

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 2nd April, 2009

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Clarke, Turner, Wootton and F. Wright.

In attendance were Mrs. I. Samuels, Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

Also in attendance for Item 243: Councillors Burton, Gamble, McNeely, Nightingale and Whelbourn.

Apologies for absence were received from Councillors Doyle, Hodgkiss, Hughes, St. John, Victoria Farnsworth (Speak Up) and J. Mullins.

240. COMMUNICATIONS.

Autism Awareness Day

Russell Wells advised that as part of Autism Awareness Day, the Autistic Society had erected a stand in the Central Library between 10.00 am and 2.00 pm and also a stall outside H Samuels in Rotherham Town Centre between 10.00 am and 2.00 pm.

Mental Health First Aid Training

Delia Watts reported that training was being offered in relation to mental health first aid. She confirmed that this was a two day course which could be delivered in two ways depending on the level of interest from members. If there were only a small number of members interested then arrangements could be made for those members to attend sessions which were already arranged. However if a larger number of members were interested then a two day course could be arranged specifically for them. The following members expressed an interest:

- Councillor Colin Barron
- Councillor John Turner
- Councillor John Doyle
- Jonathan Evans
- George Hewitt
- Russell Wells

241. DECLARATIONS OF INTEREST.

Councillor Jack declared an interest in agenda item 6, relating to Domestic Violence as she was the Chair of the Domestic Violence Forum.

Councillor Burton also declared an interest in the same item as she was a member of the Domestic Violence Forum.

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

There were no members of the public and press present.

243. DOMESTIC VIOLENCE - PRESENTATION BY CHERYL HENRY

Cheryl Henry, gave a presentation in relation to Domestic Violence.

The presentation drew specific attention to:-

- What is Domestic Abuse?
- What the definition included
- Domestic abuse – context
- Domestic abuse in Rotherham
- Reported incidents in Rotherham – 2006/07
- SPECCSS+
- MARAC (Multi Agency Risk Assessment Conference)
- Aim of the MARAC
- MARACs Information Sharing Protocol
- Independent Domestic Violence Advocacy Service (IDVAS)
- Domestic Abuse Training
- What was to come

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

- Whether the proposed transfer of the Independent Domestic Violence Advocacy Service could result in a decrease in the number of referrals. It was suggested that it was hoped that the actual number of referrals would increase.
- Had an equality impact assessment been undertaken? Confirmation was given that an assessment had been completed in September 2008, but gender-neutral training could not be justified as the vast majority of victims are women.
- A request was made for more up to date data in relation to the race and gender of those arrested and convicted. More up to date data was not currently available but would be incorporated in future presentations once available.
- How effective the lines of communication were between agencies dealing with domestic violence. This had significantly improved with the introduction of MARAC.
- How many of the incidents were repeat incidents and what action was being taken in respect of these. Confirmation was given that around 30% were repeat cases.
- Concerns were raised about the loss of independence with the plan to incorporate IDVAS within the Council.

- What was the percentage of incidents which were linked to deprivation through unemployment? It was confirmed that domestic abuse covered all social sectors, regardless of income levels.
- Was Rotherham providing sufficient shelters places for women who were victims of domestic violence? Providing shelters for women was a national problem. However the sanctuary scheme was being launched in Rotherham which would help victims to remain at home.
- What early intervention work was taking place? Some schools were providing sessions for children to make them aware of domestic violence, however the funding for this work was coming to a close and other resources had not been identified to continue the work.
- What were the major challenges for domestic abuse services? The main challenge was to continue to secure funding to maintain these services.

Members thanked Cherryl for her informative and interesting presentation.

244. ANNUAL HEALTH CHECK - DRAFT COMMENTS

Delia Watts, Scrutiny Adviser presented the submitted report which explained the Annual Health Check process and gave the Overview and Scrutiny responses to the local health trusts' declarations.

The Annual Health Check is a system based upon measuring performance within a framework of national standards and targets set by the Government. It was previously run by the Healthcare Commission, but responsibility for it had recently been transferred to the new Care Quality Commission (CQC).

In May 2009, each health trust was required to provide a declaration of its compliance against the Department of Health's 24 core standards. Overview and Scrutiny Committees were invited to make comments on the declarations. Their comments had to be based on the evidence they had gained through their health scrutiny work, and if possible, cross referenced against the relevant core standard.

