

**JOINT HEALTH AND  
IMPROVING LIVES SELECT COMMISSION**

**Venue: Town Hall,  
Moorgate Street,  
Rotherham S60 2TH**

**Date: Thursday, 27th October, 2011**

**Time: 9.30 a.m.**

**A G E N D A**

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972
2. To determine any item the Chairman is of the opinion should be considered later in the agenda as a matter of urgency
3. Apologies for Absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
7. Adult Social Care Services Portfolio (Pages 1 - 12)  
- presentation by Councillors Doyle and Lakin
8. Joint Strategic Needs Assessment - Demographic and Future Trends (Pages 13 - 28)  
- presentation by Miles Crompton, Policy Officer
9. Caring for Our Future - Department of Health Consultation (Pages 29 - 37)  
- presentation by Shona McFarlane, Director of Health and Wellbeing and Deborah Fellowes, Policy Manager
10. Ageing Well Strategy for Rotherham (Pages 38 - 46)  
- report by Deborah Fellowes, Policy Manager
11. Continuing Health Care (Pages 47 - 55)  
- presentation by Shona McFarlane, Director of Health and Wellbeing

12. Review of Children's Congenital Cardiac Services Joint Health Overview and Scrutiny (Yorkshire and the Humber) - a copy of the report is available electronically at:-  
[http://www.rotherham.gov.uk/downloads/file/5872/review\\_of\\_childrens\\_congenital\\_cardiac\\_services](http://www.rotherham.gov.uk/downloads/file/5872/review_of_childrens_congenital_cardiac_services) (please note this is a large document) (Pages 56 - 62)
13. Dates and Times of Future Meetings:-
- Thursday, 8<sup>th</sup> December, 2011 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
  - Thursday, 26<sup>th</sup> January, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
  - Thursday, 8<sup>th</sup> March, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
  - Thursday, 19<sup>th</sup> April, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham



# “Rotherham People Calling The Shots”

Service Priorities for  
2011/12 and beyond

**Councillor John Doyle**

Cabinet Member for  
Health and Social Care

27<sup>th</sup> October, 2011

# Last 12 months achievements

- CQC assessed services 'Performing Excellently' – Nov 2010
- CQC assessed customer service 'Best Performing' – Jan 2011
- CQC assessed stroke support 'Best Performing' – Jan 2011
- Learning Disability Service identified as one of the best in Y&H
- Customer Service Excellence Award



# Last 12 months achievements

- National recognition for safeguarding adults
- Best performing local authority for Personalisation
- Best ever KPI performance
- Overall value for money – average costs and excellent quality of care
- Awards –
  - LGYH Winners – PHD in Personalisation
  - MJ Awards Winners – Personalisation Transformation
  - APSE Winners – Best Council contributed by shortlisted Home from Home, Carers Centre



# Customer achievements

- 1000 more customers/carers were supported
- 300 more assessments undertaken
- 70% of service users now receive a personal budget – national leaders, 702 people receive a direct payment
- 689 more annual reviews completed
- 2232 new pieces of assistive technology and 1326 items of equipment – 546 more than previous year



# Customer achievements

- Improved timeliness of assessments and care packages
- Increased customers living at home after 3 month following hospital discharges
- 4000 people have been seen through Carers Corner
- All residential, nursing care and home care providers are rated good or excellent – none rated 'poor' by CQC, in the top 4 councils.
- Safeguarding – raised awareness - increased alerts



# Customer Outcomes

- 97% of customers are satisfied with the care and support they receive
- 92% of customers feel safe
- 31% reduction in complaints



# 2011 / 12 The Year Ahead

- **People in need of support and care have more choice and control to help them live at home**
  - Increasing the use of assistive technology and equipment
  - Increasing annual reviews
  - Increasing people who have access to personal budgets to 100%
  - Put in place HealthWatch



# 2011 / 12 The Year Ahead

- **People in need get help earlier, before reaching crisis**
  - Expand the range of information available 24/7
  - An enablement service within 48 hours
  - A faster service for Occupational Therapy



# 2011 / 12 The Year Ahead

- **Carers get the help and support they need**
  - Provide more support to younger carers
  - Increased the number of shared lives carers by 50%
  - Increase advice and guidance through the carers centre



# 2011 / 12 The Year Ahead

- **Transforming the customer access, journey and experience for adult social care**
  - Easier access,
  - faster response,
  - personalised service



# 2011 / 12 The Year Ahead

- **Vulnerable people are protected from abuse**
  - Improving sharing information with CQC
  - Improving standards in all care homes
  - Strengthening local safeguarding procedures



# Significant Challenges

- Deliver budget savings through service transformation
- Deal with service specific pressures and demographic pressures while remaining within budget .
- Ability to achieve target increase in charges.
- Implications of the NHS & Social Care Bill including GP Commissioning – new relationships
- Effective Health and Wellbeing Boards & HealthWatch
- Maximising receipt of Continuing Health Care for customers
- Ability of external organisations to respond effectively and efficiently to customer's needs
- Very difficult market conditions – the recession – affecting housing, domiciliary care etc.
- Commissioning and Safeguarding - Standards of Care in Residential Settings – Winterbourne
- Local Account – Transparency Agenda



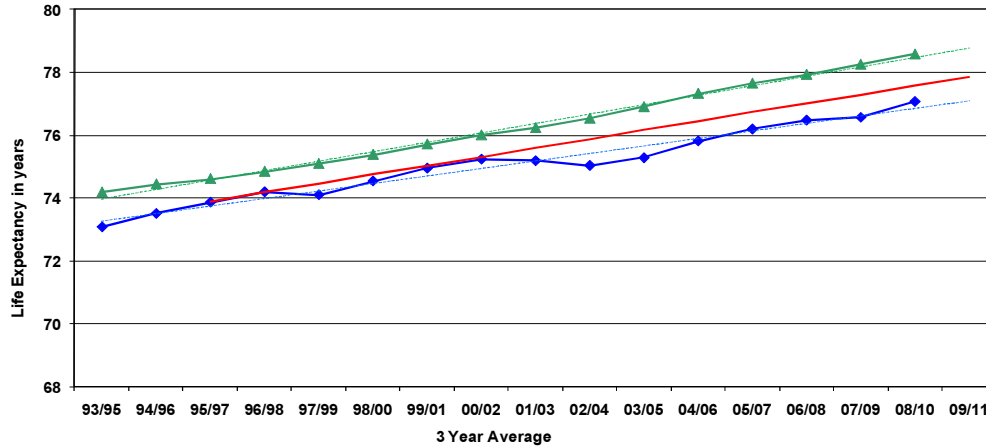
# Demographic Pressures on Adult Social Care



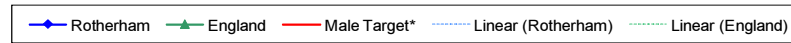
**Joint Meeting of Health and Improving Lives Select Commissions  
27<sup>th</sup> October 2011  
Miles Crompton, Corporate Policy Team**

# Life Expectancy

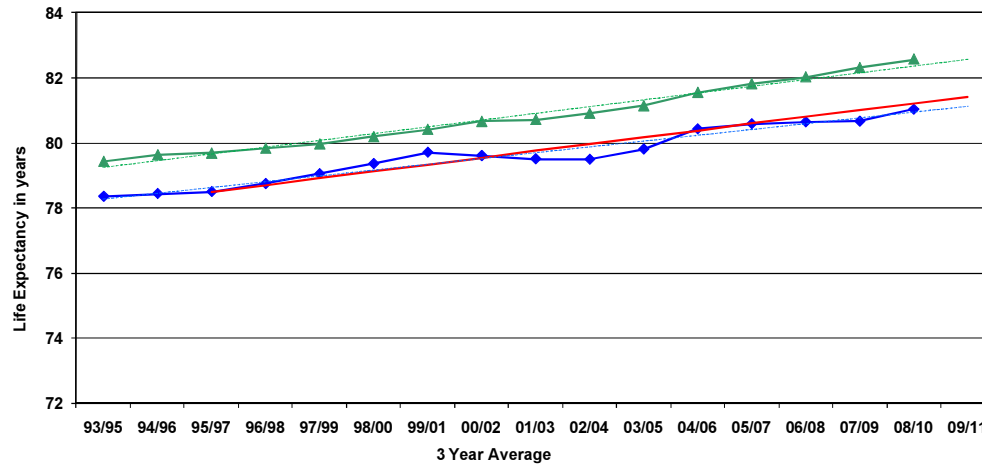
Life Expectancy at Birth 1993/95 - 2008/10 (3 year averages)  
Rotherham compared to England  
Males



