

**ADULT SOCIAL CARE AND HEALTH**  
**Monday, 17th November, 2014**

Present:- Councillor Doyle (in the Chair); Councillors Andrews and Pitchley.

**H17.       DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**H18.       MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the meeting held on 20th October, 2014.

Resolved:- That the minutes of the meeting held on 20th October, 2014, be approved as a correct record.

**H19.       HEALTH AND WELLBEING BOARD**

The minutes of the meetings of the Health and Wellbeing Board held on 27<sup>th</sup> August and 1<sup>st</sup> and 24<sup>th</sup> October, 2014, were noted.

**H20.       REPRESENTATIVES ON WORKING GROUPS**

Resolved:- (1) That the following appointments be noted:-

Obesity Working Group	Councillor Pitchley
Rotherham Heart Town	Councillor Wyatt
Self Harm and Suicide Prevention Group	Councillor Andrews

(2) That representation be sought for the Tobacco Control Alliance Group.

**H21.       WHITE RIBBON CAMPAIGN**

Sam Newton, Service Manager Safeguarding Adults, submitted a report for information on the above Campaign which was for towns to demonstrate their commitment to the aims of the White Ribbon Campaign (WRC).

An action plan demonstrating the town's commitment to reducing domestic abuse had been developed with the Partnership Violent Crime Forum and the Domestic Abuse Priority Group.

On 30<sup>th</sup> October, 2014, the plan had been approved as "excellent" by the White Ribbon Campaign Director and Rotherham had been provided with White Ribbon Status joining over 40 towns and local authorities who had also gained the nationally recognised WRC Town Award

White Ribbon status required a commitment by partners across Rotherham to involve men in sending a clear message that domestic abuse against women would not be tolerated. In particular it involved men in preventative activities, addressing and altering social norms that led to violent behaviour against women, increasing awareness on the issue and providing services aimed at reducing domestic abuse. The Campaign claimed that by mobilising men, the anti-violence against women and girls message increased the effectiveness and reached and mobilised the entire local community under the goal of ending violence against women and girls.

A number of events and campaigns had been planned from November, 2014, onwards including IYSS 'Rocking against Domestic Abuse', RUFC v Blackpool 'Dedicated White Ribbon' match, NHS 'White Ribbon Community Corner', all licensees and door security conducting promotional events, Wilmott and Dixon displaying WRC van stickers and a wide media campaign across partners and communities.

The Cabinet Member reported that he had submitted an application to become a White Ribbon Ambassador.

Resolved:- (1) That the partnership commitment to achieving the aims of the White Ribbon Campaign be endorsed and supported.

(2) That the work driven by Chief Inspector Wormersley in conjunction with the Domestic Abuse Priority Group and the Partnership Violent Crime Forum be noted.

(3) That a joint media strategy be developed between the Council, Police and Rotherham United Football Club.

(4) That the Council celebrate the award of White Ribbon status with the flying of a White Ribbon flag during the International White Ribbon Campaign period 25<sup>th</sup> November to 10<sup>th</sup> December, 2014.

(5) That the Strategic Leadership Team be requested to consider a Senior Officer submitting an application to become a White Ribbon Ambassador.

## **H22. INDEPENDENT MENTAL HEALTH ADVOCACY SERVICE (IMHA) - 2015/16 COMMISSIONING INTENTIONS**

Janine Parkin, Strategic Commissioning Manager, presented a report on the future of the Independent Mental Health Advocacy Service (IMHA).

The Service was previously commissioned by a Primary Care Trust competitive tender process in 2010 to cover the Rotherham and Doncaster area using special grant funding from the Department of Health. The contract had commenced on 1<sup>st</sup> October, 2010 for 3 years with the option to extend to June, 2015, subject to performance and

quality. It was a specialist type of mental health advocate granted specific roles and responsibilities through the Local Reform and Community Voices Grant. It helped 'qualifying patients' understand the legal provisions, to which they were subject under, they were entitled to.

