

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 7th December, 2009

Present:- Councillor Doyle (in the Chair); Councillors Barron, Gosling, P Russell and Walker.

Apologies for absence were received from Councillor Jack .

H65. MINUTES OF THE MEETING HELD ON 23RD NOVEMBER 2009

Resolved:- That the minutes of the meeting held on 23rd November 2009 be approved as a correct record.

H66. ADULT SERVICES REVENUE BUDGET MONITORING REPORT

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2010 based on actual income and expenditure to the end of October 2009.

The approved net revenue budget for Adult Services for 2009/10 was £72.9m. Included in the approved budget was additional funding for demographic and existing budget pressures together with a number of new investments and efficiency savings identified through the 2009/10 budget setting process.

The latest budget monitoring report for Adult Services showed some underlying pressures, however after taking account of a number of achieved savings and assuming the achievement of all management actions it was forecast that there would be an overall net overspend of £225k by the end of the financial year.

Management actions of £1.139m had been identified to reduce the budget pressures. A total of £640k had already been achieved to-date and were now included in the detailed forecasts. This reduced the underlying pressures to £724k and left a balance of £499k management actions to be achieved by the end of the financial year.

The latest year end forecast showed the main budget pressures in the following areas:-

- Home Care as a result of delays in shifting the balance of provision to the independent sector (£674k). The 70/30 split was achieved at the end of July 2009 and the balance had now moved beyond 70/30 towards an 80/20 ration that the Cabinet recognised as the optimum level based on experience elsewhere in the country.
- Increase in residential and nursing care short stays over and above approved budget for clients with a physical and sensory disability

(+£144k).

- Independent sector home care provision for Physical and Sensory Disability clients had increased by an additional 970 hours since April 2009, a further 38 clients were now receiving a service. This was resulting in an overspend of £347k against the approved budget.
- A significant increase above approved budget in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services (£380k).
- Additional one-off expenditure was being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them transferring to the Council's property bank (£200k).
- Delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels (£240k), laundry (£160k) and the bathing service (£40k).
- Continued pressure on the cost of external transport provision for Learning Disability Day care clients (+£134k).

These pressures had been reduced by :-

- Additional income from continuing health care funding from NHS Rotherham (-£269k).
- Delays in the implementation of new supported living schemes within Learning Disability services (-£290k).
- Savings within independent residential care due to an increase in income from property charges (-£555k) and slippage in intermediate care spot beds (-£40k).
- Savings on the reconfiguration of Extra Care housing (-£315k).
- Planned delay in developing rehabilitation and supported living facilities for clients with a physical and sensory disability (-£157k).
- Slippage in recruitment to a number of new posts (-£78k) where additional funding was agreed within the 2009/10 budget process.

The Directorate continued to identify additional management actions to mitigate the outstanding budget pressures above. A number of management actions had already been achieved (£640k) and were included in the financial forecasts. These included additional savings on supported living, residential short stay placements, independent residential care costs within Older People services and savings from the decommissioning of in-house residential care.

To further mitigate the financial pressures within the service all vacancies continued to require the approval of the Directorate Management Team. There was also a moratorium in place on non-essential non-pay expenditure. Budget meetings with Service Directors and managers took place on a monthly basis to robustly monitor financial performance against approved budget including achievement against the proposed management actions and consider all potential options for managing

expenditure within the approved revenue budget.

Resolved:- That the latest financial projection against budget for the year based on actual income and expenditure to the end of October 2009 for Adult Services be noted.

H67. ADULT SERVICES CAPITAL MONITORING REPORT

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which informed members of the anticipated outturn against the approved Adult Services capital programme for the 2009/10 financial year.

It provided detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to the 18 November 2009 and the projected final outturn position for each scheme.

Actual expenditure to the mid November 2009 was £312k against an approved programme of £1.5m. The approved schemes were funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding.

The following information provided a brief summary of the latest position on the main projects within each client group.

Older People

The two new residential care homes opened in February 2009. The balance of funding (£230k) related to outstanding fees and the cost of any final minor works.

The Assistive Technology Grant (which included funding from NHS Rotherham) was being managed jointly and was being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. There was a procurement plan to spend the remaining funding which included lifeline connect alarms, low temperature sensors and fall detectors within peoples homes. A small element of the Department of Health specific grant (£13.5k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2009/10. Plans to spend the remaining balance of funding were being reviewed.

Learning Disabilities

The small balances of funding (£10k) carried forward from 2008/09 were to be used for the purchase of equipment for Parkhill Lodge and within existing supported living schemes.

The refurbishment at Addison Day Centre (Phase 2), funded from the Council's Strategic Maintenance Investment fund was now complete and awaiting final invoices.

Mental Health

A small balance remained on the Cedar House capital budget and would be used for the purchase of additional equipment.

