

CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: Monday, 11th February, 2013

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 28th January, 2013 (Pages 1 - 2)
5. Health and Wellbeing Board (Pages 3 - 9)
- minutes of meeting held on 16th January, 2013
6. Rotherham's Carers Charter and Joint Action Plan (Pages 10 - 27)
7. Residential Care Activity for Quarter 3 (Pages 28 - 32)
8. Adult Services Revenue Budget Monitoring 2012-13 (Pages 33 - 38)
9. Exclusion of the Press and Public
Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act, 1972 (as amended March, 2006) (information relating to the financial or business affairs of any particular individual (including the Council)).
10. Fee Setting 2013/14 - Independent Sector Residential & Nursing Care for People Over 65 Years (Pages 39 - 44)
11. Date and Time of Next Meeting -
- Monday, 25th February, 2013, at 10.00 a.m.

**CABINET MEMBER FOR ADULT SOCIAL CARE
28th January, 2013**

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

An apology for absence was received from Councillor P. A. Russell.

H55. MINUTES OF THE PREVIOUS MEETING HELD ON 14TH JANUARY, 2013

Consideration was given to the minutes of the previous meeting held on 14th January, 2013.

Resolved:- That the minutes of the previous meeting held on 14th January, 2013, be approved as a correct record.

H56. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 28th November, 2012, were noted.

H57. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs of any particular individual (including the Council)).

H58. REVIEW OF CHARGING POLICY - TERMINAL ILLNESS

The Director of Health and Wellbeing presented a report containing an options appraisal relating to a review of the Charging Policy for Provision of free home care and community services to people with a terminal illness.

The review was as a result of a Local Ombudsman complaint regarding application of the eligibility criteria for provision of free services. The Ombudsman, although not finding against the Council, had recommended a more formalised process for determining and evidencing eligibility.

Appendix 1 of the report submitted set out an options appraisal emphasising the need to avoid implementation of a process that required formal medical evidence and was less sensitive and more intrusive.

People who were at end of life would continue to receive free care through Continuing Health Care and individuals would be supported to access appropriate health services to ensure their needs were met.

When applying the Charging Policy, approximately 50% of customers, subjected to a financial assessment, would receive a free service.

Resolved:- (1) That Option 2 be implemented i.e. the Council's Charging Policy

be applied to people who were terminally ill until such a time as they became eligible for Continuing Health Care funding.

(2) That the charge be only applied to new customers from the date the Policy was implemented.

(3) That the Policy be implemented as from 8th April, 2013.

HEALTH AND WELLBEING BOARD
Wednesday, 16th January, 2013

Present:-**Members:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Karl Battersby	Strategic Director, Environment and Development Services
Tracy Clarke	RDaSH
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Clinical Commissioning Group/NHS Rotherham
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Shona McFarlane	Director of Health and Wellbeing
Dr. David Polkinghorn	Rotherham Clinical Commissioning Group
Clare Pyper	Children, Young People and Families, RMBC
Dr. John Radford	Director of Public Health
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Officers:-

Kate Green	Policy Officer, RMBC
Tracy Holmes	Communications, RMBC
Fiona Topliss	Communications, NHS Rotherham

Also present:-

Anne Charlesworth	Partnership Lead, Public Health
Gordon Laidlaw	Rotherham NHS

Apologies for absence were received from Chris Boswell, Phil Foster, Martin Kimber, Matthew Lowry and Joyce Thacker.

S54. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- (1) That the minutes be approved as a true record subject to the following clerical correction:-

S48 (Health and Wellbeing Performance Management Framework) Resolved:- That each meeting of the Health and Wellbeing Board consider two Priority themes (Smoking, Alcohol, Obesity, Dementia, NEETS and Fuel Poverty), with the Priority theme's Lead Officer invited to attend the relevant meeting.

Arising from Minute No. S49 (Overarching Information Sharing Protocol), discussion ensued on how the matter was to be progressed.

Resolved:- (2) That each Board member ensure their organisation had signed off the Protocol and report accordingly to the next Board meeting.

(3) That the Overarching Information Sharing Protocol be submitted to the Cabinet for approval.

Arising from Minute No. 53 (Unscheduled Care Review), it was noted that arrangements had been made for an Elected Member Seminar to be held on

13th February, 2013.

S55. COMMUNICATIONS

(a) Challenge on Dementia/Dementia Strategy

The Board noted a letter that had been sent to Chairs of Health and Wellbeing Boards from the co-Chairs of the Health and Care Sub-Group requesting commitment to the Dementia Challenge and assistance in taking the agenda forward.

Dementia was 1 of the Board's Priorities in its Health and Wellbeing Strategy.

Central Government had announced that Clinical Commissioning Groups had to have a Dementia Strategy and included on its website. Due to the timescale given, there had been insufficient time to co-ordinate across the health and social care community. A draft Strategy had been published on the CCG website by 31st December, 2012, in line with the Yorkshire and Humber Strategic Health Authority requirement.

(b) Friends and Family Test

The Board noted the forthcoming mandatory 'Friends and Family' Test and Rotherham Foundation Trust's implementation plans to achieve full coverage of prescribed areas. From April, 2013, a short survey had to be completed upon a patient's discharge, or within 48 hours of discharge, to ascertain their rating of care about the Ward/Department they had spent the most time in. The Trust would be required to submit data returns which would be published nationally.

The report set out the actions the Trust would undertake to fulfill this requirement.

(c) Conference

'Tackling Health Inequalities in the North' - 8th March, 2013 - Durham

Details of the above conference were submitted for the information of the Board.

(d) ROSPA Big Book of Accident Prevention

Copies of the above were circulated to Board Members.

(e) Local Medical Committee

The Chair reported receipt of a request from Dr. Thorman, Secretary of the Local Medical Committee, seeking representation on the Board.

Discussion ensued on the request. It was felt that there was GP representation on the Board through the CCG which could reflect General Practices' views and beliefs. It was a public meeting that was open to members of the public to attend and observe if they so wished.

Resolved:- (1) That Dr. Thorman be thanked for his interest in the Board but the request for representation be declined at the present time.

(2) That a copy of the Board minutes be supplied for information.

(Dr. Tooth declared an interest in the above and did not take part in the

discussion.]

S56. ROTHERHAM CLINICAL COMMISSIONING GROUP ANNUAL COMMISSIONING PLAN

Dr. Tooth presented the draft CCG Annual Commissioning Plan which it was required to formally submit to the NHS Commissioning Board Area Team by 25th January, 2013. The core aim was to ensure that the needs of the citizens of Rotherham, as set out in the Joint Strategic Needs Assessment and reflected in the Health and Wellbeing Strategy, were captured.

Unfortunately, due to the timescale for submission it had not been possible to include any Public Health, Council etc. commissioning proposals as the timelines had not corresponded.

