

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING

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

Date: Monday, 27th September, 2010

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence
4. Local Public Health Strategy - Refresh (herewith) (Pages 1 - 2)
5. Lifelong Learning (Dorothy Smith, Senior Director for Schools and Lifelong Learning to report)
 - Where are we at?
 - Implications for the future
 - Implications of the budget for the future
6. Pharmacy Needs Assessment (Sue Wright, NHS Rotherham to report)
7. The Abdominal Aortic Aneurysm (AAA) Screening Programme (herewith) (Pages 3 - 8)
8. Consultation on the future direction of skills policy and a simplified funding system (herewith) (Pages 9 - 11)
9. NHS White Paper (John Radford, Director of Public Health, NHS Rotherham to report)

Joint Public Health Vision RMBC/ NHSR

| Policy Objective | What we Know (from JSNA/Audit of Need) | What we Want to Achieve in Rotherham | Links to Other Strategies |
|---|--|---|--|
| Give every child the best start in life | | <ul style="list-style-type: none"> • Focus on pre school interventions. • Ensure vulnerable people are protected from abuse. • Refocus preventative services on those families living with one or more of the following: poverty, mental health problems, alcohol and/ or drug usage, teenage parents. • Children centres to become the key delivery environment to engage and support all children living in poverty. • All settings to achieve Healthy Foundation status. • Address smoking, alcohol and drug use in families using evidence based interventions. | <ul style="list-style-type: none"> • Children and Young People's Plan • Prevention and early Intervention Strategy |
| Enable all children, young people and adults to met their capabilities and have control over their lives | | <ul style="list-style-type: none"> • Ensure adequate child care provision via the Early Years Strategy, Play Strategy. • All 16-18 year olds are in employment, education or training, support the Children and young peoples plan. • Address alcohol, drugs, sex education, sports/ physical activity, obesity using evidence based interventions. • Ensure that children and young people are safe in their community: problems prevented or tackled early (Early intervention strategy) • Work with key partners to provide a range of positive activities which are widely available to children and young people to take part in. | <ul style="list-style-type: none"> • Children and Young People's Plan • Prevention and early Intervention Strategy • Play Strategy • Early Years Strategy (?) • Active Rotherham Strategy |
| Create fair employment and good work for all | | <ul style="list-style-type: none"> • Review and make full use role of voluntary, community and faith sector and their role in "step up" for the long term unemployed into work and / or voluntary work. • More people are in work or training and less are living on benefits. • Support the Rotherham Economic Plan | <ul style="list-style-type: none"> • Economic Plan |
| Ensure a healthy standard of living for all | | <ul style="list-style-type: none"> • RMBC and NHS to lead by example with employment practices • Links with the financial inclusion project to ensure a better standard of living for all. • People feel happy and safe where they live, support the Safer Rotherham Strategy. • People are able to live in decent affordable homes, support the Housing Strategy. | <ul style="list-style-type: none"> • Financial Inclusion Strategy • Safer Rotherham Strategy • Housing Strategy |

| | | | |
|--|--|---|--|
| | | <ul style="list-style-type: none"> • Everyone can expect to live longer lives regardless of where they live. | |
| Create and develop healthy and sustainable places and communities | | <ul style="list-style-type: none"> • Ensure a long term vision for developing sustainable communities. • Develop sustainable community hubs for example Sam Everington GP practice. • Promote access to green spaces within local communities, with safe access to these, thus encouraging an increase in physical activity and community cohesion. • Support the Green Spaces Plan • Reduce CO2 emissions and lower levels of air pollution; support the Environment and Climate Change Strategy. • Tackle food deserts within Rotherham by expanding the Ministry of Food and work with local people to raise their food aspirations. • Use licensing powers to maximise health effects and lower crime/ anti social behaviour. • Further develop the use of the Fire Service in projects such as becoming a community hub, cook and eat, affordable warmth, hot spots. • Develop a Public Sector Sustainable Procurement Strategy. • Increase the procurement of local food for the Public Sector via local farms and outlets. • Get more people recycling, support the waste strategy. | <ul style="list-style-type: none"> • Green Spaces Strategy • Licensing (??) • Sustainable Procurement Strategy • Waste Strategy • |
| Strengthen the role and impact of ill health prevention | | <ul style="list-style-type: none"> • Make Every contact count. • Reduce the number of people who smoke. • Diversify areas in which health messages and programmes are delivered such as better use of shopping centres, parks, pubs as community hubs. • Increased use of Direct Payments for personalised care (for those eligible for them) • Increase the numbers of people cycling, walking or using public transport, support the transport strategy. | <ul style="list-style-type: none"> • Transport Strategy |