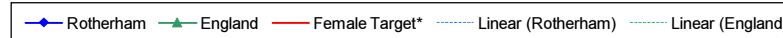
\*based on England 2009-11 = 78.5



Life Expectancy at Birth 1993/95 - 2008/10 (3 year averages)  
Rotherham compared to England  
Females



\*based on England 2009-11 = 82.5

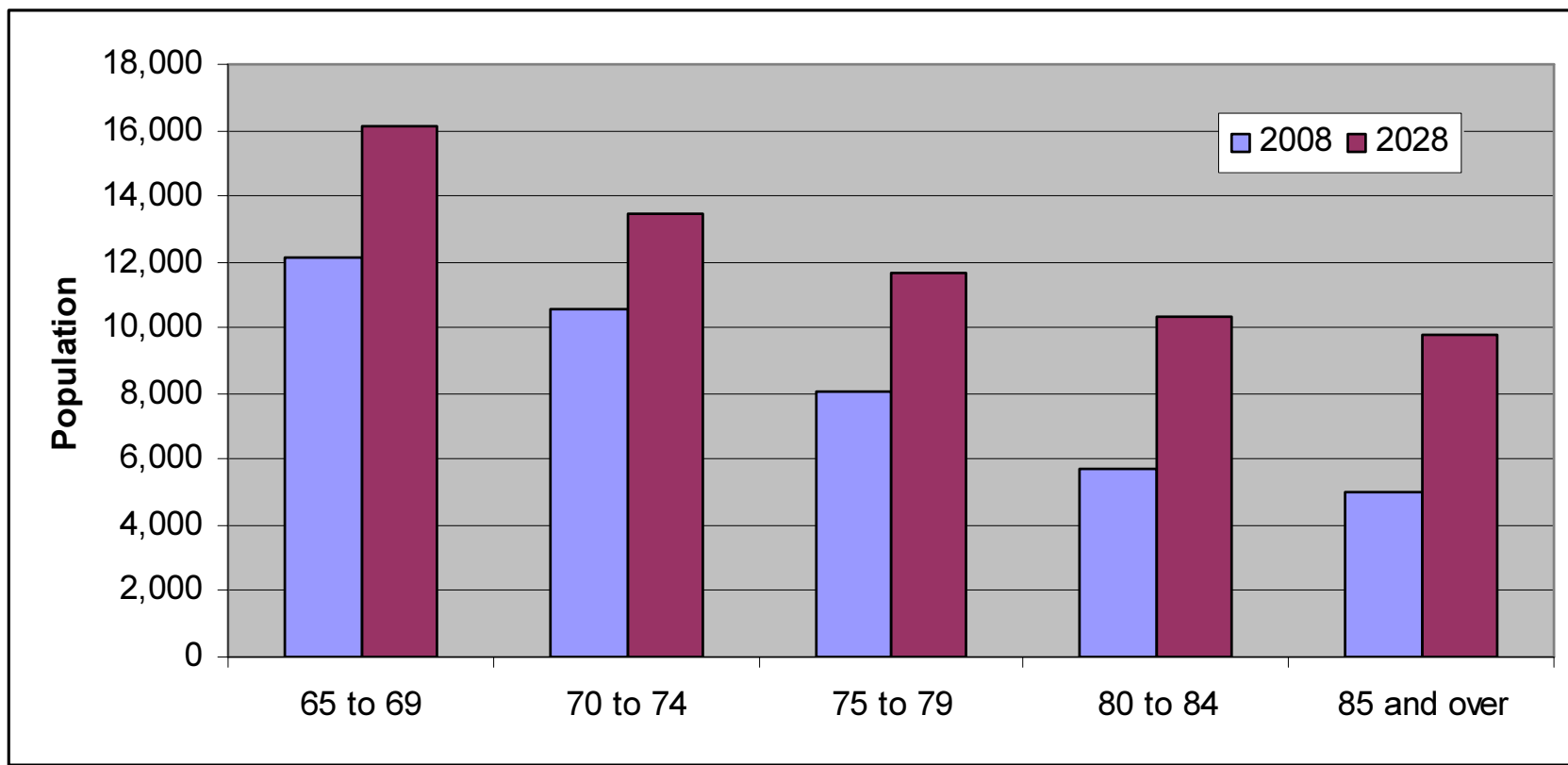


**Male**  
**+ 3 months a year**

**Female**  
**+2 months a year**



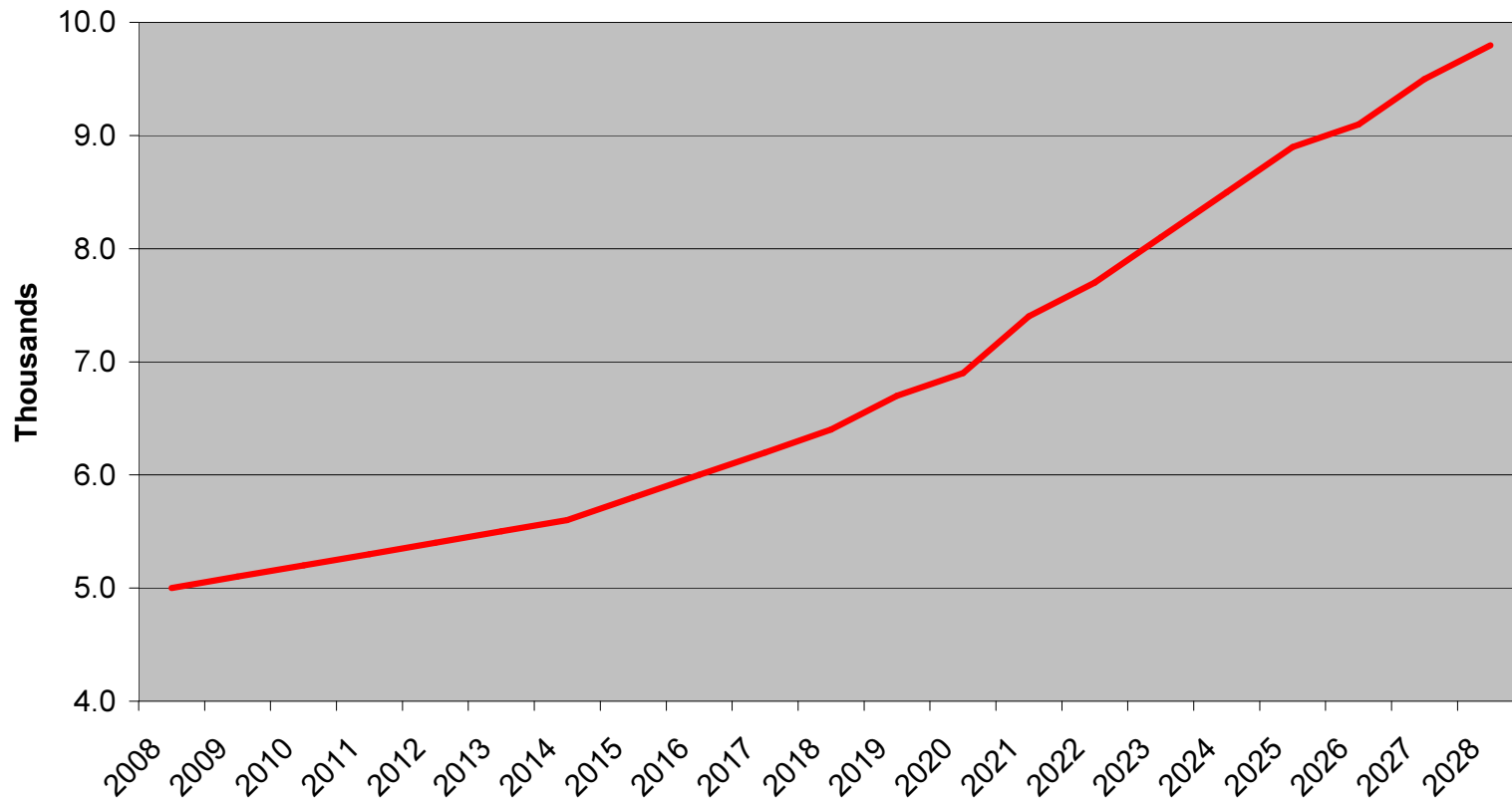
# Projected Growth Age Groups 2008-2028



# Projected Growth in 85+ Population

+33% 2010-2020  
+110% 2010-2030

Population aged 85+

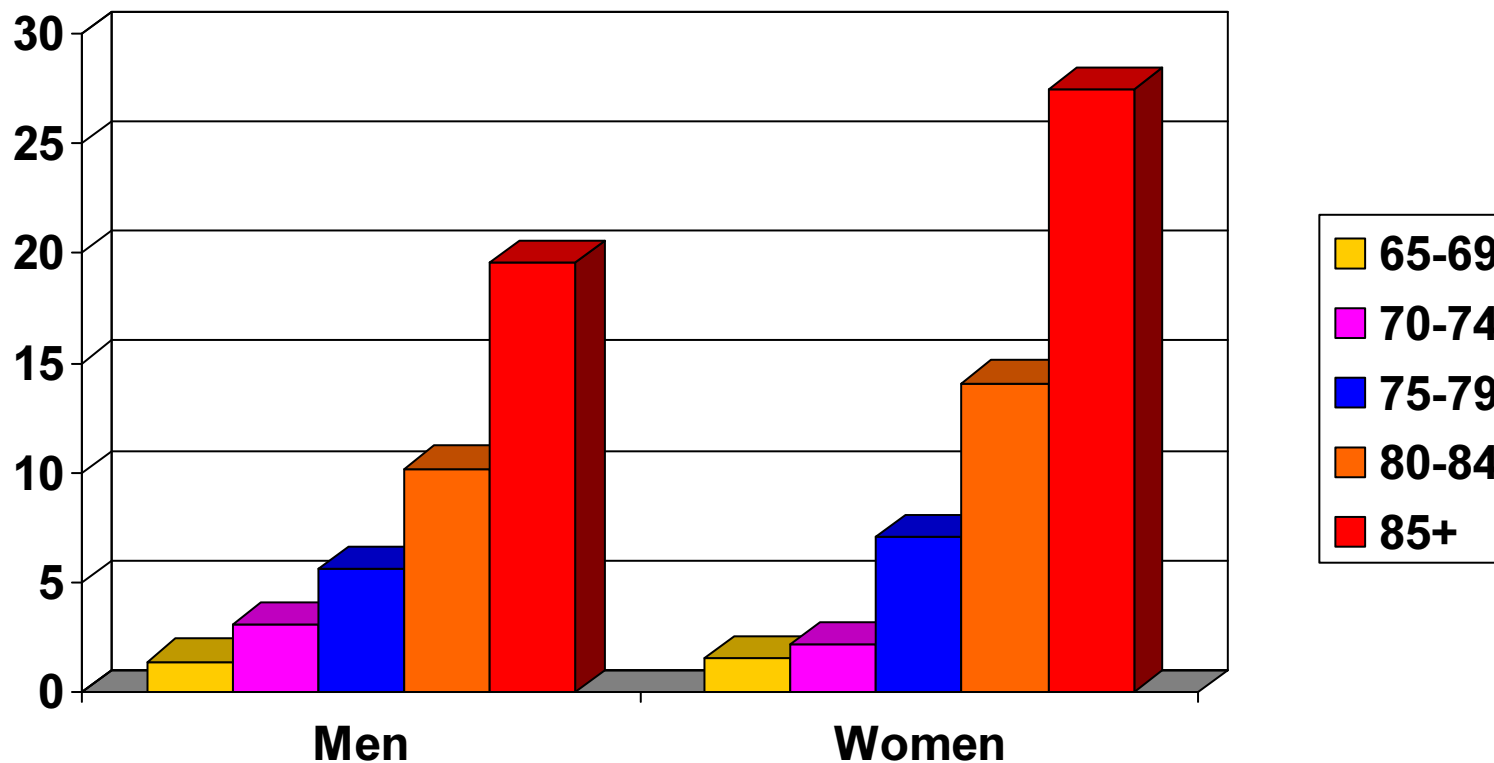


# Implications for 2020: Residents aged 65+

Limiting long term illness	+5,580	+22%
Mobility Impairment	+1,990	<b>+26%</b>
Hearing Impairment	+4,878	<b>+27%</b>
Obesity	+2,270	+20%
<b>Dementia</b>	+860	<b>+30%</b>