It was queried whether it would be possible for the Council and Public Health commissioning proposals to be submitted to the Board before the end of March to ensure alignment with the Health and Wellbeing Strategy?

The Council had to formally set its budget first but work was well advanced on its commissioning intentions to which Public Health would now be added. There was a opportunity to identify areas where it was possible to pool budgets for better value for money or more consistent outcomes delivered by commissioning more intelligently.

It was noted that a number of agencies had already submitted their feedback on the document.

Resolved:- That the Rotherham Clinical Commissioning Group Annual Commissioning Plan be endorsed for submission to the NHS Commissioning Board Area Team.

S57. PERFORMANCE MANAGEMENT FRAMEWORK

Further to Minute No. 48 of the previous meeting, John Radford, Director of Public Health, reported that it had been hoped to submit a suite of Indicators for consideration to the meeting, however, it had proved to be more difficult than envisaged. He gave the following presentation:-

System Change

- System accountability
- Local delivery prevention interventions
- NHS, RMBC, Commissioning Board and CCG
- Engagement private and third sector
- Public engagement
- Resources
- Service Activity
- Behaviour Change
- Mortality
- Commissioning for outcomes
- Profile \media\social media
- Disease Information

Outcomes Framework Annual Reporting

- Local Priorities agreed by Board.
- Align with Outcome Frameworks
- Need to agree specific outcomes for each priority
- Identify specific outcome measures that will progress over time
- Board to review its progress

Local Priorities

- Need to identify local (outputs) measures that help monitor progress bi-monthly throughout 3 year period of the strategy
- Report back next time with proposed outcome and output measures

The Board then received Anne Charlesworth's presentation (see Minute No. 58 Priority Measure: Alcohol) and discussion on the possible Performance Indicators for that Priority.

Discussion ensued on the way forward for all 6 Priority Themes:-

- The Board had agreed 6 Priorities that would make the biggest difference to the health and wellbeing of Rotherham citizens and reduce health inequalities
- Definition of the desired outcomes for each Priority required
- Need to decide where to focus activity and then outcome measures and outputs would follow
- Better definition of what want to achieve
- Engagement and commitment from all partners to drive the agenda within their Services

Resolved:- That each of the 6 Priority Leads submit a suite of Indicators for their respective Priority Theme to the next Board meeting.

S58. PRIORITY MEASURE: ALCOHOL

Anne Charlesworth, Partnership Lead, Public Health, gave the following presentation on the Alcohol Priority:-

The Vision

- 1 in 4 of Rotherham's adults drink above recommended safe levels
- To challenge the culture of binge drinking
- To deliver the messages about risks to those adults who drink at risky levels

Rotherham Adult Population

- Drinking above low risk levels 26.2% (51,569)
- Drinking at harmful levels 5.3% (10,432)
- Depend upon alcohol 3.6% (7,068)

National Strategy

- Change behaviour so people think it was not acceptable to drink in ways that cause themselves or others harm
- Reduce alcohol-fuelled violent crime

- Reduce the number of adults drinking above NHS guidelines
- Reduce the number of people binge drinking
- Reduce the number of alcohol related deaths
- Sustain reduction in both the numbers of 11-15 year olds drinking and the amounts they consume

Local Strategy

- Programme of alcohol social marketing interventions using the 'single message' including E-learning packages and workplace interventions
- Trialling Community Alcohol Partnerships
- Identification of premises which cause problems and taking effective partnership action
- Identifying individuals who cause repeated issues e.g. using Fixed Penalty Notices to attend alcohol awareness

Treatment System Priorities

- To increase numbers seen in primary and secondary care by:-
Increased screening in GP practices – now also in Health Check
Re-commission Tier 2 provision and include more work on population awareness, screening and workplace initiatives
Gaps in provision against NICE Guidance
Keeping waiting times low
Payments by Results – Rotherham was 1 of only 4 pilots

Alcohol-related Hospital Admissions

- 53,689 alcohol-related hospital admissions – significantly higher than the national average. Between 2010-11 and 2011-12 Rotherham's rate had increased
- 28,827 A&E – the relative position in terms of all 326 local authorities had remained the same (in the highest 25% of rates)
- 6,587 In-patients – Mortality from chronic liver disease – Rotherham's rate was similar to England (not statistically different)
- 18,257 Out-patients – In 2010-11 Rotherham's rate was lower than England but increase in 2011-12 and was now higher than England (but still similar). Rotherham ranked in the highest 50-70% of all local authorities (Quartile 3)

Hospital

- Hospital-based services – one of the Department of Health 'hi impact changes'
- Already have an A&E pathway targeting young people
- 1 specialist nurse working on admissions
- Work with Ambulance Service and RFT on 'frequent flyers' and high volume users of hospital front line services. Some were already known to services but not all
- Protocol which allowed those detoxing to be discharged early to their GP
- CCG proposing to invest in a new Service.

Opportunities

- Every organisation had to recognise the costs of alcohol and contribute to prevention

- The Public Health budget may offer opportunities to increase prevention – there had been no budget for this in the past
- How was each organisation addressing the issues through the themes:-
 - Prevention and Early Intervention
 - Expectations and Aspirations
 - Dependence to Independence
 - Healthy Lifestyles
 - Long Term Conditions
 - Poverty

Discussion ensued on possible outcomes that could be measured including:-

- o Number of parents who children were included on the Child Protection Register/ come into care due to alcohol related conditions
- o Danger that the specialist treatment services would not be able to cope with the increased referrals
- o Indicators important in terms of how Services were delivered
- o Measure self-harm, behaviour in Town Centre, effect of families by domestic violence
- o Every patient use Audit Check

The Board discussed this item and the previous item together. Please see Minute No. S57).

S59. EXCLUSION OF THE PRESS AND PUBLIC

Resolved: - That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (as amended 2006 – information relates to finance and business affairs).

S60. ROTHERHAM HEALTH WATCH

Clare Burton, Operational Commissioner, presented an update on the recent OJEU tender process for Healthwatch Rotherham.

A preferred provider was not appointed as there had been no bids of sufficient quality to move to the awarding of a contract. A proposed way forward was set out in the report submitted to ensure that there was a Healthwatch Rotherham in place by the 1st April, 2013.

Resolved:- (1) That the outcome of the OJEU tender process be noted.

(2) That the proposal to re-tender the Service, as set out in the report submitted, be approved.

(3) That further progress reports be submitted in due course.

(Janet Wheatley and Gordon Laidlaw disclosed disclosable pecuniary interests in the above item and withdrew from the meeting.)

