

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 12th July, 2010

Present:- Councillor Doyle (in the Chair); Councillors Gosling, Jack and Walker

Apologies for absence were received from Councillors P A Russell and Steele.

H8. MINUTES OF THE PREVIOUS MEETING HELD ON 28TH JUNE 2010

Consideration was given to the minutes of the meeting of the Cabinet Member for Health and Social Care held on 28th June 2010.

Resolved:- That the minutes of the previous meeting held on 28th June 2010 be approved as a correct record.

H9. ANNUAL SAFEGUARDING REPORT

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in respect of the Safeguarding Adults Annual Report.

She referred to the achievements and contributions in 2009/10 which were:-

- We have increased the level of awareness and alerts by 22% to 689
- Increased overall awareness by 19%
- 95% of customers are satisfied our services helped them to feel safe
- 100% of customers feel safer as a result of safeguarding intervention
- Completed 83% of cases in year, increased from 78.2%, with 37 ongoing cases into 2010/2011
- Implemented innovative ways in engaging with customers
- Second phase of '**Home from Home**' is improving standards increasing the number of homes rated 'Good' or 'Excellent'
- One of the first Safeguarding Adults Boards in the country to have a Multi Agency Training and Development Programme – '**Bronze to Platinum**' which has already trained over 5000 Council and partner staff in safeguarding awareness
- a strengthened Quality Assurance framework was in place
- We have further reduced crime by 13%

The work on '**Home from Home**' had received regional and national recognition. Regionally it was nominated for a Great British Care Award and nationally the Care Quality Commission approached us to help respond to a report published in March 2009 by Care Equation on roles and responsibilities in promoting improvement in adult social care services.

The Safeguarding Adults Service Plan Priority Actions for 2010/2011 were to:-

Promote

- Undertake an annual multi agency Safeguarding Adults Awareness campaign

Prevent

- Implement the 2010/2011 '**Bronze to Platinum**' training programme across the Council, key partners and independent providers
- Learn from the outcomes of Serious Case Reviews, Quality Assurance findings and the Care Quality Commission inspection
- Develop a universal service review format for all personalised care and support services using the principles of '**Home from Home**' to improve outcomes relating to Dignity and Respect for customers and their families
- Work with the Care Quality Commission to improve information sharing at a local level, regional and national level.

Protect

- Review, strengthen and implement the area specific guidance section of the South Yorkshire Safeguarding Adults Procedures
- Audit the implementation and embedding of the Mental Capacity Act (including Deprivation of Liberty Safeguards) with the Local Authority and commissioned social care services.

The timetable for consultation and publication was that the report be presented to the Rotherham Safeguarding Adults Board on the 14th July 2010, and then published to all Partner agencies represented at the Rotherham Safeguarding Board and on the Council website. Safeguarding Adults Awareness week 2010 was to be held 12th to 16th July 2010 and it was envisaged that the report would be ready for publication the week commencing 19th July on the back of the heightened awareness of the previous week.

The report would then be presented to the Adult Services and Health Scrutiny Panel on 9th September 2010.

Resolved:- That the Safeguarding Adults Annual Report 2009-2010 be approved for publication and presentation at:

- Safeguarding Adults Board on 14th July 2010
- Adult Services and Health Scrutiny Panel on 9th September 2010

H10. TRANSFORMING COMMUNITY SERVICES – SHAPING OUR FUTURE

Consideration was given to a report presented by Chrissy Wright, Director of Commissioning and Partnership which gave an update on the progress towards achieving the Department of Health's "Transforming Community Services" agenda in Rotherham.

The aims of the Transforming Community Services paper were:

- To effect the internal separation between PCTs as commissioners and PCTs as providers
- To bring about a step change improvement in community services
- To ensure PC provider units were business ready to make that step change

In Rotherham the 'split' between commissioning a provider services had already happened. The PCT was now NHSR – commissioning organisation and Rotherham Community Health Services (RCHS) provider organisation.

The Department of Health had established a timetable for implementation of a clear separation between the commissioning and provider functions and during 2010 the NHSR must develop an implementation plan for each of the services. This work was ongoing and in Rotherham it is known as 'Shaping the Future'.

The implementation of *Shaping our Future* would lead to changes in the Rotherham provider landscape and NHS Rotherham would cease to have a provider arm and Rotherham Community Health Services (RCHS) would cease to exist. RCHS would be replaced with new arrangements as part of an overall plan for the future shape of the NHS in Rotherham. The new arrangements must protect and improve services for patients and the wider community and must protect, wherever possible, the interests of staff.

A Programme Board had been set up to oversee the consultation process and transfer of services to other providers. A number of project groups reporting to the Programme Board had been established to look at specific areas of the work and each group was chaired by an NHS Rotherham executive director and there was representation from NAS at the Programme Board and in the appropriate project boards.

The project groups were:

- Children and young people
- Planned care and long-term conditions
- Mental health and learning disabilities
- Palliative and end of life care
- Workforce

The proposals in detail were:

- **General Practices**

RCCHS manages three small GP practices. All other GPs in Rotherham are independent contractors. The proposal was to invite the patients at the Rosehill Medical Centre to register with other GPs. Consideration would be given to the “right to request” from managers and staff at the Canklow and Gate surgeries to set up a social enterprise, and if this was not successful NHSR would procure a new provider for these surgeries.

- **Children’s Services**

RCCHS provides a range of children’s services including health visiting and school nursing, specialist nursing services, and mental health services. The proposal was to transfer these services to the Rotherham NHS Foundation Trust. Consideration would be given to whether it would be best to transfer child and adolescent mental health services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

- **Staying Healthy Services**

RCCHS currently runs the Rotherham NHS Stop Smoking Service. The proposal was to transfer this service to the Rotherham NHS Foundation Trust.

