# CABINET MEMBER FOR ADULT SOCIAL CARE Monday, 27th June, 2011

Present:- Councillor Doyle (in the Chair); and Councillor Gosling.

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

## D1. MINUTES OF MEETING HELD ON 13TH JUNE, 2011

Consideration was given to the minutes of the previous meeting held on 13<sup>th</sup> June, 2011.

Resolved:- That the minutes of the previous meeting held on 13th June, 2011, be approved as a correct record.

## D2. ADULT SOCIAL CARE 4TH QUARTER PERFORMANCE

Steve Lightfoot, Performance Officer, presented the submitted report which outlined the 2010/11 Quarter 4 Key Performance Indicator results for the Adult Social Care elements of the Directorate. At the end of the Quarter, 9 (75%) out of the 12 Key Performance Indicators had achieved their targets:

- NI136 People Supported to Live Independently Achieved 2,882 against a target of 2,800. This was an improvement from 2,358 in 2009/10 and rated next to bottom quartile for all England and our comparator group, an improvement of 1 quartile from last year
- NI141 Vulnerable People achieving Independent Living Achieved 89.13% against a target of 85%, an improvement on 2009/10 (88.17%)
- NAS1 Reviews Achieved 87.32% against a target of 87%, an improvement on 2009/10 (82.50%). Rated top quartile for all England and comparator group
- NAS18 People receiving a Statement of Need. Achieved 98.28% against a target of 98%, an improvement on 2009/10 (96.21%)
- NI125 Intermediate Care Achieved its 85% target, an improvement on 2009/10 (84.17%) and rated next to top quartile for all England and top quartile for comparator group
- NI130 Self Directed Support Achieved 50.31% against a target of 50%, an improvement from 8.62% in 2009/10
- NI135 Carers Service Achieved 31.80% against a target of 30%, an improvement from 29.61% in 2009/10 and rated top quartile for all England and next to top quartile for comparator group
- NI145 LD Clients in Settled Accommodation Achieved 72.29% against a target of 72%, an improvement from 72.38% in 2009/10 and rated top quartile for all England and next to top quartile for comparator group

 NAS46 Safeguarding Cases substantiated - Achieved 93.1% against a target of 75%, an improvement from 61.1% in 2009/10

The following 3 performance measures did not achieve their Quarter 4 targets:

- NI 1336 Timeliness of Social Care Assessments Year end performance was 81.89% against a target of 90%. This had improved from 79.98% at the end of February and had improved compared to the 2009/10 baseline (80.71%). The introduction of OT activity had had the biggest impact on the figures and the reason why performance was off target. Performance did improve during Quarter 4 but not in time to achieve the year end target. There were plans to align the OT Service with the Social Work Teams in 2011/12 with performance closely monitored on a weekly basis.
- NI133 Waiting Times for Care Packages
  Year end performance was 94.50% against a target of 96%. This had improved from 92.05% at the end of February and had improved compared to the 2009/10 baseline (94.23%).
- NI146 LD Clients in Employment Current performance for March was 3.94% against a stretch target of 6.26%. This had improved from 3.77% at the end of February but had deteriorated compared to the 2009/10 baseline (5.58%). Performance had deteriorated due to some people having lost their employment since last year's score. The largest impact had been job losses at Speakup self advocacy. The current target was set with the expectation existing people retaining employment and capturing an additional 6 people.

Resolved:- (1) That the year end performance results be noted and the met targets be welcomed.

- (2) That future reports include information relating to NI125 Intermediate Care, which identified how long people were supported to stay independent following discharge from intermediate care, and also consideration be given to reporting on the success of Intermediate Care in preventing admission to hospital.
- (3) That, with regard to NI146 LD Clients in Employment, consideration be given to a revisit of the scrutiny review carried out in 2006.

### D3. FUTURE CHALLENGES TO THE NHS

Chris Edwards, Chief Operating Officer NHS Rotherham, gave the following presentation entitled 'Future Challenges to the NHS – What do they mean to Rotherham':-

### **National Picture**

- Commissioning by GPs
- Requirement to reduce NHS Rotherham workforce by 45%
- Responsibility for Health Improvement to transfer to RMBC and Public Health England to lead on Public Health

Major 'listening exercise' reported last week

#### South Yorkshire Picture

- Cluster of commissioners formed to help NHS Rotherham manage the transition
  - o Rotherham
  - o Sheffield
  - o Barnslev
  - o Doncaster
  - o Bassetlaw

### Timeframe

- o April, 2012
  - Health Watch established (group to ensure views of patients and carers are represented)
  - Health and Wellbeing Boards established
  - Shadow GP Commissioning Consortia
- April, 2013
  - NHS Rotherham abolished
  - GP Consortia (Clinical Commissioning Groups) and other healthcare professionals take up most commissioning responsibilities
  - NHS Commissioning Board takes on responsibility for primary care services and specialised services
  - Local authorities responsible for health improvement

### The Current Position of the NHS in Rotherham

- The next 4 years will be extremely challenging. However, NHS Rotherham had a strong starting position with:
  - o A sound financial position no historical debts
  - All major targets on track
  - Transfer of Community Services completed 1<sup>st</sup> April. 2011
  - o All local providers are Foundation Trusts
  - Positive engagement from GPs

### **Efficiency Programmes**

- Breakdown of £72.8 M Total System Efficiency Challenges for the Rotherham health system over the next 4 years
  - o QIPP Efficiency (NHS Rotherham) £24,159,000
  - o Provider Efficiency (RFT) £27,134,000
  - o Provider Efficiency (Other) £21,538,000

### **Local Efficiency Programmes**

- Breakdown of £24.2M Efficiency Programmes for NHS Rotherham
  - Management Costs £3,110,000
  - o Prescribing £5,290,000
  - o Long Term Conditions/Urgent Care £7,299,000
  - o Planned Care £7,940,000
  - o Specialised Services £520,000

#### **NHS Rotherham Priorities**

Performance

- Continue to ensure services are safe, that quality is improving and that financial/performance targets are met
- Improvement
  - Continue to implement our Strategic Plan, Better Health Better Lives, focusing on the things that will make health and health services better in Rotherham
- Efficiency
  - Deliver the programmes that will ensure that we do not make unplanned cuts to services

# **Corporate Priorities**

- Transition Continue to work with
  - o GPs to manage the transition to GP commissioning
  - SY & Bassetlaw Cluster to achieve effective transfer of commissioning responsibilities
  - o RMBC and PH England to manage the implications of the PH White Paper
  - o Partners and stakeholders to ensure they are fully engaged with transitions

Discussion ensued and reference was made to the need for regular update reports and the Council's political portfolio restructure in relation to health was outlined.

Resolved:- That the information be noted.

### D4. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 4 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to any consultations/negotiations).

#### D5. 2011 PUBLIC HEALTH ANNUAL REPORT

Jo Abbott, Public Health Consultant, NHS Rotherham, introduced the draft 2011 Public Health Annual Report and sought views.

Resolved:- That consideration of this matter be deferred, pending the report's presentation to a joint meeting of the Cabinet Members for Adult Social Care, Health and Wellbeing, Safe and Attractive Neighbourhoods and Safeguarding Children and Adults within the next two weeks.