

CABINET

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

Date: Wednesday, 17 October 2012

Time: 10.30 a.m.

A G E N D A

1. To consider questions from Members of the Public.
2. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
3. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
4. Declarations of Interest.
5. Minutes of the previous meeting held on 3rd October, 2012 (copy supplied separately)
6. Minutes of a meeting of the Rotherham Local Plan Steering Group held on 28th September, 2012 (herewith) (Pages 2 - 6)
 - Strategic Director of Environment and Development Services to report.
7. Scrutiny Review of Continuing Healthcare (report herewith) (Pages 7 - 26)
 - Strategic Director of Resources to report.
8. Revenue Budget Monitoring for the period ending 30th September 2012 (report herewith) (Pages 27 - 35)
 - Strategic Director of Resources to report.
9. Capital Programme Monitoring 2012/13 and Capital Programme Budget 2013/14 to 2014/15 (report herewith) (Pages 36 - 53)
 - Strategic Director of Resources to report.
10. Exclusion of the Press and Public.

The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relates to finance and business affairs).

11. Canklow - Rother View Road - Land Transfer for Affordable Housing (report herewith)* (Pages 54 - 59)
 - Strategic Director of Neighbourhoods and Adult Services to report.

12. Public Health Contracts (report herewith)* (Pages 60 - 90)
 - Director of Public Health to report.

In accordance with Section (7) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the Chairman of the Overview and Scrutiny Management Board has agreed that those items marked (*) contain decisions which need to be acted upon as a matter of urgency and which cannot be reasonably deferred (see notice attached)

Cabinet Meeting – 17th October 2012

Take notice that, in accordance with Section (7) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the matters to be considered in the following reports:-

- **Canklow - Rother View Road - Land Transfer for Affordable Housing (requests authorisation to the transfer of land for new affordable housing provision and associated wider regeneration benefits to Canklow).**
- **Public Health Contracts (notes the transfer of contracts and authorises the review of others)**

contain decisions which need to be acted upon as a matter of urgency and therefore the meeting cannot reasonably be deferred.

**Jacqueline Collins,
Director,
Legal and Democratic Services.**

9th October, 2012

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	CABINET
2.	Date:	17TH OCTOBER, 2012
3.	Title:	MINUTES OF A MEETING OF THE ROTHERHAM LOCAL PLAN STEERING GROUP HELD ON 28TH SEPTEMBER, 2012
4.	Programme Area:	ENVIRONMENT AND DEVELOPMENT SERVICES

5. Summary

In accordance with Minute No. B29 of the meeting of the Cabinet held on 11th August, 2004, minutes of the Rotherham Local Plan Steering Group are submitted to the Cabinet.

A copy of the minutes of the Rotherham Local Plan Steering Group held on 28th September, 2012 is therefore attached.

6. Recommendations:-

That progress to date and the emerging issues be noted, and the minutes be received.

7. Proposals and Details

The Council is required to review the Unitary Development Plan and to produce a Local Development Framework (LDF) under the Planning and Compulsory Purchase Act 2004.

The proposed policy change of the new Coalition Government should be noted re: the Localism Bill and implications for the LDF.

8. Finance

The resource and funding implications as the LDF work progresses should be noted.

9. Risks and Uncertainties

- Failure to comply with the Regulations.
- Consultation and responses to consultation.
- Aspirations of the community.
- Changing Government policy and funding regimes.

10. Policy and Performance Agenda Implications

There are local, sub-region and regional implications. The Local Development Scheme will form the spatial dimension of the Council's Community Strategy.

11. Background Papers and Consultation

Minutes of, and reports to, the Rotherham Local Plan Steering Group.

Attachments:-

- A copy of the minutes of the meeting held on 28th September, 2012.

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ROTHERHAM LOCAL PLAN STEERING GROUP
Friday, 28th September, 2012

Present:- Councillors Godfrey, Steele and Whelbourn.

together with:- Andrew Duncan and Ryan Shepherd (Planning Service); and Ann Todd (Press and Publications Office).

Apologies for absence were received from The Mayor (Councillor Pickering) and from Councillors Clark, Currie, Dodson, Lakin, McNeely, Smith and Whysall.

40. APPOINTMENT OF CHAIRMAN

It was agreed that Councillor Whelbourn be appointed Chair of this meeting.

(Councillor Whelbourn in the Chair)

41. MINUTES OF THE PREVIOUS MEETING HELD ON 20TH APRIL, 2012

Consideration was given to the minutes of the previous meeting of the Rotherham Local Development Framework Steering Group, held on 20th April, 2012.

Agreed:- That the minutes of the previous meeting be approved as a correct record for signature by the Chairman.

42. CORE STRATEGY - PROGRESS TOWARDS SUBMISSION TO GOVERNMENT (REPORT ATTACHED)

Consideration was given to a report presented by the Senior Planning Officer stating that the Council had published its Publication Core Strategy for consultation between 25th June and 6th August, 2012 to allow formal representations to be made in connection with issues of soundness and legal compliance only. Legal compliance relates to the way in which the authority has prepared the Core Strategy. The four tests of soundness relate to the actual content of the Core Strategy which must be positively prepared, justified, effective and consistent with national policy. It is therefore not unexpected that the majority of comments received were from developers (or their agents) and the statutory consultation bodies, with relatively few being received from members of the general public.

In response to the consultation, the Council had received 581 representations from 83 individuals, organisations or agents on behalf of others.

The Steering Group's discussion included the following issues:-

: drop-in sessions have taken place during June and July 2012, enabling the public to view and comment on the core strategy of the Local Development Scheme;

: the Soundness tests – which are different tests to ensure that the Plan is appropriate, relevant and robust, as prescribed by Government legislation and guidance;

: key issues within the Plan which are subject to objection, especially the proposal that safeguarded land should amount to ten (instead of five) years' worth of development and should be capable of release within this Plan period;

: Spatial Strategy – including targets for future housing development and the distribution of development; discussions with neighbouring local authorities about strategic and cross-boundary issues;

: the re-use of brownfield land and implications for land in the green belt;

: meeting held with planning inspectors held on 14th August 2012 – the PINS pre-submission visit (notes of this meeting were included with the submitted report);

: an opinion of Counsel is being obtained, prior to submission of the Core Strategy to HM Government;

: the financial implications arising from the submission of the Core Strategy;

: viability testing of local plans and the use of consultants;

: reference to the Plan's impact upon certain areas and sites in the Rotherham Borough (eg: Dinnington; Bassingthorpe Farm).

Agreed:- That the report be received and its contents noted.

43. BASSINGTHORPE FARM CONCEPT FRAMEWORK

The Planning Policy Manager explained the latest issues relating to the Bassingthorpe Farm Concept Framework, affecting a substantial area of land to the west of the Rotherham town centre, towards Greasbrough and including the Barbot Hall area. The following issues were discussed:-

: this Concept Framework is a fundamental aspect of the Local Plan Core Strategy;

: as the Concept Framework is being drafted, there will be emphasis upon defining areas of land for development, identifying the local centre, specifying new roads and other infrastructure, assessing the impact upon the green belt and suggesting ways of dealing with the former landfill site at Carr Hill;

: there are implications for any development in respect of the ground

conditions (eg: because of the former mine-working in this area);

: the Concept Framework will include an assessment of the capacity of the area for residential development; and the impact of additional vehicular traffic upon the existing highway network;

: the Concept Framework is being prepared in order to satisfy the planning inspector, at any public inquiry, as to the possible future development of this area;

: descriptive background papers are to be written and included in the Core Strategy;

: consultation issues : (i) discussions will soon take place with existing landowners; (ii) there will be a workshop on Friday, 19th October, 2012 with key stakeholders; and (iii) community consultation will take place later in 2012 (a process which will involve the Area Assemblies).

Agreed:- (1) That the progress being made with the Bassingthorpe Farm Concept Framework, as now reported, be noted.

(2) That a progress report on this issue be submitted to future meetings of both the Cabinet Member and Advisers for Regeneration and Development and of the Cabinet.

(3) That the Elected Members representing the Electoral Wards affected by this Concept Framework be invited to attend the next meeting of this Steering Group, to be held on Friday, 9th November, 2012, to enable them to be informed of progress.

44. NAME OF STEERING GROUP

Agreed:- (1) That the title of the Rotherham Local Development Framework Steering Group shall be changed to the "Rotherham Local Plan Steering Group".

(2) That a report be submitted to the next meeting of this Steering Group, in order to update the Constitution, Terms of Reference and the Scheme of Delegation (which were last reviewed by this Steering Group on 23rd April, 2010).

45. DATE, TIME AND VENUE OF NEXT MEETING

Agreed:- (1) That the meeting of this Steering Group scheduled to take place on Friday, 26th October, 2012, shall not take place because several Members have prior commitments on that day.

(2) That the next meeting of the Rotherham Local Plan Steering Group shall take place on Friday, 9th November, 2012, at the Town Hall, Rotherham, commencing at 10.00 a.m.