S61. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27th February, 2013, 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 Adult Social Care
2	Date:	11th February, 2013
3	Title:	Rotherham's Carers Charter and Joint Action Plan
4	Directorate:	Resources

5. Summary

Current changes to the NHS architecture and legal framework (Draft Care and Support Bill 2012) means we need to review our current strategy in Rotherham to ensure we are able to meet the requirements expected of us, and that we continue to deliver the best possible outcomes for carers. Rotherham Council and the Rotherham Clinical Commissioning Group agreed a draft Carers Charter in 2012, which demonstrated a joint commitment to deliver and improve services for all carers in Rotherham.

The Charter has been used to develop a Joint Action Plan for Carers, which puts the commitments into action and shows what will be delivered for carers over the next 3 years.

This report presents the Rotherham Carers Charter and Joint Action Plan for formal approval before being published and implemented in April 2013.

6. Recommendations

- **To consider and approve the Charter and Action Plan**

7. Proposals and details

Why we need a new plan

Recent and forthcoming changes to the NHS architecture and legal framework outlined in the Health and Social Care Act 2012 and Draft Care and Support Bill 2012, has meant we need to review our current strategy in Rotherham to ensure we are able to meet the requirements expected of us, and that we continue to deliver the best possible outcomes for carers.

Rotherham has also, through the local Health and Wellbeing Board, made a commitment to improve the health of all Rotherham people and reduce health inequalities through the production of the Joint Health and Wellbeing Strategy 2012-15. This strategy is a high-level framework which will need to be supported by a range of commissioning priorities and action plans which sit underneath. These plans will need to demonstrate how specific services and agencies will help us achieve the overall vision for improving health and wellbeing in Rotherham. The Carers' Charter and Joint Action Plan will form part of this implementation through key actions that relate directly to improving the health and wellbeing of all our carers.

Review of previous priorities and consultations

A review of the previous Carers' Strategy (2008 to 2011) was undertaken in 2012, involving a wide range of internal and external stakeholders who contributed information to evaluate the progress made against each of the previous carers' objectives. This activity identified many positive achievements and outcomes for adult and young carers across Rotherham. However it also highlighted a number of gaps and areas which required continued development, which would need to be considered in a future plan.

Along with this review, an analysis of the outcomes of 30 consultation exercises which took place with adult and young carers between 2009 and 2011 was also undertaken. This analysis informed the drafting of the Rotherham Carers Charter and development of a set of strategic priorities for carers. The Charter demonstrates a joint commitment by RMBC and Rotherham Clinical Commissioning group to deliver and improve services for all carers in Rotherham and using the consultation analysis ensured the Charter was based on the views and needs of Rotherham carers. Consultation took place on the Charter, including a set of strategic priorities, during August to September 2012 with the public and carer representative groups. The Charter was also approved through the CCG and used to demonstrate local action being taken for carers as part of their authorisation process.

The review of the previous strategy and responses to consultation activity supported further work undertaken by a group of RMBC and NHS officers in putting together the Joint Action Plan.

Consulting on the action plan

The draft Joint Action Plan went out to further consultation with a range of groups including carer representative groups, voluntary and community sector organisations, and key stakeholders throughout December and January.

The general consensus from consultation responses was that the priorities and actions set out in the plan were the right ones to deliver positive change and appropriate services for carers locally. The responses also highlighted a number of gaps which were subsequently built into the plan.

A consultation exercise with voluntary and community sector (VCS) organisations also highlighted the important and key role that the voluntary sector plays in supporting carers, and looked at how organisations were able to support delivery of the action plan. The outcomes of this exercise have been used to further develop specific actions within the plan, with a particular focus on the role of the VCS working with GPs through the CCG.

The Actions Plan presented with this report is the result of collaborative working between the council and NHS Rotherham and demonstrates actions that the council and NHS will commit to achieving over the next 3 years. Although the action plan is owned jointly by the council and NHS; who will be accountable for its success, a range of key partners, such as voluntary and community sector organisations and Job Centre Plus, will play a crucial role in helping to deliver the actions.

8. Finance

There are no direct financial implications associated with this report.

9 Risks and Uncertainties

With the current changes to the NHS structure and legal framework, and resources being reduced across all agencies, it will be important to have a clear, jointly agreed plan for the commissioning and effective delivery of carers services in Rotherham.

Having an appropriate plan in place from April 2013 will also ensure we are best placed to meet the requirements of us set out in the Health and Social Care Act, and associated legislation being developed through the Care and Support Bill.

10 Policy and Performance Agenda Implications

The contents of this report refer to the overall strategy for carers in Rotherham, which has been developed in response to new local and national policy drivers.

11 Background Papers and Consultation

Health and Social Care Act 2012

Draft Care and Support Bill 2012

Rotherham Carers Charter 2013 (attached)

Rotherham's Joint Action Plan for Carers 2013 – 2016 (attached)

12 Contacts

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Rotherham Carers' Charter 2013

1. Introduction

We have a commitment to carers. Current changes to the NHS architecture and legal framework means we need to review our current strategy in Rotherham to ensure we are able to meet the requirements expected of us and that we continue to deliver the best possible outcomes for carers. Rotherham Council and Clinical Commissioning Group have agreed a charter which provides a clear commitment to all carers in Rotherham.

Our Commitments

- We will review and develop our overall strategy based on the changes to the NHS and legal framework and carers views
- We will increase the proportion of carers who report that they have been included or consulted in discussion about the person they care for
- We will increase the proportion of people who use services and carers who find it easy to find information about services
- We will improve health-related quality of life for carers

2. Why we need to develop our strategy for carers

In Rotherham, there are 31,000 carers across the borough (2011 Census). A carer is an adult or young person who provides unpaid care for a partner, relative, friend, an older person or someone who has a disability or long term illness, including people with alcohol/substance misuse and mental illness. The Rotherham Joint Strategic Needs Assessment (JSNA) states that around 3% of the Rotherham population provides 50 hours or more of care per week (compared with the England average of 2%). Although the majority of carers are traditionally 45 – 64, there has also been an increase in carers aged 65 plus which reflects the growing numbers of people who are caring for their spouse.

To understand what has been done for carers locally, a review of the last Carers' Strategy (2008 to 2011) was undertaken; involving a wide range of internal and external stakeholders who have contributed information to review the progress made against each of the previous objectives.

This activity identified many positive achievements and outcomes for adult and young carers across Rotherham. However it also highlighted some gaps and areas for continued development which will be addressed through the Action Plan for Carers 2013 -16.

