

ADULT SERVICES AND HEALTH SCRUTINY PANEL
9th December, 2010

Present:- Councillor Jack (in the Chair); Councillors Barron, Middleton, Turner and Wootton.

Also in attendance were Russell Wells (National Autistic Society).

Apologies for absence were received from Councillors Burton, Goulty, Steele, Richardson, Mrs. A. Clough (ROPES), Evans, Victoria Farnsworth (Speak Up), Ms J Dyson, Ms J Fitzgerald and Scholey.

55. COMMUNICATIONS.

The Chair advised members present that this was the last meeting for Delia Watts and Jackie Warburton as they were both taking voluntary severance from the Council at the end of the year. She thanked them both for their help with the running of the Panel and wished them both well for the future.

56. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

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

There were no members of the press and public present at the meeting.

58. CHARGE COMPARISONS - HOME CARE AND OTHER NON-RESIDENTIAL SOCIAL SERVICES

Doug Parkes, Business Finance and Commissioning Manager presented the submitted report which set out the Directorate's current charges for Home Care and Other Non-Residential Social Services benchmarked against local neighbours and members of a Chartered Institute of Professional Financial Accountants (CIPFA) benchmarking group.

The revised charging policy was introduced from April 2003 to ensure that the Council met its statutory requirements to implement fairer charging guidance. It was informed by a detailed consultation exercise and a series of briefing sessions with Cabinet Members and Scrutiny.

Members ratified the Charging Policy objectives to underpin the Council's values and priorities to promote Independent living, social inclusion, accessible quality services, sustainability, anti-poverty and fairness and equity.

Prior to the introduction of the guidance, home care charges were based on flat rates where everyone was required to pay irrespective of their ability to pay. Members wanted to minimise the impact on service users, and introduced the financial assessment scheme, of the disposable income allowance. The disposable income allowance was also established as an income regulator, to be increased or decreased depending on budget setting targets. Originally it was set at 80% but had been reduced on a phased basis to 20%. Disposable income was the amount remaining after deducting a service user's weekly expenses/ allowances from their income which people were assessed as being able to contribute towards the cost of their care.

The financial assessment applies to people with savings of less than £23,500. People who have more than this amount have to pay £12.85 per hour for their care up to a maximum amount of £200 per week.

The report set out details of charges in Rotherham compared to similar councils and a comparison of the amount people pay per week for their care. It showed that a high proportion of people pay less for their care in Rotherham, with 50% receiving a free service compared to 33% in similar councils.

It was noted that people with savings below £23,500 paid less in Rotherham than those living in similar councils, as Rotherham's allowances were more generous.

However people with savings greater than £23,500 would pay more for home care than similar councils because Rotherham's charge per hour was higher than similar councils. This affects around 250 people out of the 2200 who receive a home care service.

There was no difference between domiciliary care charges for internal and externally provided services as we have set a standard maximum charge which applies irrespective of who provides the service. The financial assessment scheme is generic as it would be unfair to charge someone more because the only service available in their area was more expensive to provide. It would also be complicated to administer as some people receive a service from different providers. As contract prices vary between different providers charges have been set based on the average cost to the council.

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

- Whether the figure of £23,500 was a fixed or was it reviewed on an annual basis. It was confirmed that this figure was the statutory minimum agreed nationally, which was inflated each year in line with inflation.
- Were there any plans to further reduce the Disposable Income Allowance in line with neighbouring authorities and if so what would the saving be to the home care budget? Confirmation was given that charging policies were currently being reviewed.
- Reference was made to the fact that day care service users only paying 5% of the actual charge for providing the service. A query was raised as to whether the high cost of service provision was due, in part, to under utilisation of the services, due to increased use of direct payments and personalised budgets. It was confirmed that the unit cost was based on the actual running costs for day care and members of the panel were reminded that it was a decision of Members to subsidise services.

Resolved:- That the report be received and its content noted.

59. JSNA REFRESH PROGRAMME UPDATE

Shiv Bhurton, Joint Commissioning Manager presented the submitted report in respect of the Joint Strategic Needs Assessment refresh programme and he also gave a short powerpoint presentation.

Phase one of the process had focused on updating and validating the current statistical data and supporting analysis and interpretations. Sections within the document had been re-written to reflect current priorities and emerging trends observed since the last publication. The refresh programme had highlighted radical changes in the landscape such as Mental Health, therefore indicating a much more in-depth needs analysis.

For phase 2, user perspective and wider community engagement would be considered, which would include various consultation activities to reflect user perspective within the JSNA.