NHS Rotherham

RMBC – Cabinet Member for Adult Independence Health and Wellbeing

Date – 27th September 2010

Update - The Abdominal Aortic Aneurysm (AAA) Screening Programme

| | | | |
|----------------------------------|-------------------------|----------------------|------------------------------|
| Contact Details: | | | |
| Lead Director: | Insert Name | Lead Officer: | Insert Name |
| Title: | Insert job title | Title: | Insert job title |
| Director of Public Health | John Radford | Bel O’Leary | Screening Coordinator |

Purpose:

To update the RMBC on the work around implementation of the AAA Screening Programme

Recommendations:

RMBC is asked to note the report.

Background:

Ruptured AAA deaths account for 2.1% of all deaths in men aged 65 and over. The mortality from rupture is 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 occurred in people aged 65 and over.

The AAA Screening Programme aims 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.

The AAA Screening Programme must cover a population of at least 800, 000. In this area this would be to a screening programme covering South Yorkshire and Bassetlaw (SY&B) area, this will include NHS Rotherham, NHS Doncaster, NHS Sheffield, NHS Barnsley and NHS Bassetlaw.

Analysis of Risks:

1. This is a must do. We have been advised by the Screening National Office that we must have a start date of either October 2011 or October 2012. The PCT therefore has a choice re the screening programme roll out either from October 2011 ready to screen from April 2012, or from October 2012 ready to screen from April 2013. A delay in implementation of the programme may result in reduced or no funding.
2. Prior to implementation of a screening programme the national programme will need a supporting business case. This will need to outline how the screening programme will deliver the service, together with information on eligible

population and the links with the agreed vascular unit. As informed of the position locally with the Vascular Review it has been advised that the business case could still be signed off in principle for the "screening" element only. National Office also suggests that we could start the procurement process before the business case is submitted.

3. Emergency surgery for AAA has a high post operative mortality rate, compared to that following planned surgery.
4. The screening programme will pick up a number of patients who require referral. However this will outweigh the number of emergency surgical interventions which has a lower mortality rate.
5. The timeline for a procurement is about 6 to 9 months from start to awarding the contract, therefore to have a start date from Oct 2011 to start screening from April 2012 we need to start the procurement process no later than January 2011.
6. A Clinical Lead for the programme must be appointed and in place 6 to 8 months prior to start of screening programme (in order to play a key role in the rollout of the AAA National Screening Programme). Therefore for a programme to commence from October 2011 a lead must be post by March May 2011, taking into account any notice which may need to be given from a previous post.

Funding and resources:

1. Funding is available for eighteen months for roll out of the programme, and this is to be given out as 6 months funding in the first year (Oct- Mar) followed by 12 months funding for the next year (April-April).
2. Equipment will be provided initially, but responsibility of this will then go to the provider of the screening programme. Training for screeners is also to be provided.
3. There will be IT to support call and recall including interface to Exeter and the National Vascular Database.
4. Promotional/information material will also be provided.
5. The funding does not include a specific allocation for screening venues though an element for this has been included in the national tariff.

Analysis of Key Issues:

There are 2 elements to the programme, screening and a treatment centre. It has been indicated that there would be 1 model with 2 hubs (Sheffield and Doncaster for treatment) and screening would be delivered in each locality in the community. The contractual arrangement of the treatment centres is still to be agreed.

NORCOM Chief Execs had previously agreed to begin the procurement in July 2010 for the screening element of the programme. This was prior to completion of the Vascular Service Review and publication of the White Paper "Liberating the NHS".

The start date of the screening service would not be included in the procurement process but would be agreed later and be flexible to fit in with PCTs strategic planning priorities and any agreement with stakeholders, including SHA and National Screening Committee.

The Vascular Service Review's recommendations are going to the CEOs on the 30th September and will be signed off by SCG on the 27th October. It has also been agreed by the Commissioning Leads group that a paper would be taken back to NORCOM Chief Execs on the 10th September to secure a definitive view on the way forward.