ROTHERHAM BOROUGH COUNCIL – REPORT

1.	Meeting:	Cabinet
2.	Date:	17th October 2012
3.	Title:	Scrutiny Review of Continuing Healthcare
4.	Directorate:	Resources

5. Summary

This report sets out the findings and recommendations of the scrutiny review of Continuing Healthcare in Rotherham. The report is attached as Appendix 1 and was approved by the Health Select Commission on 13th September 2012 and Overview and Scrutiny Management Board on the 21st September.

6. Recommendations

That Cabinet:

- **That Cabinet consider the review and comment on its findings;**
- **That Cabinet formally respond to the recommendations of the review;**
- **That this response is received by OSMB within two month's as outlined within the Council's Constitution.**
- **Refer the report to the Health and Well Being Board for their consideration.**

7. Proposals and Details

As part of its 2011/12 work programme, The Health Select Commission agreed to undertake a joint review with the Improving Lives Select Commission to look at Continuing Healthcare (CHC) in Rotherham.

It was brought to the attention of members that spend on CHC in Rotherham was lower than that of surrounding and statistical neighbours and there were anecdotal concerns in relation to the customer experience of the CHC process and time taken to receive decisions. Scrutiny Members were concerned about this level of spending locally and the impact this was likely having on customers as well as Local Authority budgets.

Below is a summary of the key findings:

- There had been some positive engagement between the two organisations (local authority and NHS) to address some of the strategic issues faced locally in relation to budgets and procedures
- In Rotherham, the lower spend on CHC meant that Adult Social Care spend was higher than it would be if the CHC spend was either at average levels, or in line with the levels of health inequalities in the borough
- Interviews with professionals raised a number of issues and concerns around the process of assessments and decision making, including the CHC panel
- It was clear that although the processes were being adhered to, there were huge inconsistencies in the way they were implemented
- Information gathered from customers reflected the concerns raised in relation to the lack of clarity and inconsistencies in the process and delays being experienced

The recommendations from the review are detailed in Section 6 of the full review report. They are divided into 5 themes, and include:

1. Assessments: To consider options for undertaking the CHC and social care assessments together and for increasing the use of step up/step down units as a setting to undertake assessments

2. Training: To refresh the CHC training package, ensuring it incorporates case studies and opportunities for feedback to relevant workers

3. Written Protocols: To agree written local protocols to provide clarity for specific situations in relation to the assessment process, lead worker and funding

4. Joint Working: To put in place joint strategic liaison meetings and regular multi-disciplinary team meetings to improve joint working and communication across agencies

5. Panels and Appeals: To ensure appropriate representation on CHC panels to enable expert knowledge and independence, and ensure information in relation to the appeals process is routinely given to customers

The indicative timetable for the onward consideration of the review and its recommendations is as follows:

- For the final report, following approval by the Health Select Commission, to go to OSMB in September
- Report to Cabinet September/early October 2012
- Cabinet response to report recommendations back to Health Select Commission December 2012

The review makes a recommendation for the CHC Manger to provide an update report 6 months following approval of the recommendations back to health Select Commission to provide reassurance that the recommendations were being implemented.

8. Finance

In Rotherham, the lower spend on CHC means that Adult Social Care spend is higher than it would be if the CHC spend was either at average levels or at a level in accordance with the level of health inequalities in the community. The purpose of the review was to consider reasons for this lower spend, as well looking at the customer experience, and make recommendations to try and address these financial discrepancies.

9. Risks and Uncertainties

The information gathered by the review-group suggests that although processes were in place, there were huge inconsistencies in the way in which these were being implemented in Rotherham. The total number of panels in place and the lack of transparent implementation of the processes were the main reasons for delays being experienced and financial discrepancies. CHC is dealing with an incredibly vulnerable group and the failure to prioritise this issue will be seen by Members as unforgivable.

10. Contact

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Review of Continuing Healthcare in Rotherham

Joint report of the Health and Improving Lives Select Commissions

September 2012

Review Group

Cllr Brian Steele (Chair)
Cllr Dominic Beck
Cllr Hilda Jack
Cllr Lindsay Pitchley
Anne Clough (Co-opted member)

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1. Executive Summary

Continuing Healthcare (CHC) is a complex and highly sensitive area which affects people at a very vulnerable stage in their lives. Because of the complex nature and a history of legal challenges to decisions in relation to funding Continuing Healthcare, a national eligibility criteria and processes were introduced in 2009, in the National Framework for NHS Continuing Healthcare and Funded Nursing Care.

In Rotherham, spend on CHC is lower than that of surrounding and statistical neighbours. Anecdotal concerns have also been raised in relation to the service user experience of the CHC process and time taken to receive a decision. Scrutiny Members were concerned about this level of spending locally and the impact this was likely having on service users as well as Local Authority budgets, and subsequently where Local Authority social care resources may be being inappropriately directed.

A sub group of members and co-optees from the Health and Improving Lives Select Commissions agreed to look into continuing Healthcare in Rotherham; what the current picture was in relation to spend on CHC in comparison with other areas, how processes in relation to assessments and decision making were being implemented and gathering views and experiences from service users, to establish reasons for this lower spend locally and produce a set of recommendations for improving this service for Rotherham people.

1.1 Summary of Key Findings

There has been some positive engagement between the two organisations (local authority and NHS) to address some of the strategic issues faced locally in relation to budgets and procedures, although Members agree this needs to be developed further.

In Rotherham, the lower spend on CHC means that Adult Social Care spend is higher than it would be if the CHC spend was either at average levels, or in line with the levels of health inequalities in the borough.

Interviews with professionals raised a number of issues and concerns mainly around the process of assessments and decision making, including the CHC panel. It is clear that although the processes are being adhered to, there are inconsistencies in the way they are implemented and it is not clear that the processes are being correctly applied to get the right decisions, resulting in delays and creating a negative experience for the service user. There also appears to be a lack of transparency in the process which, along with the gap between expected level of funding and demographics, suggests there is a serious issue in Rotherham.

LINK Rotherham were asked to undertake a study to gather the views and experiences of service users. What was gathered from this activity clearly reflects the issues in relation to inconsistencies in implementing processes for assessments and decision making, which was having a negative impact on the service user. The response rate from this study was disappointingly low, and Members feel strongly that agreement needs to be made jointly between the NHS and Local Authority to ensure that experiences of customers can be properly and sensitively gathered in future, to support service improvements.

1.2 Summary of Recommendations

The review-group agreed a set of recommendations under 5 themes. A summary of the recommendations is provided below:

1. Assessments: To consider options for ensuring that CHC and social care assessments are undertaken together and for increasing the use of step up/step down units as a setting to undertake assessments

2. Training: To refresh the CHC training package, to incorporate some local case studies and opportunities for feedback to relevant workers

3. Written Protocols: To agree protocols for:

- Clarifying who should be the lead worker for individual cases
- Clarifying the backdating of funding when a person is admitted to a nursing unit based on a fast track or checklist
- Agreeing an appropriate joint 'exit strategy' for people moving from high level of care to lower level
- Agreeing appropriate ways for engaging with customers to gather their views and experiences

4. Joint Working: To put in place joint strategic liaison meetings and regular MDT meetings to improve joint working and communication across agencies and look at ways of sharing good practice between services

5. Panels and Appeals: To ensure appropriate representation on CHC and Dispute panels to enable expert knowledge and independence, and ensure information in relation to the appeals process is routinely given to service users

2. Original concerns – why Scrutiny wanted to look at this issue

It was brought to the attention of members that spend on CHC in Rotherham was lower than that of surrounding and statistical neighbours. There have also been anecdotal concerns raised and evidence from social workers case files, in relation to the service user experience of the CHC process and time taken to receive a decision.

Scrutiny members were keen to unpick what the reasons may be for the lower spend on CHC locally, particularly looking at the way in which the national framework was being implemented across Rotherham and any issues with the process. Members were keen to look at how any issues could be addressed, ensuring a good working relationship between the local authority and NHS. Members also wanted to explore the concerns in relation to service user experience and establish whether the process could be done better or differently to improve this.

Initial discussions with the portfolio holder for Adult Social Care and local authority Director of Health and Wellbeing helped the review-group understand the challenges faced locally and agree the scope and key lines of enquiry for the review. These discussions highlighted to members that there had been some positive engagement between the two organisations (local authority and NHS), and positive dialogue between the Strategic Director of Neighbourhoods and Adult Services and the Chief Operating Officer of NHS Rotherham/Clinical Commissioning Group (CCG). In

addition there had been some sharing of expertise around commissioning which has resulted in commissioned services providing improved value for money.

However there were still considered to be delays experienced in the timing of assessments, and consequently delays in people accessing CHC which can have a negative and in some cases significant impact on customers.

Despite the council and NHS using, in some cases, the same services in the community, there are times when the transfer of an individuals care from local authority or from self funding care to CHC funding is not smooth, resulting in distress and disruption for the customer. The apparent 'underfunding' of CHC within Rotherham compared to others in the region, also results in increased pressure on council budgets.