Key achievements from previous Carers Strategy 2008 – 2011

- Opening of the Carers Centre in 2010, supporting thousands of carers to get the help and support they need in Rotherham.
- Refreshed the Carers Handbook
- Rotherham is one of the best performers in the country for undertaking carers needs assessments and providing support, advice and information, carrying out over 2800 assessments in 2011/12 – all within 28 days.
- Customer satisfaction with carers services in Rotherham is 97.5%
- A range of Information events such as National Carers Week, Carer's Rights Day, Fairs Fayre and Lets Talk
- Targeted information for BME Carers, Carers in rural areas and outreach work
- Producing an NHS DVD and '7 steps to caring' leaflet
- Carers Assessment form amended and improved to include signposting to a wide range of services
- Support to carers offered through a range of healthcare services such as the Memory Clinic, Breathing Space, Continuing Care Service, Macmillan and Rotherham Hospice
- A range of training offered specific to carers such as first aid and moving and handling
- Jobcentre Plus providing carers advisers in Job Centres
- Barnardos delivering a Young Carers Service and inclusion of questions about being a carer in the schools Lifestyle Survey

2.1 Local policy context: Rotherham's Joint Health and Wellbeing Strategy

Rotherham, through the local Health and Wellbeing Board, has made a commitment to improve the health of all Rotherham people and reduce health inequalities through the production of the Joint Health and Wellbeing Strategy 2012-15. The Strategy is made up of six areas of priority which the Board and health and wellbeing partner organisations have committed to.

To improve the health and wellbeing of Rotherham people:

1. We will focus on prevention and early intervention to ensure Rotherham people get help early to increase their independence
2. We will understand the expectations and aspirations of Rotherham people and ensure services are delivered to a borough-wide standard
3. We will ensure people increasingly identify their own needs to enable them to move from dependence to independence
4. We will ensure people in Rotherham are aware of their own health risks and are able to take up opportunities to adopt healthy lifestyles
5. We will ensure Rotherham people are able to manage long-term conditions to enjoy the best quality of life
6. We will reduce poverty in disadvantaged areas through policies that enable people to fully participate in every day activities and the creation of more opportunities to gain skills and employment

To enable us to deliver this high-level framework, there will be a range of action plans and commissioning priorities which sit underneath. These plans will demonstrate how specific services and agencies will help us achieve the overall vision for improving health and wellbeing in Rotherham. Our Carers' Charter and Joint Action Plan will form part of this

implementation through key actions that relate directly to improving the health and wellbeing of all our carers.

2.2 National policy context: Caring for our future white paper

The Government have published the Care and Support White Paper and draft Care and Support Bill, which sets out new responsibilities and proposed legislations in relation to providing support and meeting the needs of carers. The two key implications are:

1. From April 2013 the NHS Commissioning Board and Clinical Commissioning Group will be responsible for working with local authorities and carers' organisations to agree plans and budgets for identifying and supporting carers
2. The draft Care and Support Bill extends carers' rights to an assessment and for the first time entitles them to have assessed eligible needs met to maintain health and wellbeing

These responsibilities will have implications for the local authority as well as the NHS, and will mean much closer working between the two partners is crucial to ensure better care and support services are available locally for carers. At the root of this partnership working will be the local Health and Wellbeing Board and in ensuring appropriate actions are delivered specific to carers to ensure their voices are heard and they receive what they are entitled to.

3. Our priorities for carers in Rotherham

To develop a set of priorities for our Joint Action Plan, an analysis was done of the outcomes of 30 consultation exercises which have taken place with adult and young carers between 2009 and 2011. The views from carers were clear that improvements were needed in providing better access to information and advice, although a number of improvements had been made in this area, more work was needed locally.

A working group from the Council, Carers Centre and NHS Rotherham used the information gathered, along with a review of the previous strategy (2008-11) and stakeholder engagement to develop four key themes, which represented what carers had told us. These four themes were validated and ranked in order of priority through consultation with the public during carers' week 2012.

Each of the four priority areas has been developed into an outcome; which represents a desired state for what we want services and support to look like for carers in Rotherham in three years and how this will help us achieve our strategic health and wellbeing priorities.

Outcomes for carers and how these relate to health and wellbeing priorities

Priorities and Outcomes for Carers	Impact on Health and Wellbeing priority
Priority 1. Health and Wellbeing All carers will be supported to make positive choices about their mental and physical health and wellbeing	<ul style="list-style-type: none"> • Prevention and early intervention • Promoting healthy lifestyles
Priority 2. Access to information Accessible information about the services and support available will be provided for all carers in Rotherham	<ul style="list-style-type: none"> • Prevention and early intervention • Expectations and aspirations

<p>Priority 3. Access to services All carers will be offered and supported to access a range of flexible services that are appropriate to their needs</p>	<ul style="list-style-type: none"> • Prevention and early intervention • Dependence to independence
<p>Priority 4. Employment and Skills All Carers will be able to take part in education, employment and training</p>	<ul style="list-style-type: none"> • Dependence to independence • Reducing poverty • Expectations and aspirations

4. How we will achieve this

This Charter includes a set of commitments for the council and NHS Rotherham, shown below. To help us achieve these commitments and an improvement in the specific carers outcomes listed above, a set of actions will be required that bring about change for carers in Rotherham over the next three years. These actions are set out in the Joint Action Plan for Carers 2013 – 2016.

Although the action plan is owned by the council and NHS; who will be accountable for its success, a range of key partners, such as voluntary and community sector organisations and Job Centre Plus, will play a key role in helping to deliver the actions.

Charter Commitments

To improve health and Wellbeing of carers:

- We will work with GPs to increase support and information available for carers
- We will work with healthcare staff to continue raising the need for people to recognise themselves as carers, and therefore access the help and support they may be entitled to
- We will offer personalised support to carers, enabling them to have a family and community life
- We will actively speak to carers about ensuring where possible that their own health does not suffer as a direct result of caring
- We will ensure all carers are kept safe

To improve access to information:

- We will make sure that all carers are able to access information, advocacy, advice and support.
- We will ensure information is provided to prevent carers experiencing financial hardship as a result of their caring role
- We will improve the offer of information and support to young carers
- We will make sure appropriate and up to date training is undertaken by all staff that work with carers to ensure information can be shared
- We will continue to review the Carers' Handbook to ensure the right information is available and it is widely accessible to all carers

To improve access to services:

- We will review the Rotherham Carers' Centre to ensure existing services meet the needs of carers
- We will raise awareness of staff to identify and support young carers
- We will explore potential for low level preventative services to support carers, including carers of people with dementia
- We will make sure carers are referred to preventive services at an earlier stage to help prevent them from reaching crisis point

To enable carers to take part in employment and training:

- We will support carers to identify their personal goals in work
- We will actively support all carers, including young carers, to remove barriers to education, training and employment
- We will actively promote flexible and supportive employment policies that benefit carers

Underpinning actions

We also acknowledge that a number of actions will be needed to underpin all of the four priority areas. These will ensure we are able to meet the requirements of the Care and Support Bill and work with all carers to coproduce services to ensure the best quality of life for them and the people they care for:

- we will improve how we identify and work with carers by increasing the number and quality of carers' assessments in Rotherham
- we will involve carers in individual care packages and make sure they are a valued care partner
- we will involve carers in the design and commissioning of services for both themselves and the people they care for

5. Next Steps

We have used this Charter to help us develop and implement the Joint Action Plan for Carers to improve the health and wellbeing of all carers in Rotherham.