Selection and cost of venues will be highlighted in the business plan to the National Programme, as finding and funding venues has proved to be difficult in other programmes. The costs will vary dependant on which venue is used e.g. GP

Premises/Lift building/PCT building. A minimum criterion for venue provision is outlined in the Standard Operating Procedures for the programme.

Service model for the screening element is still to be agreed and could be by:

- Post code
- DOB
- GP (this is the most expensive)

The Service Specification needs to be amended as the costing was based on resident rather than registered population which in some PCTs is significantly higher (men aged 65 years, registered to a practice in their PCT for the years 2011 – 2015).

For Rotherham the numbers are show below.

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------------|------|------|------|------|------|------|
| Males aged 65 | 1601 | 1652 | 1779 | 1855 | 1881 | 1855 |

Calculations have been made on population projections by using the ONS 2008-based sub national Population Projections for Rotherham and applying the percentage increase to our registered patient population as at 2010.

Patient, Public and Stakeholder Involvement:

National programme. Presentation proposal to RMBC.

Equality Impact:

Inequalities in the programme for vulnerable groups:

- Prisons are the responsibility of the PCTs in the area they are situated
- No work is currently happening around the homeless or those not registered with a GP
- The programme data base records ethnicity but not disability, but no one in the target group will be excluded

A Heath Equality Impact Assessment is included with this report and will have a positive impact.

Financial Implications:

1. Funding is for eighteen months for the roll out of the programme.
2. In 2008/09 the Payment by Results mandatory tariffs were:
 - Per invite £1.70
 - Scan £32
 - Surveillance £68 (this included nurse practitioner time)
 - Vascular surgery first appointment £173 surgery first outpatient attendance £173
 - Vascular surgery follow-up outpatient attendance £88
 - Elective spell tariff for “Elective Abdominal Vascular Surgery” £5,936
 - Non-elective tariff for “Emergency Aortic Surgery” £5,749

Approved by:

Human Resource Implications:

Approved by:

Procurement:

NHS Rotherham has agreed to be the lead PCT for the procurement, but would need written commitment from the associate PCTs before initiating the procurement. A timetable for the procurement of the AAA Screening programme is included with this

report.

Following the White Paper there is no change to the national plans for implementing the AAA screening.

Clinical expertise to be part of the procurement process will need to come from outside the SY&B area to avoid any conflict of interest.

Approved by: Doug Hershaw

Key Words:

AAA (Abdominal Aortic Aneurysm)

Further Sources of Information:

NHS AAA Screening Programme Essential Elements in Developing an Abdominal Aortic Aneurysm Screening Programme.

Template for Procurement Timetable

Title: Triple A Screening Services

| Action | Date from | Date to | No of days needed | Responsibility (e.g. Programme Lead, Procurement, Finance) |
|--|-----------|---------|-----------------------------|--|
| Initiation/Approval to Proceed Given (NB Does this have all the necessary approvals documented) | | | Norcom 10 September | NH/MI |
| Advertise in OJEU (if applicable) | N/A | N/A | | |
| Advertise on Supply2Health (if applicable) | 4 Oct | 29 OCT | 25 days | DH |
| Draw up Memorandum of Information (MOI) | 17 Sept | 1 Oct | | DH/ALL |
| Draw Up Pre Qualification Questionnaire (PQQ) | 17 Sept | 1 Oct | | DH/ALL |
| Complete (Draft) Specification | 2 June | 1 Oct | | DH/ALL |
| Closing Date for Receipt of Expressions of Interest (EOI) | 29 Oct | | | DH |
| Draw up Evaluation Criteria | 17 Sept | 1 Oct | | DH/ALL |
| Issue PQQ (To run in parallel) with advert | 4 Oct | 29 Oct | | DH/ALL |
| Closing date for completed PQQ | | 29 Oct | | DH/ALL |
| Evaluate returned PQQ | 1 Nov | 12 Nov | | DH/ALL |
| Issue letters to unsuccessful PQQ | 15 Nov | 18 Nov | | DH |
| Issue letters to successful PQQ and next stage outlined | 15 Nov | 18 Nov | | DH |
| Update Specification | 1 Oct | 19 Nov | | DH |
| Update Evaluation Criteria | 15 Nov | 19 Nov | | DH |
| Issue ITT with specification & award criteria | 22 Nov | 17 Dec | 27 days | DH |
| Closing Date for receipt of completed tenders | 17 Dec | | | DH |
| Take up references/site visits(as appropriate) | | | | |
| Supplier Presentations (if applicable) | | | | |
| Undertake commercial evaluation | 17 Dec | | | |
| Evaluation Meeting (crucial that this takes place as scheduled so deputies must be nominated) | 10 Jan | 14 Jan | | DH |
| Compile ME/Board report for papers closing date (Norcom meeting 11th FEB ????) | 14 Jan | 11 Feb | | DH |
| Submit to ME/Board NB Any procurement valued in excess of £250K must go to Board (NHS R Board) | 22 Feb | | | DH |
| Issue Award letter (Alcatel where appropriate) | 25 Feb | 11 Mar | 10 Days (Alcatel) Mandatory | DH |
| Issue Regret letters (Alcatel where appropriate) | 25 Feb | 11Mar | 10 Days (Alcatel) Mandatory | DH |
| Debrief as necessary | | | | DH |
| Contract Award Notice in OJEU (mandatory) | 11 Mar | 26 Apr | Within 48 days of | DH |