2.1 Scope of Review

The review-group agreed the scope for the review, which was to include:

- Gathering benchmarking information against South Yorkshire authorities and statistical neighbours to establish the Rotherham position overall
- Reviewing the current arrangements in relation to the national framework, and identify areas of improvement and any non-compliance
- Examining the current role of the CHC Panel and how decisions are taken
- Examining the service user experience, building on anecdotal concerns in relation to experience of the CHC process and timings of assessments and decisions
- Developing conclusions and recommendations based on the evidence that is collected

To achieve these objectives the following actions were undertaken by the review group and supporting officers:

- Desk-top review of relevant reports, publications and gathering data and information from other local authorities to provide benchmarking
- Comparison of Department of Health published figures
- Use of the LINK to help gather views and experiences of local people
- Meeting with representatives of Adult Social Services
- Meeting with relevant NHS representatives
- Meeting with the Chair of the Continuing Healthcare Panel

3. Legislative and Policy Context

CHC is a complex and highly sensitive area which can affect people at a very vulnerable stage of their lives. CHC and NHS-Funded Nursing Care (FNC) refer to services that are funded by the NHS due to a persons health related needs. CHC is where the NHS fund 100% of care and FNC is where the NHS funds the nursing element of a care package. In these cases the accommodation (board and lodging) costs are either paid in full or in-part by the service user and/or by the Local Authority. Responsibility for CHC assessments and decisions in relation to NHS funded services were previously with the local Primary Care Trust (NHS Rotherham), however this responsibility has now transferred to the local Clinical Commissioning Group (CCG).

People who are not eligible for NHS funded care will have their needs assessed to establish whether they receive social care services from the Council. NHS funded care differs from Local Authority care in that NHS care is free at the point of delivery but Local Authority care is means tested.

CHC and FNC differ from many NHS services in that there are specific eligibility criteria and assessment/decision-making processes set out in legislation that must be followed. This reflects a history of legal challenges and Health Service Ombudsman investigations that led to a single national eligibility criteria and processes being introduced in 2007, and then revised in 2009, via the National Framework for NHS CHC and FNC. Since the introduction of the National Framework there have been no successful legal challenges to CHC.

Where a person has long-term health and social care needs, *and* their primary needs (their main needs) are health needs, the NHS is responsible for meeting both the health and social care needs via the provision of CHC. This can be offered in any setting including care homes and a person's own home. In many cases the providers are the same as used by Rotherham social care services.

Where a person is not entitled to CHC but their care plan identifies that they need a placement in nursing care accommodation, the NHS pays a fixed rate contribution towards the cost of support from a registered nurse via FNC. Local Authority social care and/or the individual themselves pay the remaining costs, depending upon the person's means. There are three national tools which are required to use in making decisions on eligibility for CHC – these being:

1. **NHS Continuing Healthcare Checklist** – initial checklist used by workers (social work/nurses etc) which triggers the need for a full assessment
2. **Decision-Support Tool (DST)** – tool completed by a multi-disciplinary team to establish whether the individual should be in receipt of CHC; their recommendation then goes to the eligibility panel for ratification
3. **Fast Track Pathway Tool** – is a rapid assessment process (fast track) – with a quick reference guide for use by all workers when a quick decision is required, where a person's health may be quickly deteriorating

Responsibility for making decisions on CHC eligibility is with multidisciplinary teams (MDTs) of health and social care professionals, who carry out the assessment and make the recommendation on eligibility. The NHS CHC panel is expected to accept MDT recommendations in all but exceptional circumstances and are required to consult with the relevant Local Authority before making an eligibility decision (including before making a decision to end CHC eligibility).

CHC is fundamentally a 'whole system' issue which can only operate successfully if Local Authorities and the NHS work in partnership. CHC and Local Authority social care assessments consider very similar issues.

3.1 NHS Reforms

Launched on 20 July 2010, the Commission on Funding of Care and Support was an independent body tasked by Government with reviewing the funding system for care and support in England. Their report (Fairer Funding for All, July 2011) identified that different funding streams between the NHS and social care can create barriers for people and can sometimes seem unfair, such as in the instance of Continuing

Healthcare. The Commission recommended that NHS Continuing Healthcare should be given a much firmer statutory footing.

The publication of the Draft Care and Support Bill (2012) demonstrates the Government's response to the recommendations made by the Commission. A series of clauses are included in the Bill which relate to cooperation between the local authority and NHS when undertaking assessments for Continuing Healthcare, a requirement of the Secretary of State to make regulations about how an assessment is carried out, to provide clarity and ensure consistent practice (for instance, an assessment for NHS Continuing Healthcare), and the part local authorities must play in assessments to establish whether a person is entitled to Continuing Healthcare.

N.B. At the time of this report being published, the Bill and associated proposals and legislation were being consulted on nationally.

4. Findings

4.1 Local Position

Desk-based research gathered information and data on the total numbers of people receiving CHC from 2009 onwards. This data shows how Rotherham compares with other South Yorkshire local authorities and Rotherham's statistical neighbours. There was an increase in total numbers receiving CHC in 2011/12 compared with 2009/10 and 2010/11, which may be in part due to the implementation of the revised National Framework in October 2009 which brought into practice national eligibility criteria.

In 2011/12 768 people received CHC in Rotherham (compared with 411 in 2009/10 and 644 in 2010/11), costing £11.709. On average 425 people received FNC in the same period at a cost of £1.5m.

Whilst the spend per head of population has increased in the last year, Rotherham's ranking in relation to spend on CHC has dropped from 8th to 10th out of the 15 local authority areas in Yorkshire and Humberside. Overall the ranking has reduced and Rotherham is still below the average spend per head of population, in an area of poor health and low life expectancy, there are some key areas of spending variation:

- older people with dementia – Rotherham is still at less than half the regional average
- people with physical disability- Rotherham is a third below the regional average
- people with a learning disability – Rotherham spend has deteriorated and is 13% below the regional average

Data for the financial year 2011/12 shows that the majority of spend on CHC in Rotherham was on Learning Disability under 65s, which was 30.5% of the total CHC budget, whereas this represents only 5% of the total number of people receiving CHC; demonstrating the high cost of learning disability care packages. In the same year, spend on Physical Disabilities age 65 plus was 30% of the total budget with the total number of people receiving CHC in this year at 28%. Spend on Mental Health age 65 plus was 15% of the total budget, which was 28% of the total number of people and Physical Disabilities under 65s was 14% of the budget with the total number of people receiving CHC in this year at only 4%. Spend in relation to the Fast Track process was at only 6.5% of the total budget; however this group

represents the highest number of people receiving CHC, at 50.5%, which is due to the nature of the care packages through Fast Track, as they are often people at the end of their life.

In Rotherham, this means that Adult Social Care spend is higher than it would be if the CHC spend was either at average levels (or at a level in accordance with the level of health inequalities in the community). This has been recognised within budget setting processes, and an estimate of £4.5m is included in the adult social care budget to reflect additional CHC funding that the local authority will attempt to secure through negotiations with the CCG over the next 3 years.

4.2 What Professionals Told Us

The review-group interviewed a number of professionals in relation to CHC; these included social care representatives from the Local Authority, a representative from the Clinical Commissioning Group and the CHC Panel Chair.

The key lines of enquiry were as follows:

- *How effective is the multi-disciplinary assessment process?*
- *How are decisions made? Can decisions be challenged? And how would challenges be dealt with?*
- *Are there any ways in which the current arrangements could be improved?*

The outcomes of this interview have been collated into themes and outlined below:

Theme 1. Decision Making

Decisions are made at the point of assessment by the multi-disciplinary team (MDT). The MDT looks at the evidence and makes recommendations as to whether they are eligible for CHC or not and this decision goes to panel for ratification. It is not the role of the panel to disagree with decisions, but to ratify them and ensure the appropriate information and evidence is available. If it is felt there is not enough evidence, the panel will send the case back to the MDT to gather further information.

The decisions that the MDT make include:

- Full CHC funding – NHS pays in full the costs of care
- Nursing component – NHS pays a set amount towards the nursing care element of a person's care package (the individual/local authority pays the rest)

There is a written process for making decisions; however a number of issues have been raised:

- Social workers are not in a position where they can admit someone into a home without a Decision Support Tool (DST) being completed; this can result in people waiting in hospital until the DST has been done by the MDT, which is often delayed
- It is not always possible to get a timely response from district nurses to complete assessments
- If this happens at a weekend, there can be huge delays in getting a person admitted to a home, as they will not do this without a DST being completed
- It was felt there should be an element of trust involved; if a social worker felt a person needed a nursing unit at the weekend then it would be an issue as a DST would have to be completed, if the person was placed somewhere pending a DST

being completed on the Monday, if CHC was not agreed, It was felt that NHS would not be prepared to pay that nursing cost which was an issue for the Local Authority and more flexibility and common sense was needed from the CCG;

- There needed to be a solution to this so that a person could be admitted over the weekend based on a checklist only, then a full DST could be done after the weekend. Agreement is needed that NHS would fund this package regardless of the decision
- There are a number of contacts from district nurses with a request for an assessment to be completed, without a fast track or checklist being completed initially, which can delay the full assessment
- It is felt that the process is in place, but lines of clear accountability were not felt to be there - the lead worker for each case is described as the 'person who knows them best' which is felt to be unclear and standard guidelines for this would be beneficial
- Although the 'process' is in place, every case is different which suggests there needs to be localised protocols agreed and clear guidance for what to do in specific situations
- There were felt to be inconsistencies in relation to the autonomy of MDTs, with a view that decisions needed to be based on need not finance

Hospital / A&E Issues

Issues were raised in relation to acute Accident and Emergency (A&E) assessments and discharge processes:

- Staff within A&E were currently not completing DSTs and they should be doing this; the process should be that ward staff should complete the check list/DST first to assess for CHC and rule out if necessary before the social worker goes in to complete a social care assessment
- There is a view that there needs to be greater partnership working for discharge planning to avoid delays
- It was felt customers did not always understand this process and what was happening in the hospital setting was not always clear

There were also concerns in relation to occasions when a hospital-based social worker assesses for one need and a few days later there may be more or different issues/needs, and a CHC assessment may need to be completed. It was felt that step up/step down services (where a person goes into a small unit for intensive intervention for a period of time) was beneficial, as the person can then be re-assessed as to where they need to be. Step up/step down units were also felt to be much better places to complete the DST if needed.

