

COUNCIL SEMINAR
31st May, 2016

Present:- Councillor Watson (in the Chair); Councillors Albiston, Allcock, Allen, Andrews, Atkin, Beaumont, Bird, Clark, Cooksey, Cusworth, Cutts, Elliot, Elliott, Ellis, Fenwick-Green, Khan, Marles, McNeely, Price, Rushforth, Russell, Sansome, Short, Simpson, Julie Turner, Walsh, Williams, Wilson and Wyatt.

Apologies for absence were received from Councillors Buckley and Roche.

ADULT SOCIAL CARE

Members received a presentation from the Interim Strategic Director of Adult Social Care, the Assistant Director, Adult Social Care and the Assistant Director, Strategic Commissioning which contained an update about the Adult Social Care Development Programme.

The presentation and members' subsequent discussion highlighted the following salient issues:-

- The Adult Social Care Development Programme was a comprehensive programme to modernise adult services and deliver significant savings;
- The programme require major decisions and significant changes in what the Council must do and how the Council do it;
- Elected Members must be aware of the challenges the Council faces, the decisions taken so far and the decisions that will need to be taken in 2016;
- Vision and strategy for adult social care;
- The challenge which the Council has to address;
- The ambition that adults with disabilities and older people and their carers in Rotherham are supported to be independent and resilient;
- The desired outcomes for these groups are that they should live good quality lives and their health and wellbeing are maximised.

- For most people, this entails remaining in the community with family and friends accessing mainstream services (people most dependent are those aged 85 years and over) – having access to a range of community services (eg: community assets and premises);
- It is essential there is a partnership involving the statutory organisations and the wide range of voluntary, community and faith groups and clubs
- Sign-posting to appropriate, available services;
- Prevention and intervention;
- Pro-active services, some will provide one-off support;
- A key element of the strategy is re-ablement and rehabilitation – people must remain as independent as possible;
- Provision of mainstream services, rather than special or separate services;

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- develop Extracare Sheltered Housing and supported living;
 - provide better personalised and integrated services
 - provide support for carers (Care Act 2015 requirement).
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- Comparison with other local authorities; this Council has too many residential placements at too high a cost, with an over-reliance on traditional methods of care (eg: day centres); important to improve home care services;
 - need for better provision of advice to people at the first point of contact, rather than involve people in time-consuming costly assessments which ultimately may result in there being no need for a care package;
 - reduce costs at least to the local authorities' average (eg: respite care for people with a learning disability is provided at a high cost when compared to other local authorities);
 - Re-ablement service is 50% more costly than that of comparable local authorities and the cost of 'down-time' (ie: no contact with clients) is a strain on Council resources;
 - Adult Social care Programme Board has been established (with broad representation of membership – local authority, health service, community and voluntary sector);
 - The role of the Programme Board is to provide overall governance, hold the Project Board Chairs to account and ensure progress is being made;
 - Link workers have been appointed;
 - Build on existing initiatives eg Social Prescribing and link activity between community and formal care;
 - Funding for community connectors who will engage with older people and sign-post them to community services (plus the GISMO on-line service being developed with Voluntary Action Rotherham);
 - Staff teams being restructured within the Council, in order to deliver the new approach; integration of local authority and health service teams;
 - Radical change must ensure that the Care Act 2015 requirements are being implemented
 - Ensuring 7-days per week working, which has already been introduced at the Rotherham hospital;
 - Home-based approach – eg: direct payments, changes in day care services.
 - Keep streamlining services and adopt and implement best practice;
 - Intention to close Netherfield Court;
 - Emphasis on the needs of the individual;
 - Importance of the Safeguarding of Adults (peer review of services; implementation of strategy; role of the Adults Safeguarding Board);
 - Appointment of Sandie Keene as Independent Chair of the Adults Safeguarding Board;
 - Carers strategy - imminent completion of the consultation process;
 - National Development Team for Inclusion – support for people with learning disabilities;

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- Proposals to be prepared around respite care and use of alternative models such as Shared Lives;
- Making the system of direct payments easier for clients to understand and use;
- Continue to engage Elected Members in visits and in discussions about local initiatives eg Potteries and Addison .

Discussion items:-

(a) The extent of privatisation of care (including health care) in Rotherham – it was explained that many elements of care are retained in house by the Council; the Council must review this in the future, based on quality and cost, in the light of a national trend towards privatisation;

(b) People who may be at the early stage of diagnosis, (eg mental health and possible autism) and the waiting times for assessment – a shortage of local services and consequent need to access services elsewhere; the level of provision of support for adults with mental health issues; the counselling services available and help for people suffering extreme stress; there are concerns that appropriate help is not always available; The best approach is prevention and early intervention. Lower-levels of service should be available at an early stage and be available quickly and faster than the more extensive, later assessments; link workers will help sign-post people to services available within the community (eg RDaSH services); the disadvantage of service integration is that mental health services often focus on acute cases and not as much on the early preventative support which could prevent a person's situation from becoming worse; efforts are being made to re-focus the service; there is no need for a patient to be at crisis point in order to gain access to an appropriate service.

(c) the existence of any small businesses (micro-enterprises) which may provide adult care services; very few such enterprises were now in existence, although an increase was anticipated in the future (officers were asked to provide relevant details);

(d) Promotion of the Rothercare services, which is valuable in responding to incidents which occur during the night and outside the usual office hours; discussions are taking place with the service provider in terms of future service development and promotion; the service should be streamlined in accordance with demand; individuals in receipt of care will be subject to an assessment of their risk/care needs during the night;

(e) the frequency and costs of the assessment of clients, especially for people who may have a learning disability; the early, initial assessments are extremely important enabling clients to be sign-posted to the most appropriate services; people who receive a package of support will have their circumstances reviewed at least annually and changes in circumstances will result in more frequent reviews; it is also important that financial savings are achieved;

(f) the importance of the various mental health services, psychological intervention, early diagnosis of problems and the prevention of suicide; discussions are taking place with RDaSH about possible service transformation; this process also involves the Rotherham Clinical Commissioning Group; discussions and consultation are still at quite an early stage and the need for change is acknowledged;

(g) the alignment of medical GPs to residential care homes and the ratio of GPs to people living in residential care homes; the primary care needs of patients will be of paramount concern for service commissioners and providers; there will also be discussions with the Rotherham Clinical Commissioning Group about this issue; (details of GP and patient ratios are to be provided separately);

(h) the provision of public transport, especially bus services, is a serious concern for people who rely heavily on this mode of transport; appropriate means of transport should be available, although there are commercial considerations; discussions will continue with the South Yorkshire Passenger Transport Executive;

(i) the system of placing people into residential care, both elderly people and also younger people who may have specific needs such as a learning disability; it is preferable that people should live independently in their own homes, with residential care being the least preferred option; the use of the Shared Lives project will assist this process;

(j) discussion about the traditions and culture of care of the elderly; the Assessment Direct telephone number (01709 822330) aims to provide a single point of contact; partnership working between the Council and health services is important;

(k) review of resources for Adult Social Care – the Government-appointed Commissioners to the Council will ensure the thorough review of resources; compliance with the requirements of the Care Act 2015 is an imperative;

(l) the dominance of the private sector residential care homes; the commissioning of services has to be effective and there is regulation from the Health and Care Quality Commission; service providers exist in the public, the private and the voluntary sectors and there are good and bad practices in each sector; (information about private sector providers will be issued separately).

Members thanked the officers for a very informative seminar.