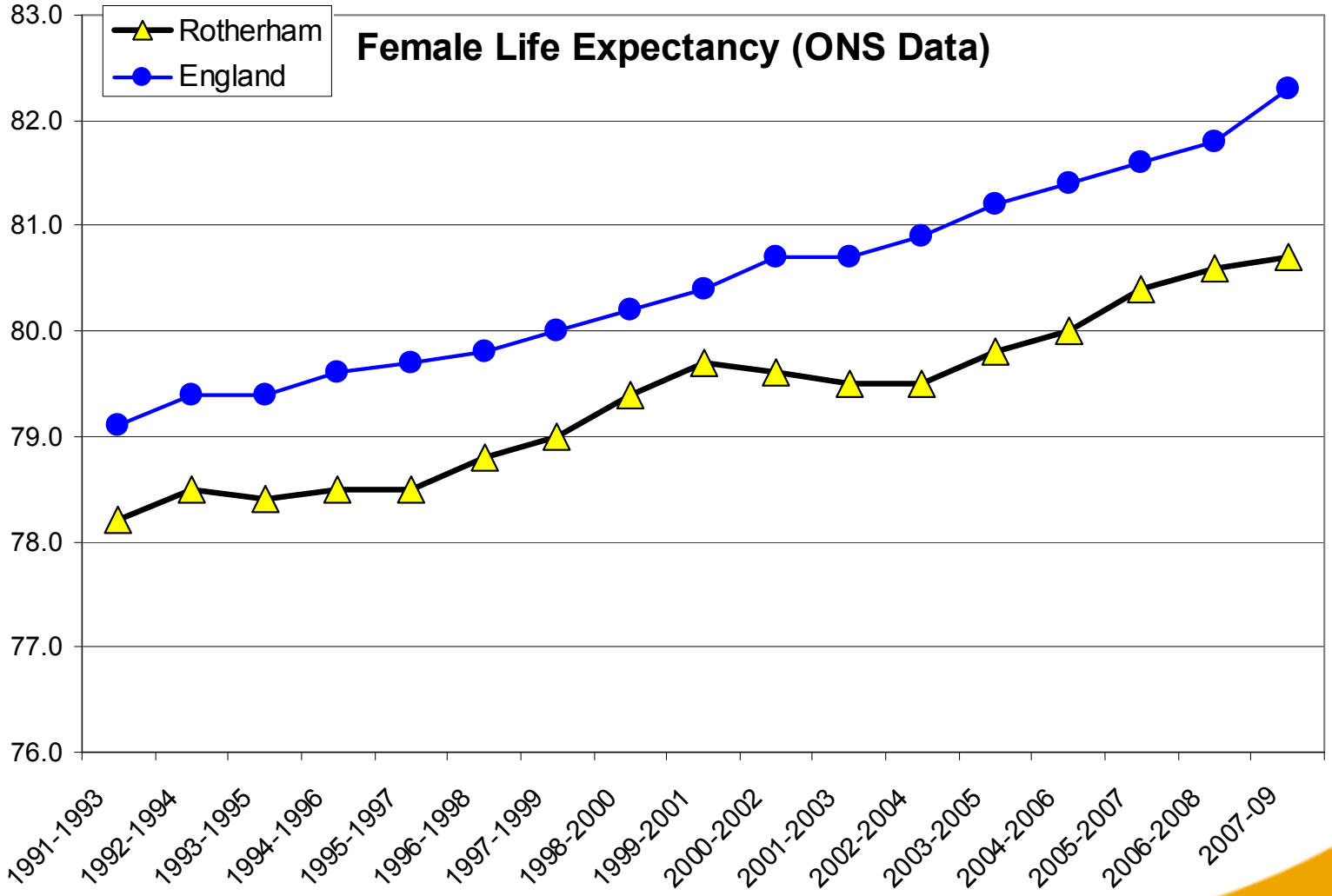
Life Expectancy: Males

Rotherham Metropolitan Borough Council
Where Everyone Matters



Life Expectancy: Females

Rotherham Metropolitan Borough Council
Where Everyone Matters



Healthy Life Expectancy

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Where Everyone Matters

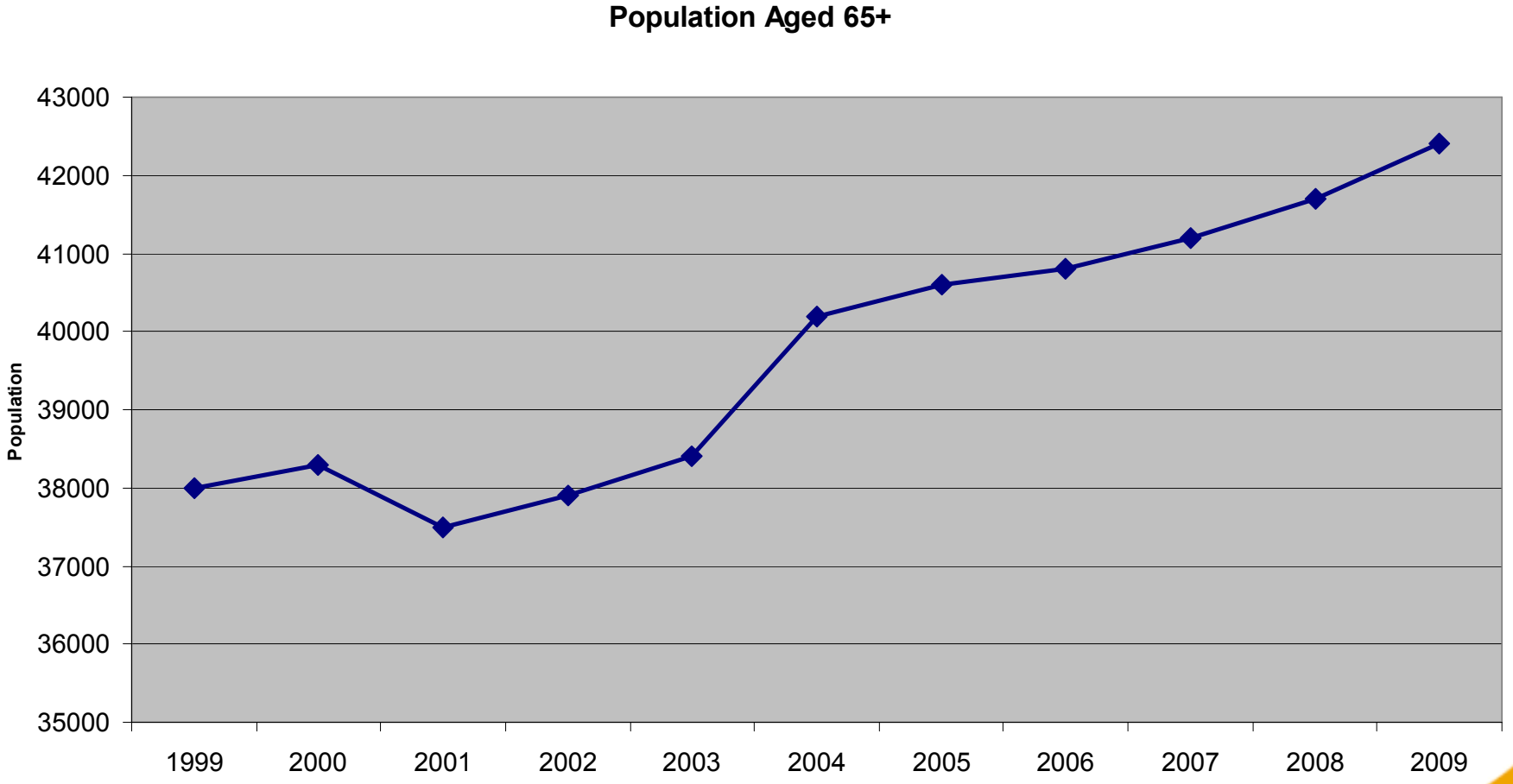
Life Expectancy +4 yrs (M) +2.5 yrs (F) (1993-2009)

Healthy Life Expectancy is rising too but….