Learning Disability services

Learning disabilities have a fairly static populous; with people who are very familiar to services and the processes in relation to assessments. It was also suggested that because learning disabilities services was a joint service; with workers co-located, it made the process much easier and issues could be dealt with quickly.

The CHC service run a dedicated Learning Disability (LD) Panel, which has on it two senior LD service managers representing the service. An LD expert from out of the area was brought in to facilitate, educate and support this panel for a period of over 18 months. Despite this, concerns were raised in relation to the lack of

understanding of specific learning disability services issues on the CHC panel, which could sometimes make ratifying decisions difficult. It was noted that this was improving, but more work and training may be required.

Theme 2. The role of panel and appeals process

There were felt to be inconsistencies with the MDT decision being ratified by the panel. It is felt that where the MDT has made a recommendation which has been challenged and overturned by the panel, the decision was no longer that of the MDT but of the panel, which was not the correct process.

The ratification panel is in place to ensure consistency, but if eligibility decisions were being overturned due to inconsistency in the completion of the DST, then this suggests a need to provide feedback to people completing assessments to ensure they are completing them correctly.

It was noted that there was an open invitation for the Local Authority to attend panel meetings, but to date no-one had been attending and this needed to be addressed.

Appeals

If the decision was taken that the person was not eligible for CHC, individuals and/or families have a right to appeal. Appeals can take up to 14 days if a local issue, or a few months if referred to the Strategic Health Authority.

Response to appeals could involve a further assessment being completed by a 'new' MDT or a peer review (another local authority area looking at it e.g. Sheffield or Barnsley). If there was still no agreement it would go to the Strategic Health Authority for an independent review panel.

The CHC manager informed that out of approximately 600-700 patients currently in the system in Rotherham, there are 5 appeals, with an average of 20 appeals per year.

There was concern that the appeal process was not independent in the first instance, as appeals were sent solely to the CHC manager as the 'dispute panel' to make decisions on the appropriate next steps.

There was also concern that the appeal process was not always followed properly, because it was not always understood by workers and individuals/families. Information leaflets for the public are available, but it is not clear how often these were being given out by the person responsible for completing the assessment.

'Scrutiny' of assessments

It was noted that the panel sends completed assessments to be scrutinised by the service deputy, they may make the decision that there was a lack of evidence, and send back to the author. In this instance, once the author has obtained the evidence required, it goes back to the service deputy and if they are happy, back to CHC panel again to ratify.

There were concerns that this process can significantly delay decisions, as they have to be sent by Safe Haven fax (secure fax system)/secure post/or hand delivered. Files cannot be sent electronically due to confidentiality.

Social Services Panel

If the decision was taken by the MDT that no eligibility for CHC was evident, the case would be put to the Social Services panel to make a decision regarding eligibility for social care services.

There have been instances when the social services panel disagrees with the decision taken not to fund CHC and requests this goes back to the CHC panel. If it goes back to CHC panel and still not enough evidence at this stage it can go for a peer review. If there was still no decision and there was dispute between the Local Authority and NHS, that can't be resolved at local level (through peer review / or a new MDT), the case would go to both Directors for a decision to be made; this would always be seen as a last resort, as a decision by a multi disciplinary panel, which included Local Authority representatives would save time and be more transparent.

Learning disability appeals

There were times when complex learning disability packages of support/care were put in place through CHC funding. When the package was then reassessed 6 months on, it may be that the person no longer presented the same difficulties because of the support being provided, however if the support was taken away these difficulties could re-occur and would require CHC again.

It was suggested that this situation could be extremely difficult to provide evidence of need, for example with autism and complex learning disability needs. If support was put in place, it could divert and recognise issues before they arose, resulting in an overall improvement in an individual's behaviour.

There was concern that different interpretation of 'managed' need between the panel and learning disability services was apparent, which made decisions difficult to understand by the panel.

Theme 3. Training

It was noted that there was a rolling programme of training in relation to the assessment process for all agencies, and it was noted that there had been good attendance on training to date, however some concerns were raised:

- There was concern that training had not changed since 2009, when the revised framework was implemented, and workers were anxious about this
- There was felt to be inconsistencies and variation in how assessments (using the Decision Support Tool) were completed depending on who completed the tool (e.g. district nurse/social workers) which suggested a possible training need
- It was suggested that anyone responsible for carrying out assessments would benefit from case studies being built into the training programme to enable workers to understand where things may be being done incorrectly.
- It was also suggested that individual workers should be given feedback on their assessments, to help review and understand the process and where they may be

going wrong (for example, where the CHC panel sends a case back for further information as it was felt incomplete)

It was noted that case studies were included in training, but only on a case by case basis and that feedback was not given to every contributor.

Further Comments

There needed to be greater communication and partnership working across all agencies and services. It was noted that there were new MDT meetings established, which should improve partnership working, but it was crucial that these continued and were prioritised as far as possible.

There were also concerns with capacity issues on both sides (NHS and Local Authority) which was a huge issue for all involved and consideration needed to be given to this by strategic leads in both organisations.

The joint service centre (based in Maltby) was seen to be a good example of partnership working and there needed to be consideration given to how shared learning from this could be used across the board.

4.3 What Service Users Told Us

The review-group asked LINKrotherham to undertake a study on their behalf to look at the experience of service users in relation to CHC.

This study took place between July and August 2012 with the following key lines of enquiry:

- *Experiences of continuing healthcare; including assessments, decision making, and length of time from first contact to receiving the decision*
- *What would make individuals' experiences better*
- *Do service users understand the process of assessments and decision making*

LINKrotherham developed a CHC survey which was sent to specific voluntary/community sector groups with a relevant user base (i.e. experience of continuing healthcare). It was explained in a covering letter that the purpose of the review was to gather information and evidence of the current arrangements in place locally in relation to the assessment process, the role of the CHC panel and service user experiences of the CHC system in Rotherham.

People taking part in the survey were informed that their feedback would be anonymised and used for the sole purpose of the scrutiny review. They were also advised that it would not make any change to the outcome of CHC assessments that had already been carried out, but the findings of the overall consultation may help others.

Surveys were completed by applicants, carers and jointly by applicants and carers. The age range of applicants ranged from 17 to over 85 years old and the majority of respondents were female. Not all respondents answered all of the questions.

Survey Responses

Text in quotation marks is verbatim from the survey responses.

Assessments

In response to how assessments were undertaken, the majority of respondents stated that the assessment was clear, with a few suggesting they did not understand the process and felt needs had not been addressed appropriately. However, there were a number of comments in relation to communication and perception of the process:

“Decision seemed already to be made; seemed unwilling to discuss areas of disagreement, although these were recorded, we were told”.

“Clear enough but marred by changes to the evidence required to support statements made by care staff about individual's needs - not a bad thing to need more evidence, but no communication of this need.”

“Views of carers and family recorded by assessor, but assessor's own perception (having met the resident very few times) guided setting of levels. Not seen as a positive experience by family (although I am speaking for them, obviously)”.

Decision Making

In response to a question concerning views and experiences of the decision making process, there was a wide range of responses with one respondent stating that it was “ok”, another stating “the decision was made quite quick” whilst another respondent stated that it “seems unfair to have a decision making panel that has no learning disability representation on it. Specialist knowledge required to accurately assess the complex needs of the resident we care for”.

There was a wide range of responses with respect to the length of time from first contact to receiving the decision which ranged from receiving a response within a month's time, another within 6 months, one respondent stating that they “don't know how long it's going to take” and one respondent stating that they were “basically told on the day that CHC would not be received; officially informed 4 weeks later”.

The majority of respondents stated they understood the process of assessment and decision making and felt it was explained clearly. However one respondent commented “was not too sure what is going to happen, felt things were not clear enough” and another commented “When they came to do the assessment did not understand how they are going to process assessment”. Whilst another respondent commented “The evidence required for this assessment was completely different to past experiences”.

When asked what would improve people's experience of CHC, respondents felt they “would like things to progress a lot quicker. Because the need is urgent.” And felt “More consistency between assessments.” was needed.

There was however a number of comments in relation to the need to explain the decision making and appeals process much better: “No appeal process explained. Not happy with the decision made.”