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



Source: CFAS 1998

# Projected Service Implications (crude)

People aged 65+	2010	2020	2030
Helped to live independently	3,040	3,700 +22%	4,400 +46%
Receiving community based services	4,280	5,210 +22%	6,300 +46%
In CSSR supported care homes	1,500	1,830 +22%	2,200 +46%
Carers receiving services	1,350	1,640 +21%	2,000 +46%

Source: POPPI 2010

# Ageing Households

Household increase 2006 – 2031 (25 yrs)

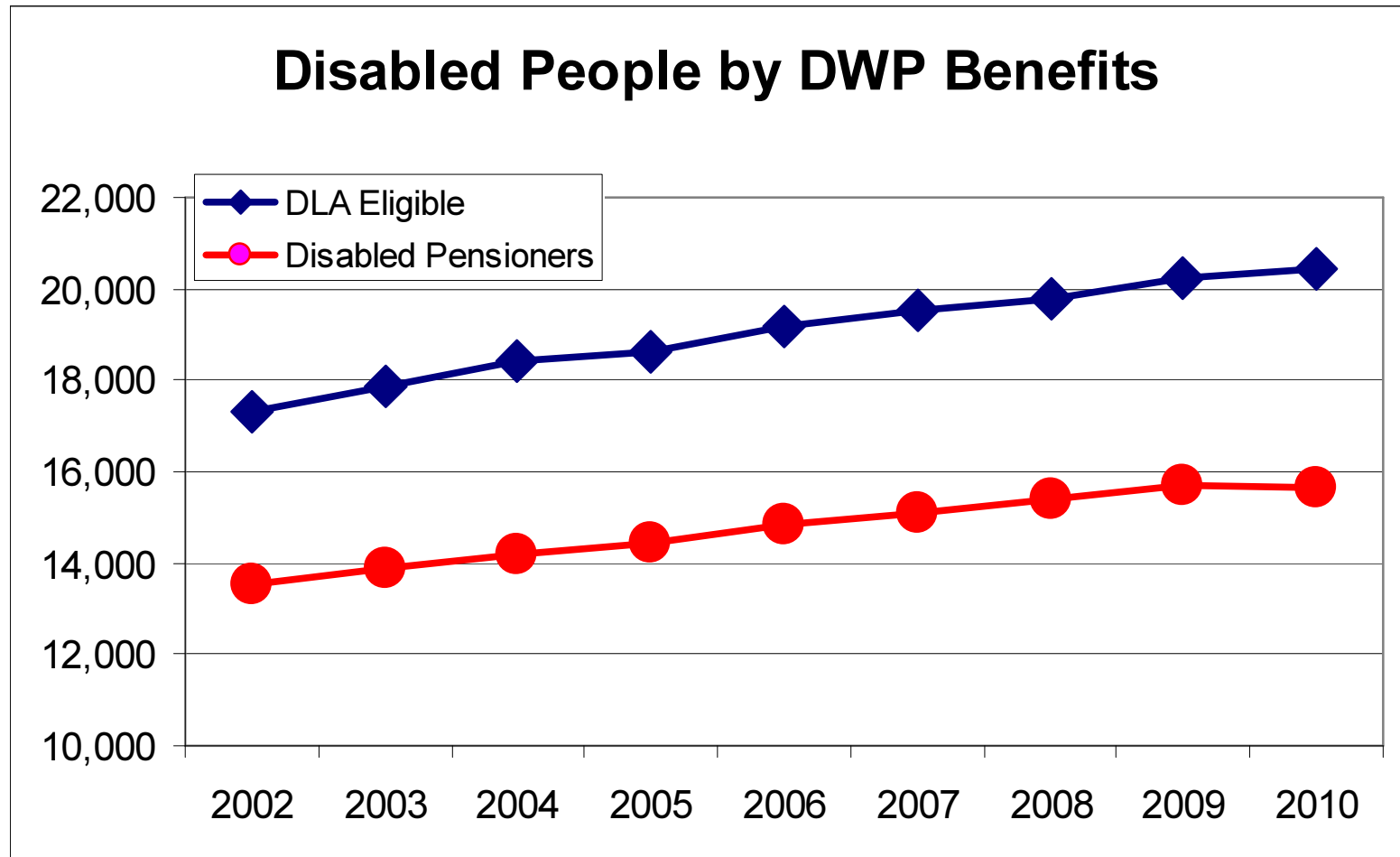
- All Households +27,000
  - One Person +17,000
  - Pensioner +18,000
  - Aged 75+ +11,000

Projected from 2010	2020	2031
65+ living alone	19,500 (+23%)	24,000 (+52%)
Aged 75+ living alone	12,500 (+28%)	16,000 (+65%)
75+ LT ill, living alone	8,500 (+31%)	11,000 (+70%)

