

CABINET MEMBER FOR ADULT SOCIAL CARE

**Venue: Town Hall, Moorgate
Street, Rotherham. S60
2TH**

Date: Monday, 3rd December, 2012

Time: 10.00 a.m.

A G E N D A

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence.
4. Minutes of the Previous Meeting held on 19th November 2012 (Pages 1 - 4)
5. Health and Wellbeing Board (Pages 5 - 13)
- minutes of meeting held on 31st October, 2012
6. Adult Services Revenue Budget Monitoring (Pages 14 - 19)
7. Date and Time of Next Meeting -
- Monday, 14th January, 2013, at 10.00 a.m.

**CABINET MEMBER FOR ADULT SOCIAL CARE
19th November, 2012**

Present:- Councillor Doyle (in the Chair); Councillors Gosling and P. A. Russell (Policy Advisors).

Councillor Steele was in attendance at the invitation of the Chairman.

H37. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting held on 22nd October, 2012.

Resolved:- That the minutes of the previous meeting held on 22nd October, 2012, be approved as a correct record.

(The Chairman authorised consideration of the following item, at this meeting, to enable the necessary arrangements to be made)

H38. CONFERENCE

Resolved;- That the Chairman (or substitute) and one officer be authorised to attend the National Children and Adults Services Conference to be held at Harrogate from 16th to 18th October, 2013.

H39. SMALL FUNDING FOR SERVICE SCHEME

The Operational Commissioner (Resources) presented a report setting out the progress of the Small Grants Scheme established in 2010/11 where bids were invited from non-statutory organisations for allocation of funds between £500 and £2,000 which benefitted carers and people with dementia.

The project supported the Council's objective to increase support options to service user groups and required each organisation to have clear outcomes for the specified client group(s). Allocation conditions included an annual income of less than £20,000 with clear accounting/financial procedures in place, there had to be benefit for those living in Rotherham and be used for the purpose for which it was approved. The organisation also had to have the ability to demonstrate equality of access to the service or activity for all of Rotherham's communities and comply with the agreed monitoring processes.

The Scheme had directly benefitted 1,546 people and involved 424 interventions/sessions or events (appendix 1 to the report set out the projects). Thirteen bids had been received and a total of £18,700 committed to ten schemes. The report also set out the positive direct Service user outcomes, as well as the Service and Commissioning outcomes.

To repeat the Scheme, an estimated £20,000 investment would be required to achieve similar outcomes.

Resolved:- (1) That the progress of the scheme be noted.

[2] That a similar scheme be repeated during the current financial year to benefit carers and people with dementia, utilising £20,000 of the Medium Term Financial Strategy investment.

[3] That further reports be submitted to meetings of the Cabinet Member and Advisers for Adult Social Care, at quarterly intervals, describing the progress of the allocation of small grants and the use of the grant funding by the various groups and organisations who receive this support from the Council.

H40. 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 those paragraphs, indicated below, of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006).

H41. DEMENTIA CAFES/CARERS SUPPORT WORKER SERVICE

The Operational Commissioner (Resources) submitted a report describing proposals to commit funding from the Directorate's Medium Term Financial Strategy for the continuation of the Dementia Café pilot service and to merge that service with the Dementia Carers Support Worker Service delivered from the base budget (Carers Grant) since 2006.

The Dementia Carers Support Worker and Dementia Cafes Service are currently delivered under a block contract agreement by the Alzheimer's Society. The Dementia Café contract term had been extended to 31st March, 2013, to ensure both contracts were coterminous and allowing sufficient time to complete a full tender exercise concluding with a successful Service transition from April, 2013.

A review of the Carers Support Worker and the relatively new Dementia Cafes had been undertaken.

Resolved:- (1) That the report be received and its contents noted.

[2] That an appropriate allocation of funding be approved from the Medium Term Financial Strategy investment to secure a contract arrangement for the period 1st April, 2013 until 31st March, 2016, in respect of the delivery of the merged Dementia Café service and the Dementia Carers Support Worker Service.

[Exempt under Paragraph 3 of the Act – information relating to the financial or business affairs of any particular individual (including the Council)]

H42. REVIEW OF THE ENABLING SERVICE

Further to Minute No. H14 of 9th July, 2012, the Manager of the Safeguarding Adults Service reported on the consultation that had taken place on proposed changes to the Enabling Service.