Template for Procurement Timetable

Title: Triple A Screening Services

| | | | Contract Award | |
|--|---------------|--------|----------------|------------|
| Contract Award Notice in Supply2Health | 11 Mar | 26 Apr | | DH |
| Contract initiation meeting | 21 Mar | 25 Mar | | DH/MI /ALL |
| Contract commences | 1 OCT 2011 | | | DH/MI |
| Contract monitored | | | | |

| |
|--|
| ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS |
|--|

| | | |
|---|---------------------|--|
| 1 | Meeting: | Cabinet Member for Adult Independence, Health and Wellbeing |
| 2 | Date: | September 27 th 2010 |
| 3 | Title: | Consultation on the future direction of skills policy and a simplified funding system |
| 4 | Directorate: | Children and Young People's Services |

5 Summary

On the 22 July 2010, the Government set out proposals for the future direction of skills policy and a simplified Further Education and Skills Funding System and Methodology. The consultation sets out the principles for a skills strategy and proposals on how the funding system can be made simpler and more effective. The intention is to ensure a focus on the offer to learners and employers rather than trying to navigate the funding system. As part of this review it is intended to overhaul the complex performance management regime of inspection, quality assurance and performance management so that it is more proportionate and the main driver is employer or learner choice.

6 Recommendations

That the proposed future direction of skills policy and changes to funding for Adult Learning be noted.

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

That a further report regarding the impact of the review upon Adult Learning be submitted when further information is available.

7 Proposals and Details

In streamlining and reviewing the funding system the underpinning core principles should:

- Empower customers of all ages and employers to engage with colleges and training providers to make decisions about what is needed
- To put trust in colleges and training organisations, giving them the flexibility to maximise resources for frontline delivery
- Focus on outcomes particularly getting people back to work

- To be lean and fit for purpose, with low costs effective funding systems and agency structure
- A better balance in investment between the Government and individuals and employers.

The system based on these principles should:

- Allow colleges and training providers maximum flexibility to respond to customer needs
- Minimise the processes and costs in drawing down funds
- Establish a single route for organisations to receive their public funding to minimise transactions and costs
- Focus on delivery of quality outcomes so that those delivering these are rewarded
- Remove statutory or regulatory constraints which limit colleges ability to innovate
- Overhaul the complex performance management system so that it is more proportionate.

For Adult and Community Learning the proposals aim to strengthen relationships between colleges, local authorities, charities, voluntary organisations and social enterprises by encouraging and developing local leadership.

8 **Finance**

Funding for Adult Learning, like other areas of public spending, will be part of the Chancellor's spending review and details of the revised funding mechanism will not be available until after that date.

9 **Risks and Uncertainties**

The government have recognised the importance of Adult Learning but the funding mechanism and the priorities for future funding of Adult Learning will not be known until after the spending review.

10 **Policy and Performance Agenda Implications**

Adult Safeguarded Learning Skills Funding Agency targets

11 **Background Papers and Consultation**

All related documents are available from the Department for Business Innovation and Skills web site at: <http://www.bis.gov.uk/Consultations/funding-consultation>

Contact Name: Sue Shelley
Telephone: x 22540
E-mail: sue.shelley@rotherham.gov.uk

COMMITTEE/AATEMPLATE