This has ensured that the views of local carers, which have been gathered through the consultation exercises, translate into appropriate, measurable actions.

We will continue to review our overall strategy for carers; ensuring we meet and where possible go beyond, the requirements of us set out in the draft Care and Support Bill.

DRAFT Joint Action Plan for Carers 2013-16

Outcome 1 - All carers will be kept safe and supported to make positive choices about their mental and physical health and wellbeing

What we will do (Carers Charter Commitment)	How we will do it	Measure/Outcome	Accountable Organisation/ lead officer	Completion
We will work with GPs to increase support and information available for carers	Partner sign up to the Carers Plan through CCG/Health and Wellbeing Board	Approval of action plan by GP Reference Group/Operational Executive/Strategic Commissioning Executives/Rotherham Clinical Commissioning Group/NHS Commissioning Board/ HWBB	RCCG/ NHSCB / HWBB Julie Wisken / Kate Green	April 2013
	Review carers information sent to all GP's and update where appropriate, done via practice manager forums, GP events, newsletters, NHS Rotherham intranet site and postal services	Ensure GP's have up to date information and are promoting the Supporting Carers' document and 7 steps DVD.	RCCG/NHSCB Julie Wisken	May 2013
	Link with the heart town project to ensure the Heart Health Caring publication from BHF is offered to all carers of people with a heart condition	GP practices have access to BHF patient information brochure (online/print) which can be used as an information prescription	Public Health Alison Iliff	April 2013
	Continue to maintain and extend GP carers register within GP practices	Increased number of carers registered within each GP practice	NHSCB/RCCG Julie Wisken Karen Curren	Review end 2013
	Promote benefits of flu jabs to carers through the carers database	Increased number of carers contacted via GP's/public health to offer flu jabs	NHSCB/Public Health Kathy Wakefield	Sept. 2013

We will work with healthcare staff to continue raising the need for people to recognise themselves as carers, and therefore access the help and support they may be entitled to	Develop a plan to promote awareness to healthcare staff of accessible information at a number of events/forums and through newsletters/intranet.	Attendance at Fayre's Fair, Carers Day, Protected Learning events, practice managers forum, promotion through a number of publications including promotion of carers document.	RCCG Julie Wisken Carers Corner Richard Waring	April 2013
	Develop pack of information which can be electronically sent to all GP practices, which provides information and guidance on setting up 'virtual carers corners' within practices	Number of Patient Participation Groups who have received information Number of GP practices with 'Virtual Carers Corners'	Carers Corner Richard Waring GP Practice Managers	April 2013 Evaluate end 2013
	GP's and healthcare staff to signpost to voluntary sector for advice	Provide a link on GP systems to the voluntary sector organisations	RCCG Julie Wisken	May 2013
We will offer personalised support to carers, enabling them to have a family and community life	Monitor outcomes from personalised support and commissioning respite care from voluntary groups	Monitored through commissioning contracts	RCCG Jacqui Clark	End 2013
	The Rotherham Expert Patient Programme will offer support through the 'looking after me' programme to carers.	Number of carers attending the course will be monitored through the Expert Patient Programme Lead	RGGG Anne Robinson	End 2013
We will actively speak to carers about ensuring where possible that their own health does not suffer as a direct result of caring	All carers attending RDaSH Memory Services to be offered the opportunity to complete a self assessment of needs	Monitor through contracts the number of carers assessments carried out and their experiences	RCCG Kate Tufnell	Review March 2014
	All carers will be offered a joint assessment or a carers specific assessment on assessment and review of customers	Performance management of NI 135 (target to be confirmed)	Assessment & care mgt Service Michaela Cox	April 2013

	Promote a Family CAF to identify health needs and wider Early Help support	Monitor number and quality of Family CAFs	CYPS Paul Theaker	Evaluate end 2013
We will ensure all carers are kept safe by: <ul style="list-style-type: none"> • Empowering carers to speak up about abuse • Ensuring carers are clear about rights and standards • Recognising carers as “expert partners” and advocates • Recognising the impact of the caring role • Respecting carers rights 	Raising awareness of what abuse is and how to report it through an appropriate communication strategy	Safeguarding Adults Board Communication Strategy and Action plan.	RMBC Safeguarding CYP Phil Morris	Review end 2013
	Timely and careful assessment will be offered to all carers	Performance management NI 135 / Carers Assessments	Adults Sam Newton	
	Carers concerns will be listened to and responded to quickly and effectively, and when abuse has occurred the safeguarding process will be person centred and carers views will be considered and represented throughout the process	Evidence in safeguarding plans – Quality Audit	RMBC Safeguarding Sam Newton	Annual Performance Outcome 2013/14

Outcome 2 - Accessible information about the services and support available will be provided for all carers in Rotherham

What we will do (Carers Charter Commitment)	How we will do it	Measure/Outcome	Accountable Organisation	Completion
We will make sure that all carers are able to access information, advocacy, advice and support.	Review current systems of communications in place and devise a strategy to ensure we are reaching as wide an audience as possible through a range of methods	Better distribution of information to more carers and better use of communication methods such as social media/website/texting services	Carers Steering Group	Review End 2013
	Ensure that Carers are included within the Communication, Information and Engagement Strategy for Connect to Support Rotherham.	Carers aware of the CtS website	RMBC Tanya Palmowski	March 2013 Review end 2013

	<p>This will involve:</p> <ul style="list-style-type: none"> • Attending existing support groups • The promotion of Connect to Support at Carers events • Displaying information in Carers Corner 			
	All carers receiving an assessment to be sign-posted to information, advice and support	Monitored through carers assessments and monitoring NI 135	RMBC Assessment and care management Service	Annual performance outcome 2013/14
	Establish a voluntary forum group to provide information for carers going through transition between children's and adult services	More support available for parent carers going through transition period – reviewed by Carers Corner	Carers Corner Richard Waring	March 2013
We will ensure information is provided to prevent carers experiencing financial hardship as a result of their caring role	<p>Carers Corner to provide information and a facility for voluntary sector to provide benefit advice to support carers to maximise their income where possible, through:</p> <ul style="list-style-type: none"> • Weekly drop-in session • Leaflets available in the centre <p>Delivery of Carers Rights Day and Carers Week activities to provide information and advice to carers in relation to finance, benefits and employment</p>	More carers accessing information through Carers Corner and annual activities	Carers Corner Richard Waring	<p>Review June 2013</p> <p>Annual events June / November</p>
We will improve the offer of information and support to young carers	<p>Raise awareness in schools and in other young peoples settings of support for Young Carers and of the Young Carers Service</p> <p>Support the Rotherham UK Youth Parliament Members in developing a Young Carers Card</p>	More young people accessing information and in receipt of support	CYPS (lead to be determined)	Sept. 2013