The Department of Health had transferred the grant funding from NHS bodies to local authorities in April, 2013. Accordingly, the former PCT contract was novated across to Rotherham and Doncaster with Rotherham taking on the commissioning role for the partnership. The current contract was due to end on 30<sup>th</sup> June, 2015.

The Council would not receive confirmation from the Department of Health that it intended to continue to fund the Service in 2015/16 until December, 2014, although it was highly likely that it would remain a priority.

It was proposed that the current contract be extended for a period of 3 months, from 1<sup>st</sup> July to 30<sup>th</sup> September, 2015, to allow a full 12 months commissioning exercise which would include:-

- Confirmation of strategic and financial commitment by Department of Health to the Service
- Analysis of the current provision (need/demand/gaps analysis) and factor in the requirements of the Better Care Fund Programme
- Joint work on establishing need with Rotherham CCG and other partners
- Consider options for amalgamation of provision sub-regionally using existing mental health commissioning networks
- Benchmarking of activity and demand with other local authorities
- Formal and indepth consultation with Service users
- Complete Equality Analysis
- Development of revised and enhanced Service specifications
- Tender process – PQQ, ITT, Evaluations

Resolved:- (1) That the extension of the current Independent Mental Health Advocacy Service to 30<sup>th</sup> September, 2015, be approved.

(2) That the possibility of joint commissioning with Sheffield City Council be explored.

(3) That a further report be submitted in March, 2015.

**H23. THE TRANSFER OF INDEPENDENT LIVING FUND (ILF) SUPPORT AND FUNDING TO LOCAL AUTHORITIES FROM 30 JUNE 2015**

Shona McFarlane, Director of Health and Wellbeing, presented a report on the transfer of the Independent Living Fund (ILF) to local authorities as from 30<sup>th</sup> June, 2015.

The ILF was established by the Government in 1988 as a charitable trust which made payments to disabled people on low income who had to pay for personal care. The maximum ILF award was £475 per week.

It was the Government's original intention to close the Fund from April, 2015, and transfer the funding and responsibilities to local authorities. However, the closure programme was stopped due to a Court of Appeal ruling regarding the Government's administration of the process. This had now been resolved and it had been announced in March, 2014, that the ILF would close on 30<sup>th</sup> June, 2015.

There were currently 105 ILF users in Rotherham 62 of which were known to the Learning Disability Service and the remainder known to other Adult Social Care Teams. All had received information about changes to their future funding and, in recent months, ILF administrators and Local Authority Social Workers had conducted joint reviews of each user.

There were 33 people with a learning disability in supported living schemes who received ILF funding for a significant proportion of their care package. To continue in supported living the ILF funding would need to be replaced by revenue funding from the Local Authority.

ILF policies on deciding funding packages were different to the criteria of Fairer Access to Care Services (FACS). Frequently ILF paid for 'desirable' elements of care that FACS could not. There were also significant differences between ILF rules on user contributions to support packages and Fairer Charging.

It was likely that many ILF users would face a reduction in support funding if FACS was applied across the total care package. In many instances users had received high levels of ILF funding for desirable rather than essential elements of support.

The proposed options were:-

For customers in the community:-

Option A – replicate existing funding packages by replacing ILF with a Direct Payment. Customers would be happy and this would be relatively easy to administer. However, this would replicate what was already a 2 tier system and there may be challenges from customers who did not previously receive ILF funding.

Option B – replicate existing funding packages but agree a phased reduction over a fixed period. There were likely to be fewer complaints and customers could make a more gradual adjustment to the loss of funding. However, this was potentially a very complex administrative process for the Local Authority.

Option C – assess everyone under FACS criteria and award funding accordingly. Whilst this was probably fairer, it would cause hardship and/or some significant readjustments of lifestyle for some very disabled people and their carers.

For people in supported living schemes:-

To allocate an appropriate amount into the Supported Living budget to allow the placements to continue. The alternative would be significantly more costly and inappropriate residential care placements.