# Low Income Pensioners

- 51,300 pensioners
- 28,800 state pension only (56%)
- 18,100 in Pension Credit households (35%)
- 11,200 in Guarantee Credit Households (22%)
- Government estimates third of those eligible for Pension Credit do not claim
- Possibly 27,000 low income pensioners (53%) or 19,500 Guarantee (38%)

# Disability



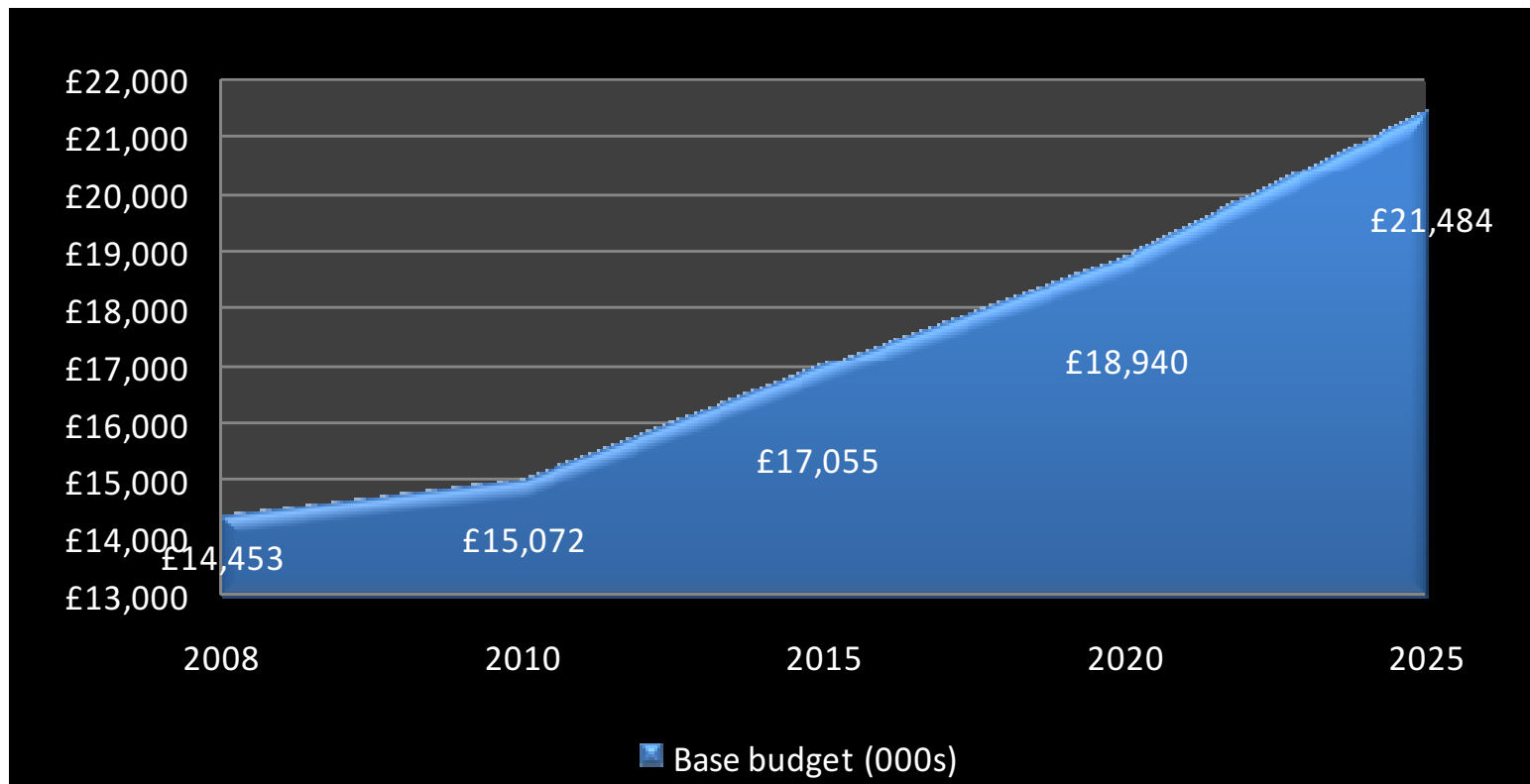
2002–2010: DLA +18%, Disabled Pensioner +16%



# Health: Indicators relative to England

<b>Better</b>	<b>Average</b>	<b>Worse</b>
Hospital re. self harm	Higher risk drinking	Breast feeding initiation
New cases of TB		Physical activity
Road injuries & deaths		Obesity
		Emergency Admissions
		Teenage conceptions
		Smoking
		Poor diet
		Drug misuse
		Hip fracture 65+
		Excess winter deaths
		Life expectancy
		Cancer

# Projected Costs Older Peoples Mental Health Services



# Projected Care Gap

## Cabinet Office 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
- ❖ More emphasis on spouses & formal care

## Older carers

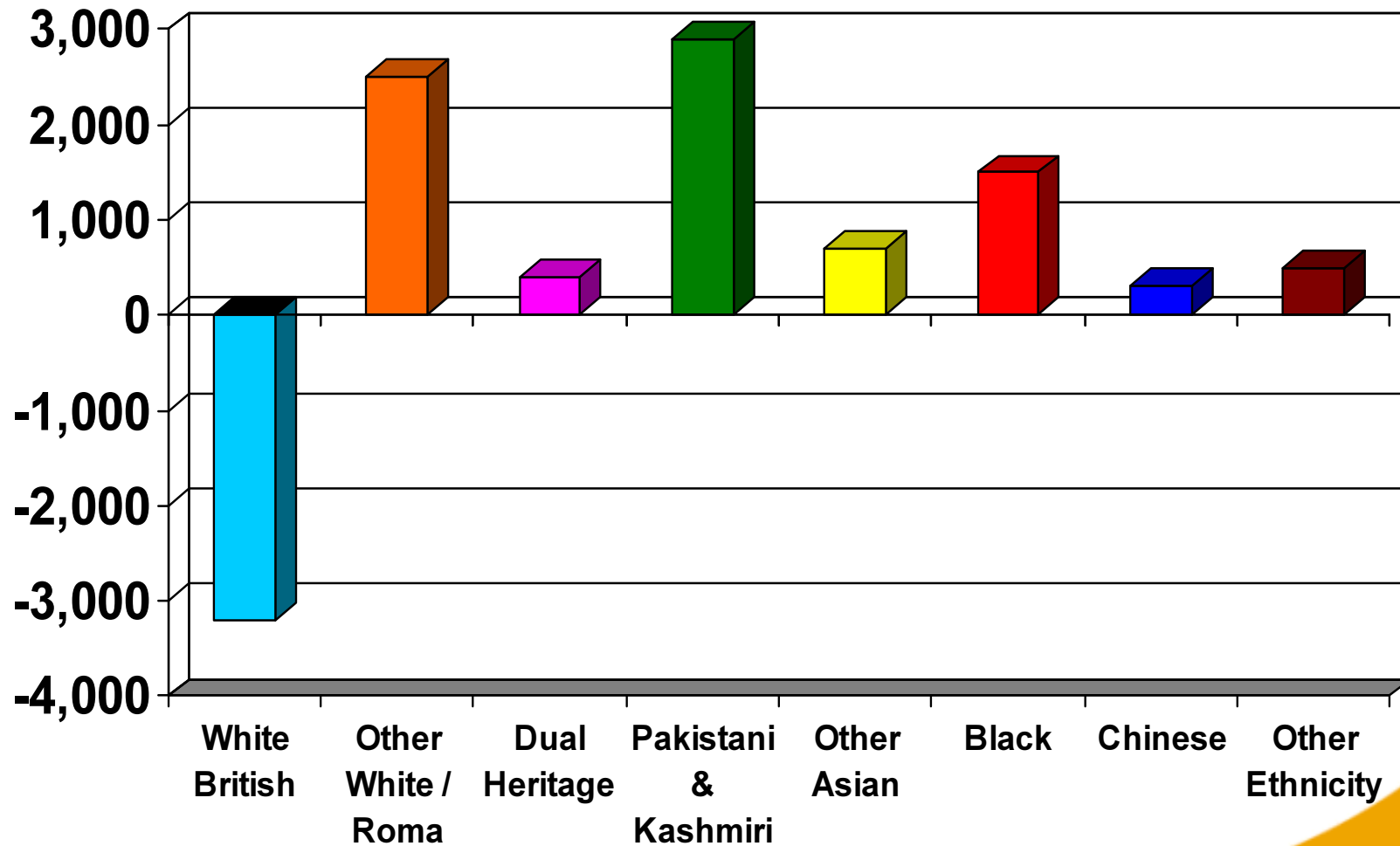
35,000 carers, most aged 45-64 but...