We will make sure appropriate and up to date training is undertaken by all staff that work with carers to ensure information can be shared	Workforce development programme to be put into place, to ensure appropriate awareness training is available to all staff that require it (statutory and voluntary sector)	Increased number of staff taking-up training	NAS L&D service Claire Tester	Sept. 20313
We will continue to review the Carers' Handbook to ensure the right information is available and it is widely accessible to all carers	<p>Booklet to be reviewed annually to ensure information remains up to date and fit for purpose</p> <p>Booklet to be distributed to all carers through a number of ways and feedback to be sought from carers to establish how well this works:</p> <ul style="list-style-type: none"> • Hard copy of the booklet to be taken out by all Carer Support Officers when carrying out Carers Assessments • Booklet available for all carers calling into Carers Corner • On-line version available on RMBC/RCCG/RFT websites • booklets to be available in all GP surgeries across Rotherham 	<p>Annual review of booklet</p> <p>More carers receiving the booklet either through support officers, GP practice or Carers Corner</p>	Carers Corner Richard Waring	<p>Booklet reviewed end 2013</p> <p>June 2013 (as part of carers corner review)</p>

Outcome 3 - All carers will be offered and supported to access a range of flexible services that are appropriate to their needs

What we will do (Carers Charter Commitment)	How we will do it	Measure/Outcome	Accountable Organisation	Completion
We will review the Rotherham Carers' Centre to ensure existing services meet the needs of carers	<p>Undertake an evaluation of the centre to include:</p> <ul style="list-style-type: none"> • review of the numbers of carers who have accessed the centre to from 2010 • review and cleanse of the centre's database • evaluation of the outcomes and targets 	<p>Evaluation reporting to Adults Board</p> <p>Review to provide a benchmarking to enable future evaluation of outcomes and equality analysis</p>	RMBC NAS David Stevenson	June 2013

	<p>achieved since 2010</p> <ul style="list-style-type: none"> • equality analysis of the centre; reviewing monitoring forms to understand where users of the service are coming from across the borough (whether reaching carers out of the town centre) and whether the centre is reaching carers from BME communities • review the current location of the centre (taking into consideration the relocation of other council buildings) 	National Carers Survey		
We will raise awareness of staff to identify and support young carers	<p>Assessment & care management to actively promote services available for Young Carers</p> <p>Review data from Lifestyle survey 2012, which shows an increase in young people identifying themselves as young carers, and put in place appropriate actions to identify and support these young carers</p>	Increased number of young carers identified and accessing information	<p>Adult services Michaela Cox</p> <p>(CYP lead to be determined)</p>	<p>Review Nov. 2013</p>
We will explore potential for low level preventative services to support carers, including carers of people with dementia	<p>Identify best use of investment to increase the availability and choice of carers support services available in Rotherham.</p> <p>Involve carers in the development of Carers Service Specifications, procurement and evaluation of tenders and established carers services.</p> <p>Review in house and contracted carers services</p> <p>Implement a small grants scheme which will increase the capacity in the community to</p>	<p>Monitoring the investment committed to new projects.</p> <p>Surveys, Consultation Sessions</p> <p>Evidence reported to NAS DLT/Health and Wellbeing Board</p> <p>Contract monitoring to evaluate outcomes</p>	<p>RMBC Commissioning and Contracting Team Jacqui Clark</p>	<p>April 2014</p> <p>Sept 2013</p> <p>Dec 2013</p> <p>March 2014</p>

	provide low level support for people with dementia, of which carers will be a beneficiary			
	Ensure carers are considered and involved in the development of the local Dementia Strategy	Consult with carers and identify services needed via the Dementia summit	RCCG Kate Tufnell	March 2014
We will make sure carers are referred to preventive services at an earlier stage to help prevent them from reaching crisis point	Put in place systems to ensure Assessment Direct signposts carers to appropriate services and activities	More carers identified early and signposted to appropriate services	RMBC, NAS Darren Rickett	April 2014
	Case Management Pilot to identify patients and carers and signpost to early support	Monitor the number of carers identified and offered support	RCCG Dominic Blaydon	Monitor end 2013/14

Outcome 4 – All Carers will be able to take part in education, employment and training where they wish to do so

What we will do (Carers Charter Commitment)	How we will do it	Measure/Outcome	Accountable Organisation	Completion
We will support carers to identify their personal goals in work	Specialist Carers Advisers (Job Centre Plus) to work with carers to develop personalised plans to support them to achieve their careers / training goals and potential benefit take-up Job Centre Plus to provide replacement care costs and childcare costs to those who are eligible, to help with attending interviews/JCP approved activities.	More carers taking up employment opportunities and receiving advice to prevent financial hardship Numbers of carers referred to JCP	Job Centre Plus Simon Freeston	On-going
We will actively support all carers, including young carers, to remove barriers to education, training and employment	Consult with carers on their training needs and work jointly with Learning and Development Teams in NAS and CYPS to deliver appropriate training	Increase in the range of learning and development opportunities available	NAS L&D Team Claire Tester	L&D plan in place April 2013

	<p>Ensure learning and development is offered flexibly at a time and venue to suit the needs of carers ie mid morning, evenings.</p> <p>Promote training and development opportunities through a range of places and in different formats</p> <p>Ensure Learning and Development information/representation is available at all roadshows/events for carers to ensure the take up of training is optimised.</p>	<p>Improved flexibility in training delivery to meet the needs of carers</p> <p>More carers accessing training</p> <p>Increased access to learning and development</p>		Review end 2013
	<p>Identify what support Integrated Youth Support (IYS) offer young carers</p>	<p>Understanding of support offered and developed if needed</p>	CYPS Paul Theaker	April 2013
<p>We will actively promote flexible and supportive employment policies that benefit carers</p>	<p>Flexible working arrangements and HR procedures for staff (RMBC/NHS) who are also carers</p> <p>RMBC 'Support for Employees who are Carers' document to be reviewed and promoted on an annual basis</p>	<p>More staff who are carers aware of the support available to them, and feel able to balance their caring role with employment</p>	CCG Julie Wisken RMBC Tracey Priestley	On-going
	<p>Voluntary sector to develop employment policies that support carers and feedback on what is in place</p>	<p>Voluntary sector organisations offering support for carers to enable them to continue working</p>	VAR	Sept. 2013

Underpinning actions

We acknowledge that a number of actions will be needed to underpin all of the four priority areas. These will ensure we are able to meet the requirements of the Care and Support Bill and work with all carers to coproduce services to ensure the best quality of life for them and the people they care for.