The proposals on the whole had been positively received. However, a further period of consultation was required to address a change to the original proposal that had arisen relating to full-time staff. It had also become clear that the Extra Care Service and Grafton House needed to be treated separately in order to provide effective customer focussed services.

The report highlighted the actions to be taken in order to address the changes resulting from the consultation, implement the remaining proposals and achieve the efficiencies required. Members noted a number of revisions affecting the impact of the changes upon the contracted hours and service cost and efficiency.

Resolved:- (1) That the report be received and its contents noted.

(2) That the proposals outlined in the report are satisfactory in the opinion of the Cabinet Member for Adult Social Care.

(3) That the report be referred to the Cabinet with a recommendation that the proposals be implemented.

(4) That a further report be submitted to the Cabinet Member for Adult Social Care outlining an options appraisal for Extra Care Services.

[Exempt under Paragraph 3 of the Act - information relating to the financial or business affairs of any particular individual (including the Council) and Paragraph 4 of the Act (information relating to any consultations or negotiations, or contemplated negotiations, in connection with any labour relations matter)].

H43. REVIEW OF NON RESIDENTIAL SERVICE CHARGES

The Principal Officer (Business Partnering Team) reported that the Directorate was required to review its charging policy annually as part of the budget setting process. Non-Residential Service Charges had been benchmarked against local neighbours and members of a Chartered Institute of Public and Finance and Accountancy benchmarking group.

The Council had discretionary power to charge for Non-Residential Services. It had to set a maximum amount and they carry out a financial assessment to test people's ability to pay.

Appendix 1 of the report submitted set out comparative data between Rotherham, near neighbours and the Councils who took part in a CIPFA benchmarking group.

Domiciliary Care contracts were reviewed last year with revised contract prices implemented from April, 2012.

In order to achieve the Directorate's budget setting target, it was proposed that charge increases of 2.5% be implemented from April, 2013.

Members noted that the transport element was currently the subject of further review.

Resolved:- That the Non-Residential Service Charges listed in the submitted report be increased by 2.5%, in line with the rate of inflation, as from April, 2013.

[Exempt under Paragraph 3 of the Act – information relating to the financial or business affairs of any particular individual (including the Council)]

H44. SUPPORTING PEOPLE PROGRAMME

The Operational Commissioner (Resources) presented a report outlining the performance and outcomes achieved over the last year of the floating support pilot for young people at risk between the ages of 16 and 21 years.

The Floating Support Service was linked to the recently formed Moving on Panel where all young people who were currently living in supported housing had their individual cases heard prior to becoming eligible for re-housing. During the last 12 months, there had been 90 referrals and work carried out with over 80 young people. To date, 16 young people had been referred through the Moving on Panel and only one had not sustained the housing tenancy.

Key partners felt that the Service was a valuable asset in supporting the most vulnerable to maintain their independence, avoiding the threat of eviction and preventing homelessness.

The service is currently for young people aged 16-21 years (16-17 year olds take priority). Members suggested that the assessment criteria for service users should provide an opportunity for individuals who have exceptional needs and who are over the age of 21, to access the service.

Resolved:- (1) That the Service continue until 30th June, 2013.

(2) That a procurement exercise be completed within a suitable timeframe taking into consideration the need for consultation with clients and partners, the development of the tender documentation, the required tender timeframes and any transfer period to a new provider.

(3) That a three years fixed term contract (with the option of a one year extension) be put in place through formal competitive tender and the contract to commence on 1st July, 2013.

(4) That the tendering process commence in January, 2013, for a start date of 1st July, 2013.