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

## Rising care needs

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

# Estimated Ethnic Change 2001 - 2009



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

# Summary

- Ageing & rising population
- Oldest age groups will increase most
- Rising age related conditions
- More older people living alone
- Low income pensioners
- Poor health & high rates of disability
- Rising care needs
- Growing ethnic diversity
- ❖ Serious implications for Social Care!

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
------------------------------------------------------

<b>1.</b>	<b>Meeting:</b>	<b>Joint Improving Places and Health Select Commission</b>
<b>2.</b>	<b>Date:</b>	<b>27<sup>th</sup> October 2011</b>
<b>3.</b>	<b>Title:</b>	<b>Caring For the Future</b>
<b>4.</b>	<b>Directorate:</b>	<b>NAS/ CPP</b>

### **5. Summary**

The purpose of this report is to bring Members of the two Select Commissions up to date with the emerging national policy agenda regarding reform of the Social Care System. This will provide a background context for the themed meeting and the discussions being held. It is also to seek early input from the two Commissions into the emerging response from the Council to the Government's current public engagement process on this agenda.

### **6. Recommendations**

**That Commission Members consider:**

- **The information contained within this paper as policy context for the themed discussions**
  - **Early thoughts and comments on the Council's response to the public engagement exercise.**
-

## 7. Proposals and Details

On 15 September, the Government launched *Caring for our future: shared ambitions for care and support* – an engagement with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.

*Caring for our future* is an opportunity to bring together the recommendations from the Law Commission and the Commission on Funding of Care and Support with the Government's *Vision for Adult Social Care*, and to discuss with stakeholders what the priorities for reform should be.

Within 20 years, the number of over 85s will double, and the number of people living with lifelong disabilities is likely to grow too. At the same time, though, there will be relatively fewer people working and paying taxes to help pay for the support the Government provides. As a society, we should celebrate the fact that people are living longer. However, it means that if we don't spend more on care and support, fewer people will have financial help from the Government. More people, and their families, will struggle on their own to meet the costs of care. The engagement exercise is aimed at getting people's views on this agenda, whilst taking on board the following key issues:

- People want greater choice and control over their care and support.
- People's expectations are rising
- Care is expensive, and people often face very high care costs without being able to protect themselves.

Last November the Government published its *Vision for Adult Social Care*. The vision set out the principles for a modern system of care and support. It said that they want to see a care and support system where care is personalised, people have choice in how their needs and ambitions are met, and carers are supported. Active, strong communities should help people maintain their independence and high quality care should be delivered by a diverse range of providers and a skilled workforce that can provide care and support with compassion and imagination. People must be confident that they are protected against poor standards and abuse.

The Law Commission report said that adult social care law is outdated and confusing, making it difficult for people who need care and support, their carers and local authorities to know what they are entitled to. It recommended bringing together all the different elements of social care law into a single, modern, adult social care statute.

The Commission on the Funding of Care and Support which was led by Andrew Dilnot recommended that the amount that people have to spend on care over their lifetimes should be capped, although people in care homes should continue to pay a contribution towards their living costs, sometimes known as 'hotel' costs such as food, and building based costs.



The Commission also recommended that the current system of means-tested support should be extended, so that more people can get additional help in paying for care.

These reports contain some proposals to help the Government decide their approach to changing the care and support system. They have therefore launched this engagement exercise to generate a wider discussion about every aspect of the system. There are 6 key themes, each of which is being led nationally by a publically known figure. At the end of the engagement, the discussion leaders will bring together views about the priorities for change. This will help the Government decide what to do.

The Government will publish a White Paper in spring 2012, alongside a progress report on funding reform. The White Paper will set out the approach to reform, to start the process of transforming our care and support system.

It is clearly important that the Council responds to this engagement process, which is broken down into the following discussion areas.

- Improving quality and developing the workforce
- Increased personalisation and choice
- Ensuring services are better integrated around people's needs
- Supporting greater prevention and early intervention
- Creating a more diverse and responsive care market
- The role of the financial services sector in supporting users, carers and their families

Appendix 1 shows the questions that are being asked in each area. We are currently in the process of pulling together responses to these questions and would anticipate being able to share early thoughts on this with members at the meeting.

### **8. Finance**

The financial implications of this paper are non-specific at this stage, as it is a policy and consultation related report. The potential reform of the Social Care system, however, into the future will have significant implications for the Council.

### **9. Risks and Uncertainties**

Given that this is an early policy and consultation document uncertainties about future policy direction and future funding implications are high. The risk associated with this relates to impact of the White Paper and future legislation on social care funding and costs.

### **10. Policy and Performance Agenda Implications**

Future implications for the Council's Corporate Plan and in particular its priority entitled - Ensuring care and protection are available for those people who need it most.

**11. Background Papers and Consultation**

Vision for Adult Social Care

Law Commission Report

The Commission on the Funding of Care and Support

**Contact Name. Shona McFarlane**

**Director ext 22397**

**Deborah Fellowes**

**Scrutiny and Policy Manager ext 22769**

## **Appendix 1 – consultation questions**

### **1. Improving quality and developing the workforce**

The quality of care people receive is a major concern for users, their families and the public more widely.

a. Should there be a standard definition of quality in adult social care as quality can often be interpreted differently? What do we mean by it and how should it be defined? How could we use this definition to drive improvements in quality?

b. How could the approach to quality need to change as individuals increasingly fund or take responsibility for commissioning their own care? How could users themselves play a stronger role in determining the results that they experience and designing quality services that are integrated around their personal preferences?

c. How could we make quality the guiding principle for adult social care? Who is responsible and accountable for driving continuous quality improvement within a more integrated health and care system?

d. What is the right balance between a national and local approach to improving quality and developing the workforce? Which areas are best delivered at a national level?

e. How could we equip the workforce, volunteers and carers to respond to the challenges of improving quality and responding to growth in demand? How could we develop social care leadership capable of steering and delivering this?

f. How could we improve the mechanisms for users, carers and staff to raise concerns about the quality of care? How could we ensure that these concerns are addressed appropriately?

### **2. Increased personalisation and choice**

The needs and circumstances of every person receiving care and support are unique to them. Whether a person funds their own care or receives a personal budget we want people to have genuine choice and control over the services they buy and receive.

a. How could we change cultures, attitudes and behaviour among the social care workforce to ensure the benefits of personal budgets, including direct payments, are made available to everyone in receipt of community based social care? Are there particular client groups missing out on opportunities at the moment?

b. What support or information do people need to become informed users and consumers of care, including brokerage services? How could people be helped to choose the service they want, which meets their needs and is safe too? How could better information be made available for people supported by public funds as well as those funding their own care?

c. How could the principles of greater personalisation be applied to people in residential care? Should this include, as the Law Commission recommends, direct payments being extended to people (supported by the state) living in residential accommodation? What are the opportunities, challenges and risks around this?

d. How could better progress be made in achieving a truly personalised approach which places outcomes that matter to people, their families and carers at its heart? What are the barriers? Who has responsibility and what needs to change, including on the legislative front?

### **3. Ensuring services are better integrated around people's needs**

People's lives rarely fit into neat compartments. Getting the care we need may involve several different services and agencies. We want to discuss how local services can work better together to meet people's needs.

a. What does 'good' look like? Where are there good practice-based examples of integrated services that support and enable better outcomes?

b. Where should services be better integrated around patients, service users and carers – both within the NHS, and between the NHS and local government services, in particular social care (for example, better management of long term conditions, better care of older people, more effective handover of a person's care from one part of the system to another, etc)?

c. How can integrated services achieve better health, better care and better value for money?

d. What, if any, barriers to integration should be removed, and how can we incentivise better integration of services at all levels?

e. Who needs to do what next to enable integration to be progressed in a pragmatic and achievable way?

f. How can innovation in integrated care be identified and nurtured?

#### **4. Supporting greater prevention and early intervention**

Across health, social care and public health, we want to focus on prevention and early intervention to help people maintain their independence and improve their health and well-being.

a. What do good outcomes look like? Where is there practice-based evidence of interventions that support/enable these outcomes?

b. How could organisations across the NHS and local government, communities, social enterprises and other providers be encouraged and incentivised to work together and invest in prevention and early intervention including promoting health and wellbeing?

c. How could we change cultures and behaviour so that investment in prevention and early intervention is mainstream practice rather than relying on intervention at the point of crisis? How could we create mechanisms that pay by results/outcomes?

d. How could individuals, families and communities be encouraged to take more responsibility for their health and wellbeing and to take action earlier in their lives to prevent or delay illness and loss of independence? How could we promote better health and wellbeing in society?

e. How could innovation in prevention be encouraged, identified and nurtured?

