

JOINT IMPROVING LIVES/HEALTH SELECT COMMISSIONS
Thursday, 27th October, 2011

Present:- Councillors Ali, Barron, Beck, Blair, Buckley, Goulty, Hodgkiss, Jack, Kaye, License, Pitchley, G. A. Russell, Sharman, Steele and Turner, Ann Clough (ROPES) Russell Wells (National Autistic Society).

Councillor G. A. Russell was in the Chair for Minutes No. 21-26 and Councillor Jack was in the Chair for Minutes No. 27-30.

Councillors Doyle, Lakin and Wyatt were in attendance at the invitation of the Chairs.

Apologies for absence were received from Councillors Beaumont, Dalton and Wootton, Janet Dyson, Jim Richardson, Peter Scholey and Mark Smith.

21. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

22. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

23. COMMUNICATIONS

{1} Councillor Blair

Councillor Jack welcomed Councillor Blair back after his recent absence due to ill health.

{2} Single Point of Contact

A new NHS telephone service was commencing 24 hours a day, 7 days a week, until the end of March, 2012, where members of the public could ring for health advice on the best place to get treatment for their illness before attending A&E. The telephones were staffed by local doctors and nurses.

The number was 0333 321 8282.

24. ADULT SOCIAL CARE SERVICES PORTFOLIO

Councillor Doyle, Cabinet Member for Adult Social Care, and Councillor Lakin, Cabinet Member for Safeguarding Children and Adults gave the following powerpoint presentation:-

“Rotherham People Calling the Shots” - Service Priorities for 2011/12 and Beyond

Last 12 months achievements

- Care Quality Commission (CQC) assessed Services ‘Performing Excellently’ - November, 2010
- CQC assessed Customer Service ‘Best Performing’ - January, 2011
- CQC assessed Stroke Support ‘Best Performing’ - January, 2011
- Learning Disability Service identified as 1 of the best in Yorkshire and Humber
- Customer Service Excellence Award

- National recognition for safeguarding adults
- Best performing local authority for Personalisation
- Best ever KPI performance
- Overall value for money – average costs and excellent quality of care
- Awards included:-
 - LGYPH Winners – PHD in Personalisation
 - MJ Awards Winners – Personalisation Transformation
 - APSE Winners – Best Council contributed by shortlisted Home from Home, Carers Centre

Customer Achievements

- 1,000 more customers/carers were supported
- 300 more assessments undertaken
- 70% of Service users now received a personal budget – national leaders, 702 people receive a Direct Payment
- 689 more annual reviews completed
- 2,232 new pieces of assistive technology and 1,326 items of equipment – 546 more than previous years.
- Improved timeliness of assessments and care packages
- Increased customers living at home after 3 months following hospital discharges
- 4,000 people have been seen through Carers Corner
- All residential, nursing care and home care providers were rated good or excellent – none rated 'poor' by CQC in the top 4 Councils
- Safeguarding – raised awareness - increased alerts

Customer Outcomes

- 97% of customers were satisfied with the care and support they received
- 92% of customers felt safe
- 31% reduction in complaints

2011/12 Year Ahead

- People in need of support and care had more choice and control to help them live at home
 - Increasing the use of assistive technology and equipment
 - Increasing annual reviews
 - Increasing people who have access to personal budgets to 100%
 - Put in place HealthWatch
- People in need get help earlier before reaching crisis
 - Expand the range of information available 24/7
 - An Enablement Service within 48 hours
 - A faster service for Occupational Therapy
- Carers get the help and support they need
 - Provide more support to younger carers
 - Increased the number of shared lives carers by 50%
 - Increased advice and guidance through the Carers Centre
- Transforming the customer access, journey and experience for Adult Social Care
 - Easier access
 - Faster response
 - Personalised service

- Vulnerable people were protected from abuse
 - Improving sharing information with CQC
 - Improving standards in all care homes
 - Strengthening local Safeguarding Procedures