[Exempt under Paragraph 3 of the Act – information relating to the financial or business affairs of any particular individual (including the Council)]

HEALTH AND WELLBEING BOARD
31st October, 2012

Present:-**Members:-**

Ken Wyatt	Cabinet Member for Health and Wellbeing
	In the Chair
Jo Abbott	Public Health Consultant
Karl Battersby	Strategic Director, Environment and Development Services, RMBC
John Doyle	Cabinet Member, Adult Social Care
Phil Foster	NHS Commissioning Board
Brian James	Rotherham Foundation Trust
Paul Lakin	Cabinet Member, Children, Young People and Families Services
Shona McFarlane	Director of Health and Wellbeing
David Polkinghorn	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Officers:-

Kate Green	Policy Officer, RMBC
Fiona Topliss	Communications, NHS Rotherham
Howard Woolfenden	Director of Safeguarding, Children and Families, RMBC

Together with:-

Robin Carlisle	Rotherham Clinical Commissioning Group
Nick Hunter	Chief Officer, Rotherham Local Pharmaceutical Committee
Mike Wilkerson	Chief Executive, Rotherham Hospice

Apologies for absence were received from Chris Bowell, Tom Cray, Andrew Denniff, Chris Edwards, Martin Kimber, John Radford, Joyce Thacker,

S32. MINUTES OF PREVIOUS MEETING

Agreed:- That the minutes be approved as a true record.

Arising from Minute No. S29 (Rotherham HealthWatch), it was reported that the specification for HealthWatch commissioning had been agreed.

S33. COMMUNICATIONS

Welfare and Benefit Reform Roadshow

The Rotherham Partnership Governance Board was to host the above Roadshow at RCAT on 30th November, 2012. The Welfare and Benefit Reforms would affect Rotherham greatly and had become a priority for the Partnership. Organisations would be welcome to send a representative if they so wished.

Fluoridisation

The Health Select Commission had set up a small group of Members to look at the consultation arrangements for Fluoridisation.

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S34. JOINT COMMUNICATIONS PLAN

Fiona Topliss, NHS Communications, reported that a meeting had taken place with the Council's Communications lead to discuss the above. A report would be submitted to the next Board meeting.

Due to the diminishing resources of both organisations, it was important to work together to maximise what was available and avoid duplication.

Resolved:- That a report be submitted to the next meeting of the Board.

S35. HEALTH AND WELLBEING MEMBERS' GROUP

The notes of the first regional network for Health and Wellbeing members meeting held on 1st October, 2012, in Wakefield, were submitted for information.

S36. POLICE AND CRIME COMMISSIONER

The Board considered a report submitted by Marie Carroll, Partnership Officer, South Yorkshire Joint Secretariat, on the role of the Police and Crime Commissioner.

The Commissioner, unlike the Police Authority, would not be a statutory partner on Community Safety Partnerships (CSPs) but must co-operate with and have regard to their priorities in the Policing area. Chairs of all CSPs could be called together to discuss specific issues and may require a CSP to provide a written report around a specific issue if the Commissioner was not satisfied that it was meeting its duties.

The Police Authority had developed an awareness raising campaign which endeavoured to engage members of the public and partners around the generalities of the election and what the change in police governance might mean to them (<http://www.southyorks.gov.uk/thinkpcc/home.aspx>).

As part of the wider "& Crime" element of their role, Commissioners would consider the impact other partnerships, statutory boards and criminal justice organisations/partnerships may have on policing and crime in that area.

The Police and Crime Commissioner was obligated to publish a 5 year Police and Crime Plan by March, 2013, setting out the priorities for policing and crime in the force area. This would be key in holding the Chief Constable to account for delivery against the Commissioner's priorities and would outline allocation of resources along with local priorities. Consultations with partners and partnerships were ongoing and the priorities of other organisations and/or partnerships, where available, would be taken into consideration. A copy of the Rotherham Health and Wellbeing Strategy had been provided for consideration.

It was noted that the Commissioner would be attending a Board meeting in the New Year.

Resolved:- That the report be noted.

S37. NORTH TRENT NETWORK OF CARDIAC CARE AND NORTH TRENT STROKE STRATEGY PROJECT

Dr. Phil Foster presented the annual report of the major Cardiac and Stroke work undertaken by the Network from April, 2011 to March, 2012, highlighting key achievements and outcomes:-