The trusts were required to submit comments, unedited, with their declarations, and the CQC would take those comments into account when assessing the trusts and awarding them an overall rating.

For the Rotherham health trusts, an Annual Health Check Working Group was set up, comprising members of the Children and Young People's Services and the Adult Services and Health Scrutiny Panels. The members were:

- Cllr Ann Russell (Chair of Working Group) (C&YP)
- Cllr Hilda Jack (ASH Panel)

- Cllr Barry Kaye (C&YP)
- George Hewitt (ASH co-optee)
- Cllr Chris McMahon (ASH Panel)

Each trust was provided with a brief against which it was asked to provide a presentation to the working group, focusing on compliance with the following core standards and answering members' questions:

- C6 (co-operation to meet patients' individual needs)
- C7 (governance)
- C13 (dignity)
- C14 (information and complaints)
- C15 (food) – where applicable
- C16 (information on services)
- C17 (seeking patient views)
- C22 (reducing health inequalities)

Draft responses had been drawn up based on evidence given at the meeting with each local trust plus additional information that had come from other work of the relevant Panel and these were appended to the report.

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

- It was suggested that some routine GP tests catered for senior citizens only up to the age of 70. It was felt that the whole issue of screening and services for people over 70 needed to be investigated, and it was suggested that this could be included on the work programme for the next 12 months.
- Concerns were raised about the time delays encountered by stroke victims prior to diagnosis. Comments were made that it was imperative that a brain scan should be undertaken within the first hour.
- Reference was made to access to contraception being improved, including long-term removable methods and Members queried what was meant by this. Delia Watts confirmed that NHS Rotherham had now made it easier for teenage girls to access this type of contraception.

Resolved:- That the draft responses in respect of NHS Rotherham, Rotherham Community Health Services, the Rotherham NHS Foundation Trust and Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDASH) be agreed subject to the amendments discussed.

245. AGE CONCERN

Lesley Dabell, Chief Executive of Age Concern gave a presentation in relation to the work of Age Concern.

The presentation drew specific attention to:-

- Who we are
- Our aims
- What we do
- Providing service and support
- Working as partners
- Future challenges – sustainability
- Future challenges – personalisation
- Future challenges – population

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

- There was a lot of propaganda about old people being a burden on society and it was felt that this was unjustified. It was agreed that work needed to be done to get a more positive message out about the work that old people do.
- What security measures were in place in relation to staff dealing with old people? Confirmation was given that all volunteer befrienders, undergo an enhanced CRB check and had references taken up.
- It was felt that there was a need for more transport to be available to old people to enable them to get out and about more. Age Concern acknowledged that this was an important issue in Rotherham and were currently considering introducing volunteer drivers.
- Confirmation was given that Age Concern and Help the Aged had recently merged at a national level and at a local level Age Concern Rotherham had to consider the implications locally during the forthcoming year.
- Concerns were raised about the recent press coverage about meals on wheels, and how Age Concern might help. It was confirmed that feedback from service users showed conflicting views on whether or not the meals on wheels provided good value for money. However, Age Concern would ensure that all old people received a hot meal each day if they required one.
- Was Age Concern aware of old people in the Autistic spectrum? They were currently unaware but would welcome any information to enable contact to be made.
- When did the Hospital Discharge Scheme start? It was confirmed that this commenced on 1st April, 2009. There were monitoring and evaluation processes in place and a progress report would be brought back to a future meeting.

Members thanked Lesley for her presentation.

Keit Boughen presented the submitted report in relation to Practice Based Commissioning (PBC).

It had been in place in Rotherham for three years and remained the cornerstone for Department of Health plans for clinical engagement. Much of the first year had been spent working with practices to engage them around PBC. PCT information systems were also developed allowing practices to review their secondary care activity against defined budgets, which were pooled with existing prescribing budgets.

The past 12 months had seen some further progress across PBC, both in terms of processes that enabled PBC neighbourhoods to commission, and specific initiatives leading to improved patient care.

NHS Rotherham, along with five other PCTs were reviewed as part of the King's Fund study of PBC performance across the regions. All PCTs were also assessed through a Mori poll of GPs. The findings in Rotherham were fairly consistent with national findings in that uptake had been slower than DH expectations.