- The gap with life expectancy is widening
- Years of life spent in poor health increased
  - Males 6.4 years in 1981 to 8.7 years in 2007
  - Females 10.1 years in 1981 to 11 years in 2007
- Years spent with long term illness increased
  - Males 12.8 years (1981) to 13.7 years (2007)
  - Females 16 years (1981) to 17.1 years (2007)

Older People 65+

Rotherham Metropolitan Borough Council
Where Everyone Matters



Population Change

Rotherham Metropolitan Borough Council
Where Everyone Matters

Total Population

- +6,500 (+2.6%) since 2000
- Further +13,000 (+5.1%) projected by 2020

Age Structure

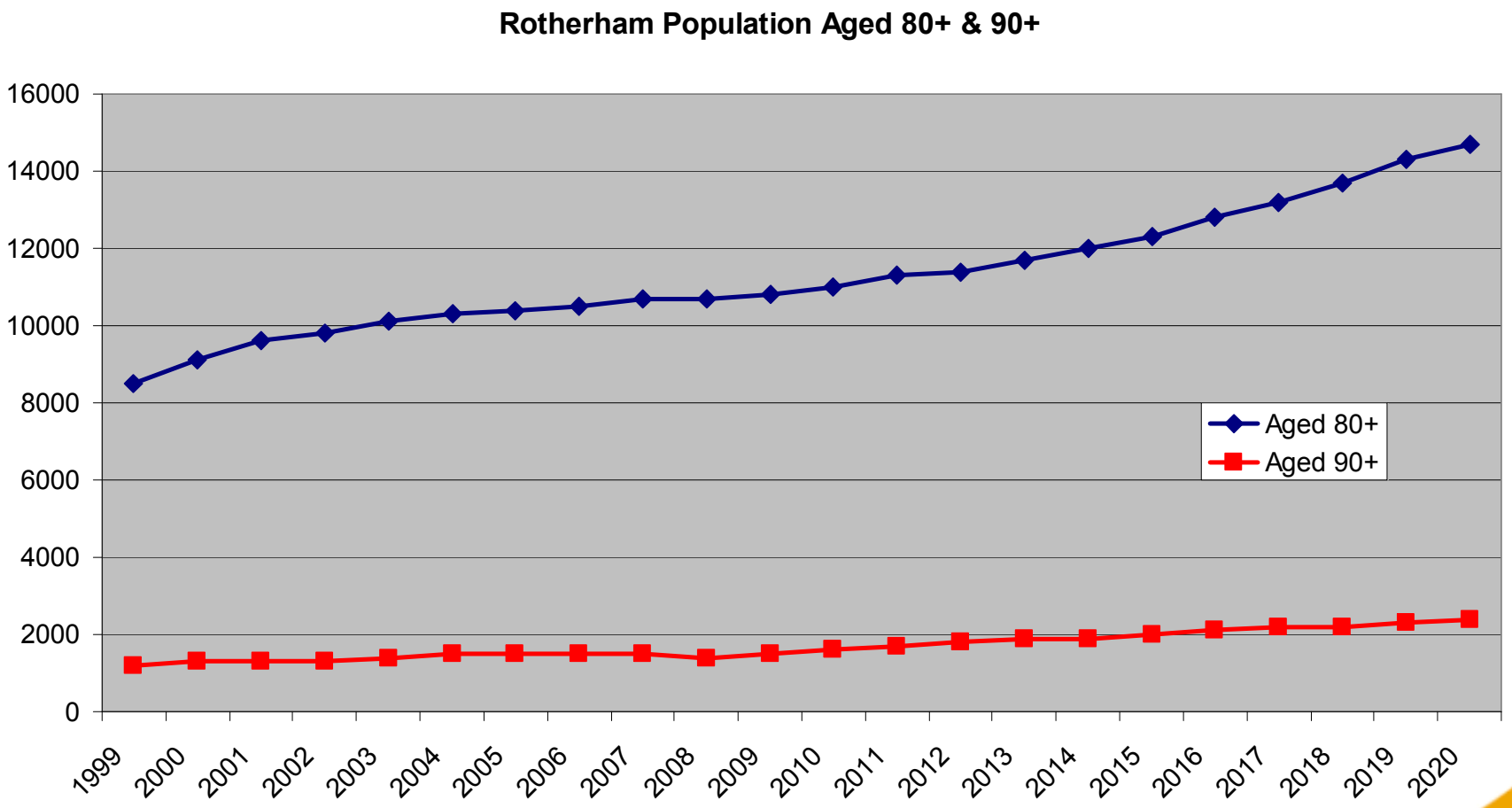
- Fewer children since 2001
  - 5-9 - 2,100 (-13%)
  - 10-14 - 1,500 (-9%)
- More older people since 2001
  - 65+ + 4,900 (+13%)
  - 80+ + 1,200 (+13%)
  - 85+ + 800 (+19%)

Ethnicity

- BME population + 8,800 (+86%) since 2001

Past & Future Trends in 80+ & 90+

Rotherham Metropolitan Borough Council
Where Everyone Matters



Projected Growth 65+

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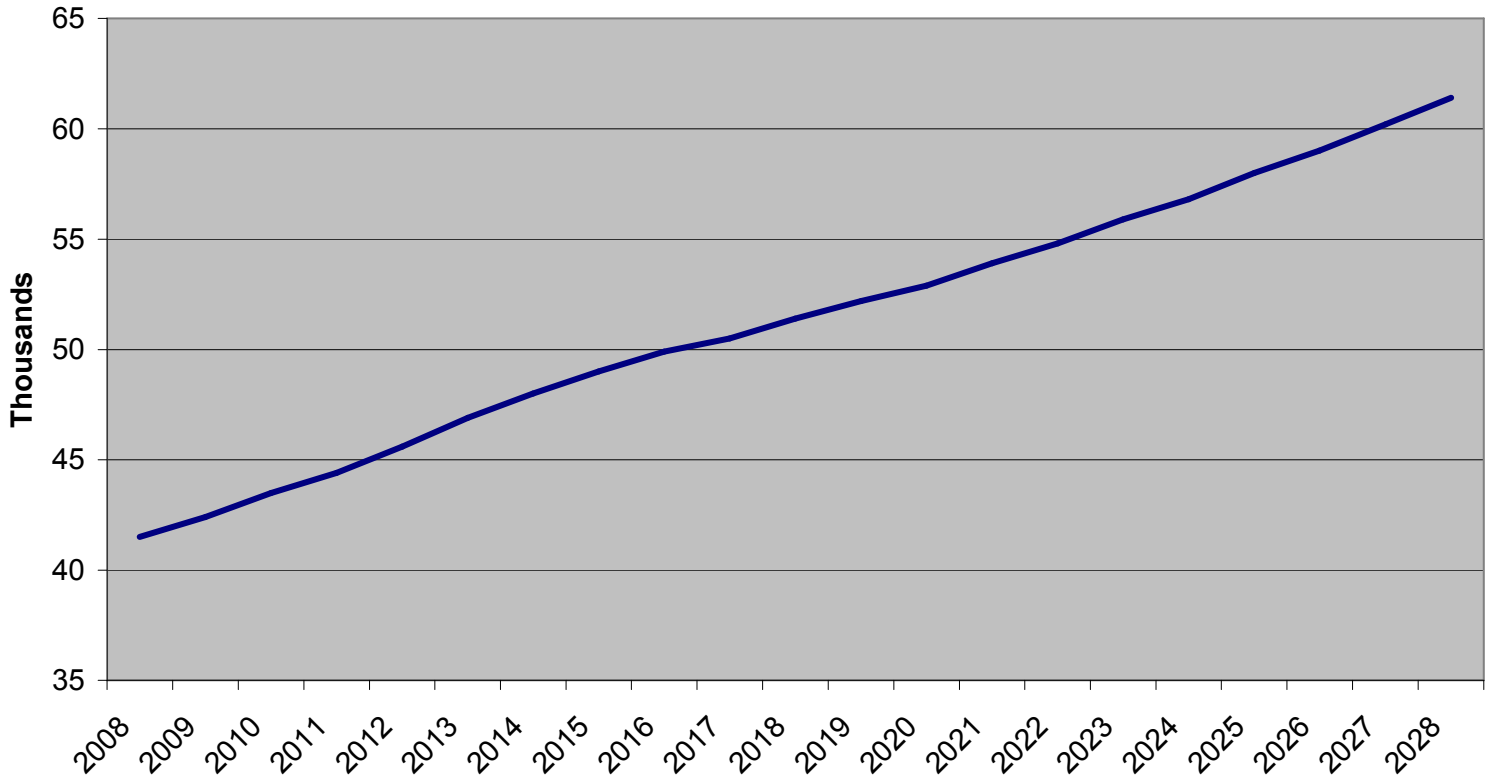
Where Everyone Matters