Cardiac Care

- Collaborative project with the Yorkshire and the Humber Specialised Commissioners, the West Yorkshire and North East Yorkshire and Northern Lincolnshire Networks to develop 3 Clinical Thresholds for Revascularisation - aim to develop a set of clinical guidelines and thresholds, based on evidence-based best clinical practice, to reduce the variation
- As a result of the above, guidelines and thresholds developed and agreed and to be implemented during 2012/13
- The Network User Group now influenced the development of Network strategic plans in order to improve the experience and outcomes for future cardiac patients
- Reviewing and developing Heart Failure Services, closer working with the tertiary centre on the PPCI pathway and efficient tertiary centre referral
- Agreed procedures for the introduction of new drug treatments and improving the patient/carer engagement and interaction
- Focus on improving the patient experience in relation to the Heart Failure pathway
- Provides peer support and guidance for managers
- Close work with the Stroke Strategy Project
- Successfully implemented NICE Guidance for a range of drugs including Ticagrelor and development of a clinical consensus approach towards the implementation of NICE guidance for new oral anticoagulants

Stroke Strategy Project

- Successful implementation of the Peer Review process
- Introduction of 24/7 acute thrombolysis service across North Trent
- Stroke Telemedicine project introduced in February, 2010, to support delivery of the Hyperacute Stroke Pathway specifically thrombolysis
- For the period 9th January-30th June, 2012, 94 patients had been admitted out of hours, 17 patients benefitted from an analysis of thrombolysis and 7 patients were thrombolysed with an age range from 23 years to 89 years

- National Stroke Strategy launched in December, 2007, providing a national quality framework through which local services could, over a 10 year period, secure improvements across the stroke pathway against quality markers
- All 5 local hospitals had achieved accreditation for their Stroke Assurance Framework plans
- Stroke Improvement Programme launched in 2009 as a national initiative designed to accelerate improvement of services across the whole pathway of stroke and TIA care
- Work on stroke fell into 3 domains – prevention, acute care, post hospital and long term care

Resolved:- That the report be received.

S38. HEALTH AND WELLBEING STRATEGY

Kate Green, Policy Officer, presented the final version of the Joint Health and Wellbeing Strategy including the outline implementation plan which included the role of the Health and Wellbeing Strategy Steering Group and proposals for the Health and Wellbeing Board's work plan.

The document had been amended following the consultation, mainly the language, but also the inclusion of "Ageing and Dying Well" within the Live Course Framework and also an acknowledgement that people died over the whole life course and not just over 65. The actions were now all listed under their respective Strategic Priority and not given a specific year to be achieved; it would be for the individuals within that workstream to determine how their actions would be achieved/prioritised as long as they were within the 3 year Strategy.

Each of the 6 Strategy priorities now had a strategic lead who would co-ordinate and provide leadership to the workstreams, ensure work plans aligned and implement new ways of working to bring about culture change.

The Steering Group was made up of the 6 lead officers plus representatives from the Council's Policy, Performance and Commissioning Team, Public Health and the NHS. The Group would co-ordinate and lead the Strategy implementation plan, be accountable to the Board and provide assurance in relation to delivering Strategy outcomes.

The draft work plan had been developed from the outcomes of the self-assessment process and feedback from the Department of Health representative.

Due to it being a "living" document there would not be a significant number of copies produced but a current version would be available on the website.

Discussion ensued on the need for the Board to receive the 2013 Public Health Commissioning Plan although it was acknowledged that the settlement for Public Health was still awaited. The statutory duties would be included but

until the funding was known nothing else could be planned.

Resolved:- (1) That the Joint Health and Wellbeing Strategy be approved for submission to Cabinet for recommendation to Council for adoption.

(2) That the format of the 2012/13 Health and Wellbeing Board work plan be approved.

(3) That the Strategy implementation plan be noted.

(4) That the 2013 Public Health Commissioning Plan be submitted to the January, 2013 Board meeting.

S39. 'END OF LIFE'

Mike Wilkerson, Chief Executive, Rotherham Hospice, stated that he had been invited to the Board to address how the Board could help deliver end of life care and was pleased to see the inclusion of "Dying Well" in the Joint Health and Wellbeing Strategy.

The end of life experience for some was not always appropriate; patients were sometimes admitted to Casualty when it would have been better for them to have remained at home.