#### **5. Creating a more diverse and responsive care market**

People want choice and control over their care and support, so they can receive the services which best meet their needs. In the future, individuals will increasingly be purchasing their own services. Those funding their own care will continue to seek a range of services.

a. How would you define the social care market? What are the different dimensions we need to consider when assessing the market (eg type of provision, client group, size of provider, market share)?

b. How could we make the market work more effectively including promoting growth, better information for commissioners (local authorities and individuals), improved quality and choice and innovation?

c. Does there need to be further oversight of the care market, including measures to address provider failure? If so, what elements should this approach include, and who should do it?

d. Looking to the future, what could be the impacts of wider reforms on the market? What possible effects would the following have on the market: the recommendations of the Dilnot Commission's report, the roll out of personal budgets and direct payments, and the drive to improve quality and the workforce?

## **6. The role of the financial services sector in supporting users, carers and their families**

The financial services industry believes it can play a more important role to help people plan and prepare for the costs they will face in older age. The choice and range of financial products, such as insurance, to help people pay for care is currently very limited.

a. In the current system, what are the main barriers to the development of financial products that help people to plan for and meet the costs of social care?

b. To what extent would the reforms recommended by the Commission on Funding of Care and Support overcome these barriers? What kinds of products could we see under such a system that would be attractive to individuals and the industry?

c. What else could the Government do to make it easier for people to plan financially for social care costs?

d. Would a more consistent system with nationally consistent eligibility criteria, portability of assessments and a more objective assessment process support the development of financial products? If so, how?

e. Would the reforms recommended by the Commission on Funding of Care and Support lead to an overall expansion of the financial services market in this area? How would this affect the wider economy?

f. What wider roles could the financial services industry play? For example, in:

raising awareness of the care and support system?

providing information and advice around social care and financial planning?

encouraging prevention and early intervention?

helping people to purchase care, or purchasing it on their behalf?

helping to increase the liquidity of personal assets?

**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

1.	<b>Meeting:</b>	<b>Joint Improving Places and Health Select Commission</b>
2.	<b>Date:</b>	<b>27<sup>th</sup> October 2011</b>
3.	<b>Title:</b>	<b>Ageing Well Strategy for Rotherham</b>
4.	<b>Directorate:</b>	<b>CPP</b>

**5. Summary**

The purpose of this report is to inform Members of the two Select Commissions about the work that is ongoing regarding the development of an “Ageing Well” Plan for Rotherham. In particular it focuses on the consultation exercise that has just been completed and summarises the key findings from this.

**6. Recommendations**

**That Commission Members consider:**

- **The information contained within this paper regarding the consultation exercise completed and the implications for an ageing well plan for Rotherham.**
-



## 7. Proposals and Details

Demographic changes in Rotherham will over the next 15 years lead to an increase in the proportion of older people living in the borough. The numbers in the 80+ group in particular are likely to increase significantly. This has the potential to add to pressures on Health and Social Care provision in the borough. To address the challenges this presents, RMBC and NHS Rotherham have agreed to develop a strategic commissioning approach that will ensure the pressures of an ageing population do not lead to an increase in dependency on high cost specialist services. The Ageing Well plan will set out how we will work with people as they age. To ensure people age well and live independently for as long as possible, Rotherham Council and partners have agreed to develop a new approach to providing support for older people.

In order to do this we will have to think of ways of making sure that support is available at the time of need, reduce the likelihood of long term conditions arising and stopping reliance upon high cost services that make people more dependent. We also need to make the best use of assistive technology, telecare and adaptations.

During December 2010 and January 2011 five workshops covering physical wellbeing, mental wellbeing, access to universal information, economic wellbeing and housing were attended by professionals working in these areas. Each workshop identified a number of priorities for the next 6, 12 and 24 months. From this a first draft of an Ageing Well Plan was drafted – Appendix 1. The process at this stage, however, had not included a significant number of customers or voluntary sector representatives. In order to produce a specific action plan to progress the agenda, it was important to build on the results of the above workshops by engaging with a wide range of community representatives through a community engagement exercise.

This report provides a summary of the main findings of the community engagement exercise. It identifies the methodology used and the key emerging themes and issues raised as part of the consultation.

The aims of the consultation were:

- To consult with council and health staff, community groups and residents from across the Borough about their views on the Ageing Well Plan and how it might develop.
- To reach those seldom heard groups to obtain their views about the Ageing Well Plan and its future.

The findings from most participants indicated that an Ageing Well Plan is as outlined would be welcomed and has the support of older people and the older peoples groups / forums.

It is important to note that the focus groups confirmed that they believed all of the areas to be of value however when asked to rank the priorities there is a clear and strong consensus emerging about the areas which are of greatest importance to most people with 8 top priority areas apparent listed below:

- Making sure information about services and support is shared and accessible
- Making sure people are told about support and services early
- Tackling crime, the fear of crime and transport issues for older people
- Working with the NHS and partners to help prevent falls and strokes
- Tackling social isolation
- Tackling fuel poverty
- Promoting healthy lifestyles
- Supporting Carers to engage in physical recreation / breaks

The face to face interviews revealed several areas of concern which people felt were not represented in the Ageing Well Plan and should be:-

- Provision of a safe accessible place in Rotherham town centre for older people to meet and socialise.
- People to treat older people and their opinions with respect; particular emphasis upon health, council and police staff and utilities providers
- Visible recognition of the contribution older people make to our community
- Positive use of language and images when producing information about older people and for the benefit of older people
- Provision of an equivalent to the discontinued Rotherham News.

## **8. Finance**

The financial implications of this paper are non-specific at this stage, as it is a policy and consultation related report. The development of an Ageing Well plan will inform future commissioning activity.

## **9. Risks and Uncertainties**

Given that this is an early policy and consultation document uncertainties about future policy direction and commissioning implications are high.

## **10. Policy and Performance Agenda Implications**

Future implications for the Council's Corporate Plan and in particular its priorities entitled – Making sure no community is left behind and Ensuring care and protection are available for those people who need it most.

## **11. Background Papers and Consultation**

Ageing well consultation report – September 2011

**Contact Name.** Deborah Fellowes, Scrutiny and Policy Manager ext 22769  
Caroline Naylor, Community Engagement Officer, ext 22324

Appendix 1 – Draft Plan

<b>Priorities</b>	<b>Older people and carers have access to services and information.</b>	<b>Older People live safely in their own communities</b>	<b>Older People expect greater levels of mental, physical and economic well being</b>	<b>Friends and relatives helping Older People.</b>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Identify current services and support available</li> <li>• Ensure information is shared and accessible</li> <li>• Ensure early signposting to support and services</li> <li>• Develop an E-market place for information about services on the internet.</li> <li>• Improve access to information for seldom heard groups</li> <li>• Include employment and income in the assessment process</li> </ul>	<ul style="list-style-type: none"> <li>• Address crime, fear of crime and transport issues for older people</li> <li>• Work with Health and partners to prevent falls</li> <li>• Encourage people to consider different housing options</li> <li>• Identify locally active community groups</li> <li>• Develop time banks to enable volunteers to help Older People in their own homes</li> </ul>	<ul style="list-style-type: none"> <li>• Promote healthy lifestyles</li> <li>• Expand scheme for ‘exercise on prescription’</li> <li>• Encourage physical activity in residential homes</li> <li>• Deliver Active in Age training</li> <li>• Link mental Health and Physical Health programmes</li> <li>• Tackle Social Isolation</li> <li>• Improve skills and employment opportunities for Older People</li> <li>• Retirement planning for small business owners over 50</li> <li>• Tackle fuel poverty</li> <li>• Increased disposable income</li> </ul>	<ul style="list-style-type: none"> <li>• Embed the Carers Strategy into Ageing Well</li> <li>• Evaluate feedback and make recommendations for Carers Corner Services</li> <li>• Support Carers to engage in physical recreation</li> </ul>
<b>Measures</b>	<ul style="list-style-type: none"> <li>• More Older People accessing universally available services.</li> <li>• Develop an Ageing Well Checklist with Older People</li> </ul>	<ul style="list-style-type: none"> <li>• More Older People living independently</li> <li>• Reduction in falls</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in fuel poverty</li> <li>• Reduction in unemployment</li> <li>• More Older People are physically active</li> <li>• Ensure take up of Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of Carers being supported</li> </ul>

<b>Outcomes</b>	<ul style="list-style-type: none"><li>• A reduced requirement for residential care</li><li>• Improvement in the mental wellbeing of older people due to better social integration and support</li><li>• A reduced number of older people being classed as vulnerable</li><li>• An increase in the number of Older People reporting they are happy with their community and council.</li></ul>			