A large proportion of the Supported Capital Expenditure (SCE) allocation had been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes.

Suitable properties continued to be identified and spending plans were being developed jointly with RDASH. The possibility of funding equipment purchased for direct payments was also being considered to reduce the current pressures on the mental health revenue budgets and was included as a management action (£50k). Further options were also being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which would support their independence with access to 24 hour support.

Management Information

The balance of the capital grant allocation (£85k) for Adult Social Care IT infrastructure was carried forward from 2008-09 and used with this years grant allocation to fund the Adults Integrated Solution as part of introducing electronic care management.

Resolved:- That the Adult Services forecast capital outturn for 2009/10 be received and noted.

H68. STRATEGIC REVIEW OF INTERMEDIATE CARE SERVICES

Consideration was given to a report presented by Dominic Blaydon in relation to the Strategic Review of Intermediate Care Services.

It was proposed that Day Care, Community Rehabilitation and Residential Teams be merged and co-located. A new multi-disciplinary health and social care team would be set up to support service users through the intermediate care pathway. The service would adopt the Common Assessment Framework and deliver integrated health and social care plans.

Millennium would become a dedicated hub for intermediate care services in Rotherham providing day rehabilitation, a Single Point of Access and a focal point for all service delivery. There were significant benefits to this service model. It would establish a clear service identity with a range of

services being delivered from the same site. Co-location of staff would facilitate effective communication and peer support. Greater integration would improve efficiency and help develop a person centred approach to rehabilitation.

The Strategic Review recommended that a programme of refurbishment was carried out on Millennium to make it fit for purpose and proposed that capital grant was transferred from the NHS Rotherham Operational Plan to Rotherham MBC to pay for the necessary works.

It was proposed that Rothwel Grange was decommissioned as an intermediate care facility and that a new residential unit be developed at one of the new local authority residential units. The plan was to convert one wing of 15 beds into intermediate care provision by December 2009. This was dependent on vacancies becoming available during this timeframe. Vacancies were being held at present, and used for respite provision in order to maintain bed occupancy.

The new-build homes are fully compliant with National Care Standards and the Disability Discrimination Act. Bedroom sizes are spacious, en-suite facilities are provided, doorways and corridors have been widened for the use of disability and bariatric equipment. There is also ramped access to the building.

It was proposed that Fast Response beds were decommissioned and that the savings made were reinvested to improve performance, outcomes and quality elsewhere in the service. There were a number of reasons why it was appropriate to decommission the service:

- The unit cost per patient was prohibitive.
- There was capacity in the intermediate care residential units to fill the gap left by loss of beds
- The intermediate care residential units could meet the needs of people referred into the service
- Reducing bed capacity would help improve performance on bed occupancy across the service
- Decommissioning would release savings that could be reinvested

It is proposed that the maintenance service was reconfigured so that it delivered time-limited rehabilitation and community integration programmes. The service would continue to provide day care services to current service users for up to 6 months. There were also 4 service users who originally attended the Crinoline House day centre in 1998. Upon closure of this centre, Elected Members promised that anyone who still wanted to attend in a social care capacity would be allowed to do so. Commissioners were fully supportive of honouring this agreement.

The new service would deliver time limited community integration and rehabilitation programmes, which focussed on; improving physical

function, training and support on healthy lifestyle, development of mental well-being, reducing social isolation, condition management and maintaining independence

It was proposed that the intermediate care team was enhanced so that it could deliver a broader range of health services. The service would introduce nurse practitioners, speech and language therapy and health support workers to support the residential service and those working in the community. The health support workers would deliver low level nursing **and** rehabilitation support.

It was felt that there needed to be more linkage between the community and hospitals and district nurses as communication was found to be weak.

Resolved:- That the recommendations set out in the Strategic Review and the positive impact this would have on service user outcomes and performance be supported.

H69. ADULT SOCIAL CARE 2ND QUARTER (APRIL TO SEPTEMBER) PERFORMANCE REPORT FOR 2009/10

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2009/10 Quarter 2 Key Performance Indicator (KPI) results for the Adult Social Care elements of the Directorate.

At the end of the quarter, 75% of Key Performance Indicators (KPIs) were on target compared to 57% at the end of the 1st Quarter.

The following performance measures did not achieve their quarter 2 targets;

- **NAS 1 (PAF D40) Percentage of clients receiving a review**

Productivity levels had improved since August but the indicator was currently rated as 'off target'. The indicator was slightly closer to target than reported in the 1st quarter performance report and, based upon the actions we had put in place following a corporate performance clinic held on 24th September 2009, it was predicted that we would achieve our year end target. Performance had increased from 17.92% to 35.59% since the 1st quarter of the year.

A performance clinic had been held with RDaSH (Rotherham, Doncaster and South Humberside Mental Health Trust) in August 2009 and since then they had doubled their review rate over the past two months and had put an action plan in place with an aim to review 100% of their clients by year end.