+22% 2010-20
+46% 2010-30



Projected Growth 85+

Rotherham Metropolitan Borough Council
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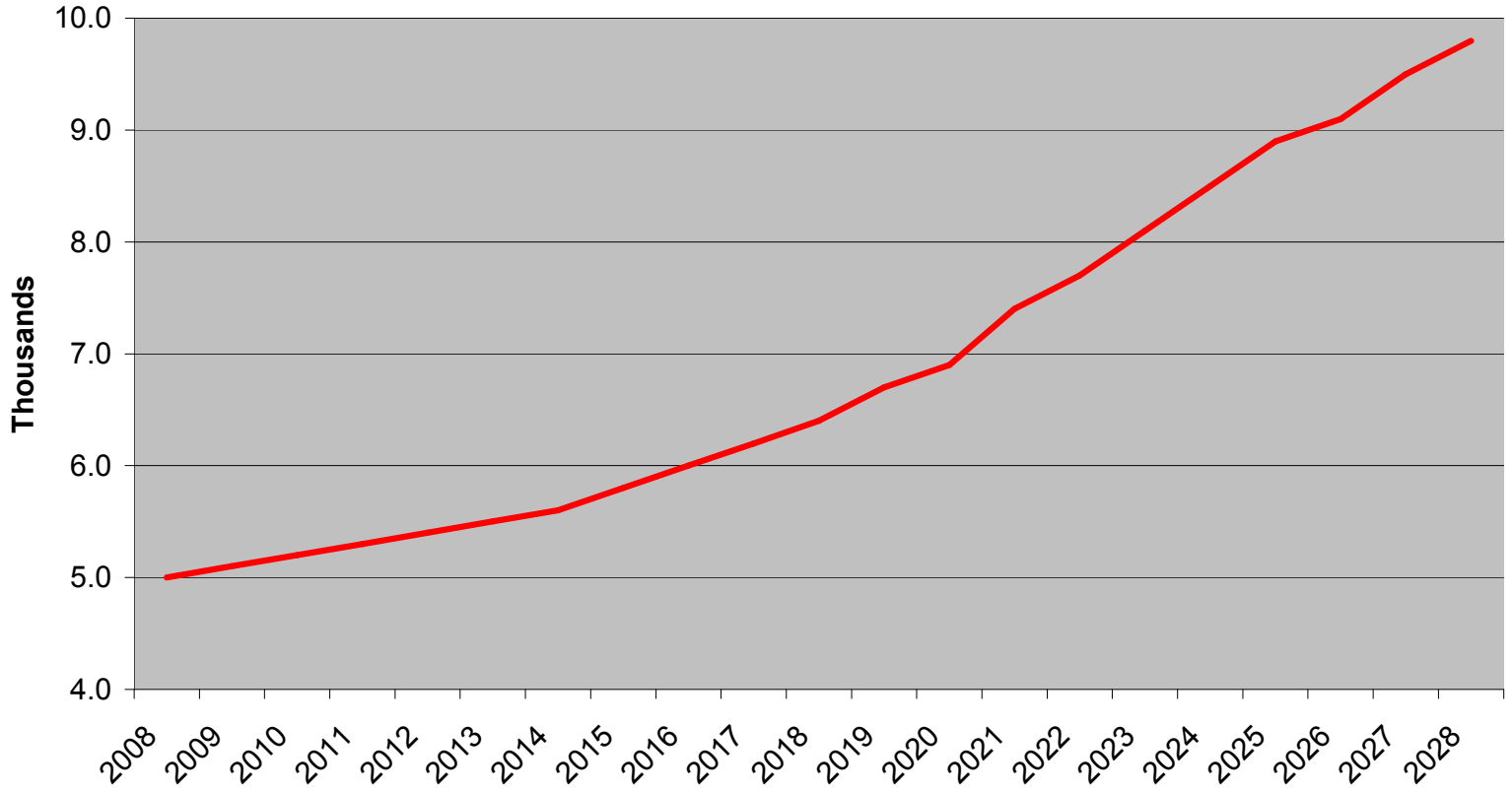
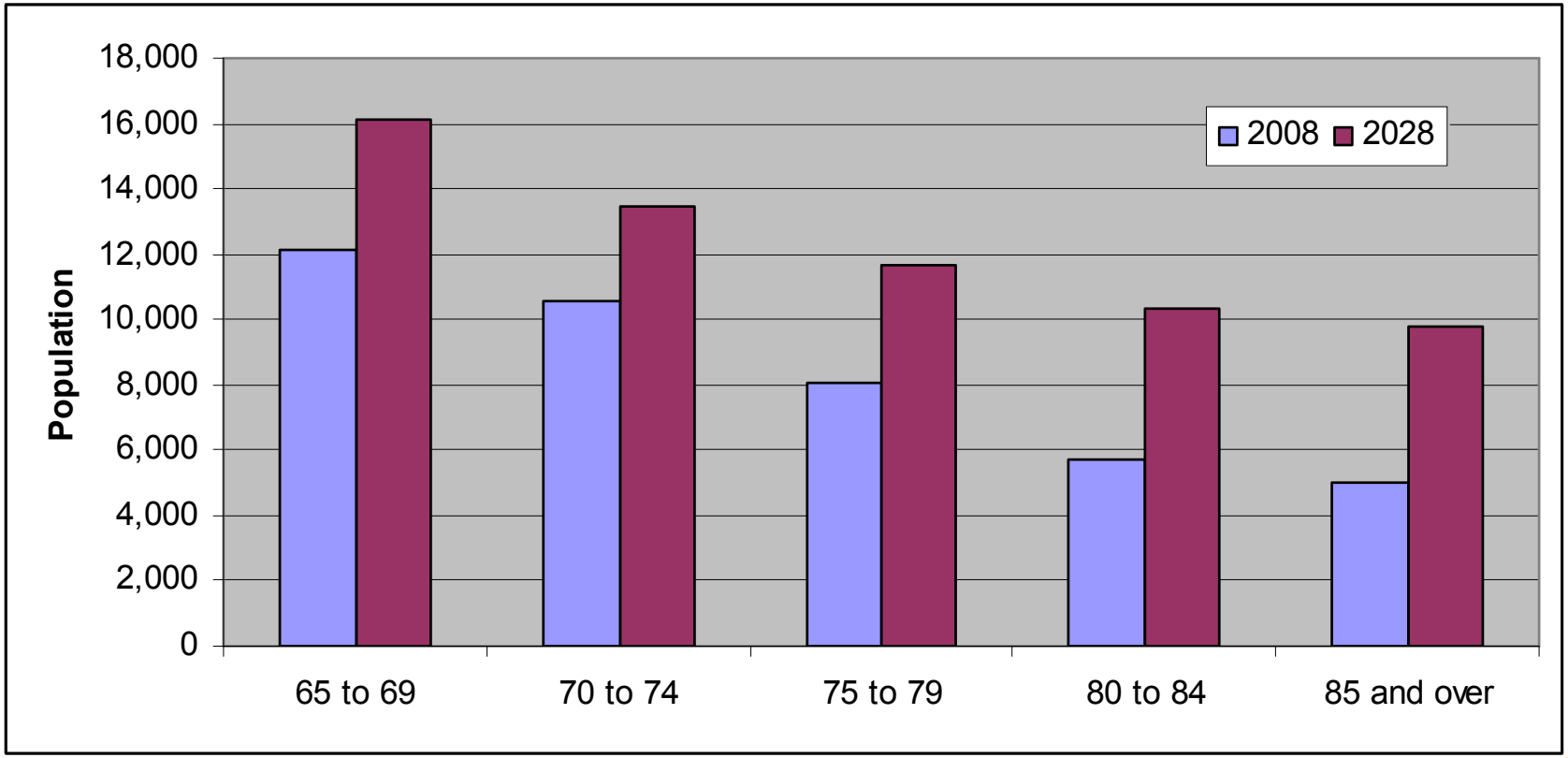
+33% 2010-2020
+110% 2010-2030



Projected Growth Age Groups 2008-2028

Rotherham Metropolitan Borough Council
Where Everyone Matters



The Care Gap

Rotherham Metropolitan Borough Council
Where Everyone Matters

Cabinet Office Research 2008:
Informal Care Projections 2005 to 2041

- Older people needing care projected to rise from 600,000 to 1.3 million (+117%)
- Adult child carers projected to rise from 400,000 to 500,000 (+25%)

➢ Gap projected to rise from 200,000 to 800,000

❖ Adult children and non-relatives less inclined to provide informal care + fewer children

❖ Rising demand in care from spouses & the formal care sector

Older carers & rising care needs

Rotherham Metropolitan Borough Council
Where Everyone Matters

Est. 35,000 carers, most aged 45-64 but...