A number of people also felt that the decision had already been made prior to assessment, with one respondent commenting “Left with feeling of inconsistency and decision already made (another agenda?). On reflection the greater requirement in terms of evidence asked for etc, is not a bad thing, but not being forewarned about changes in style of assessment was not helpful, making it difficult to support statements made at the time.” Another respondent also felt that “Clearer, early communication of changes to guidelines regarding evidence [was] required to support individual assessments.”

Review-group Response to Customer Study

The responses reflect the concerns in relation to inconsistencies raised by professionals. With a mix of people feeling the process was explained and some who felt it wasn't clear enough. For those who felt the process was unclear and that they had not received appropriate, timely information, this has to be seen as a failure of the CHC service and needs to be addressed as a priority. Some individuals also felt unhappy with the way the assessment took place and the decision making process which, if explained, may help people understand the decision; particularly if the decision was not to fund CHC. A number of people also felt that the decision had already been made, regardless of the evidence being gathered, which may be due to a lack of understanding of the process and the way in which decisions were made.

The comment made in relation to a lack of specialist knowledge on CHC panels is a powerful observation. This reflects the concerns raised by professionals with regards to no learning disability service expertise on the CHC panel, which has resulted in a lack of understanding of the complex care needs of this population, and subsequently the wrong decisions potentially being made.

The review-group feel there needs to be a joint discussion between agencies in relation to how best to obtain qualitative data on customer experience in the future, not only for this group of people, but for any person where their experience and views would benefit health services in the future.

5. Conclusions

The information gathered by the review-group suggests that although processes are there, in line with the National Framework, there are inconsistencies in the way in which these are being followed across all agencies and services in Rotherham. The total number of panels in place, inconsistencies in the process and a lack of independent review and customer focus on this issue are clearly the main reasons for delays being experienced, financial discrepancies and negative service user experience. CHC is dealing with an incredibly vulnerable group and the failure to prioritise this issue will be seen by Scrutiny Members as unforgivable.

Communication between agencies (NHS and Local Authority) was clearly improving, but Members feel that more work is needed to seriously address the issues in relation to processes and communication. If workers in all settings have a clear understanding of processes and there is a common approach across Rotherham to

implementing procedures, this would have a positive impact on customer experience, as well as ensuring resources were appropriately directed for all agencies. Training, addressing service change in relation to how assessments are undertaken, and having jointly agreed protocols for Rotherham have therefore been identified by the review-group as areas where significant improvements are needed.

In relation to Rotherham being below average for spend on CHC, addressing the issues with undertaking assessments and having agreed protocols for specific situations, including the funding of care packages which have been put in place over the weekend based on a checklist and ensuring specialist knowledge for all services on CHC panels, will go some way to improve the CHC spend locally. However Members feel there needs to be more open and honest discussions between both agencies to tackle this and therefore recommend that regular formal meetings are held between strategic leads to consider budget issues and issues in relation to transitions between funding streams and services, as well as informal MDT meetings to address more operational issues on the ground and improve communication between workers.

6. Recommendations

The review-group has agreed a set of recommendations under 5 specific themes to address the issues raised from both professionals and customers.

1. Assessments:

- 1a) To consider options for ensuring the CHC and social care assessments are undertaken together and develop an agreed protocol for how this should be delivered
- 1b) To consider options for utilising the use of step up/step down units much more widely, and enable assessments to be undertaken in this setting

2. Training:

- 2a) To refresh the CHC training package, ensuring it is up to date, appropriate for the different staff involved and rolled out to all relevant staff periodically
- 2b) To ensure the training package incorporates local case studies and opportunities for feedback to relevant workers on completing the assessment process to enable shared learning

3. Written Protocols:

- 3a) To clarify issues in relation to who should be the lead worker for individual cases and how to resolve disputes by producing written, agreed guidance for all to adhere to
- 3b) To put in place written agreement regarding the backdating of funding when a person is admitted to a nursing unit based on a fast track or checklist, pending a full DST being completed (protocols for weekends/holidays etc)
- 3c) To agree and put in place an appropriate joint 'exit strategy' for people moving from high level of care to lower level (within and across service providers)

3d) To agree joint protocols for engaging with service users to gather their experience and views for the purpose of service improvement

4. Joint Working

4a) To ensure the continuation of MDT meetings on a regular basis to improve joint working and communication across agencies

4b) To put in place joint strategic liaison meetings on a twice yearly basis, to allow for issues to be raised across agencies in an open and honest forum (including budget issues, transition planning and implementing the proposals within the Care and Support Bill)

4c) For the NHS and Local Authority to agree appropriate arrangements to consider discharge planning to avoid delays

4d) To consider options in relation to closer working across agencies, based on examples of good practice e.g Maltby Service Centre

5. Panels and Appeals

5a) To address concerns in relation to the lack of representation from the Local Authority at CHC panel meetings

5b) To ensure there is expert knowledge via an appropriate worker (such as a learning disabilities representative) on future CHC and Dispute Panels

5c) To review the current Dispute Panel, and take action to ensure this is an independent, multi-disciplinary panel which includes representation from the Local Authority

5d) To review the decision making process and look to streamline panels where possible to reduce delays and inconsistencies

5e) To ensure that all workers are routinely giving service users information leaflets and that the appeals process and their right to appeal is clearly explained at the beginning of the process

Reviewing Recommendations

6) For the Health Select Commission to receive a report from the CHC manager 6 months from the recommendations being approved, to ensure they are being implemented and making progress to improve this service in Rotherham.

7. Thanks

The review-group would like to thank the representatives from the local authority and NHS for their cooperation in undertaking this review.

Thanks are also given to LINK Rotherham for undertaking consultation with customers on behalf of the review-group, and to the customers, family members and carers who responded with their views and experiences.

8. Information Sources/References

The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. July 2009 (revised)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103161.pdf

Department of Health. NHS Continuing Healthcare Data Set

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133591.xls

9. Contact

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10. Glossary of Terms

CHC Continuing Healthcare

CCG Clinical Commissioning Group

DST Decision Support Tool

FNC Funded Nursing Care

LINK Local Involvement Network

MDT Multi-disciplinary Team

NHS National Health Service

1	Meeting:	CABINET
2	Date:	17th October 2012
3	Title:	Revenue Budget Monitoring for the period ending 30th September 2012
4	Directorate:	Resources

5 Summary

From the outset of the 2011/12 Budget process (and into 2012/13) the Council has said that its focus must be on the customers it serves, the communities and businesses of Rotherham – and not our organisational structure. To achieve this end, the Council identified a clear set of principles for considering Budget proposals. This has, as a **first course of action**, been to streamline our management and administration and to reduce as far as possible our back office costs. In addition, we have continued to identify areas where better ways of working could result in even greater efficiency and effectiveness.

As a result of Coalition Government funding cuts the Council has had to deliver savings in excess of £40m up to March 2012 and is in 2012/13 having to manage further savings proposals of £20.4m which were put forward and approved in setting this year's Revenue Budget in February 2012.

This report provides details of progress on the delivery of the Revenue Budget for 2012/13 based on performance for the first 6 months of the 2012/13 financial year. It is currently forecast that the Council will overspend against its Budget by £4.715m (+2.2%). The main reasons for the forecast overspend are:

- The continuing service demand and cost pressures in looking after vulnerable children across the Borough;
- Additional, one-off property costs relating to the continued rationalisation of the Council's asset portfolio as part of the efficiency drive to reduce operational costs; and
- Full year effect staff savings not being delivered in 2012/13 where staff have left the Council on voluntary severance or early retirement during the course of the year.

Continued, concerted management action will be required over the remaining periods of this financial year to ensure that the Council is able to preserve its successful track record in managing both its in year financial performance and its overall financial resilience in the face of such significant and swift Government funding cuts.

6 Recommendations

Cabinet is asked to:

- **Note the progress made to date in delivering the significant financial challenges presented in the Council's Revenue Budget**
- **Support action to bring projected spend into line with Budget limits, including a freeze on all but essential spend**
- **Receive further progress reports during the remainder of the financial year.**

7.1 Proposals and Details

This report presents details of spending against budget by Directorate covering the first 6 months of the 2012/13 financial year – April to September – and forecast costs and income to 31st March 2013.

7.2 The Overall Position

Directorate/Service	Annual Budget 2012/13	Projected Outturn 2012/13	Variance after Actions (over(+)/under(-) spend)	
	£'000	£'000	£'000	%
Children & Young People Services	36,372	37,792	+1,420	+3.9
Environment and Development Services	37,599	38,234	+635	+1.7
Neighbourhoods & Adult Services	76,934	76,896	-38	-
Resources	37,441	37,694	+253	+0.7
Central Services	24,944	27,389	+2,445	+9.8
TOTAL	213,290	218,005	+4,715	+2.2
Housing Revenue Account (HRA)	73,352	73,175	-177	-0.2

Appendix 1 to this report provides a detailed explanation of the key areas of forecast over / underspend by Directorate. The summarised position for each Directorate is described below.

Children & Young People's Directorate (£1.420m forecast overspend)

The £1.420m forecast overspend position is largely due to pressures within Safeguarding and Corporate Parenting Service. The number of looked after children requiring placements reduced by 8 from 391 at the end of March 2011 to 383 at the end of March 2012. Currently this number has risen to 387. Within this the number of children in residential out of authority placements is 23 (an increase of 6 since 31 March 2012).