Discussion ensued with the following issues raised/highlighted:-

- There had been stories in the press recently about Liverpool Care Pathway. It was used in the Hospice and by the Rotherham Foundation Trust as well as in people's homes
- The vast majority of people wanted to remain at home to die but that was not being delivered
- Care packages (including Liverpool Care Pathway) had been thought out very carefully and adapted to the patient. The patient and their carer(s) signed up to it
- Feedback from the Patient Representative Group was good - it allowed people to die with dignity and ideally at home
- Very effective tool for the last days of a patient's live and allowed families to be actively involved in the care
- Dying was 1 of the remaining taboo subjects and people should be encouraged to talk about it and what they wanted to happen when their time came
- There should be a common approach
- As well as the medical aspect there were the emotional and practical issues, such as wills and probate, which were not talked about and assumption that everyone knew what to do and where to go. A package of care encompassing all the aspects was required

- The Pathway was really a checklist/reference point which highlighted the important elements to address for patients and carers
- Rotherham Case Management pilot for End of Life Care for those most at risk of admission to hospital
- The Hospice was working with the CCG on Integrated End of Life pathway
- Acknowledgement that some died in hospital because they were frightened to die at home or their carers were frightened/could not cope

Brian James felt that there was a need for a discussion/review on how partner agencies could improve co-ordination around this topic. Robin Carlisle reported that the Unscheduled Care Group had carried out such a review in the Summer, the results of which were to be submitted to the Group shortly.

Resolved:- (1) That the inclusion of "Dying Well" in the Joint Health and Wellbeing Strategy be noted.

(2) That the outcome of the Unscheduled Care Group review be submitted to a future meeting of the Board.

S40. COMMUNITY PHARMACY IN ROTHERHAM

Nick Hunter, Chief Officer, Rotherham Local Pharmaceutical Committee, gave the following powerpoint presentation:-

Introduction to the Profession

Medicines

- Medicines still the most common therapeutic intervention but 30-50% were not taken as intended and 4-5% of hospital admissions were due to preventable adverse effects of medicines. However, 41% of patients: little or no explanation of side effects
- 961.5M NHS prescriptions dispensed in England by community pharmacies (2011) – 3.8% increase on previous year

Pharmacist Education

- 23 Schools of Pharmacy
- 4 year MPharm Degree
- Pre-registration year in practice
- GPhC Exams
- Registration

Rotherham Local Pharmaceutical Committee

- Body recognised in statute since the beginning of the NHS
- Support community pharmacists in doing their job
- Work with the NHS to co-ordinate local service provision
- Cotermious with RMBC
- Provide expertise and experience
- Elected by local professionals

Pharmacy and the NHS

- Community pharmacies are independent contractors
- Each pharmacy enters into a 'contract' with the NHS
- Control of entry
- Only a handful of pharmacies without NHS contracts
- Terms of Service set down in legislation

Working Together

- Community pharmacies located in the heart of every community
- Unique access to the well
- Support development of the JSNA and PNA
- Understanding of the profession

Community Pharmacy in Rotherham

- 63 pharmacies
- Half were national multiples
- Quarter were regional multiples
- Quarter were independents
- NHS income accounted for >90% of turnover

Pharmacy Support Staff

- Medicines Counter Assistants
- Dispensers
- Pharmacy Technicians
- 'Checking Technicians'

Essential Services

- Dispensing
- Repeat Dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Healthy Lifestyles service (Public Health)
- Waste medication disposal
- Clinical governance including audit

Public Health Campaigns

- Early diagnosis
- Stopober
- Early detection of bowel cancer
- Breastfeeding

Advanced Services

- Medicines Use Review
- New Medicine Service

Public Health/Wellbeing Services

- Sexual health
- NHS Health Check

- Weight management
- Stop smoking services
- Immunisation
- Alcohol screening and support
- Substance misuse

Discussion ensued with the following highlighted:-

- Contracted for 6 Public Health campaigns a year - get smarter and plan ahead - South Yorkshire approach?
- It was originally supported by Department of Health grants to pilot a number of aspects 1 of which was to create a brand or image to enable marketing for using pharmacies for more than collecting prescriptions
- National programme but very much for local delivery and local use as to what went in it with a national set of quality criteria
- 900 consultations a day in the community pharmacies for lifestyle advice
- The Pharmacy Needs Assessment by Statute had to be done, traditionally, under the PCT. That was transferring with Public Health into the Local Authority. The Medicine Management Team would have worked on it but they were staying with the CCG to look at commissioning the work
- From a NHS Commissioning Board point of view, the relationships between Public Health, Local Pharmaceutical Committee and the Clinical Commissioning Group would be quite challenging and the Board had a role to play in holding the system to account
- Wastage of prescriptions/ repeat prescriptions was a big issue
- There were no sites currently in Rotherham operating electronic patient prescription

Nick was thanked for his presentation.