- 5,300 are aged 65+
  - 19% increase projected by 2020
  - 36% increase by 2030

- 17,400 need help with domestic tasks
- 14,200 need help with personal care
  - 25% increase projected in both by 2020

Implications for 2020: Residents aged 65+

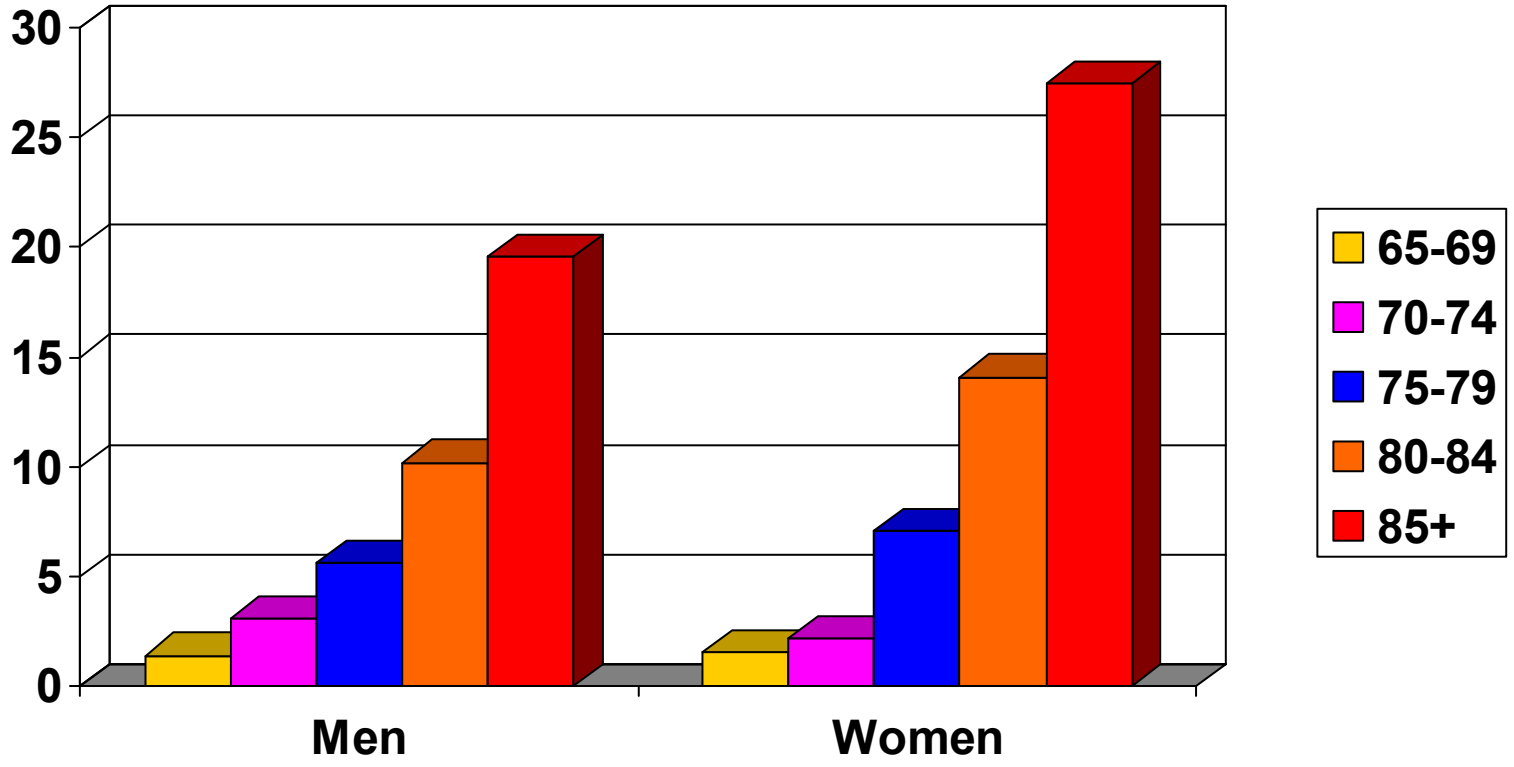
Rotherham Metropolitan Borough Council
Where Everyone Matters

Limiting long term illness	+5,580	+22%
Mobility Impairment	+1,990	+26%
Hearing Impairment (18+)	+5,120	+21%
Obesity	+2,270	+20%
Dementia	+860	**+30%**
Depression	+800	+21%
Incontinence	+1,660	+24%
Diabetes	+1,200	+22%
Falls	+2,730	+24%

Source: Projecting Older People Population Information 2010

Prevalence of Dementia by Age

Rotherham Metropolitan Borough Council
Where Everyone Matters



Source: CFAS 1998

Projected Service Implications (crude)

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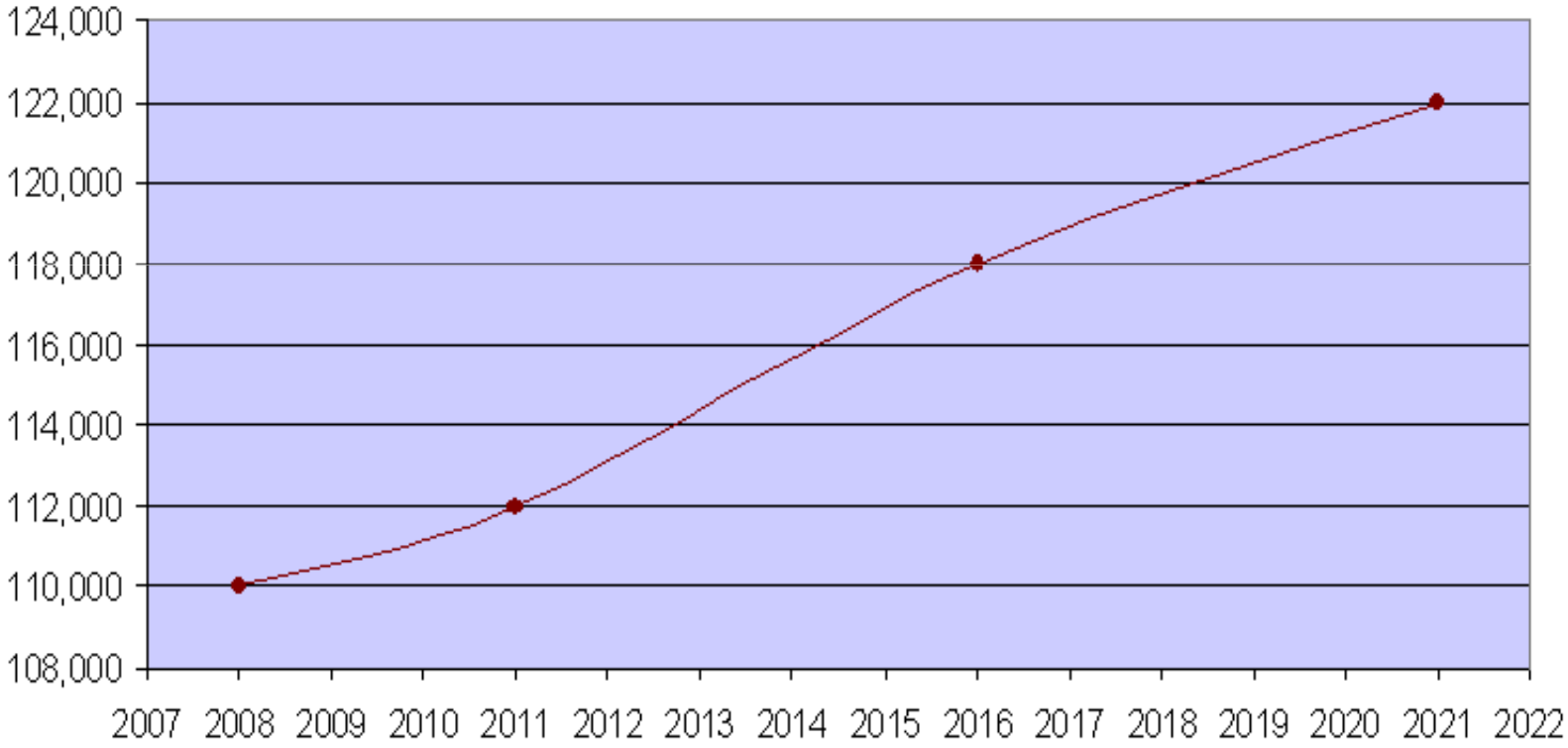
Where Everyone Matters

People aged 65+	2010	2020	2030
Helped to live independently	3,040	3,700 +22%	4,400 +46%
Receiving community based services	4,280	5,200 +22%	6,300 +46%
In CSSR supported care homes	1,500	1,800 +22%	2,200 +46%
Carers receiving services	1,350	1,600 +22%	2,000 +46%

Source: POPPI 2010

Projected Household Growth 2008 - 2021

Rotherham Metropolitan Borough Council
Where Everyone Matters



Ageing Households

Rotherham Metropolitan Borough Council
Where Everyone Matters

Household increase 2006 – 2031 (25 yrs)

- All ages +27,000
- 65+ +18,000 (8,000 living alone)
- 75+ +11,000 (6,000 living alone)

Projected for 2031

- 24,000 pensioners living alone (+51%)
  - 16,000 aged over 75 (+66%)
  - 11,000 over 75 with long term illness (+75%)