Appendix 2 – consultation questions

**Section 1**

The priorities identified by the professionals were:

**Older People and Carers having easy access to services and information:**

**Do you:-** strongly agree / agree / neither agree nor disagree / disagree / strongly disagree

**Older People need to feel safe in their own communities:**

**Do you:-** strongly agree / agree / neither agree nor disagree / disagree / strongly disagree

**Older people should feel mentally and physically well:**

**Do you:-** strongly agree / agree / neither agree nor disagree / disagree / strongly disagree

**Older people should have enough money to enable them to choose the lifestyle they want:**

**Do you:-** strongly agree / agree / neither agree nor disagree / disagree / strongly disagree

**Older people need to know that everyone who helps them, including friends and family will be supported:**

**Do you:-** strongly agree / agree / neither agree nor disagree / disagree / strongly disagree

## Section 2

### Older People and Carers having easy access to services and information:

**Which of the following do you feel are most important?**

(You may select more than one)

**Identifying current services and support available to Older People**

**Making sure information about services and support is shared and accessible**

**Making sure people are told about support and services early**

**Putting information about services and support on the internet**

**Making access to information easier for people who do not usually contact the council**

**Asking Older People about their income and employment information during an assessment for services**

### Older People feel safe in their own communities:

**Which of the following do you feel are most important?**

(You may select more than one)

**Tackling crime, the fear of crime and transport issues for Older People**

**Working with the NHS and partners to help prevent falls and strokes**

**Encouraging Older People to look at different types of housing**

**Developing new ways for volunteers to help Older People in their own homes**

**Identifying local active community groups for Older People**

**Older people should feel mentally and physically well:**

**Which of the following do you feel are most important?**

(You may select more than one)

**Promoting healthy lifestyles**

**Expanding schemes for exercise on prescription**

**Encouraging physical activity in residential homes**

**Delivering Active in Age Training to staff**

**Linking together mental health and physical health programmes**

**Tackling social isolation**

**Older people should have enough money to enable them to choose the lifestyle they want:**

**Which of the following do you feel are most important?**

(You may select more than one)

**Improving skills and employment opportunities for Older People**

**Increasing the amount of money Older People have to spend  
Retirement planning for small business owners over 50**

**Tackling fuel poverty**

**Older people need to know that everyone who helps them, including friends and family will be supported:**

**Which of the following do you feel are most important?**

(You may select more than one)

**Developing a Carers Strategy and including the actions in the Ageing Well plan**

**Supporting Carers to engage in physical recreation**

**Making recommendations for Carers Corner**

**Do you think we have missed anything? Yes / No**

**If yes please tell us**

**Thank you for completing our survey if you need further information about the consultation please contact Caroline Naylor on telephone 01709 822324 or email [caroline.naylor@rotherham.gov.uk](mailto:caroline.naylor@rotherham.gov.uk)**



# Health/Improving Lives Select Commission

## Continuing Health Care in Rotherham

Shona McFarlane  
Director of Health and Wellbeing

# Continuing Health Care

## Context

- Specific eligibility criteria
- Assessment/decision making process set out in legislation
- Single national framework set out in 2007

# Continuing Health Care

- long term health and social care needs, with a primary focus on health needs =  
Continuing Health Care
- long term social care needs with needs that should be met in nursing care accommodation =  
Fixed rate NHS contribution plus LA costs of core placement  
Free Nursing Care
- long term social care needs with health needs met through primary care =  
Local authority (or self-funded) residential care

# Continuing Health Care

## National Framework - Best Practice

- Checklist (initial screening tool)
- Decision Support Tool
- Fast Track Pathway Tool

# Continuing Health Care

- Assessment – undertaken by multi disciplinary team
- Recommendations of MDT – should be accepted by PCT, panel in place
- Consultation with LA when ending funding

# Continuing Health Care

## Whole System Issue

- assessments
- providers
- changing needs
- customers

## Relative Spend

- 2006/7 112 people cost £2.15 m
- 2007/8 215 people cost £2.82 m
- 2008/9 573 people cost £7.62 m
- 2010/11 795 people cost £10.86 m

# Continuing Health Care

- Spending per head of population – improved from 10<sup>th</sup> to 8<sup>th</sup> of 15.
- Number of people received CHC funding has reduced – down from 7<sup>th</sup> best to 11<sup>th</sup>.
- although ranking has improved, Rotherham is below the average spend per head of population.
- Main areas of variation:
  - o Older people with dementia – less than half the regional average.
  - o People with physical disability – a third below the regional average.
  - o People with learning disability – 10% below average, but improving.



# Continuing Health Care

## Issues and challenges

- Funding levels
- Delays in assessments
- Customer experience – timely access
- Communication on changes in funding decisions

<b>ROTHERHAM BOROUGH COUNCIL – REPORT</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Health Select Commission</b>
<b>2.</b>	<b>Date:</b>	<b>27 October 2011</b>
<b>3.</b>	<b>Title:</b>	<b>Review of Children’s Congenital Cardiac Services in England: Inquiry report</b>
<b>4.</b>	<b>Directorate:</b>	<b>Chief Executive’s All wards</b>

## **5. Summary**

- On behalf of the 15 top-tier local authorities across Yorkshire and the Humber, the Joint Health Overview and Scrutiny Committee (HOSC ) formed the statutory overview and scrutiny body that considered and responded to the Review of Children’s Congenital Cardiac Services in England and the associated reconfiguration proposals.
- In considering the review and the proposals set out in the Safe and Sustainable Consultation Document: A new vision for Children’s Congenital Heart Services in England (March 2011), the Joint HOSC considered a range of evidence and heard from a number of key stakeholders. This information is detailed in the final inquiry report.
- In early October 2011, the Joint HOSC presented its consultation response to the proposals and issued a formal report to the Joint Committee of Primary Care Trusts (JCPCT) – the decision-making body – for consideration. A formal response to the Joint HOSC’s report should be received and available by mid-November 2011.
- This report summarises the main issues identified by the Joint HOSC and the recommendations put forward to the JCPCT. It should be noted that, notwithstanding any response to the Joint HOSC’s report, a formal decision is not expected until mid-December 2011 at the earliest.

## **6. Recommendations**

- a. **That Members of the Health Select Commission are asked to note the main issues and recommendations of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber).**

## **7. Proposals and Details**

**7.1** The purpose of this report is to summarise the main issues identified by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and the recommendations put forward to the JCPCT.

**7.2** It should be noted that while a formal decision is not expected until mid-December 2011, a response to the Joint HOSC's report should be received and available by mid-November 2011.

### **7.3 Background information**

**7.3.1** In 2008 the NHS Medical Director requested a review of Children's Congenital Heart Services in England. The aim of the review was to develop and bring forward recommendations for a *Safe and Sustainable* national service that has:

- Better results in surgical centres with fewer deaths and complications following surgery
- Better, more accessible assessment services and follow up treatment delivered within regional and local networks
- Reduced waiting times and fewer cancelled operations
- Improved communication between parents/ guardians and all of the services in the network that see their child
- Better training for surgeons and their teams to ensure the service is sustainable for the future
- A trained workforce of experts in the care and treatment of children and young people with congenital heart disease
- Surgical centres at the forefront of modern working practices and new technologies that are leaders in research and development
- A network of specialist centres collaborating in research and clinical development, encouraging the sharing of knowledge across the network

**7.3.2** On behalf of the ten Specialised Commissioning Groups in England, and their constituent local Primary Care Trusts, the Safe and Sustainable review team (at NHS Specialised Services) has managed the review process. This has involved:

- Engaging with partners across the country to understand what works well at the moment and what needs to be changed
- Developing standards – in partnership with the public, NHS staff and their associations – that surgical centres must meet in the future
- Developing a network model of care to help strengthen local cardiology services
- An independent expert panel assessment of each of the current surgical centres against the standards
- The consideration of a number of potential configuration options against other criteria including access, travel times and population.