RCCHS provides the Rotherham Occupational Health Advice Service. The proposal was to transfer this service to the Rotherham NHS Foundation Trust.

The NHS Rotherham health trainers provide support in GP premises. The proposal was to transfer the services to the Rotherham NHS Foundation Trust.

- **Planned Care and Clinic Services**

RCCHS provides a range of planned care and clinic services, including physiotherapy, podiatry services, speech and language therapy, primary ear care and community dental services. The proposal was to transfer these services to the Rotherham NHS Foundation Trust.

- **Long-term Conditions, Intermediate Care and Urgent Care Services**

RCCHS provides a wide range of services that support people with long-term conditions (for example heart disease and lung disease). These include district nurses, allied health professionals and specialist nurses working a variety of settings including GP practices, patients homes, clinics, intermediate care and Breathing Space. The proposal was to transfer these services to the Rotherham NHS Foundation Trust.

- **Mental Health Services**

RCCHS provides primary care counselling and psychological therapy services. These services are provided in partnership with GPs who have direct access to the services for their patients. The proposal is to transfer these services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

- **Services for People with Learning Disabilities**

RCCHS provides specialist assessment and treatment and community health Services provided for people with learning disabilities. The proposal was to transfer these services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

RCCHS provides the staff for three residential homes which are owned and provided by South Yorkshire Housing Association and commissioned by Rotherham Council. The proposal was to transfer the staff who worked in these homes to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

- **Palliative and End of Life Care Services**

RCCHS provides a range of specialist palliative and end of life care services, including the staff of Rotherham Hospice, which is owned and provided by the Rotherham Hospice Trust. The proposal was to transfer these services to the Rotherham Hospice Trust.

Service Specifications were being worked up for each of the services and once these were complete draft offers would be developed for the new provider organisations so that they could see in detail which services and associated staffing would transfer to them.

The changes proposed would not, for most people, lead to any immediate changes in service provision. NHS community services would continue to be provided in similar ways, but over time we expect improvements to be made to the range of community services and the way they were delivered.

Some of the impacts were:

- Patients in Rawmarsh would have a choice of four general practices. The Canklow and Gate surgeries patients would continue to have access to the specialist support they need.
- Health visitors, school nurses and other children's health services would continue to work closely with GPs and Rotherham Council to offer services to children.
- There would continue to be a range of services which support people to develop and maintain healthy lifestyles.

- Planned care services and clinics would continue to be held at Rotherham Community Health Centre and other community clinics, backed up by the infrastructure and governance of high quality organisation.
- Patients with long-term conditions would gradually be offered more services in the community, and everyone with a long-term condition would be provided with an individual care plan detailing how, where and when to seek assistance and how they could best look after their own health. These community services would continue to be backed up by high quality hospital services.
- Primary care mental health services would continue to be provided in the same way in GP surgeries by a provider with a good track record.
- Specialist health services for people with learning disabilities would be provided in a similar way by a provider with a good track record. The staff working in the residential homes for people with learning disabilities would transfer to the same provider.
- The Rotherham Hospice would provide a comprehensive home based, day centre and in patient specialist palliative and end of life care services.

The staff consultation process had begun and would run from 24th May to 23rd August 2010. As services were unlikely to change at this stage, there was no requirement to consult formerly with the public, but NHSR would be writing out to all stakeholders to explain our plans.

It was noted that a Government White Paper on Health had been issued today and it was agreed that the Cabinet Member would be provided with a briefing paper in respect of this.

A discussion ensued concerning future options for public health functions. It was agreed that a report be brought to a future meeting detailing the potential options for public health services.

Reference was made to the transfer of jointly commissioned services to the Foundation Trust and it was suggested that a stipulation be made that the Trust be able to make efficiency savings of 10% upon this transfer. It was agreed that this information be included in the next report.

Resolved:- (1) That the progress of NHSR towards achieving Transforming Community Services be noted.

(2) That a report be presented to a future meeting in respect of possible options for public health services

(3) That a report be presented to a future meeting in respect of the Offer to the proposed provider, RFT, of jointly commissioned services.

H11. EXCLUSION OF THE PRESS AND PUBLIC

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

H12. ROTHERCARE CHARGING POLICY

Kirsty Everson, Director of Independent Living presented the submitted report in respect of the Rothercare Charging Policy.

Rothercare is the Council's alarm and response service provided by Neighbourhoods and Adult Services to help vulnerable people live safely in their own home. It is one element of the overall Rothercare Direct service which acts as the first point of contact for all social care enquiries for adults in the borough.

Since 2004 the Rothercare service charges have increased from £2.60 to £2.94 per week. For the financial year 2004/05, 2005/06 and 2006/07 Rothercare customers did not incur any increase in their weekly charge. It is proposed that from 4th October 2010, the weekly charge be increased by 6 pence. This would increase the overall charges as follows:-

- From £2.94 to £3.00 per week = £144 per annum for Council tenants based on charging over 48 weeks
- From £2.72 to £2.77 per week = £144.04 for non Council tenants based on charging customers over 52 weeks.

In addition to this increase it was proposed to make revisions to the Rothercare charging regime in relation to the freephone telephone number, the use of GSM diallers and to introduce fees for replacing lost or damaged equipment.

Resolved:- (1) That the increase in Rothercare weekly charge be agreed with effect from 4th October 2010.

(2) That the revisions to the Rothercare charging regime in relation to the freephone telephone number and the introduction of fees for replacing lost or damaged equipment be approved.

(3) That the revision to the use of GSM diallers be approved subject to an evaluation of the options available to existing users.