Estimated Ethnic Change 2001 - 2009

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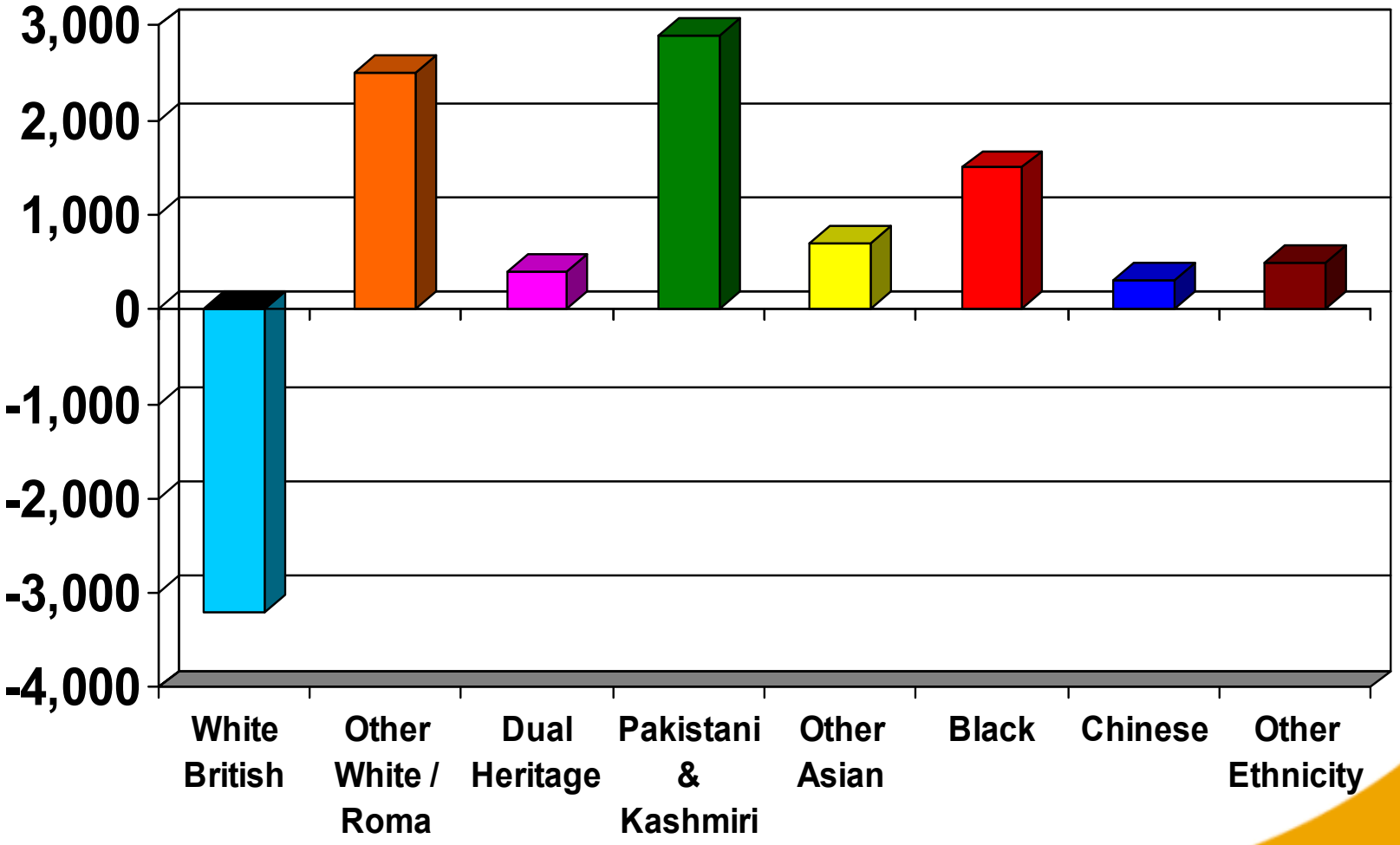
Where Everyone Matters



Source: RMBC Estimate based on Annual Population Survey and PLASC 2009

Summary

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Where Everyone Matters

- Ageing trend to increase
- Oldest age groups will increase most
- More years spent in poor health / disability
- Rising need for care
- Growing demands on spouses & formal care
- Rise in age related conditions eg. dementia
- Far more people 75+ living alone
- Growing ethnic diversity
- Rising cost implications !

Rotherham Metropolitan Borough Council

Where Everyone Matters

Review of Health Inequalities due to Diabetes

Adult Services and Health Scrutiny Panel

Rotherham Metropolitan Borough Council
Where Everyone Matters

Diabetes

Type I
- genetic
- begins in childhood

Type II
- begins in adulthood
- influenced by race and lifestyle/diet

Diabetes in Rotherham

Rotherham Metropolitan Borough Council
Where Everyone Matters

11,000 people….more than 2500 on insulin
(plus approx. 1,100 undiagnosed)

Obesity is everywhere!

Spend in 2008-09: £2.3 million per 100k population
…but outcomes not linked to spend

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Where Everyone Matters

Deprivation and Demographics

High levels of deprivation in Rotherham
→ lower levels of physical activity and poor diet
→ greater risk of diabetes.

More people living longer
→ more diagnosed and undiagnosed diabetes

Treatment and Management

Rotherham Metropolitan Borough Council
Where Everyone Matters

- GP
- Hospital-based specialist care
- Education
  - DAFNE
  - DESMOND
  - Learning Disability (for health professionals)

Issues raised

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Management of diabetes when attending hospital as an in-patient for another matter
- Rotherham branch of Diabetes UK
- Retinopathy screening

Recommendations

Rotherham Metropolitan Borough Council
Where Everyone Matters

GENERAL THEMES

- Education and prevention
- Earlier diagnosis
- Spread good practice
- Better self-management

Recommendations

Rotherham Metropolitan Borough Council
Where Everyone Matters

EDUCATION AND PREVENTION

- Include diabetes awareness in school PSHE classes
- Raise awareness among high risk groups
- Ensure those at risk due to obesity are offered early support

Recommendations

Rotherham Metropolitan Borough Council
Where Everyone Matters

EARLIER DIAGNOSIS

- Pharmacies
- Non-invasive testing
- NHS Health Checks Programme

Recommendations

Rotherham Metropolitan Borough Council
Where Everyone Matters

SPREADING GOOD PRACTICE

- Prescribing
- Support for the recently-diagnosed

Recommendations

Rotherham Metropolitan Borough Council
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BETTER SELF-MANAGEMENT

- Regular retinopathy screening
- Closer links between patients and service commissioners/providers

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Where Everyone Matters

SUGGESTED NEXT STEPS

- Members consider the recommendations
- Circulate final report to all Panel Members, prior to being considered by PSOC, followed by Cabinet

Yorkshire Ambulance Service NHS Trust

Please would you rate each of the following indicators using a scale of 1 to 5 depending on your particular preference as to whether or not, you would like to see these indicators in the next issue of the Quality Accounts:

1 = Definitely do not include this	2 = Do not include this	3 = Maybe include this, no particular preference	4 = Yes include this	5 = Very much like this including

We have added a box at the end of this table for you to add anything else that you feel should be reported on, that you feel would give a clear representation of the service quality level being provided by YAS.

Potential Quality Indicators 2010-11:

Potential Indicator	Rating (1 to 5)	Comments?
A&E Operations:		
1. How fast 999 calls are answered.		
2. Response times to patients needing ambulance assistance.		
3. The proportion of patients who were attended by ambulance staff but who were referred to specialist care pathways (for example for diabetes or falls) instead of being transported to hospital.		
4. Number of calls identified as non-life-threatening which are passed to a YAS clinical adviser or to		

Potential Indicator	Rating (1 to 5)	Comments?
NHS Direct for clinical triage.		
Patient Safety:		
1. Total number of adverse incidents occurring in the Trust reported by type.		
2. Total number of serious untoward incidents occurring in the Trust *(these include road traffic collisions, incidents, near misses, violence against staff, equipment/premises failures or defects and patient safety events).*		
3. Number of adverse incidents relating to the standard of clinical care *(in particular these will be events that are linked to patient safety).*		
4. Number of adverse incidents relating to drug errors.		
5. The results of our NHS staff survey relating to reporting of errors, near misses and incidents.		
6. The numbers of referrals our staff made to specialist services responsible for protecting vulnerable adults and children.		
7. Completion of Independent Management Reports (IMRs) required as part of Serious Case Reviews on time, to the necessary standard and all relevant recommendations implemented.		
8. Achievement against the Trust target for cleaning of operational vehicles.		
9. The results of checks we make on how well staff are following our policies and procedures on infection		

Potential Indicator	Rating (1 to 5)	Comments?
prevention and control.		
10. The percentage of patient report forms which are fully completed.		
11. Number of investigations following a Serious Untoward Incident that identify inadequate clinical assessment as a root cause.		
Clinical Effectiveness:		
1. The results of national audits into the management of patients with: a. Asthma b. Cardiac Arrest c. Hypoglycaemia d. Heart Attack e. Stroke.		
2. The numbers of patients suffering certain types of heart attacks (STEMI) being transported to specialist centres to receive the 'gold standard' treatment (primary angioplasty).		
3. The numbers of patients suffering strokes being classified as Category A (highest priority) and transported to specialist stroke pathways for rapid assessment and treatment.		
Patient Experience:		
1. The number of complaints, concerns and compliments we receive from members of the public about our services.		