Discussion ensued on the report with the following issues raised:-

- Public perception
- Due to the age profile of the customers, the numbers were not expected to decrease significantly and would have an entitlement for many years to come
- Uncertainty of the budget which was not ringfenced
- Could leave the Authority in an overspend position for those receiving 'desirable' elements of care
- Some users would receive exactly the same service as they currently received; others would get the service to meet their needs
- Benchmarking showed that Rotherham was higher in spending terms with regard to meeting learning disability needs

Resolved:- (1) That, following the 2015 transfer to the Local Authority, Option C (as set out above) be approved together with maintaining the necessary support for Supported Living.

(2) That provision be made for those instances where challenges were made by clients and a phased reduction negotiated.

## **H24. RESTRUCTURE OF ENABLING AND OUT OF HOURS SERVICE**

Sarah Farragher, Contact and Enablement Service Manager, submitted a proposed restructure bringing together 3 strands of work together i.e. Social Work Out of Hours Service, Better Care Fund Service developments and the current Enablement Service.

The proposal was to reshape the current Enabling Service to include Social Work capacity as part of the management of the Service delivery. The new Service would concentrate on reducing Social Care needs at the front end of the Service through:-

- Provision of Enabling which was more focussed on achieving independent outcomes for customers
- Faster throughput for customers where longer term support was needed
- A more responsive approach to picking up packages quickly

The Service would operate 7 days per week and provide a virtual link into the Fast Response Team to avoid hospital and residential care admissions and provide out-of-hours Social work cover.

In order to achieve the restructure a number of establishment changes were required including recruitment of 4 full-time equivalent Social Worker posts, a change in the Out-of-Hours management response to provide more robust support and the development of a professional supervision arrangement for Social Workers based in the Enabling Team.

External recruitment had commenced for 4 additional Social Workers (3 funded from the Better Care Fund and 1 funded from a re-direction of an existing Home Enabling Officer vacancy) to provide the Social Work Enablement role as well as the permanent recruitment to the Enabling Manager Post (currently Home Enabling Manager).

Consultation on the proposal was well underway with transitional arrangements for closer working of Enabling and Out-of-Hours having started.

Resolved:- (1) That the proposal to combine 3 current priorities – improving and streamlining current Enabling offer, developing a Better Care Fund fast response Social Care Officer and improving the current Out of Hours response, be noted.

(2) That the progress to date be noted.

## **H25. SAFEGUARDING ADULTS ANNUAL REPORT 2013-2014**

Sam Newton, Service Manager, Safeguarding Adults, presented the Safeguarding Adults annual report 2013-14 produced by the Rotherham Safeguarding Adults Board for information.

Attention was drawn to the following information:-

- 314 referrals investigated and all had a Protection Plan in place to protect them
- Following investigation 85 people were found to have suffered some form of abuse
- Of the 84 contracted care homes, 10 were found to be failing to provide good care
- All new placements to 7 care homes were suspended
- Quality assurance visits were made to all 158 regulated homes and services

- Strategic review and self-assessment of the Board undertaken
- Safeguarding Adults Charter and a partnership agreement of commitment adopted
- 100% of alleged abuse responded to within 24 hours
- 2014-15 priorities
- 1,556 alerts reported through the new Safeguarding Adults Returns
- 314 Strategy meetings convened
- 166 case conferences convened across all Services
- The category of Neglect and Acts of Omission continued to be the highest category of abuse investigated (4% increase). Institutional abuse had also increased (4.5%)

Resolved:- (1) That the Safeguarding Adults annual report 2013/14 be noted.

(2) That the Cabinet Member's congratulations be conveyed to the Adults Safeguarding Board for their work during 2013-14.

## **H26. MAKING SAFEGUARDING PERSONAL**

Sam Newton, Service Manager Safeguarding Adults, presented a report on the above Local Government initiative that supported Councils and their partners to develop outcomes focussed, person centred Safeguarding practice. The Making Safeguarding Personal (MSP) Approach was embedded in the Care Act 2014 and therefore utilisation of the approach was now essential for every local authority in England.

MSP aimed to facilitate a shift in emphasis in Safeguarding from undertaking a process to a commitment to improving outcomes alongside people experiencing abuse or neglect. The key focus was on developing a real understanding of what people wished to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lacked capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which desired outcomes had been realised.