The following performance management actions were in place to improve performance;

- Team managers to authorise all reviews so that they can be counted.
- Arrangements made for telephone reviews to take place on clients in receipt of Rothercare service.
- Provider reviews to be undertaken and counted for clients in residential and nursing care placements.
- RDASH to update their records and ensure all reviews undertaken this year are counted.

NI136 (Vital Signs 3) People supported to live independently through social services (LAA)

This indicator included a combination of people that were receiving care managed services following a community care assessment and those people that are receiving services from the voluntary sector.

Current performance levels indicated that 5,572 service users were being helped to live at home, which was an improvement of 61 since the 1st quarter. This score was based on last year's voluntary sector figures plus people currently in receipt of an assessed care package.

To achieve next year's target approximately 2,000 extra service users would need to be helped by the end of the year. The frustration with this indicator was that a lot of prevention activity was not captured within the definition for this indicator. So for example, the 900 telecare installations that would be undertaken this year and the provision of 14,000 items of equipment were not included within the definition. These were national issues which are being debated.

The following performance management actions are in place to improve performance;

- Intermediate Care and Community Rehabilitation services would be captured within the indicator (these were currently not included).
- The list of providers for our Grant Funded Services return (the mechanism we had to use to capture people receiving services within the voluntary sector) had been updated.
- All providers had been visited to ensure they understood the importance of completing this information and that this was used to inform commissioning decisions.
- Include Occupational Therapy equipment within the indicator as other Councils do (these were currently not included).
- Mental Health action plan in place which would ensure caseloads were up to date and all clients were included within the score.

NI 132 Timeliness of social care assessments

Performance had remained the same since the 1st quarter of the year. Based upon the actions put in place following a corporate performance

clinic held on 24th September 2009, it was predicted that the year end target would be achieved.

There had been a significant amount of management action undertaken on this performance indicator. Resources had been targeted to reduce a backlog of new assessments which was created last year following a knock on effect of prioritising a series of high profile safeguarding investigations. Weekly performance clinics had been put in place to recover performance levels. Additional RDaSH, who were one of the poor performing elements of the services, had put an action plan in place and assessment rates had doubled over the last quarter.

The following performance management actions were in place to improve performance;

- Review of the intake service had been completed which had identified delays within the assessment process which had been removed. Some of the staffing had been reconfigured so that we could concentrate on achieving the 28 day target. The team would also receive additional administrative support.
- Weekly report sent to all managers showing assessments due in the week ahead.
- Each social worker had been given a target of 4 countable pieces of activity per week and weekly performance monitoring was in place.
- Diary Management – All Team Managers to use electronic diaries and include tasks.
- Team meetings included Performance as a standing agenda item.
- Tight monitoring of contact details recorded by Assessment Direct to speed up the time taken from initial contact to the start of the assessment.
- Mental Health action plan was in place and they aim to carry out 100% of assessments within 28 days between October and March.

NI 133 (Vital Signs 13) Acceptable waiting times for care packages

Performance had deteriorated since the 1st quarter of the year with the amount of care packages being arranged within 28 days decreasing from 91.42% to 86.59%.

Performance clinics had been held to understand the reasons for delays which had identified areas for improvement. We were confident that the year end target would be achieved by implementing the following performance management actions;

- Clarification had been sought from Department of Health around measuring waiting times for transitional cases from CYPS and Direct Payments.
- We would monitor and reduce waiting times from assessment to request being sent to brokerage.

- Brokerage service to manage the domiciliary care waiting list and use in house home care in areas where supply is low.
- Mental Health action plan was in place. Between October and March, they aimed to have 100% of service users newly assessed and accepted for specialist care to have a completed care plan within 10 working days of undertaking the assessment.

Resolved:- That the results and the remedial actions in place to improve performance be noted.

H70. **SUPPORTING PEOPLE PROGRAMME PAPER 2 PROCUREMENT TIMETABLE**

This item was deferred to a future meeting.

H71. **CARE QUALITY COMMISSION (CQC)**

Tom Cray, Strategic Director for Neighbourhoods and Adult Services presented the submitted report which summarised the result and findings of the 2008 social care Annual Performance Assessment (APA) process for Rotherham conducted by CQC (Care Quality Commission) which was published on 2nd December 2009.