The PCT had been enabling PBC locally by developing the following themes:

- Direct Incentives
- An Innovation Fund of £250k had been made available to all practices
- Transparent Sign-Off Processes

PBC had achieved the following key benefits in Rotherham:

- Closer practice to practice working, utilising the neighbourhood approach. All Rotherham practices were signed up to PBC although some were more active than others.
- Systematic in practice reviews of their outlying referral positions both at practice and GP level
- Of the submission of fifty one ideas for service re-design, thirty had been approved, and the remainder had either been deferred, discontinued or were currently work in progress.
- The freeing up of resources to target specifically local needs.

Key obstacles faced in developing PBC:

- Mismatched Expectations
- Practice PBC capacity
- Commissioning vs Providing
- Identification of Core Services
- Financial
- Engagement

Due to the revised budget setting process this year whereby the Hospital Services and Prescribing budgets had been merged, there was little likelihood of any practices making savings. There was saving projected in prescribing but this had been more than offset by the increase in secondary care expenditure. GP referrals had seen significant increases as had acute admissions.

The DH published revised guidance on PBC in March 2009, which left little time to digest and revise funding methodologies for implementation for 2009/10. However, NHS Rotherham was looking to strengthen the process by which GPs and other clinicians informed the planning process. A new lead PBC manager had been appointed recently and a senior administrative support post had been advertised.

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

- How much of the £940k funding allocation for Locally Enhanced Service had been taken up? It was confirmed that all of this funding had been allocated.
- Had the £250k Innovation Fund been fully allocated this year? Confirmation was given that so far £110k had been taken up, but that any underspend would be rolled over to the next year.
- Would these two funding streams continue to be available in the next financial year? It was confirmed that the funding would continue.
- Whether offering patients and carers a choice resulted in value for money. It was confirmed that in Rotherham it didn't make a lot of difference, as most people chose to have elective procedures locally. However the advantage with given patients/carers a choice is that they do not necessarily need to stay in Rotherham.
- Were GPs in favour of practice based commissioning? Although they were not fully supportive of this at the outset, incentives had now been given which had improved their response.
- What sanctions can be implemented against practices who are 'signed up' to Practice Based Commissioning but not 'active'. Sanctions cannot be imposed as this was a voluntary process, but it was incentivised to encourage practices to participate.

Resolved:- That the report be received.

247. JOINT STRATEGIC NEEDS ASSESSMENT

Dominic Blaydon, Joint Commissioning Manager gave a presentation in relation to the Joint Strategic Needs Assessment.

The presentation drew specific attention to:

- What is a JSNA

- Demographics and Social Context
- Lifestyle and Burden of Ill Health
- Lifestyle and Risk Factors
- Mental Health and Learning Disability
- Social Care Needs Assessment
- Level of need – key drivers
- Strategies for reducing future need
- Next Steps

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

- What effect does JSNA have on Rotherham District General Hospital? It was confirmed that this would not affect the hospital as it was a document for commissioning. However it was important to ensure that the service commissioner (NHS Rotherham) was using the document.
- Could the JSNA influence issues surrounding carers allowance, as it currently was taken away at age 65. It was confirmed that the JSNA would not influence this but there were other strategies in place to deal with such issues.

Members thanked Dominic for his presentation which they found very informative.

248. STROKE CARE SERVICES IN THE COMMUNITY

Dominic Blaydon, Strategic Planning and Commissioning Manager presented the submitted report which put forward proposals for the use of new funding which the Department of Health (DH) allocated to Rotherham MBC to assist with the delivery of effective stroke care. Rotherham had received an allocation which equated to £144,000 for the next two years. The funding was ring-fenced for the purpose of providing support services to stroke survivors and their carers. The report sought an exemption from Standing Orders 48.1 in tendering for contracts over £50,000 due to the specialist nature of the social care provision and the limited number of service providers.

Members asked whether consideration had been given to consulting service users who were not involved with an organisation and what questions had been asked in the consultation. Dominic confirmed that all the groups involved in the consultation had user and carer representation. All groups had been offered a range of options during the consultation and they had all chosen the 3 services highlighted in the report.

Resolved:- That the report be noted and received.

249. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 5TH MARCH 2009

Resolved:- That the minutes of the meeting of the Panel held on 5th March, 2009 be approved as a correct record for signature by the Chair.

250. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 9TH MARCH 2009

Resolved:- That the minutes of the meeting of the Cabinet Member for Adult Social Care and Health held on 9th March, 2009 be received and noted.