Adopting MSP facilitated the development of quantitative and qualitative measures than enabled practitioners, teams and Safeguarding Adults Boards to start to see how effective they were. However, it was fundamentally about a change of focus and practice away from putting people through a process and towards engaging with them to identify and realise the outcomes they wanted. It was about using the process to support a conversation or series of conversations and about adapting the process to most effectively improve those conversations and outcomes.

Councils were invited to engage in work at 1 or more of 3 levels:-

### Bronze

Working with people (and their advocates or representatives if they lack capacity) at the beginning of the Safeguarding process to identify the outcomes they want and then looking at the conclusion of the process at the extent to which these outcomes are realised.

### Silver

The above plus developing 1 or more types of responses to Safeguarding and/or recording and aggregating information about responses.

### Gold

The above plus independent evaluation by a research organisation/university.

Rotherham, in taking part in an introductory event, had initially signed up to commence at Bronze level.

It was proposed that a project group be established in order to redesign policies and procedures to make them person centred, develop materials to support practitioners and the people they worked with, develop recording mechanisms, review how advocacy was made available and develop, brief and implement 1 or more of the approaches to support people to resolve their circumstances.

Resolved:- (1) That Making Safeguarding Personal be consolidated at Bronze level be approved.

(2) That engagement at Silver level by developing 1 of the proposed tools/responses to Safeguarding be approved with the aspiration to achieve Gold standard.

## **H27. VULNERABLE ADULTS RISK MANAGEMENT**

Sam Newton, Service Manager Safeguarding Adults, reported on proposals to case manage vulnerable adults, improve outcomes and develop cross agency working in the support and protection of vulnerable adults in our communities.

A Vulnerable Adults Risk Management (VARM) Framework enabled, on a case by case basis, the assessment, case management and better co-ordination of an effective response to vulnerable adults. It provided a structured escalation process set within the context of the Safer Rotherham Partner and Rotherham Safeguarding Adults Board. It had been developed in partnership with South Yorkshire Police, the Vulnerable Person's Unit and the Safeguarding Adults Team.

VARM was a bespoke cross-agency meeting to develop and co-ordinate activity to address the needs of identified vulnerable adults and provide a multi-agency response where interventions had tried and failed or had not been available. The meetings would be answerable to their own



organisations and would be scrutinised by the Vulnerable Adults Panel. The VARM meeting would be convened by the Vulnerable Persons Unit (VPU).

The work had been commenced by the VPU drawing together information, managing the multi-agency risk and arranging for case specific multi-agency reviews. The activity of each Service, current local multi-agency working and the assessment and case management by the VPU needed to be supplemented and embedded into a risk assessment framework which would:-

- Reduce risk and increase a co-ordinated and effective service to the individual
- Identify key agencies to work with vulnerable adult
- Identify needs to improve outcomes
- Reduce inappropriate use of Services e.g. high frequency callers to Emergency Services
- Achieve this through the use of effective case management, multi-agency working including appropriate information sharing, action plans and continued monitoring to reduce risk and improve outcomes

The meetings would be held within 3 weeks of a new case being identified, the urgency of the meeting dependent upon the vulnerability of the individual and the availability of the professional required. This would be decided by the case workers/co-ordinators within the VPU following appropriate screening and risk assessments. The meeting would be chaired by a Chief Inspector and minutes taken by the VPU.

Discussion ensued on the proposal with the following issues raised/clarified:-

- The VPU was Police led
- 2 Social Workers from Safeguarding sat within the VPU and were screening some of the cases that went through the VARM
- Need for a governance framework

Resolved:- (1) That the Vulnerable Adult Risk Management Framework be supported and progressed for formal adoption across the Safer Rotherham Partnership and Safeguarding Adults Board.

(2) That urgent consideration be given to the resourcing of the Service which, as a result of the recent child sexual exploitation, would be invaluable in identifying adult of CSE providing effective case management and risk reduction. It also provided a means to meet key national Government priorities as outlined in the Care Act 2015 including recognition, assessment and signposting to relevant Services.