The 2009 adult social care Annual Performance Assessment (APA) identified that Rotherham was '**Grade 4: Performing excellently**' Authority which, based upon a slightly different and now a harder test assessment methodology, was an improvement on the score achieved in 2008. The judgements were made on a sliding scale of 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

The following outcomes were just some of the reasons why CQC had rated the adult social care service as 'performing excellently' this year. Progress made included:

- Investigating an additional 275 safeguarding referrals during the year and training 2,000 staff to make people safer and feel safer,
- Social workers undertaking an additional 1,297 pieces of activity compared to the previous year meaning that we were able to change care packages as and when people's lives changed
- We had reduced the average length of stay in 'intermediate care' services from 55 days to 35 days meaning that people were going home quicker and staying at home which was where the vast majority of people wanted to be,
- 837 vulnerable people were given help through assistive technology such as bogus caller alarms targeting the elderly,
- The Consultation Cafe involved over 250 users of Meals on Wheels in a direct consultation - 97 % satisfaction rating from our customers.
- An additional 1,168 disabled people were provided with minor

- equipment this year to help them to continue to live independently,
- Waiting times for Occupational Therapy assessments had improved from 20 months to 7 weeks,
- The Council was helping 132 more people to live at home and carried out 219 more assessments on carers than last year,
- High levels of customer satisfaction for services,
- There had been significant improvements in waiting times for new social care assessments and care packages, and
- There was a reduction of 54 older people admitted to permanent residential and nursing care last year as they were able to remain at home.

Adult social care services were assessed under the methodology of the Social Care Outcomes Framework. The CQC report set out high level messages about areas of strength and areas for development for the next 12 months. The judgements were made under the following outcome areas;

- Improved health and emotional well being,
- Improved quality of life,
- Making a positive contribution,
- Exercise choice and control,
- Freedom from discrimination and harassment,
- Economic well being,
- Maintaining dignity and respect, and a separate and now unscored judgement relating to;
- Leadership, and
- Commissioning and Use of Resources.

The key areas of strength affecting people using our services noted within the CQC report were:-

- Working with partners the council could demonstrate improvement in the differences in how healthy people were
- The council had a range of information on healthy living and the activities to promote health
- The council could demonstrate positive end results for people who used intermediate care and reablement services
- Provision of assistive technology to promote the safety and well-being of people in their own homes
- The council's work with organisations in reducing crime and making people feel safer
- The council's approach to customer services and the way they listened to customers
- The council's approach to working with carers and setting up systems that support direct payments for carers
- The development of a single point of contact through Assessment Direct
- The high number of direct payments for carers
- The attainment of the Cabinet Office Customer Service Excellence

and compliance with level 5 of the Local Government Equality Scheme

- Implementing the neighbourhood 'no calling zones'
- Improving access for older people from BME communities
- The council's systems and process to support and advise the people of Rotherham and carers in accessing employment and managing their finances
- The council had raised the profile of adults safeguarding and made good progress in raising awareness
- The council could demonstrate that it managed incidents of institutional abuse and poor standards of care
- The council could demonstrate that it was fulfilling its duties as a supervisory body in relation to the deprivation of liberty standards

The key areas for development identified within the report were contained within our 'sustaining excellence plan'. 9 out of the 13 areas were 'continue to' recommendations which acknowledge the progress we had made and that CQC would be ensuring that they kept a close eye upon over the next 12 months. The areas for development were:

- The council should continue to work with NHS Rotherham in sustaining improvements in the differences in how healthy people were and to ensure that the pace of improvement is in line with national comparators.
- Continue to review and implement the findings from the review of the use and availability of adaptations and equipment and the timeliness of care packages.
- Continue to work on developing the market management strategy in order to identify gaps in the market and further support work on its services that were tailored to meet people's own individual needs agenda.
- Continue to implement the recommendations from the CQC's Service Inspection in July 2009.
- To increase the number of assessments completed within 4 weeks and the numbers of first contact assessments to ensure people received packages of care in a timely manner.
- To ensure that people with a physical disability and/or sensory impairment could access and use an individual budget.
- To continue the council's work with the Young Adult Transitions team within the physical disability service, to ensure young adults from the age 14 years onwards received the care in a safe and timely manner.
- Continue to implement the finding from the Service Inspection for the development of advocacy services for all groups of people.
- Continue to invest in technology to support people feeling safe at home.
- Continue its activities to get more people with a mental health problem into employment.
- To increase employment for people in vulnerable groups.
- To address all of the recommendations from the Service Inspection

relating to safeguarding arrangements.

- To continue work to ensure the council fulfilled its duties as a supervisory body in relation to the deprivation of liberty standards.

Members commented that it was important that all staff were made aware of how much they were valued. Confirmation was given that staff were constantly praised for their work and this was filtered down to front line staff. The Cabinet Member wished to place on record his personal thanks to all staff for their efforts.

Resolved:- (1) That the outcome of the assessment be noted

(2) That the 'Sustaining Excellence Plan' put in place to improve the areas for development identified within the report be endorsed.

(3) That the report be taken to the next Cabinet meeting as a requirement of CQC

(4) That it be noted that this report will be shared with the Councils external auditors (KPMG), which was also a requirement of CQC.