What we will do	How we will do it	Measure/Outcome	Accountable Organisation	Completion
We will improve how we identify and work with carers by increasing the number and quality of carers' assessments in Rotherham	All carers to continue be offered a joint assessment or a carers specific assessment at the point of assessment and review with customers We will involve carers in individual care packages and make sure they are a valued care partner	More carers identified and receiving an assessment in Rotherham / Performance management NI 135 National Carers Survey	RMBC Assessment and care management Service Michaela Cox	March 2014
We will involve carers in the design and commissioning of services for both themselves and the people they care for	Additional carer (s) representative to be recruited to the Learning Disability Partnership Board	Carer representative on Partnership Board	LD Service John Williams	June 2013
	Promote continued Young Carers Voice and Influence within Barnados Young Carers Service and wider Voice and Influence work	Evidence of Young Carers involvement in service design and wider V&I work	CYPS Paul Theaker Barnardos Lindsey Hallatt	Review end 2013
We will take steps to ensure carers from groups with protected characteristics under the Equality Act 2010, who may have different needs to other carers (such as Black and minority ethnic,	We will develop a clearer understanding of protected characteristics and equality issues in relation to carers, for the development of future plans	Review of Carers Action Plan Equality Analysis	Carers Steering Group	May 2013
	Work in partnership with Voluntary and Community groups to explore opportunities to set up a BME male carer's group in Rotherham to support their needs	Male carers group established	RMBC Mohammed Nawaz	Dec. 2013

male and lesbian, gay, bisexual and transgender carers), are increasingly identified, supported to access services and contribute to service design and commissioning	Put in place a plan to identify hard-to-reach and disadvantaged carers i.e. Pakistani / Kashmiri, Yemeni, Chinese, African-Caribbean, Refugee and Asylum seeker, Eastern European communities, to provide the right advice and information so they can continue to provide the care to their family	More BME carers accessing information and services, including through Carers Corner	Carers Corner Richard Waring	Sept. 2013
We will review and evaluate the Care and Support Bill when it becomes an Act and put in place appropriate actions to ensure we can implement the changes required	Establish a task and finish group to review the legislation and government response to the Bill's consultation (expected early 2013)	Revised action plan in place	RMBC/CCG multi-agency task group	Sept. 2013

Key:

RMBC – Rotherham Metropolitan Borough Council
 NHSR – NHS Rotherham
 NHSCB – National NHS Commissioning Board
 RCCG – Rotherham Clinical Commissioning Group
 NAS – Neighbourhoods and Adult Services
 LD Service – Learning Disability Service
 L&D – Learning and Development
 IYS - Integrated Youth Support

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet Member for Adult Social Care
2.	Date:	11th February 2013
3.	Title:	Residential Care Activity for Quarter 3
4.	Directorate:	Commissioning Policy and Performance – Resources Directorate

5. Summary

This report provides information on residential care activity for the period 1st October 2012 to 31st December 2012.

The report sets out details of occupancy/vacancy levels in residential and nursing care homes for older people and contract concerns together with information on work in respect of residential and nursing care homes.

6. Recommendations

- **That the report is presented to Cabinet Member of Adult Social Care and Contracting for Care Forum.**

7. Details

7.1 Occupancy Levels

Monitoring of the occupancy and vacancy levels within each residential care type is undertaken to ensure that there is sufficient capacity to meet current levels of need.

7.1.1 Independent Sector

Care Type	Total Beds	Occupied Beds	Vacant Beds	Q3 % Occupancy	Q2 % Occupancy
Residential	777	684	93	88.03	92.55
Nursing	310	270	40	87.09	87.03
Dual Registered	284	201	83	70.77	82.92
Residential EMI	391	345	46	88.24	90.43
Nursing EMI	123	106	17	86.18	82.07
EMI Dual Registered	209	168	41	80.38	74.40
Totals	2094	1774	320	84.72	84.90

The independent sector has seen a slight decrease in occupancy between quarters 2 and 3 of 2012-13.

7.1.2 Local Authority Care

Care Type	Total Beds	Occupied Beds	Vacant Beds	Q3 % Occupancy	Q2 % Occupancy
Residential	37	35	2	94.59	98.61
Residential EMI	59	55	4	93.22	95.83
Totals	96	90	6	93.75	97.22

Care Type	Total Beds	Occupied Beds	Vacant Beds	Q3 % Occupancy	Q2 % Occupancy
Intermediate Care	49	41	8	81.36	83.67

Occupancy of Local Authority residential care has decreased slightly between quarters 3 and 2 of 2012-13.

In total there are currently 330 vacant beds available which is sufficient to meet current demands, giving overall occupancy of 85.14%.

Occupancy of intermediate care beds has decreased slightly from Quarters 3 and 2 of 2012-13, although the average length of stay has reduced from 21 days to 17 days. Admissions have increased to 171 admissions in Quarters 3 from 141 admissions in Quarters 2.

7.2 Contract Concerns

This report refers to the period 1st October to 31st December 2012.

As the report focuses on closed contract concerns the date the concern was received may be some months prior to the closure date, especially where the concern relates to a Safeguarding Investigation.

7.2.1 Contract Compliance Activity

During the quarter 54 contract concerns relating to residential and/or nursing care have been closed. These concerns related to 19 individual providers.

7.2.2 Overview of Substantiated Concerns and Actions Taken

No	Concern	Action Taken by the Provider
8	Medication Errors None of the concerns led to adverse effects on the Service Users involved	<ul style="list-style-type: none"> • Training update • Supervision • Staff member stopped from issuing medicines • New systems implemented • More robust audits
22	Quality of Care Provided These included: <ul style="list-style-type: none"> • Pressure care • Continence issues • Weight loss • Lack of stimulation • Moving & handling • Incorrect use of equipment • Fluid intake • Diet & food quality • Lack of risk assessment • Missed appointments • Falls 	Team meetings Tissue viability awareness training MCA training Staff supervision sessions Appraisals Diet charts reviewed & improved Menu review Skills audit Care plan updates Fluid charts Specialist equipment purchased <ul style="list-style-type: none"> • System to ensure attended appointments • Continence service involved • Moving and handling training • Disciplinary action against staff • Dismissal • Staffing levels addressed • Check list amended • Audits
3	Environment & Security in the home	<ul style="list-style-type: none"> • Repairs undertaken • Regular checks implemented • Security raised with staff • Extra security measures put in place
8	Poor Record Keeping	<ul style="list-style-type: none"> • New care plan documentation • More staff not complete plans • Disciplinary procedures • Supervision

		<ul style="list-style-type: none"> • New weight scales purchased • Team meeting
3	Safety of Residents, including Food Safety	<ul style="list-style-type: none"> • Bedrails check list and risk assessment • Care plan amended • Training
4	Staff Conduct	<ul style="list-style-type: none"> • Supervision • Staff attend in twos • Disciplinary
1	Deprivation of Liberty	<ul style="list-style-type: none"> • Training
1	Data Protection	<ul style="list-style-type: none"> • Disciplinary • Record keeping policy re-issued
2	Altercations between Residents	<ul style="list-style-type: none"> • Challenging behaviour training • Risk assessment done • Regular checks • Pressure alarm and mats in use
2	Management of the Home, Placement and Fees	<ul style="list-style-type: none"> • Moved to correct unit • Top up waived

7.2.3 *Default or Suspension of Placement Resulting from Contracting Concerns*

Five residential homes had a default notice during the quarter; of these 2 had suspension of placements.