Pressures on budgets for provision of Out of Authority Residential care (£931k) and the provision of independent Foster Care placements (£327k) are the main service pressures.

Children's Social Care services remain under pressure despite the services' proactive approach to drive down costs including:

- The Multi-Agency Support Panel introduced by the Director of Safeguarding & Corporate Parenting in April 2011 has in the current year (2012/13) delivered **cost avoidance in the region of £467k - this represents costs avoided through effective multi agency management actions and decision making.**
- Successful work undertaken in commissioning and re-commissioning service provider contracts has led to significant cost reductions/cost avoidance (£290k)

Children's Services continue to look for ways to reduce spend.

Environment & Development Services (£635k forecast overspend)

The Directorate is currently forecasting an overspend of £635k largely due to pressures in Streetpride (£522k) and Planning and Development ((£115k). The forecast overspend in Streetpride includes a potential pressure of £206k for Winter Maintenance based on spend for an 'average' winter. Details of the forecast overspend are included in Appendix 1.

Neighbourhoods and Adult Services (£38k forecast underspend)

Overall the Directorate is forecasting a £38k underspend. Within this, Adult Services are forecasting a balanced outturn and Neighbourhood services a £38k underspend. The forecast position for Neighbourhoods and Adult Services is made up of a number of under and overspends, detailed in Appendix 1.

Resources Directorate - (£253k forecast overspend)

Overall the Directorate is forecasting a £253k overspend. The main pressure (£200k) is within the Commissioning, Policy and Performance service where staff have left the service during the year and consequently full-year savings have not been delivered. This is a non-recurrent pressure for 2012/13 only. Further details of pressures are included in Appendix 1.

Central Services – (£2.445m forecast overspend)

In setting the 2012/13 Budget, the Council put forward council-wide savings targets in respect of Commissioning and Staff savings. Delivery of the recurrent £2.2m staff savings target is ongoing. A 'window of opportunity' (to 30th September 2012) existed for staff to apply for Voluntary Severance. Once the outcome of this has been determined forecasts against targets will be revised and included in future budget monitoring reports to Cabinet. This report includes a forecast shortfall against target of £2m.

Work to deliver commissioning savings is progressing well and is ongoing. An update will be included in the next Budget Monitoring Report to Cabinet.

Forecast Land Bank pressures of £445k exist due to the need to keep secure properties which have been vacated until they are sold or demolished.

7.3 Housing Revenue Account (HRA) (£177k forecast underspend)

At this stage of the financial year the Housing Revenue Account is forecasting a £177k underspend. Any underspend at the end of the year will transfer to HRA reserves (ringfenced funding).

8. Finance

The financial issues are discussed in section 7 above.

Management actions to bring projected spend in line with Budget limits have already been put in place, including a freeze on all but essential spend. Work is being

undertaken to identify further actions, and these will be put to elected Members for consideration as and when appropriate. As these take effect they will be monitored to enable the impact of the actions to be assessed.

9 Risks and Uncertainties

At a time of economic difficulty and tight financial constraints, managing spend in line with the Council's Budget is essential. Careful scrutiny of expenditure and income across all services and close budget monitoring therefore remain a top priority.

10. Policy and Performance Agenda Implications

The delivery of the Council's Revenue Budget within the parameters agreed at the start of the current financial year is essential if the objectives of the Council's Policy agenda are to be achieved. Financial performance is a key element within the assessment of the Council's overall performance framework.

11. Background Papers and Consultation

- Revenue Budget and Council Tax for 2012/13 Report to Council 7th March 2012.
- Strategic Directors and Service Directors of the Council

Contact Name: Andrew Bedford, Strategic Director of Finance, ext. 22004
Andrew.Bedford@rotherham.gov.uk

Key reasons for forecast over / underspends**Children & Young People's Services (£1.420m forecast overspend)**

The key factors contributing to the forecast overspend are:

Social Work Teams – Forecast overspend of £22K. This consists mainly of agency costs (£216K) being predominantly offset by staffing savings from vacant posts (-£194K).

Children Looked After – Forecast overspend of £1.129m. The forecast overspend on Residential out of authority placements is £931k. The number of children in residential out of authority placements is 23 (an increase of 6 since 31 March 2012).

The forecast overspend on Independent Fostering placements is £327K. The number of children in Independent foster care is 121 (a reduction of 12 since the end of March 2012).

The number of looked after children requiring placements reduced by 8 from 391 at the end of March 2011 to 383 at the end of March 2012. Currently this number is 387.

These forecast overspends are partially offset by forecast underspends on in house Fostering services (-£63K) & in house Residential (-£66K).

Other Children & Families Services – Forecast overspend of £115k as a result of Special Guardianship allowances (£64K) & Inter Agency Adoption Fees (£57K), Adoption Allowances (£9K) offset by staffing savings from vacant posts (-£15K).

School Effectiveness Service – Forecast over spend of £2k mainly due to unachievable vacancy factors.

Special Education Provision – Forecast overspend of £147k due to an increase in Complex Needs placements (£175K) partially offset by additional income in the Education Psychology Service (-£28K).

Youth & Community – Forecast Overspend of £78k due to a projected under recovery of income within the outdoor education service (£60K) & unachievable vacancy factors within the Youth Service (£18k).

Pension/Miscellaneous – Forecast Overspend of £10k due to additional pension costs.

Delegated Services – Forecast Overspend of £26k due to a projected under recovery of income at Rockingham Professional Development Centre.

The above forecast overspends are being partially offset by forecast under spends of £109k; from staffing savings from vacant posts (-£49k), additional income generation (-£20K) & reduced spend on supplies & services (-£40K).

The Directorate has developed and is maintaining a Budget Savings Action Plan to track progress on delivery of the savings. Progress against the Action Plan is considered at fortnightly Directorate Leadership Team (DLT) meetings. The Chief Executive and Strategic Director of Resources also attend these meetings on a monthly basis

Delivery of the savings will require changes in the way services are configured, and work is already well in hand to effect that change, led by staff in CYPS Directorate. Furthermore, significant Council-wide resource is being marshalled to support CYPS staff in the implementation of change.

Environment & Development Services (£635k forecast overspend)

Streetpride (+£522k)

Community and Leisure Services are forecasting overall pressures of **£156k** within Green Spaces largely due to:- Country Park income shortfalls through adverse weather in the summer months and vacancy targets not being achieved due to low staff turnover.(£82k) Grounds Maintenance services are forecasting a pressure (£31k) for maintaining grass cutting frequencies, Landscape Design are forecasting income shortfalls (£20k). Forecast savings within Sports Development (-£26k) from vacancy management and Pest Control (-£36k) following a review of service provision, are helping to mitigate the service pressures.

Network Management Services are forecasting an overspend of **£277k** due to:- forecast income shortfalls within Adoptions and Searches (£20k) and Parking (£75k). Forecast savings within Streetlighting and Streetworks (-£23k) are helping to mitigate the forecast overspend. The Winter Maintenance budget is forecasting a potential pressure (£206k) assuming spend for an 'average' winter.

Waste Services are forecasting an overall pressure of **£99k** due to:- income loss due to the decline for commercial waste services, often as a result of failing businesses (£248k) partially offset by waste contract savings (-£89k) and savings within Waste Collection services (-£60k).

Service-wide savings of **-£10k** are also helping to mitigate the overall Streetpride services pressures.

Regeneration and Planning (+£115k)

Markets budgets are forecasting a pressure (+£37k) due to:- fewer traders renting stalls, +£12k and +£25k pressure estimated on repairs.

The Local Development Framework is also forecasting a pressure in respect of consultancy spend (+£62k).

Service-wide pressures of £16k across Planning and Regeneration services also exist.

Business Unit (-£2k)

The Business Unit is forecasting a small saving of -£2k

Neighbourhoods & Adult Services (£0.038m forecast underspend)

Adult Services are forecasting a balanced outturn, however, a number of pressures are being offset by a number of areas of forecast underspend.

The key underlying budget pressures include:

Learning Disabilities Independent Residential Care – loss of continuing health income

plus transfer of former health funded clients (+£238k).

Older People in-house residential care - additional agency costs to cover vacancies and long term sickness (+£106k) plus income shortfall in respect of client charges (+£109k).

Direct Payments – forecast overspend of (+£1.559m) across all client groups due to increase in demand, a net increase of 144 clients since April.

Transport - recurrent budget pressure on transport (+£285k) including income from charges.

These pressures are being offset by the following forecast underspends:-

Older People's service – forecasting a net underspend on independent sector residential and nursing care due to 36 clients less than forecast, an increase in the average client contribution and income from property charges (-£643k).

Older Peoples Domiciliary Care – overall forecast underspend (-£440k) due to an increase in client take up of Direct Payments.

Older People Assessment & Care Management – slippage on recruitment to vacant posts plus additional income from health (-£288k).

Learning Disabilities – forecasting an underspend within supported living due to additional income from health plus one-off grant funding (-£224k).

Physical and Sensory Disabilities – planned slippage on developing alternatives to residential provision (-£394k) to offset pressures on Direct Payments budgets.