(3) That, once the work on the governance arrangements was completed, they be submitted to the Cabinet Member.

**H28. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2014/15**

Consideration was given to a report presented by Mark Scarrott, Finance Manager (Neighbourhoods and Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to 31st March, 2015, based on actual income and expenditure for the period ending September, 2014.

It was reported that the forecast for the financial year 2014/15 was an overspend of £900,000 against an approved net revenue budget of £69.267m, a reduction of £370,000 since the last report. The main budget pressures related to budget savings from previous years not fully achieved in respect of additional Continuing Health Care Funding plus recurrent pressures and increasing demand for Direct Payments. There were also delays on achieving budget savings proposals within Learning Disability Services.

Management actions were being developed with the aim of containing expenditure within the approved cash limited budget by the end of the financial year.

The latest financial forecast showed there remained a number of underlying budget pressures. The main variations against approved budget for each Service area were as follows:-

**Adults General**

- This area included the cross cutting budgets of Workforce planning and training and corporate charges and was forecasting an underspend due to higher than anticipated staff turnover within the Contract and Reviewing Officers Team and the impact of the moratorium on training budgets

**Older People**

- Recurrent budget pressure on Direct Payments over budget. Client numbers had increased since April together with an increase in the amount of a number of care packages
- Forecast underspend on Enabling Care and Sitting Service based on current level of Service together with an underspend within Independent Sector Home Care which had experienced a slight reduction in demand since April
- Overspend on Independent Residential and Nursing Care due to delays in achieving the savings target for additional Continuing Health Care (CHC) income. Additional income from property charges was reducing the overall overspend
- Planned delays on recruitment to vacant posts within Assessment and Care Management plus additional income from Health resulting in an overall underspend

- Overall underspend on Rothercare due to savings on maintenance contracts on the new community alarm units and supplies and services
- Underspends in respect of vacancies within Community Support and Carers
- The forecast included one-off Winter Pressures funding from the CCG to increase Social Worker capacity and prevent delayed discharges from hospital

#### Learning Disabilities

- Independent sector Residential Care budgets forecasting an underspend. Work continued on reviewing all CHC applications and high cost placements
- Forecast overspend within Day Care Services due to a recurrent budget pressure on external transport plus provision for 7 specialist transitional placements from Children's Services. This was being reduced slightly due to staff turnover higher than forecast
- Overspend in Independent Sector Home Care due to increase in demand
- New transitional placements from Children's Services into Supported Living plus additional demand for Shared Lives was being offset by additional CHC and one-off funding resulting in an overall forecast underspend
- Delays in meeting approved budget savings on Contracted Services for Employment and Leisure Services had increased the overspend due to extended consultation to the end of the financial year
- Forecast pressure on changing the provision of residential care to delivering of Supported Living by RDaSH
- Staff turnover lower than forecast within In-house Residential Care reduced by saving on RDaSH administration support

#### Mental Health

- Projected underspend on Residential Care budget due to a reduction of 3 placements since April 2014 plus additional Public Health funding for substance misuse
- Pressures on employee budgets due to lower than expected staff turnover together with review of night cover arrangements offset by underspend on Direct Payments due to a review of a number of care packages plus additional Public Health funding

#### Physical and Sensory Disabilities

- Further increase in demand for Direct Payments in addition to a recurrent budget pressure and forecasting an overspend
- Efficiency savings on contracts for Advice and Information
- Underspend on independent sector homecare as clients migrated to Direct Payment scheme

#### Safeguarding

- Increase in demand for assessments under Deprivation of Liberty Safeguards
- Offset by higher than anticipated staff turnover plus additional one-off income from Health

#### Supporting People

- Efficiency savings on supplies and services budget

Total expenditure on Agency staff for Adult Services to the end of September, 2014, was £88,350 (no off contract), a significant reduction compared with actual expenditure of £238,867 (no off contract) for the same period last year. The main areas of spend were within Residential Care and Assessment and Care Management Social Work Teams. There had been no expenditure on consultancy to date.