Potential Indicator	Rating (1 to 5)	Comments?
2. The results of public satisfaction surveys comparing our service to others in the Yorkshire region.		
3. The numbers of patients requiring palliative care that we refer to a district nursing service following assessment by our crews.		
PTS Operations:		
1. How fast calls to the patient booking line (for North and East Yorkshire patients) are answered.		
2. Proportion of patients arriving between 0 and 60 minutes ahead of their appointment times.		
3. Proportion of patients collected for transport home within 60 minutes of YAS being notified that they are ready to return home.		
4. Proportion of patients experiencing journey times less than 60 minutes.		

If there are any other indicators, not mentioned in the above list, that you would like to see please tell us below:

Is there anything else in particular that you feel we should be focussing on as an organisation in order to improve our service during 2001/12? Please provide as much detail as you can below:

Your name: _____ _____ _____ **Date:** _____
(optional) *(title)* *(first name)* *(last name)*

Your organisation: _____ **If YAS staff, is your role clinical?** Yes / No
(if applicable)

Thank you for taking the time to send us your feedback. **Please return the completed form by Friday 28th January 2011.**

To return this form as an electronic attachment please email: corp-comms@yas.nhs.uk and enter a subject of “Quality Accounts”.

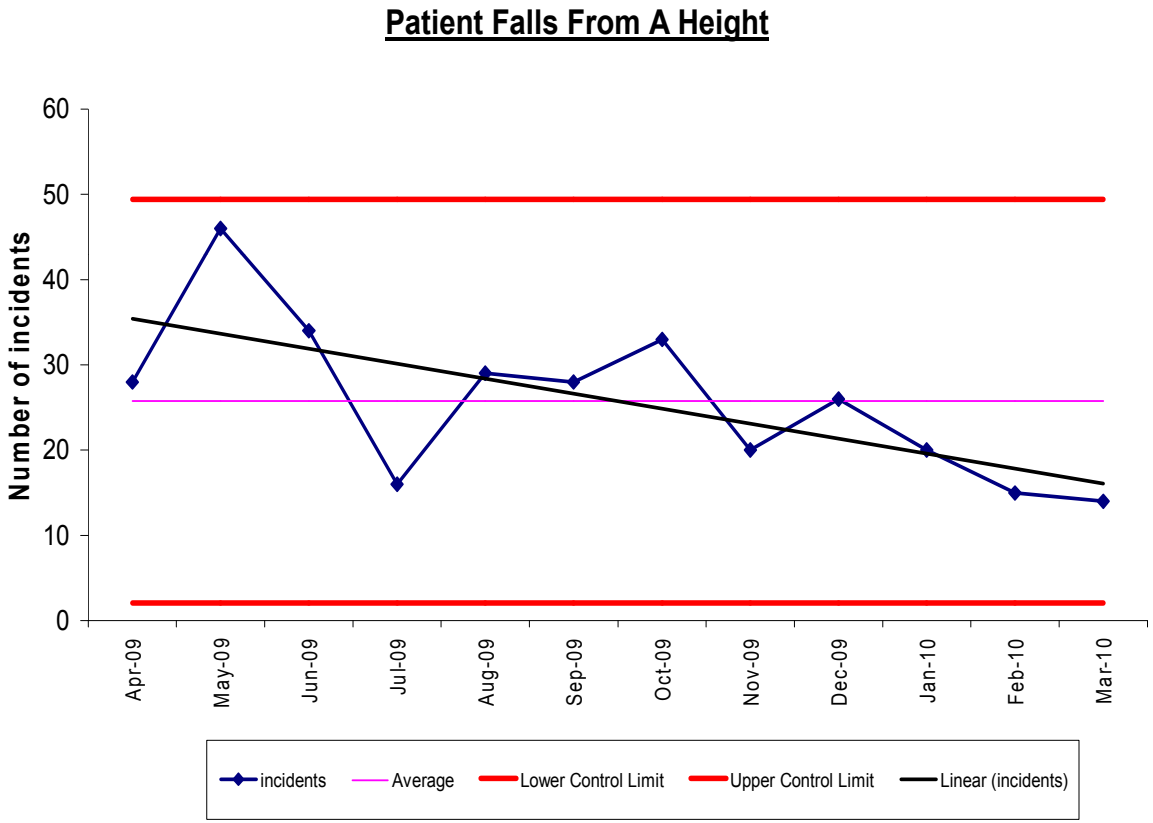
To return a hard copy by post, please send to the address below:
Yorkshire Ambulance Service
FAO Hester Rowell
Trust Headquarters
Springhill 1
Brindley Way
Wakefield 41 Industrial Park
Wakefield
WF2 0XQ

RFT Update of Falls and Quality Accounts

'Your priorities for 2011/12'

In-patient Falls Collaborative

Priority 2: Achievements of Staff : HSJ Nominated Award



Pilot ward Data 2008 -2010
Falls from Height

Year	B3	Fitzwilliam	Keppel	Total
Apr-Dec 08/09	30	24	39	93
Apr-Dec 09/10	15	29	22	66
Apr-Dec 10/11	11	25	18	54

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

On-going 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

Quality Accounts: What are they for?

- To demonstrate accountability to the public for the quality of services
- To enable a review of the services we provide to identify what we are doing well and where we need to improve
- To show our improvements
- To demonstrate how we involve patients, public and others in our work

Your comments for 2011/12 on:

- Identifying 3 new quality improvement areas for our local community, one from each area:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

- Also for you to provide your views of the Trust

- We are now integrating across the community so we need to think of care pathways….

Our thoughts on improvement areas:

Patient Safety: Medicines management, A&E re-configuration and recruitment

Clinical Effectiveness: Re-admission rates, COPD pathway, Fractured Neck of Femur pathway

Patient Experience: End of Life Care Pathway, Dementia pathways

What are your thoughts?

How can we capture them best?

Questions & feedback

ADULT SERVICES AND HEALTH SCRUTINY PANEL
9th December, 2010

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

Also in attendance were Russell Wells (National Autistic Society).

Apologies for absence were received from Councillors Burton, Goulty, Steele, Richardson, Mrs. A. Clough (ROPES), Evans, Victoria Farnsworth (Speak Up), Ms J Dyson, Ms J Fitzgerald and Scholey.

55. COMMUNICATIONS.

The Chair advised members present that this was the last meeting for Delia Watts and Jackie Warburton as they were both taking voluntary severance from the Council at the end of the year. She thanked them both for their help with the running of the Panel and wished them both well for the future.

56. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

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

There were no members of the press and public present at the meeting.

58. CHARGE COMPARISONS - HOME CARE AND OTHER NON-RESIDENTIAL SOCIAL SERVICES

Doug Parkes, Business Finance and Commissioning Manager presented the submitted report which set out the Directorate's current charges for Home Care and Other Non-Residential Social Services benchmarked against local neighbours and members of a Chartered Institute of Professional Financial Accountants (CIPFA) benchmarking group.

The revised charging policy was introduced from April 2003 to ensure that the Council met its statutory requirements to implement fairer charging guidance. It was informed by a detailed consultation exercise and a series of briefing sessions with Cabinet Members and Scrutiny.

Members ratified the Charging Policy objectives to underpin the Council's values and priorities to promote Independent living, social inclusion, accessible quality services, sustainability, anti-poverty and fairness and equity.

Prior to the introduction of the guidance, home care charges were based on flat rates where everyone was required to pay irrespective of their ability to pay. Members wanted to minimise the impact on service users, and introduced the financial assessment scheme, of the disposable income allowance. The disposable income allowance was also established as an income regulator, to be increased or decreased depending on budget setting targets. Originally it was set at 80% but had been reduced on a phased basis to 20%. Disposable income was the amount remaining after deducting a service user's weekly expenses/ allowances from their income which people were assessed as being able to contribute towards the cost of their care.

The financial assessment applies to people with savings of less than £23,500. People who have more than this amount have to pay £12.85 per hour for their care up to a maximum amount of £200 per week.

The report set out details of charges in Rotherham compared to similar councils and a comparison of the amount people pay per week for their care. It showed that a high proportion of people pay less for their care in Rotherham, with 50% receiving a free service compared to 33% in similar councils.