S41. ANY OTHER BUSINESS

Robin Carlisle, CCG, presented an update on Rotherham Clinical Commissioning Group's 2013 Annual Commissioning Plan.

Discussions had commenced with its members practices, the public, stakeholders and providers on the Annual Plan.

It was expected to receive the annual mandate for the NHS Commissioning Board around the 12th December, 2012, which would set out national expectations on the Clinical Commissioning Group and financial and contracting rules. Around the same time, the Group also expected to receive its financial allocation.

It was hoped that it would be submitted to the January Board meeting for approval.

S42. DATE OF NEXT MEETING

Agreed:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 28th November, 2012, commencing at 1.00 p.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	Monday, 3rd December, 2012
3	Title:	Adult Services Revenue Budget Monitoring Report 2012-13
4	Directorate :	Neighbourhoods and Adult Social Services

5 Summary

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2013 based on actual income and expenditure for the period ending 31 October 2012.

The forecast for the financial year 2012/13 at this stage is a slight underspend of £24k, against an approved net revenue budget of £74.021m.

6 Recommendations

That the Cabinet Member receives and notes the latest financial projection against budget for 2012/13.

7 Proposals and Details

7.1 The Current Position

The approved net revenue budget for Adult Services for 2012/13 is £74.147m. Included in the approved budget was additional funding for demographic and existing budget pressures (£2.294m) together with a number of savings (£6.258m) identified through the 2012/13 budget setting process.

7.1.1 The table below summarises the latest forecast outturn against approved budgets:-

Division of Service	Net Budget	Forecast Outturn	Variation	Variation
	£000	£000	£000	%
Adults General	3,939	3,929	-10	-0.25
Older People	33,023	32,609	-414	-1.25
Learning Disabilities	17,289	17,832	+543	+3.14
Mental Health	5,466	5,524	+58	+1.06
Physical & Sensory Disabilities	6,308	6,158	-150	-2.38
Safeguarding	715	664	-51	-7.13
Supporting People	7,281	7,281	0	0
Total Adult Services	74,021	73,997	-24	-0.032

7.1.2 The latest year end forecast shows there are a number of underlying budget pressures mainly in respect of an increase in demand for Direct Payments across all client groups plus pressures on residential care and external transport provision within Learning Disability services. These pressures are being offset by a number of forecast underspends and management actions.

The main variations against approved budget for each service area can be summarised as follows:

Adults General, Management & Training (-£10k)

This includes the cross cutting budgets (Workforce planning and training, and corporate charges) are forecasting a slight underspend mainly due savings on charges for postages, telephones and printing.

Older People (-£414k)

- Overspend on In-House Residential Care due to a recurrent budget pressure on Part III income (+£92k) plus additional staffing costs due to sickness cover at Davies Court (+£168k).
- Increase in Direct Payments over budget (+£1.004m), this includes 115 new clients since April most of which are clients who previously received independent sector domiciliary care and have requested to remain with their current service provider.
- Overspend on In House Transport (+£50k) due to slippage on the approved budget savings from the review of Transport services and agency costs to cover sickness, partially reduced by additional income.
- Forecast under spend on Enabling Care (-£195k) based on current budget and level of service which is under review. There is also an underspend on Independent sector home care (-£29k) after a reduction of £655k commissioning and contract savings achieved as part of the new framework agreement. These budgets have now been revised to address the shift in service provision to Direct payments as mentioned above.
- An underspend on independent residential and nursing care (-£561k) due to 45 less clients receiving service than budgeted. More self funders receiving care is resulting in a reduction in the average cost per client plus additional income from health and property charges, there is also a forecast underspend on Intermediate Care (-£91k).
- Forecast under spend at this stage in respect of Community Mental Health budgets uncommitted including slippage in developing dementia services (-£225k).
- Under spend on carers services due to vacancies and slippage in carers breaks (-£82k).
- Forecast slippage at the stage on Assistive Technology based on spend to date against approved budget (-£150k).
- Slippage on recruitment to vacant posts within Assessment & Care Management and community support plus additional income from Health (-£395k).