7.3 *Home from Home Review*

Work is ongoing on the current years Home from Home Reviews with participation from:

- Commissioning Team
- Contract & Quality Assurance Team
- Age UK
- Speak Up
- Independent Assessors

During quarter 3 workshops were held with providers to work through how to use the new toolkit and how the approach would differ from previous years. The workshops were well attended and the toolkit was positively received. Providers have been asked to complete and return the toolkit by the end of February. A desktop assessment of the received information will then be completed prior to visits being made.

The Council has undertaken to complete all reviews by the 31st July 2013.

7.4 *Fee Setting*

During quarter 3 consultation was undertaken with the sector in respect of fee setting for the financial year 2013-14. Following this work a separate report has been submitted to DLT and forwarded on to Cabinet Member and Contracting for Care Forum meetings; the report sets out the options and recommendation

7.5 *Contracts*

Work is continuing on the single contract for adult residential care. A draft contract and service specification was submitted to providers for final comment prior to the end of the year. Comments have now been received and are being considered in detail.

8. Finance

Revenue expenditure relating to occupancy/vacancy information provided in this report is monitored and reported separately under existing budget monitoring arrangements.

Finance implications relating to fee setting are reported separately in the Fee Setting report.

9. Risks and Uncertainties

Risks and uncertainties relating to fee setting are reported separately in the Fee Setting report.

Under the Choice of Accommodation Directions LAC (2004) 20, Councils can only be held accountable for third party contributions where there is not a genuine choice of alternative accommodation that meets assessed need at the Council's usual price. The Council, therefore, needs to work with the sector to ensure that the market is sufficiently buoyant to provide a choice of accommodation.

Occupancy levels in residential care have fallen slightly since quarter 2 of the current financial year. Whilst this does not currently represent a risk, the situation will continue to be monitored.

10. Policy and Performance Agenda Implications

Ensuring adequate availability of residential and nursing care places is consistent with the national framework outcome 'Exercise of Choice and Control' in that people have access to choice and control of good quality services which are responsive to individual needs and preferences.

Following completion of the 2012-13 Home from Home reviews performance will be reviewed to inform options for potentially using preferred providers.

11. Background Papers and Consultation

Consultation on fee setting, the residential care contract and the new Home from Home toolkit have been undertaken with the sector.

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	Monday 11 February 2013
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 December 2012.

The forecast for the financial year 2012/13 at this stage is an overall underspend of £182k, against an approved net revenue budget of £71.915m, an increase in the underspend of £58k since last months report.

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 was £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	1,902	1,955	+53	-2.79
Older People	32,963	32,399	-564	-1.71
Learning Disabilities	17,283	17,745	+462	+2.67
Mental Health	5,466	5,482	+16	+0.29
Physical & Sensory Disabilities	6,308	6,212	-96	-1.52
Safeguarding	712	659	-53	-7.44
Supporting People	7,281	7,281	0	0
Total Adult Services	71,915	71,733	-182	-0.25

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 (+£1.753m) across all client groups plus pressures on residential care and external transport provision within Learning Disability services (+£588k). These pressures are being offset by a number of forecast non recurrent underspends together with a number of management actions.

Since the last report the net budget has reduced by £2.106m to reflect the realignment of the former RBT ICT and Affordability budgets together with associated costs.

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

Adults General, Management & Training (+£53k)

This includes the cross cutting budgets (Workforce planning and training, and corporate charges) are forecasting an overspend mainly due to recurrent pressures on ICT budgets.

Older People (-£564k)

- 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 (+£94k).
- Increase in Direct Payments over budget (+£997k), this includes 110 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 (+£48k) 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 (-£203k) based on current budget and level of service which is under review. However, there is now a forecast overspend on Independent sector home care (+£116k) due to increased activity over the last month. This is 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 (-£639k) due to 40 less clients receiving service than originally 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.
- 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 (-£181k), reducing pressures on direct payments.
- 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 (-£416k).
- Savings now being realised from the review of day care provision (-£140k).
- Forecast shortfall in Rothercare income (+£24k) plus additional staffing costs (+£19k).

Learning Disabilities (+£462k)

- 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 lower activity on respite services (+£388k).
- Underspend within supported living schemes due to CHC income, use of one off grant funding and vacant posts (-£258k).
- Recurrent budget pressure on Day Care transport (+£200k) including income from charges.
- Increase in demand for Direct Payments over and above budget (+£105k).

- Forecast overspend in independent sector home care (+£76k) 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 £67k.
- Use of health funding to support overspend on SYHA residential care costs (-£142k) and overall pressures within Learning Disabilities.
- Saving on premises costs (-£16k) and slippage on vacant posts (-£25k).

Mental Health (+£16k)

- Projected slight overspend on residential care budget (+£17k) due to 5 new admissions since April.
- Budget pressure on Direct Payments (+£146k) offset by savings on Community Support Services (-£157k).
- Overspends on employees budgets due to unmet vacancy factor and use of agency staff (+£10k).

Physical & Sensory Disabilities (-£96k)

- Continued Pressure on Independent Sector domiciliary care (+£94k) due to continued increase in demand for service.
- Loss of CHC funding for one client at Rig Drive (+£52k) being challenged and awaiting outcome of an appeal.
- Increase in demand for Direct Payments (+ 37 clients), forecast overspend (+£505k).
- 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 (-£512k).
- Vacant posts within Resource centre and Occupational Therapists (-£86k).
- 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 (-£25k).
- Forecast savings on contracts with Voluntary Sector providers (-£23k).

Safeguarding (-£53k)

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

Supporting People (£0k)

- Efficiency savings of £234k on subsidy contracts are being offset against commissioning savings targets and therefore not reported within Adult Services.

7.1.3 Agency and Consultancy

Total expenditure on Agency staff for Adult Services for the period ending December 2012 was £254,984 (none of which was off contract). This compares with an actual cost of £255,383 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 December 2012 was £290,284 compared with £243,927 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 Humberside 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.

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