It was noted that people with savings below £23,500 paid less in Rotherham than those living in similar councils, as Rotherham's allowances were more generous.

However people with savings greater than £23,500 would pay more for home care than similar councils because Rotherham's charge per hour was higher than similar councils. This affects around 250 people out of the 2200 who receive a home care service.

There was no difference between domiciliary care charges for internal and externally provided services as we have set a standard maximum charge which applies irrespective of who provides the service. The financial assessment scheme is generic as it would be unfair to charge someone more because the only service available in their area was more expensive to provide. It would also be complicated to administer as some people receive a service from different providers. As contract prices vary between different providers charges have been set based on the average cost to the council.

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

- Whether the figure of £23,500 was a fixed or was it reviewed on an annual basis. It was confirmed that this figure was the statutory minimum agreed nationally, which was inflated each year in line with inflation.
- Were there any plans to further reduce the Disposable Income Allowance in line with neighbouring authorities and if so what would the saving be to the home care budget? Confirmation was given that charging policies were currently being reviewed.
- Reference was made to the fact that day care service users only paying 5% of the actual charge for providing the service. A query was raised as to whether the high cost of service provision was due, in part, to under utilisation of the services, due to increased use of direct payments and personalised budgets. It was confirmed that the unit cost was based on the actual running costs for day care and members of the panel were reminded that it was a decision of Members to subsidise services.

Resolved:- That the report be received and its content noted.

59. JSNA REFRESH PROGRAMME UPDATE

Shiv Bhurton, Joint Commissioning Manager presented the submitted report in respect of the Joint Strategic Needs Assessment refresh programme and he also gave a short powerpoint presentation.

Phase one of the process had focused on updating and validating the current statistical data and supporting analysis and interpretations. Sections within the document had been re-written to reflect current priorities and emerging trends observed since the last publication. The refresh programme had highlighted radical changes in the landscape such as Mental Health, therefore indicating a much more in-depth needs analysis.

For phase 2, user perspective and wider community engagement would be considered, which would include various consultation activities to reflect user perspective within the JSNA.

There were 4 key areas which were being strengthened within the JSNA:-

- Migrants
- Vulnerable Adults
- The third sector
- Financial Implications

It was noted that the key issues that Rotherham MBC and NHS Rotherham would have to address over the next five years were:-

- The impact of an ageing population
- The potential impact on health, wellbeing and services of the economic downturn
- The most effective way to promote healthy living initiatives such as increasing physical activity and exercise, nutritional diet and raising awareness of risks of smoking and alcohol consumption
- The most effective way to reduce the gap between healthy and actual life expectancy
- The most effective way of increasing the independence of people with life limiting long term conditions
- The most effective way of increasing independence, choice and control for people suffering with dementia and the development of new service models to address this effectively in the future
- The effectiveness of using preventative strategies to save future care costs
- Service to reflect the changes in the demographic profile of the learning disability population

A consultation exercise was undertaken at Fairs Fayre in October 2010 to update the refresh Joint Strategic Needs Assessment and this would be widened further at a later stage. Emerging feedback during the current phase one of the consultation suggested the following:-

- Support for a service which promote independence and maintains people at home
- More support for carers both in the caring task and their own wellbeing
- Development of low level support services
- Targeting people who are socially isolated
- Better supported housing options including Extra Care Housing
- Alleviation of the impact of the economic downturn
- Access to transport and activities, especially in the evenings

This area would be further strengthened during phase 2.

The next key steps to be taken were:

- More analysis to be undertaken at locality level and work needed to make more data available at area assembly level.
- Continue the process of reconfiguring services so that they address future needs
- Ensuring that the refreshed JSNA is accessible to health and social care professionals so that they can access up to date information. Work to be undertaken to develop a web based JSNA, which is regularly updated and incorporates all the information from the DH dataset is initiated as part of the phase 2 of this work programme.
- Bring together the JSNA and the Corporate Needs assessment so that there is clear demarcation and no duplication. Work has begun in linking with various key areas such as children and substance misuse services.

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

- Where autism fitted into the JSNA as it did not currently feature
- The need to identify health issues on a Ward by Ward basis in order to focus funding on necessary improvements. A comment was made that an analysis could be done on the demographics on a Ward by Ward basis and it was suggested that a presentation of this information be given at the next meeting of the Panel.

Resolved:- (1) That the Joint Strategic Needs Assessment refresh programme be noted.

(2) That a presentation be given by Miles Crompton in respect of the demographics of the Borough as referred to above to a future meeting.

(3) That Shiv Bhurton reports back to the Panel in June/ July 2011, once the refreshed JSNA is completed.

60. CARERS CENTRE - THE FIRST 6 MONTHS

Lucy Pullen, Service Manager gave a powerpoint presentation in respect of the Carers Centre. The presentation drew specific attention to:-

- Background to the Centre
- Main achievements
- Caring and Sharing
- Getting out there
- New carers everyday
- Future Plans
- Quotes from Carers

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

- Reference was made to promoting the uptake of young people becoming carers and a query was raised as to how this was achieved. It was confirmed that arrangements had been made to visit two schools so far with further plans to make contact with mainstream schools. In addition to this a questionnaire had been produced in order to survey young people.
- What the costs were for running the carers' centre and how secure the funding was. Confirmation was given that the cost of running the centre was £130k per annum which was funded annually via a carers grant.
- How did the numbers of people accessing advice from the Carers Corner compare with those visiting the previous facility in the Rain building? It was noted that the numbers were vastly higher than previously which was mainly due to the location of the unit, together with the fact it was open to all carers not just a select few.
- A query was raised in respect of the number of carers whom had been reached as a result of the centre. It was confirmed that there were around 30,000 carers throughout Rotherham and to date 2,500 had come in to the centre.

Resolved:- (1) That Lucy be thanked for her informative presentation.

(2) That a further update be given to the Panel in 6 months.

61. DIABETES REVIEW - PRESENTATION BY DELIA WATTS, SCRUTINY ADVISER

This item was deferred to a future meeting.

62. PUBLIC HEALTH WHITE PAPER - SUMMARY

Kate Taylor, Policy Officer presented a summary of the recently published Public Health White Paper.

The paper proposed actions required to get all parts of society taking responsibility for health and wellbeing, based on giving people 'nudges' rather than 'telling' people what to do.

Action would be around various stages in people's lives.

Key proposals and responsibilities:

- The creation of a National body, Public Health England
- The Local Authority would have responsibility to improve health and tackle health inequalities
- A Director of Public Health to be employed by Local Government jointly appointed by Public Health England
- Establishment of local Health and Wellbeing Boards
- New Outcomes Framework
- Workforce for public health strategy

Funding:

- National public health budget
- Local public health budget

Commissioning of public health services

National level partnership with the NHS:

- New powers for the Secretary of State for Health
- Enhanced protection for health

Information and intelligence

Proposed Timeline

- **December 2010 – March 2011**
  Consultation on this white paper and forthcoming documents
- **During 2011**
  Set up shadow form Public Health England with the DoH
  Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas
- **Autumn 2011**
  Public Health England will take on full responsibilities, including functions of the HPA and NTA
  Publish shadow public health ring-fenced allocations to local authorities
- **April 2013**
  Public Health becoming the responsibility of Local Authorities

Resolved:- That the content of the summary be noted and received.

63. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 11TH NOVEMBER, 2010

Resolved:- That the minutes of the previous meeting of the Adult Services and Health Scrutiny Panel held on 11th November, 2010 be approved as a correct record for signature by the Chair.

64. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING HELD ON 25TH OCTOBER 2010 AND 8TH NOVEMBER 2010

Resolved:- That the minutes of the Cabinet Member for Adult Independence Health and Wellbeing held on 25th October and 8th November 2010 be noted and received.

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
Monday, 22nd November, 2010

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

Apologies for absence:- Apologies were received from Councillors Jack and Steele.

H39. MINUTES OF THE PREVIOUS MEETING HELD ON 25TH OCTOBER, 2010

Consideration was given to the minutes of the meeting held on 25th October, 2010.

Resolved:- That the minutes of the meeting held on 25th October, 2010 be approved as a correct record.

H40. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (business/financial affairs).

H41. MENTAL HEALTH SERVICE MODEL - DAY SERVICE RECONFIGURATION

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report in respect of the Mental Health Service Model – Day Service Reconfiguration.

She reported that Rotherham, Doncaster and South Humber (RDaSH) Mental Health NHS Foundation Trust was working to modernise the delivery of specialist mental health services. There was an identified need to improve and build upon current good practice. It was intended to develop a service that was more able to meet the current and future mental health needs of service users and carers, improving patient experience and outcomes as part of the quality agenda.