Significant Challenges

- Deliver budget savings through Service transformation
- Deal with Service specific pressures and demographic pressures while remaining within budget
- Ability to achieve target increase in charges
- Implications of the NHS and Social Care Bill including GP Commissioning – new relationships
- Effective Health and Wellbeing Boards and HealthWatch
- Maximising receipt of Continuing Health Care for customers
- Ability of external organisations to respond effectively and efficiently to customers' needs
- Very difficult market conditions – the recession – affecting housing, domiciliary care etc.
- Commissioning and Safeguarding – Standards of Care in Residential Settings – Winterbourne
- Local Account – Transparency Agenda

A question and answer session then ensued:-

- Early intervention was essential. Previously there had been a number of different services to help and assist but that was now simplified to 1 point of contact who would follow the client through either helping them access services themselves or enable them to provide for themselves. An all Member seminar was to be held to provide Members with information on the new processes
- Correspondence had been received stating that the facility at Badsley Moor Lane would not be closing. Work would be taking place with NHS Rotherham to maximise the services available at the site and transfer services from the hospital
- The CQC was currently consulting on the way it registered services and would possibly stop registering some to enable to focus on priority services such as residential homes. The Care Quality Standards were not changing and were what all providers had to be put through when initially registered. Rotherham also had a Home from Home Service where Contract Officers and advocates spoke directly with residents and families about their experience, giving a personalised view of that Home. Consideration was being given to extending it to Domiciliary Care
- Rotherham was the lead authority in working with CQC to develop an information sharing portal that could be updated on a daily basis with any comments/concerns about a registered service
- The issue of young carers in Rotherham was important and not enough was done. Where they were known within schools they would receive support but quite often that was not the case. John Healey, M.P. was

running a campaign for a Young Carers Card that should make provision to young carers better than it currently was. It was also a priority of this year's Youth Parliament

- The issue of the number of unregistered carers in Rotherham
- Given staff reductions, the use of technology was important e.g. merger of Rothercare and Access Direct gave a new service whereby 1 telephone call enable you to be fed into the various pathways for the desired outcome

Councillors Doyle and Lakin were thanked for their presentation.

25. **JOINT STRATEGIC NEEDS ASSESSMENT - DEMOGRAPHIC AND FUTURE TRENDS**

Miles Crompton, Corporate Policy Team, gave the following powerpoint presentation:-

- Life Expectancy
- Projected Growth Age Groups 2008-2028
- Projected Growth in 85+ Population
- Implications for 2020: Residents aged 65+
- Prevalence of Dementia by Age
- Projected Service Implications
- Ageing Households
- Low Income Pensioners
 - 51,300 pensioners
 - 28,800 state pension only (56%)
 - 18,100 in Pension Credit household (35%)
 - 11,200 in Guarantee Credit Households (22%)
 - Government estimates 1/3 of those eligible for Pension Credit do not claim
 - Possibly 27,000 low income pensioners (53%) or 19,500 Guarantee (38%)
- Disability
- Health
- Projected Costs - Older Peoples Mental Health Services
- Projected Care Gap - Cabinet Informal Care Projections 2005-2041
 - Older people needing care projected to rise from 600,000 to 1.3 million (+117%)
 - Adult child carers projected to rise from 400,000 to 500,000 (+25%)
 - Gap projected to rise from 200,000 to 800,000

More emphasis on spouses and formal care

- Older Carers
35,000 carers, most aged 45-64
5,300 are aged 65+
19% increase by 2020
36% increase by 2030
Rising Care needs
17,400 need help with domestic tasks
14,200 need help with personal care
25% increase projected in both by 2020
- Estimated Ethnic Change 2001-2009
- Summary
Ageing and rising population
Oldest age groups will increase most
Rising age related conditions
More older people living alone
Low income pensioners
Poor health and high rates of disability
Rising care needs
Growing ethnic diversity
Serious implications for Social Care

A question and answer session ensued:-

- A lot of people did not know they could claim for benefits so the true picture was not known
- There were medical advancements being made but the focus should still be on prevention
- The Government was aware that there was low take up of Pension Credit. It was estimated that approximately 1/3 was not taking it up in Rotherham that were eligible. Council Tax Credit and Pension Credit had low take up and more work needed to be done

Miles was thanked for his presentation.