There had been £92,945 spent up to the end of September, 2014, on non-contractual overtime for Adult Services compared with expenditure of £198,280 for the same period last year.

Careful scrutiny of expenditure and income and close budget monitoring remained essential to ensure equity of Service provision for adults across the Borough within existing budgets particularly where the demand and spend was difficult to predict in a volatile social care market. Potential risks were the future number and cost of transitional placements from Children's Services into Learning Disability Services, any future reductions in Continuing Health Care funding as well as the additional demand and cost of assessments under Deprivation of Liberty Safeguards.

Regional benchmarking within the Yorkshire and Humberside region for the third quarter of 2013/14, showed that Rotherham remained below average on spend per head in respect of Continuing Health Care.

Resolved:- That the latest financial projection against budget for 2014/15, as now reported, be noted.

## **H29. ROTHERHAM HEALTHWATCH**

Paul Stinson, Commissioning, presented a report on Rotherham Healthwatch.

As set out in the tender process and contract, it had always been the intention that once Healthwatch Rotherham (HWR) had been established, the contract would be novated to HWR to operate as an independent Social Enterprise. The intention to novate the contract by September, 2014, was approved by the Health and Wellbeing Board on 26<sup>th</sup> March, 2014.

The novation of contract was formally challenged by Parkwood Healthcare Ltd. on 8<sup>th</sup> August, 2014.

Following advice from the Council's Legal team, the Council entered into a Deed of Termination Agreement with Parkwood Healthcare to end any rights and obligations under the existing contract and to ensure that delivery of the service could commence by Rotherham Healthwatch Ltd. (Social Enterprise) on 1<sup>st</sup> September.

The termination process was successfully completed by 31<sup>st</sup> August, 2014, and a new contract established with Rotherham Healthwatch Ltd. on 1<sup>st</sup> September, 2014 until 31<sup>st</sup> March, 2015.

The challenge had required a waiver of Standing Orders to contract with the newly established Social Enterprise.

The Cabinet Member reported that he had been kept fully informed throughout the process.

Resolved:- That the retrospective waiver of Standing Order No. 49 (tender invitation and receipt of tenders) for the delivery of Rotherham Healthwatch Ltd. (Social Enterprise) be approved.

### **H30. HEALTH VISITING AND FAMILY NURSE PARTNERSHIP DEVELOPMENT FUNDS - SECTION 7A PUBLIC HEALTH SERVICES - PROPOSALS FOR ROTHERHAM SERVICES**

Dr. John Radford, Director of Public Health, reported that NHS England (South Yorkshire and Bassetlaw) had identified some development money available to address inequalities across the NHS England area. The report submitted set out a proposed programme of recurrently funded opportunities for Rotherham to increase the coverage of the Family Nurse Programme and support activity to promote Maternal and Children's Public Health by the Health Visiting Service.

It was proposed:-

#### **Family Nurse Partnership Coverage**

- To increase the capacity of the Partnership Team to match that of the area where there was the best capacity and coverage. This would increase capacity so that 24% of first time teenage pregnant women received support from the Programme – currently only 21.8% received support

#### **Improve Breastfeeding Rates in Rotherham**

- Baby Friendly Initiative

The Health Visiting specification required services to “achieve and maintain full accreditation of UNICEF Baby Friendly initiative”. All HV services in South Yorkshire and Bassetlaw had achieved full Baby Friendly accreditation with the exception of Rotherham. An Infant

Feeding Co-ordinator was required to facilitate the process plus significant training and other resources such as promotional materials and BFI assessment costs etc. NHS England was offering a 50% contribution to the development and were seeking a commitment from the Rotherham Foundation Trust to the remaining funding. The proposal had been present to the Trust who were committed to supporting the match funding allowing them to maximise skill mix and opportunities for ensuring consistent and sustained support to the achievement of UNICEF BFI

- Baby Friendly Peer Support  
Existing Peer Support (Breast Buddies) was only funded until 31<sup>st</sup> March, 2015. The Service was crucial to support breastfeeding mums and consisted of a Peer Support Co-ordinator and paid part-time Peer Supporters who delivered support directly to women and also trained volunteers to support women in the community. There were benefits to it being integrated into and managed by the Health Visiting Service in the context of BFI. The proposal was supported by the Foundation Trust