Mental Health Community Support – delayed start up of supported living scheme to offset pressures in Direct Payments (-£158k).

Safeguarding – underspend (-£44k) due to slippage on recruitment to vacant post plus additional income from court of protection fees.

Other forecast underspends include general premises costs (-£50k), voluntary sector provider contracts (-£16k) and savings in respect of Occupational Therapy (-£40k).

Neighbourhood Services - £38k forecast underspend comprises:

Public Health – restructure of service resulted in delays to filling vacant posts earlier in the year (-£39k).

Housing Options - slight overspend due to unmet vacancy factor on medical mobility and community care (+£1k).

Resources Directorate (£253k forecast overspend)

Asset Management – Overall forecast is a £71k overspend largely due to Office accommodation costs and the cost of selling properties.

Human Resources - Forecast is a net £18k underspend from additional one-off income generated through shared services in 2012/13.

Commissioning, Policy and Performance Services – £200k forecast overspend due to staff leaving the service through severance or early retirement during the course of the year, consequently delivering only part year savings in 2012/13. This is a non-recurrent pressure.

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1	Meeting:	Cabinet
2	Date:	17th October 2012
3	Title:	Capital Programme Monitoring 2012/13 and Capital Programme Budget 2013/14 to 2014/15
4	Directorate:	Resources

5 Summary

The purpose of this report is to provide details of the current forecast outturn for the 2012/13 programme and enable the Council to review the capital programme for the financial years 2013/14 and 2014/15.

6 Recommendations

CABINET IS ASKED TO:

NOTE THE CONTENTS OF THIS REPORT; AND

RECOMMEND THE APPROVAL OF THE UPDATED 2012/13 TO 2014/15 CAPITAL PROGRAMME BY FULL COUNCIL.

7 Proposals and Details

7.1 Background - The Capital Programme 2012/13 to 2014/15

The budget process that led to the original Capital Programme for 2012/13 to 2014/15 ensured that the Council's capital investment plans were aligned with its strategic priorities and vision for Rotherham.

In order to maintain that strategic link, and make best use of the capital resources available to the Council, it is important that the programme is kept under regular review and where necessary revisions are made. This programme was initially reviewed in July 2012, following the finalisation of the 2011/12 outturn capital expenditure and financing and has now been the subject of a further review, the results of which are reflected in the Directorate summary table presented below. A detailed analysis of the programme for each Directorate is attached at appendices 1 to 4.

	2012/13 Revised Estimate	2013/14 Estimate	2014/15 Estimate
Directorate	£m	£m	£m
Children & Young People's Service	21.186	10.119	3.725
Environment & Development Services	18.624	15.898	7.170
Neighbourhoods & Adult Services	25.426	32.063	28.984
Resources	10.779	1.275	1.275
TOTAL	76.015	59.355	41.154

7.2 Children and Young People's Services Capital Programme 2012/13 to 2014/15

The revised proposed spend for 2012/13 is £21.186m, with a further £13.844m of investment in the following years of the current programme. The Council has recently been notified of a further £0.208m of unringfenced capital grant funding being allocated to it by the DfE. This funding is intended to help local authorities and their health partners to create better access to short break provision by providing new equipment, adaptations and facilities for disabled children and young people. Proposals on how the funding will be used are currently being worked up.

A copy of the current full programme is attached to this report at Appendix 1. Commentary on the main aspects of the programme and the nature of the spend is given below.

Primary Schools

Spend on Primary Schools is expected to be £5.858m in 2012/13, with a further £1.322m of planned spend in 2013/14 to 2014/15. The major investments to note in this area are:

- Work is underway on the **Maltby Lilly Hall** new school project (£4.000m) which will create six new classrooms together with associated facilities and external play areas. In addition re-roofing work is being carried which also requires the removal of asbestos.
- The Council is providing **Wentworth C of E School** (£0.228m) with a two storey extension, including disabled toilets, an additional class room, store rooms and other resource facilities.
- Work is continuing on the **Thornhill Primary School** (£0.831m) extension designed to create Special Educational Needs facilities and a dining room extension to accommodate increased pupil numbers.
- The provision of additional classroom facilities and improved dining room facilities is underway at **Flanderwell Primary School** (£0.100m) in order to facilitate increased pupil numbers.
- Three new projects have been introduced which will see the installation of modular classrooms at **Catcliffe Primary** (£0.100m), **Treeton C of E** (£0.200m) and **Aston Hall Junior and Infants** (£0.047m) schools to address rising pupil numbers in their respective catchment areas.

Secondary Schools

Spend on Secondary Schools is expected to be £8.363m in 2012/13 with a further £5.061m in the subsequent two years. The major investments to note in this area are:

- **Maltby Academy** (£6.500m) – a development contractor has been appointed to the project and commenced on site in September 2012 with the aim of delivering extensive refurbishment of existing buildings plus a new sports hall and teaching block. The Council continues to have an interest in the buildings until finalisation of the proposed long term lease of the assets to the Academy and is providing professional and technical support for the project.
- Essential remedial works are still planned to renovate and improve facilities at **Swinton Community School** (£1.550m), including re-roofing and re-wiring. Following the rejection of a bid for funding under the Priority Schools Building Programme a thorough review of the works to be carried out is underway and a further report will be brought to Members in due course.

Other Projects

The other major investments to note are:

- Using Government funding minor enhancement works are carried out at schools. The **Capitalised Minor Enhancements** programme in 2012/13 is forecast to be £3.231m with a further £5.500m in the subsequent two years.
- **Devolved Formula Capital Grant** is paid annually to schools for them to use on small capital projects. In 2012/13 £1.822m is available for them to spend with a further £1.706m to be allocated in the subsequent two years.
- **Orchard Centre Conversion** (£1.176m) – the major refurbishment of the Orchard Children’s Centre has been completed allowing the provision of long term therapeutic residential care and overnight respite care. This will reduce the need for “Out of Authority” provision and create revenue savings in future years.
- The programme for **Property Adaptations** has been increased to £0.659m in 2012/13 with a further £0.255m to be spent in the subsequent two years. This programme will be used to improve the homes of foster carers, allowing greater capacity for fostering placement and improving their quality of life. It will reduce the need for Independent Fostering, delivering substantial future revenue savings.

Environment and Development Services (EDS) Capital Programme 2012/13 to 2014/15

The revised proposed spend for 2012/13 is £18.624m with a further £23.068m of investment in subsequent years. A copy of the full programme is attached to this report at Appendix 2. Commentary on the main aspects of the EDS programme and the changes to planned spend are shown below:

Culture and Leisure

The overall programme spend in 2012/13 is expected to be £2.130m including on-going work on the **Civic Theatre** (£0.536m), which will renovate the building fabric and mechanical and electrical services, allowing continued use for up to the next ten years. Current expectations are that the scheme will be completed in March 2013. In addition:

- Renovation of **Boston Castle** (£0.139m) is almost complete. The building has been restored from a derelict shell into a fully functional building. The work also includes the remodelling of the external

courtyard into an amphitheatre which can be used for a variety of events.

- A delay to the completion of the **Clifton Park** restoration project (£0.214m) was caused by the insolvency of the contractor. The funding body has agreed to a one year extension of the project which will now be completed in 2013/14.
- Planned works to develop **Library facilities** (£0.658m) have been deferred pending the outcome of the Libraries Customer Services Review, due to be concluded in November 2012.
- The scheme to refurbish **Wath library** (£0.163m), allowing relocation of services currently delivered from Wath Neighbourhood Office at Wath Town Hall, will commence in December 2012, with a target date for completion of March 2013.
- **Thrybergh Country Park Refurbishment** (£0.133m) has been completed with the toilet and shower facilities being completely remodelled, making them more attractive to users and increasing capacity.

Highways

The Council's highways continue to be a priority for investment with £14.112m expected to be spent in 2012/13 and a further £22.818m invested over the next two years. The main areas of investment to be made in 2012/13 are:

- the **A57 Improvement Scheme** has commenced at a total anticipated cost of £14.700m. Delays to DfT approval for the scheme has resulted in £1.840m of spend slipping into 2013/14. The scheme will improve the A57 between Junction 31 of the M1 and Todwick crossroads, replacing the single carriageway with a re-aligned dual carriageway.
- Higher than anticipated funding has led to an increase in the **LTP Integrated Transport Block** (£1.856m). This will help to deliver projects including Howard Street traffic management scheme, Oldgate Lane junction bus access improvements and Main Street/Don Street junction footbridge and signalisation improvements.
- The **Highways Maintenance** programme (£3.448m) has been reduced in 2012/13 due to slippage of some schemes. The programme will deliver schemes such as carriageway works to Dale Road Rawmarsh and Salisbury Road, Maltby, also resurfacing work to Mansfield Road, Aston and East Bawtry Road, Broom.
- Anticipated spend on **Other Highways Projects** has increased (£2.808m) mainly due to an increase in the grant funded contribution to the SYPTE.