26. CARING FOR OUR FUTURE - DEPARTMENT OF HEALTH CONSULTATION

Deborah Fellowes, Scrutiny and Policy Manager, and Shona McFarlane, Director of Health and Wellbeing, presented a joint report on the emerging national policy agenda regarding reform of the Social Care System.

On 15th September, 2011, the Government launched "Caring for Our Future: Shared Ambitions for Care and Support", an engagement for people who used care and support services, carers, local councils, care providers and the voluntary sector about the priorities for improving care and support.

Caring for Our Future was an opportunity to bring together the recommendations from the Law Commission and the Commission on Funding of Care and Support with the Government's Vision for Adult Social Care and to

discuss with stakeholders what the priorities for reform should be.

The Law Commission said that adult social care law was outdated and confusing, making it difficult for people who needed care and support, their carers and local authorities to know what they were entitled to.

The Commission on the Funding of Care and Support recommended that the amount people had to spend on care over their lifetimes should be capped although people in care homes should continue to pay a contribution towards their living costs. It also recommended that the current system of means-tested support should be extended so that more people could get additional help in paying for care.

An engagement exercise had been launched to generate a wider discussion on 6 key themes:-

- Improving quality and developing the workforce
- Increased personalisation and choice
- Ensuring services were better integrated around people's needs
- Supporting greater prevention and early intervention
- Creating a more diverse and responsive care market
- The role of the financial services sector in supporting users, carers and their families.

The Government would publish a White Paper in Spring 2012 alongside a progress report on funding reform.

Attached to the report was an appendix setting out the questions that were being asked in each of the 6 areas. A draft response was circulated at the meeting. The closing date for responses was 2nd December, 2011.

Resolved:- That any comments be supplied to either Deborah Fellowes or Shona McFarlane for inclusion in the response as soon as possible.

27. AGEING WELL STRATEGY FOR ROTHERHAM

Deborah Fellowes, Scrutiny and Policy Manager, presented a report on the work ongoing with regard to the development of an "Ageing Well" Plan for Rotherham focussing on the recently completed consultation exercise.

Demographic changes in Rotherham over the next 15 years would lead to an increase in the proportion of older people living in the Borough, particularly the 80+ age group. This had the potential to add to the pressures on health and social care provision.

To address the challenges, the Council and NHS Rotherham had agreed to develop a strategic commissioning approach that would ensure the pressure of an ageing population did not lead to an increase in dependency on high cost specialist services. The Ageing Well Plan would set out how they would work with people as they aged.

The report provided a summary of the main findings of a community engagement exercise which took place during December, 2010 and January,

2011. Participants' top 8 priority areas were:-

- Making sure information about services and support was shared and accessible
- Making sure people were told about support and services early
- Tackling crime, the fear of crime and transport issues for older people
- Working with the NHS and partners to help prevent falls and strokes
- Tackling social inclusion
- Tackling fuel poverty
- Promoting healthy lifestyles
- Supporting carers to engage in physical recreation/breaks

Face to face interviews revealed several areas of concern which people felt were not represented in the Ageing Well Plan and should be:-

- Provision of a safe accessible place in Rotherham town centre for older people to meet and socialise
- People to treat older people and their opinions with respect, particular emphasis upon health, council and police staff and utilities providers
- Visible recognition of the contribution older people make to our community
- Positive use of language and images when producing information about older people and for the benefit of older people
- Provision of an equivalent to the discontinued Rotherham News

It was noted that a Plan would be compiled and subject to further consultation.

Resolved:- That the completed consultation exercise and the implications for an Ageing Well Plan for Rotherham be noted.