The report provided information regarding the key decisions that were needed to ensure the implementation of this new service model which included the reconfiguration of Day Services in Rotherham.

Resolved:- (1) That the action outlined in Section 8.2 of the report be noted.

(2) That a further report be submitted outlining the full proposed plans for the service after consultation with all staff, customers and carers from Mind and Clifton Court has taken place.

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

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

Apologies for absence:- Apologies were received from Councillors Walker.

H42. MINUTES OF THE PREVIOUS MEETING HELD ON 8TH NOVEMBER, 2010

Consideration was given to the minutes of the previous meeting held on 8th November, 2010.

Resolved:- That the minutes of the previous meeting held on 8th November, 2010 be approved as a correct record.

H43. ADULT SOCIAL CARE 2ND QUARTER (APRIL TO SEPTEMBER) PERFORMANCE REPORT FOR 2010/11

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report which outlined the 2010/11 Quarter 2 Key Performance Indicator results for the Adult Social Care elements of the Directorate.

The following 10 performance measures have achieved their Quarter 2 targets:

- NAS 5 Average waiting time for an OT assessment
- NAS 35 Percentage of homes graded silver or above through Home from Home
- NI 141 Percentage of vulnerable people achieving independent living
- NI 142 Percentage of vulnerable people who are supported to maintain independent living
- NI 146 (Vital Signs 07) Adults with learning disabilities in employment
- NAS 36 Number of safeguarding referrals
- NAS 46 Percentage of safeguarding cases substantiated at case conference
- NI 125 (Vital Signs 04) Achieving independence for older people through rehabilitation/intermediate care
- NI 145 (Vital Signs 05) Adults with learning disabilities in settled accommodation
- NAS 41 Percentage of new staff undertaking safeguarding e-learning course within 12 weeks of commencing employment.

The following 7 performance measures did not achieve their Quarter 2 targets:

- NI 136 (Vital Signs C3) People supported to live independently through social services (LAA)

Performance at the end of Quarter 2 was 2334.36 which was below the monthly control target of 2801.50 and was rated 'Off Target' for achieving the year end figure of 3286.

Plans were in place to improve performance which included the following actions:-

  - Age Concern had been commissioned to provide a support service for people who contact us but following assessment did not meet FACS. 1400 potential customers had been identified and this scheme would be included in data gathered for this year's Grant Funded Services survey which would significantly improve performance.

  - Work was currently ongoing with Neighbourhood Partnerships to capture service users who had attended community funded services

  - Additional performance to be gained by capturing service users in receipt of equipment with ongoing maintenance costs. Work was taking place to capture and record these service users in Swift.

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

Performance at the end of Quarter 2 was below the control target of 45.62% and was rated "Off Target" for achieving the year end figure of 87%. Performance so far this year had 'Improved' compared to the same period last year.

A performance clinic was held in August 2010 and an action plan was put in place to improve the performance over the remaining months. An improvement had been made in respect of performance on telephone reviews and Learning Disability reviews.

- NAS 18 Percentage of service users receiving a statement of their needs and how they were being met.

Performance at the end of Quarter 2 was below the monthly control target of 97.29% and was rated "Off Target" for achieving the year end figure of 98%. Performance so far this year had 'Improved' compared to the same period last year.

The indicator was short of its target by 124 service users for whom a

statement of need had not been sent out following an earlier assessment or review.

- NI 130 (Vital Signs C12) Percentage of service users receiving self directed support

Performance at the end of Quarter 2 was below the monthly control target of 25% and was rated "Off Target" for achieving the year end figure of 50%.

All new service users within Older People, Physical Disabilities, Sensory Disabilities and Learning Disabilities were offered a Personal Budget as a default position and review of existing service users were being undertaken to move them over to a Personal Budget.

Mental Health, Occupational Therapy and Rothercare service users were not currently being offered a personal budget, and therefore were not counting towards the score. This was very significant in Mental Health service as they support 1400 service users in the community. Low take up of carers direct payments were also an issue as there were currently on 13 carers receiving a direct payment out of a total of 370.

A performance clinic was held on 21st October. Remedial actions included:-

  - Mental Health to commence self directed support
  - Counting Rothercare reviews
  - Looking at the OT process and capturing OT assessments
  - Delivery against target on reviews

- NI 132 (Vital Signs C12) Percentage of new service users assessed within 28 days of first contact with social services

Performance at the end of Quarter 2 was below the monthly control target of 90% and was rated "Off Target" for achieving the year end figure of 90%. Performance so far this year had 'Improved' compared to the same period last year.

The introduction of OT activity, which was included from 12th July, had had the biggest impact on the figures and was the reason for current performance being off target. A performance clinic had been arranged for 8th December.

The performance of Mental Health was raised a the RDASH monthly performance meeting in October and some actions were put in place to look at data quality issues that may be affecting the statistic.

- NI 133 (Vital Signs C13) Percentage of new service users receiving

their package of care within 28 days from the date of assessment.

Performance at the end of Quarter 2 was 93.69 which was below the monthly control target of 96% and was rated 'Off Target' for achieving the year end figure of 96%.

Of the customers who had received their care package this year, 61 waited over 28 days.

The 'end to end' review had commenced, led by service directors, The scope of the review looked at access, assessment, review, support planning and safeguarding. The review would utilise systems thinking to identify a new structure/process for ensuring all reviews and assessments were carried out within defined timescales by mid November.

- NI 135 (Vital Signs C18) Carers receiving needs assessment or review and a specific carer service or advice and information

Performance at the end of Quarter 2 was 13.14% which was below the monthly control target of 15% and was rated 'Off Target' for achieving the year end figure of 30%

Performance of Learning Disability and Mental Health services was below average. The inclusion of OT activity in denominator had meant additional carer assessments needed to be undertaken in order to meeting target and was therefore responsible for the deterioration in performance. This was being addressed by the following actions:-

  - To increase the rate of assessments captured from the Mental Health carers teams and capture additional carers assessments from the Community Mental Health Teams. This would contribute towards the indicator by in excess of 20% by the year end.

  - A meeting has been held with Learning Disability services and they are developing a remedial action plan that would deliver 30% performance by year end.

Resolved:- (1) That the results and the actions in place to improve performance be noted.

(2) That the maintained 'Excellent' rating be noted and that all staff be congratulated on maintaining an excellent service to customers during the recent adverse weather conditions.

H44. SKILLS FOR SUSTAINABLE GROWTH: GOVERNMENT PROPOSALS

FOR THE FUTURE OF ADULT AND COMMUNITY LEARNING

Sue Shelley, presented the submitted report in respect of the recent publication of the Skills for Sustainable Growth: Government Proposals for the Future of Adult and Community Learning.

She reported that the proposals within the publication reflect the intention to create a more responsive and flexible system, both to the needs of employers and the demands of learners.

The government had recognised there was still a problem with the level of literacy and would continue to provide free training in Basic Skills for those who left school without them. The delivery of Basic Skills was to be reviewed with a move away from targets and more of a focus on equipping individuals with the skills they needed to get a job and play a full part in society.

Providers would be given a greater freedom and would be expected to develop social partnerships with employers, local communities and voluntary and community sector in order to deliver learning.

It was expected that those individuals coming from other countries to work in England or their employers should meet the cost of English language courses as funding for ESOL would not be available in the workplace. Full funding for ESOL would only be available to those actively seeking work on Jobseekers Allowance and Employment Support Allowance.

All providers would be encouraged to support the broader of getting as many people as possible on-line as possible by 2012. There were currently still 9.2 million adults in the UK (18%) who had not used the internet. The most disadvantaged would still be supported to address this through free short courses, either as part of other accreditation or through Adult and Community Learning.

The government had recognised the importance of informal Adult and Community Learning for developing skills and improving community engagement, and future funding would be prioritised to those people who needed the most help and had the fewest opportunities. Most learners would be expected to at least part fund and in many cases fully fund their learning. The intention was to move to co-funding of a first Level 2 qualification for those over 24 years from 2012/13. Any subsequent Level 2 qualification would be co-funded. From 2013/14, Level 3 qualifications and above for those over 24 years of age would be funded through new loans.

Every adult would be offered a Lifelong Learning Account, which would offer access to the new FE student loans and other financial support, eg an enhanced learner support fund. This account would also offer incentives for learning, including a means of recognising the social

contribution made through volunteering.

A new all-age career service would be established, working in partnership with Jobcentre Plus to help jobseekers improve their skills. An integrated system of online support for employers would be available through the Businesslink website, which would allow employers to access diagnostic tools to help them make decisions on training to meet their business needs.

Resolved:- (1) That the government strategy for Adult and Community Learning be noted.

(2) That a further report regarding the impact of the strategy on the Council's Adult Learning delivery be submitted when further information is available.