Implement Pregnancy, Birth and Beyond Parent Education in Rotherham

- The Department of Health recommended the above for first time parents. It was currently offered in 2 other areas in South Yorkshire. Development would include co-ordination, training, development of materials, delivery staff and venues across the Borough as part of the integrated Foundation Years Best Start Service. It had been endorsed by the Think Family Steering Group but there were resource issues preventing progress with the initiative.

Due to the national expansion of Health Visitor numbers, Health Visitors were hard to recruit. The proposals relied upon successful recruitment.

Resolved:- (1) That the recommended initiatives be approved as priorities for development.

(2) That the funding proposals be approved and planning to implement activity be commenced in partnership with NHS England and the Rotherham Foundation Trust with immediate effect as per the schedule submitted.

(3) That the implementation of the initiatives be led by the Public Health Team in partnership with NHS England (South Yorkshire and Bassetlaw) as part of the transformation of Health Visiting and Family Nurse Programme Services.

(4) That it be noted that it was essential to ensure there was long term commitment to the Services in particular the Family Nurse Partnership required commitment that the Local Authority would continue to run the Programme and sustain the number of place for a minimum of 3 years post-transition.

(5) That the report be referred to the Health Select Commission for information.

### **H31. CRISIS CARE CONCORDAT**

Janine Parkin, Strategic Commissioning Manager, submitted a proposal to join partner organisations in South Yorkshire in formally agreeing to the principles in the national Concordat for Mental Health Crisis Care.

The Department of Health 'Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis' was published in February, 2014. The Concordat included all age groups from 16 years and beyond.

Signatories to the Concordat had made a commitment to work together to support local systems to achieve continuous improvements for crisis care for people with mental health issues across England.

A Declaration document had been developed by NHS England and sign up at a locality level by partner organisations had been canvassed at a sub-regional level.

In September, 2014, a formal request was made to the Authority to agree to sign up to the Concordat and to join with partner organisations to develop local area action plans to implement the recommendations contained therein.

The deadline for uploading declarations to the national Crisis Care Concordat website was December, 2014, and had been set by the Department of Health.

The Yorkshire and Humber Multi-Agency Mental Health Collaborative was a group that met every 2 months and already had senior representatives from a number of key stakeholders in regular attendance. NHS England suggested that the group could help support the implementation of local action plans as well as be a forum to discuss specific problems and take actions back to their respective organisations.

The Crisis Concordat was a key element of the Better Care Fund (BCF01) workstream which was working to develop a Mental Health Liaison Service that supported the outcomes of the BCF and the principle of 'parity of esteem' between physical and mental health care.

It was proposed that the Council supports the aims of the Concordat formally by becoming signatories to the South Yorkshire Declaration Statement.

Resolved:- (1) That the Cabinet be requested to recommend to Council the signing of the South Yorkshire Declaration Statement on National Crisis Care Concordat and approve the involvement of Council Officers in the implementation of the recommendations contained in the Concordat within the Better Care Fund Action Plan.

(2) That the report be referred to the Health and Wellbeing Board and the Cabinet Member for Children and Education Services for information and support of the action plan.

### **H32. 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 items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any person (including the Council)).

### **H33. COMMISSIONING FRAMEWORK FOR DOMICILIARY CARE TENDER 2014-15**

Janine Parkin, Strategic Commissioning Manager, reported on the current position with regard to the Community and Home Care Services Tender 2014-15.

The invitation to tender had been published on 19<sup>th</sup> September, 2014. At the pre-qualification stage the evaluation of the applicant's key policy documents had been evaluated.

Evaluation of the second stage tenders would be complete by 28<sup>th</sup> November, 2014, with the new contracts issued on 30<sup>th</sup> March, 2015.

outcome of the pre-tender qualification

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

(2) That a further report be submitted following the procurement exercise to advise on the next steps and tender award.