28. CONTINUING HEALTH CARE

Shona McFarlane, Director of Health and Wellbeing, gave the following powerpoint on Continuing Health Care in Rotherham as follows:-

Context

- Specific eligibility criteria
- Assessment/ decision making process set out in legislation
- Single National Framework set out in 2007

Funding

- Long term health and social care needs with a primary focus on health needs - Continuing Health Care
- Long term social care needs with needs that should be met in nursing care accommodation - fixed rate NHS contribution plus local authority costs of core placement - Free Nursing Care
- Long term social care needs with health needs met through primary care - local authority (or self-funded) residential care

National Framework - Best Practice

- Checklist (initial screening tool)
- Decision support tool

- Fast track pathway tool
- Assessment - undertaken by multi-disciplinary team
- Recommendations of MDT - should be accepted by PCT, panel in place
- Consultation with local authority when ending funding

Whole System Issue

- Assessments
- Providers
- Changing needs
- Customers

Relative Spend

- 2006/7 - 112 people cost £2.15M
- 2007/8 - 215 people cost £2.82M
- 2008/9 - 573 people cost £7.72M
- 2010/11 - 795 people cost £10.86M
- Spending per head of population improved from 10th to 8th of 15
- Number of people received CHC funding has reduced - down from 7th best to 11th
- Although ranking has improved, Rotherham was below the average spend per head of population
- Main areas of variation
 - o Older people with dementia - less than half the regional average
 - o People with physical disability - 1/3 below the regional average
 - o People with learning disability - 10% below average but improving

Issues and Challenges

- Funding levels
- Delays in assessments
- Customer experience - timely access
- Communications on changes in funding decisions

A question and answer session ensued with the following issues highlighted:-

- Once the issue of delays in assessments had been known, the concerns had been raised in partnership meetings.
- The national Directions Framework stated that, prior to a decision being made to withdraw funding, the PCT had to consult with the local authority as the burden of responsibility for the social care element of the care package would fall on the local authority. The Panels were multi-agency. However, it was felt that a decision made at a Panel meeting to stop funding was not sufficient consultation, so there was dialogue between the partners. It was acknowledged that the protocol for shared funding for complex care packages could be improved
- The responsibility for continuing health care would pass to the CCG but it was not known as to how the Group would continue to deliver. It was presumed that there would not be a change given that the national Direction was not going to change

- There was an Independent Review Panel held by the Strategic Health Authority if a customer felt that the decision made about their continuing health care application was unfair. Initially a customer would submit an appeal to the PCT who would seek to resolve that in Rotherham. If a customer was not satisfied with the response it would then pass to the Independent Review Panel. The Strategic Health Authority sometimes asked a neighbouring health group to hear an initial appeal with further stages going through to the Strategic Health Authority
- The End of Life funding had specific criteria. There were moves at the moment to change the definition of long term conditions and include people with cancer because people were living longer with cancer
- The Council had built in an expectation that there would be an increase in the amount of Continuing Health Care funding which would be received by customers to fund their care. Since the implementation of the Framework it had been a simpler process and been successful. The take up of Continuing Health Care in Rotherham had increased but still did not meet regional average
- An older person with the definition of "living in residential care" may be eligible for free nursing care but if their needs changed and they needed Continuing Health Care their care would be free to them. If they failed to be defined as eligible for continuing health care they would continue to pay care costs and impact on the local authority was that it continued to pay the residential care costs
- The impact on the local authority was that it continued to pay the residential care costs rather than being paid through the NHS so the burden fell on the customer and local authority.

The Chair suggested that a joint Scrutiny Review be held commencing in January, 2012.

Shona was thanked for her presentation.

Resolved:- That a joint Scrutiny Review be held consisting of Councillors Beck, Pitchley, Steele, Ann Clough and Russell Wells.

29. REVIEW OF CHILDREN'S CONGENITAL CARDIAC SERVICES JOINT HEALTH OVERVIEW AND SCRUTINY (YORKSHIRE AND THE HUMBER)

Caroline Webb, Senior Scrutiny Adviser, reported on the main issues identified by the Joint Health Overview and Scrutiny Committee and the recommendations put forward to the Joint Committee of Primary Care Trusts in response to the Review of Children's Congenital Cardiac Services in England.

It was noted that a formal decision was not expected until mid-December, 2011.

Resolved:- (1) That the report be noted.

(2) That all those concerned with the Member Working Group be thanked for their input to the process.