There were 4 key areas which were being strengthened within the JSNA:-

- Migrants
- Vulnerable Adults
- The third sector
- Financial Implications

It was noted that the key issues that Rotherham MBC and NHS Rotherham would have to address over the next five years were:-

- The impact of an ageing population
- The potential impact on health, wellbeing and services of the economic downturn
- The most effective way to promote healthy living initiatives such as increasing physical activity and exercise, nutritional diet and raising awareness of risks of smoking and alcohol consumption
- The most effective way to reduce the gap between healthy and actual life expectancy
- The most effective way of increasing the independence of people with life limiting long term conditions
- The most effective way of increasing independence, choice and control for people suffering with dementia and the development of new service models to address this effectively in the future
- The effectiveness of using preventative strategies to save future care costs
- Service to reflect the changes in the demographic profile of the learning disability population

A consultation exercise was undertaken at Fairs Fayre in October 2010 to update the refresh Joint Strategic Needs Assessment and this would be widened further at a later stage. Emerging feedback during the current phase one of the consultation suggested the following:-

- Support for a service which promote independence and maintains people at home
- More support for carers both in the caring task and their own wellbeing
- Development of low level support services
- Targeting people who are socially isolated
- Better supported housing options including Extra Care Housing
- Alleviation of the impact of the economic downturn
- Access to transport and activities, especially in the evenings

This area would be further strengthened during phase 2.

The next key steps to be taken were:

- More analysis to be undertaken at locality level and work needed to make more data available at area assembly level.
- Continue the process of reconfiguring services so that they address future needs
- Ensuring that the refreshed JSNA is accessible to health and social care professionals so that they can access up to date information. Work to be undertaken to develop a web based JSNA, which is regularly updated and incorporates all the information from the DH dataset is initiated as part of the phase 2 of this work programme.
- Bring together the JSNA and the Corporate Needs assessment so that there is clear demarcation and no duplication. Work has begun in linking with various key areas such as children and substance misuse services.

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

- Where autism fitted into the JSNA as it did not currently feature
- The need to identify health issues on a Ward by Ward basis in order to focus funding on necessary improvements. A comment was made that an analysis could be done on the demographics on a Ward by Ward basis and it was suggested that a presentation of this information be given at the next meeting of the Panel.

Resolved:- (1) That the Joint Strategic Needs Assessment refresh programme be noted.

(2) That a presentation be given by Miles Crompton in respect of the demographics of the Borough as referred to above to a future meeting.

(3) That Shiv Bhurton reports back to the Panel in June/ July 2011, once the refreshed JSNA is completed.

60. CARERS CENTRE - THE FIRST 6 MONTHS

Lucy Pullen, Service Manager gave a powerpoint presentation in respect of the Carers Centre. The presentation drew specific attention to:-

- Background to the Centre
- Main achievements
- Caring and Sharing
- Getting out there
- New carers everyday
- Future Plans
- Quotes from Carers

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

- Reference was made to promoting the uptake of young people becoming carers and a query was raised as to how this was achieved. It was confirmed that arrangements had been made to visit two schools so far with further plans to make contact with mainstream schools. In addition to this a questionnaire had been produced in order to survey young people.
- What the costs were for running the carers' centre and how secure the funding was. Confirmation was given that the cost of running the centre was £130k per annum which was funded annually via a carers grant.
- How did the numbers of people accessing advice from the Carers Corner compare with those visiting the previous facility in the Rain building? It was noted that the numbers were vastly higher than previously which was mainly due to the location of the unit, together with the fact it was open to all carers not just a select few.
- A query was raised in respect of the number of carers whom had been reached as a result of the centre. It was confirmed that there were around 30,000 carers throughout Rotherham and to date 2,500 had come in to the centre.

Resolved:- (1) That Lucy be thanked for her informative presentation.

(2) That a further update be given to the Panel in 6 months.

61. DIABETES REVIEW - PRESENTATION BY DELIA WATTS, SCRUTINY ADVISER

This item was deferred to a future meeting.

62. PUBLIC HEALTH WHITE PAPER - SUMMARY

Kate Taylor, Policy Officer presented a summary of the recently published Public Health White Paper.

The paper proposed actions required to get all parts of society taking responsibility for health and wellbeing, based on giving people 'nudges' rather than 'telling' people what to do.

Action would be around various stages in people's lives.

Key proposals and responsibilities:

- The creation of a National body, Public Health England
- The Local Authority would have responsibility to improve health and tackle health inequalities
- A Director of Public Health to be employed by Local Government jointly appointed by Public Health England
- Establishment of local Health and Wellbeing Boards
- New Outcomes Framework
- Workforce for public health strategy

Funding:

- National public health budget
- Local public health budget

Commissioning of public health services

National level partnership with the NHS:

- New powers for the Secretary of State for Health
- Enhanced protection for health

Information and intelligence

Proposed Timeline

- **December 2010 – March 2011**
Consultation on this white paper and forthcoming documents
- **During 2011**
Set up shadow form Public Health England with the DoH
Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas
- **Autumn 2011**
Public Health England will take on full responsibilities, including functions of the HPA and NTA
Publish shadow public health ring-fenced allocations to local authorities
- **April 2013**
Public Health becoming the responsibility of Local Authorities

Resolved:- That the content of the summary be noted and received.

63. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 11TH NOVEMBER, 2010

Resolved:- That the minutes of the previous meeting of the Adult Services and Health Scrutiny Panel held on 11th November, 2010 be approved as a correct record for signature by the Chair.

64. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING HELD ON 25TH OCTOBER 2010 AND 8TH NOVEMBER 2010

Resolved:- That the minutes of the Cabinet Member for Adult Independence Health and Wellbeing held on 25th October and 8th November 2010 be noted and received.