**7.3.3** At the Joint Committee of Primary Care Trusts (JCPCT) meeting held on 16 February 2011, the following recommendations and options for consultation were presented and agreed:

- Development of Congenital Heart Networks across England that would comprise all of the NHS services that provide care to children with Congenital Heart Disease and their families, from antenatal screening through to the transition to adult services.
- Implementation of new clinical standards that must be met by all NHS hospitals designated to provide heart surgery for children
- Implementation of new systems for the analysis and reporting of mortality and morbidity data relating to treatments for children with Congenital Heart Disease.
- A reduction in the number of NHS hospitals in England that provide heart surgery for children from the current 11 hospitals to 6 or 7 hospitals in the belief that only larger surgical centres can achieve true quality and excellence.
- The options for the number and location of hospitals that provide children's heart surgical services in the future are:

<p><b>Option A: Seven surgical centres at:</b></p> <ul style="list-style-type: none"> <li>• Freeman Hospital, Newcastle</li> <li>• Alder Hey Children's Hospital, Liverpool</li> <li>• Glenfield Hospital, Leicester</li> <li>• Birmingham Children's Hospital</li> <li>• Bristol Royal Hospital for Children</li> <li>• 2 centres in London<sup>1</sup></li> </ul>	<p><b>Option B: Seven surgical centres at:</b></p> <ul style="list-style-type: none"> <li>• Freeman Hospital, Newcastle</li> <li>• Alder Hey Children's Hospital, Liverpool</li> <li>• Birmingham Children's Hospital</li> <li>• Bristol Royal Hospital for Children</li> <li>• Southampton General Hospital</li> <li>• 2 centres in London<sup>1</sup></li> </ul>
<p><b>Option C: Six surgical centres at:</b></p> <ul style="list-style-type: none"> <li>• Freeman Hospital, Newcastle</li> <li>• Alder Hey Children's Hospital, Liverpool</li> <li>• Birmingham Children's Hospital</li> <li>• Bristol Royal Hospital for Children</li> <li>• 2 centres in London<sup>1</sup></li> </ul>	<p><b>Option D: Six surgical centres at:</b></p> <ul style="list-style-type: none"> <li>• Leeds General Infirmary</li> <li>• Alder Hey Children's Hospital, Liverpool</li> <li>• Birmingham Children's Hospital</li> <li>• Bristol Royal Hospital for Children</li> <li>• 2 centres in London<sup>1</sup></li> </ul>

**7.3.4** Formal public consultation on the proposed changes took place between 1 March 2011 and 1 July 2011, while Health Overview and Scrutiny Committees (HOSCs) were given an extended deadline of 5 October 2011 to respond to the proposals.

**7.3.5** In March 2011, a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) was formed as the statutory overview and scrutiny body to consider the proposals of the review and the potential impact on children and families across Yorkshire and the Humber. The former Children and Young People's Scrutiny Panel (in its health scrutiny role) nominated one member from Rotherham

<sup>1</sup> The preferred two London centres in the four options are Evelina Children's Hospital and Great Ormond Street Hospital for Children

Council (Cllr Shaukat Ali) to be part of this joint committee and formed a small member working group consisting of Cllrs Ali, Falvey and Sims to inform Rotherham's input to the process. The Health Select Commission agreed that these arrangements should continue until the conclusion of the exercise.

- 7.3.6** In early October 2011, the Joint HOSC presented its consultation response to the proposals and issued a formal report to the Joint Committee of Primary Care Trusts (JCPCT) – the decision-making body – for consideration. A copy of the full report is available on the Council's website using the following link:

[http://www.rotherham.gov.uk/downloads/file/5872/review\\_of\\_childrens\\_congenital\\_cardiac\\_services](http://www.rotherham.gov.uk/downloads/file/5872/review_of_childrens_congenital_cardiac_services)

#### **7.4 Summary of issues highlighted in the inquiry report**

In considering the review and the proposals set out in the Safe and Sustainable Consultation Document: *A new vision for Children's Congenital Heart Services in England (March 2011)*, the Joint HOSC considered a range of evidence and heard from a number of key stakeholders. This information is detailed in the final inquiry report.

- 7.4.1** In summary, the view of the Joint HOSC is that any future model of designated paediatric congenital cardiac surgical centres that does not include a centre in Leeds will have a disproportionately negative impact on the children and families across Yorkshire and the Humber.

- 7.4.2** This view, as detailed in the full report, is specifically based on the evidence considered in relation to:

- Co-location of services;
- Caseloads;
- Population density;
- Vulnerable groups;
- Travel and access to services;
- Costs to the NHS
- The impact on children, families and friends;
- Established congenital cardiac networks;
- Adults with congenital cardiac disease;
- Views of the people of the Yorkshire and Humber region

- 7.4.3** While focusing on the needs of children and families across Yorkshire and the Humber and the retention of services in the region, the Joint HOSC also identified potential negative impacts of alternative proposals in other parts of the country. As such, and as detailed in the report, the Joint HOSC was mindful not to simply attempt to passport to other parts of the country the disproportionate disadvantages identified in three of the four service models presented (i.e. Options A-C).

**7.4.4** The specific recommendations included in the final report and put forward to the JCPCT, are attached at Appendix 1.

## **7.5 Identified concerns**

**7.5.1** During the inquiry, the Joint HOSC identified some specific concerns in relation to the consultation process and the availability of a range of information. Specifically, the Joint HOSC highlighted concerns in relation to the availability of:

- The detailed breakdown of assessment scores for surgical centres produced by the Independent Expert Panel (chaired by Sir Ian Kennedy);
- A finalised Health Impact Assessment report;
- A detailed breakdown of information on the likely impacts on identified vulnerable groups across Yorkshire and the Humber referred to in the Health Impact Assessment (interim report);
- The Price Waterhouse Coopers report that tested the assumed patient travel flows under each of the four options presented for public consultation;
- Additional work undertaken around capacity across surgical centres;
- Detailed financial calculations and assumptions.

**7.5.2** Members of the Joint HOSC also highlighted serious concern and disappointment with the JCPCT's general reluctance to adequately engage with the Joint HOSC during its inquiry.

**7.5.3** It should be noted that, while a decision on the proposals is not expected until mid-December 2011 (at the earliest), a formal response to the Joint HOSC's report should be received and available by mid-November 2011.

## **7.6 Consultation and Engagement**

**7.6.1** Specific concerns around the public involvement and engagement of Black and Minority Ethnic (BME) communities have been highlighted by the Joint HOSC.

## **7.7 Conclusions**

**7.7.1** On behalf of the 15 top-tier local authorities across Yorkshire and the Humber, the Joint Health Overview and Scrutiny Committee (HOSC ) has formed the statutory overview and scrutiny body that considered and responded to the Review of Children's Congenital Cardiac Services in England and the associated reconfiguration proposals.

**7.7.2** In considering the review and its proposals, the Joint HOSC has considered a range of evidence and heard from a number of key stakeholders. This information has been used and is reflected in the final inquiry report submitted to the Joint Committee of Primary care Trusts (JCPCT). Details of the evidence considered is presented in the final inquiry report.

**7.7.3** Based on the available evidence, the review report presents a series of recommendations (detailed in Appendix 1) and concludes that that children and families across Yorkshire and the Humber will be disproportionately disadvantaged if the current surgical centre in Leeds is not retained in any future service model.

**8. Finance**

- 8.1** The Joint HOSC believes that the overall financial implications associated with the proposed model of care are likely to be very significant – both in terms of establishing new arrangements and the on-going delivery of the proposed model of care. However, based on the information available during the inquiry and at the time of preparing its report, the Joint HOSC believed there had been insufficient consideration of the financial implications and that the level of detail publicly available to date has been inadequate..

**9. Risks and Uncertainties**

There are no specific considerations relevant to this report.

**10. Policy and Performance Agenda Implications**

There are no specific considerations relevant to this report.

**11. Background Papers and Consultation**

- A new vision for Children’s Congenital Heart Services in England (March 2011)
- Scrutiny Inquiry Report: Review of Children’s Congenital Cardiac Services (October 2011).

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## Summary of Recommendations

### **Principal Recommendation 1:**

In order to meet the needs and growing demand of the 5.5 million people living in the Yorkshire and Humber region, the surgical congenital cardiac unit currently provided by Leeds Teaching Hospitals NHS Trust must be retained and included in any future configuration of paediatric congenital cardiac surgical centres

### **Principal Recommendation 2:**

Based on the matters outlined in this report we recommend the following 8-centre configuration model:

- Leeds General Infirmary
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- Freeman Hospital, Newcastle
- Southampton General Hospital
- 2 centres in London

### **Recommendation 3:**

Given the significant benefits to the patient and their families of genuinely co-locating relevant services, we believe genuine co-location should receive greater recognition and weighting when determining future service provision.

### **Recommendation 4:**

Given one element of the review is to ensure more care is delivered closer to home, population density should be a key consideration in the configuration of future provision.

### **Recommendation 5:**

Adult cardiac services and the overall number of congenital cardiac surgical procedures carried out should be considered within the scope of this review and used to help determine the future configuration of surgical centres. As a minimum there should be a moratorium on any decision to designate children's cardiac surgical centres until the review of the adult congenital cardiac services is completed and the two can be considered together.