Learning Disabilities (+£543k)

- Overspend on independent sector residential care budgets due increase in clients and average cost of care packages plus loss of income from health, reduced by reduced activity on respite (+£478k).
- Underspend within supported living schemes due to CHC income, use of one off grant funding and vacant posts (-£241k).
- Recurrent budget pressure on Day Care transport (+£230k) including income from charges.
- Increase in demand for Direct Payments over and above budget (+£86k).
- Forecast overspend in independent sector home care (+£51k) due to slippage in meeting budget savings agreed as part of budget setting.
- Three new high cost placements in independent day care is resulting in a forecast overspend of +£67k.

- Increase in community support placements is resulting in a forecast overspend of £57k.
- Use of health funding to support overspend on SYHA residential care costs (-£142k).
- Saving on premises costs (-£16k) and slippage on vacant posts (-£27k).

Mental Health (+£58k)

- Projected slight overspend on residential care budget (+£28k) due to 4 new admissions since April.
- Budget pressure on Direct Payments (+£161k) offset by savings on Community Support Services (-£158k).
- Overspends on employees budgets due to unmet vacancy factor and use of agency staff (+£39k).

Physical & Sensory Disabilities (-£150k)

- Continued Pressure on Independent Sector domiciliary care (+£85k) due to continue increase in demand.
- Loss of CHC funding for one client at Rig Drive (+£33k) being challenged and awaiting outcome of an appeal.
- Increase in demand for Direct Payments (+ 35 clients), forecast overspend (+£438k).
- Underspend on crossroads (-£62k) as clients are redirected to direct payments.
- Forecast overspend on Residential and Nursing care offset by slippage in developing alternatives to residential provision (-£459k).
- Vacant posts within Resource centre and Occupational Therapists (-£83k).
- Underspend on equipment budget (-£25k) and savings due to vacant part-time post at Grafton House (-£14k).
- Review of contracts with independent Day Care providers (-£45k).
- Forecast savings on contracts with Voluntary Sector providers (-£18k).

Safeguarding (-£51k)

- Underspend on employee budgets due to vacant post plus forecast additional income from court of protection fees.

Supporting People (£0k)

- Efficiency savings on subsidy contracts is being offset against Commissioning savings targets not within Adult Services.

7.1.3 Agency and Consultancy

Total expenditure on Agency staff for Adult Services for the period ending October 2012 was £161,371 (none of which was off contract). This compares with an actual cost of £214,952 for the same period last year (of which £1,974 was off contract). Primarily, these costs were in respect of residential and assessment and care management staff to cover vacancies and sickness.

There has been no expenditure on consultancy to-date.

7.1.4 Non contractual Overtime

Actual expenditure in respect of non contractual overtime to the end of October 2012 was £216,957 compared with £190,128 for the same period last year.

The actual costs of both Agency and non contractual overtime are included within the financial forecasts.

7.2 Current Action

To mitigate any further financial pressures within the service, budget meetings and budget clinics are held with Service Directors and managers on a regular basis to monitor financial performance and further examine significant variations against the approved budget to ensure expenditure remains within the cash limited budget by the end of the financial year.

8. Finance

Finance details including main reasons for variance from budget are included in section 7 above.

9. Risks and Uncertainties

Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets particularly where the demand and spend is difficult to predict in such a volatile social care market. One potential risk is the future number and cost of transitional placements from children's services into Learning Disability services.

In addition, any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care. Regional Benchmarking within the Yorkshire and Humber region for the six month period ending September 2012 shows that Rotherham is slightly below average on spend per head in respect of continuing health care.

10. Policy and Performance Agenda Implications

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

11. Background Papers and Consultation

- Report to Cabinet on 22 February 2012 –Proposed Revenue Budget and Council Tax for 2012/13.
- The Council's Medium Term Financial Strategy (MTFS) 2011-2014.

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services, the Director of Health and Well Being and the Director of Financial Services.

Contact Name: Mark Scarrott – Finance Manager (Neighbourhoods and Adult Services), *Financial Services x 22007, email Mark.Scarrott@rotherham.gov.uk.*