Other investments

The Council has in 2012/13 continued to invest in the Borough's infrastructure, in particular:

- **Rotherham Townscapes Heritage Initiative** (£0.902m) continues to deliver improvements to the town centre, investing in the renovation of shop frontages, structural works and roof replacements.
- The re-development of **Rotherham Central Railway Station** (£0.108m) is nearing completion. Landscaping is due to be completed in November 2012 which will provide a quality public realm area to the new Central Station.
- Work on the culvert collapse at the **Pithouse West** site (£0.290m) is almost complete. The culvert has been repaired with only landscaping work to be completed.
- The demolition of **Crinoline House** (£0.135m) and subsequent site clearance has been completed due to health and safety issues.

Neighbourhoods and Adults Services Capital Programme 2012/13 to 2014/15

The forecast spend for 2012/13 is £25.426m, with a further £61.047m planned in the remainder of the programme. A copy of the full revised programme is attached to this report at Appendix 3.

Adult Services

The Service is now expecting to spend £0.144m in 2012/13, the main projects being:

- The completion of the **Transformation Project** (£0.064m) which will help the Council share relevant social care data across other Yorkshire and Humber Councils.
- Relocation of the Council's mental health day service from **Clifton Court to 68 Wellgate**, (£0.034m) allowing the drop-in service to be delivered in a central location.
- Conversion of therapy rooms into offices at the **Lord Hardy Court** and **Davies Court Pavillions** (£0.015m), enabling improved service delivery, in terms of the health and welfare of residents in the units, and more effective management of staff.
- The introduction of new projects which will see minor renovations/equipment installation at **Lord Hardy Court, Davies Court, Quarry Hill and Netherfield Court** (£0.021m).

Neighbourhoods Services

For 2012/13 the Service is expected to spend £25.282m with a further £61.047m to be invested during the remaining period of the programme. A copy of the full programme is attached to this report at Appendix 3 and the most notable items are detailed below.

Improving Council Housing & Housing Services - The programme for 2012/13 has increased by £1.000m to £20.003m due to the introduction of the Strategic Acquisitions scheme. This project will increase the Council's housing stock by purchasing rather than building properties. The Council would look to acquire properties where it considers it would re-invigorate stalled projects; provide a specialist housing need; or where there is a clear housing need in the local area.

Other notable investments in this area are:

- **Refurbishment Works** (£10.914m) will be carried out to improve the quality of the housing stock both internally and externally across the borough.
- **Environmental Works** (£0.500m) - schemes are being drawn up to undertake various environmental works, most notably on Pike Road, Brinsworth where there are plans to erect fencing, build bin stores, create private space for tenants and provide off road parking areas.
- The **Decent Homes Void Programme** (£1.588m) is on-going with 51 major voids completed and re-let so far in 2012/13.
- **New Housing Management IT System** (£0.550m). Work is underway on the purchase and installation of the new IT system which will replace a variety of legacy housing systems, consolidating all housing related information and allowing for on-line citizen self-service.
- **Non-traditional Investment** (£1.289m). The programme has already delivered the renovation of properties in the Whiston area and further projects are due to start in Swallownest, Rawmarsh and East Dene in 2012/13.

Fair Access To All: Disabled Adaptations (£3.270m) – The private sector programme was increased in 2012/13 to reflect additional demand. Work is on-going to ensure these demand led works are completed within the statutory timescales. To date 218 major and over 1,500 minor adaptations have been completed.

Neighbourhood Regeneration & Renewal (£1.747m) – most notably work is continuing on the **Canklow Phase 1 & 2** projects (£0.560m) designed to acquire properties designated for clearance. Three further properties have been acquired and a further four are awaiting completion. The **Bellows Road Redevelopment** project (£0.307m) is

progressing with notice of the intention to demolish being issued and negotiations ongoing with occupiers.

Neighbourhoods Improvements Non-HIP Programme (£0.262m) – the majority of the spend in this area will be on the **Landfill Sites** (£0.224m) where issues with legal negotiations, contractual obligations and surveys led to the project slipping into 2012/13 and 2013/14. Work is continuing to resolve these issues which will then allow the Council to improve the gas/leachate systems and restore the land.

Resources Capital Programme 2012/13 to 2014/15

Overall the 2012/13 programme is expected to spend £10.779m with a further £2.550m to be invested in the ensuing years. A copy of the full programme is attached to this report at Appendix 4, the main aspects being:

Asset Management (£2.842m)

- Work on **Rawmarsh Customer Service Centre** (£0.648m) slipped into 2012/13 but has now been completed (April) delivering a customer service centre, GPs surgery, library, sports changing facilities and a community room.
- Residual works, including final fit-out, and improvements to the exterior of **Riverside House** (£1.157m) are on-going and are expected to be completed this financial year
- Work is also continuing on the **Ancillary Services Building** (£0.830m) with alteration and renovation of the buildings on target to be completed in 2012/13. The aim of the scheme is to provide storage for the museum, corporate records and historical archives, the York and Lancaster Regimental Museum, a corporate print room, offices for Electoral Services and general storage areas.
- A new project, **Demolition of Rotherham International Centre** (£0.088m) has been added to the programme. This project will see the removal of asbestos and demolition of the building, prompted by health and safety issues.

Other Investment Projects (£7.937m)

- The Council continues to invest in its **ICT infrastructure** (£2.837m) as part of its ICT Strategy. The Strategy is focussed on ensuring the Council is able to support effectively the services it delivers and promote new, innovative, ways of working that will result in greater efficiencies and effectiveness.

- The majority of the **Community Stadium Development Facility** (£5.000m) has now been advanced allowing the Stadium to be operational.
- The final advance of the **High Street Re-development Facility** (£0.100m) was made in April 2012 allowing the continued renovation of properties on the High Street.

7.3 Funding of the Programme

The table shown below outlines the funding strategy associated with the schemes profiled above and detailed in the Appendices 1 to 4.

Funding	2012/13 Revised Estimate	2013/14 Estimate	2014/15 Estimate
	£m	£m	£m
Grants & Contributions	35.742	22.753	10.943
Supported Borrowing	0.210	0.188	0.000
Unsupported Borrowing	16.976	7.218	1.843
Usable Capital Receipts	1.890	1.049	0.741
Major Repairs Allowance (HRA)	20.003	19.480	20.142
Revenue Contributions	1.194	8.667	7.485
Total	76.015	59.355	41.154

8. Financial Implications

These are contained within the body of this report. Any revenue implications from the revised programme have been fully reflected in the Council's latest 2012/13 outturn revenue forecast and its updated Medium Term Financial Strategy.

9. Risks & Uncertainties

The Capital Programme is funded through a number of sources: borrowing (both supported and unsupported), capital grants & contributions, revenue contributions and capital receipts. Any uncertainty over the funding of the Programme rests on confirmation that grants/contributions and capital receipts continue to be available in coming years. Where funding sources are volatile in nature the risks will be managed by continually keeping the programme under review.

10. Policy and Performance Agenda Implications

The preparation of the Medium Term Financial Strategy incorporating a profiled capital programme and the associated revenue consequences, together with regular monitoring, highlights the Council's commitment to sound financial management.

11. Background Papers and Consultation

- Capital Programme Outturn 2011/12 and Updated Estimates 2012/13 to 2014/15 Report.
- Project / Scheme monitoring reports
- Monitoring returns and budget setting details from Directorates.

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CHILDREN AND YOUNG PEOPLE'S CAPITAL PROGRAMME 2012/13 - 2014/15
FINANCIAL SUMMARY STATEMENT

CAPITAL INVESTMENT	ESTIMATED SPEND AND FUNDING STATEMENT		
	2012/13 £'000s	2013/14 £'000s	2014/15 £'000s
PRIMARY			
HERRINGTHORPE PRIMARY	1		
MALBY LILLEY HALL	4,000	410	62
WENTWORTH C OF E EXTENSION	228		
BLACKBURN KITCHEN - FLOORING	1		
THORNHILL PRIMARY EXTENSION	831	50	
KILNHURST ST THOMAS EXTRA CLASSROOM	120		
FLANDERWELL PRIMARY EXTENSION	100	790	10
SITWELL INFANTS NEW CLASSROOM	150		
KILNHURST PRIMARY KITCHEN	80		
CATCLIFFE PRIMARY - MODULAR UNITS	100		
TREETON C of E - MODULAR UNITS	200		
ASTON HALL TEMPORARY CLASSROOM	47		
SECONDARY			
SUPPORT TO SCHOOLS	100	100	100
ACCESS INITIATIVE	185	188	
MALBY ACADEMY	6,500	4,523	
REDBARN HOUSE ADAPTATIONS	28		
SWINTON COMMUNITY SCHOOL IMPROVEMENTS	1,550	150	
CITY LEARNING CENTRES			
CLC RAWMARSH	67		
CAPITALISED MINOR ENHANCEMENTS	3,231	2,850	2,650
MAINTENANCE SCHEMES			
RAWMARSH ASHWOOD KITCHEN	4		
SITWELL EXTRACTION	6		
OTHER SCHEMES			
DFCG	1,822	853	853
ORCHARD CENTRE CONVERSION	1,176		
PROPERTY ADAPTATIONS	659	205	50
CYPS CAPITAL PROGRAMME	21,186	10,119	3,725

SOURCES OF FUNDING	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
SUPPORTED CAPITAL EXPENDITURE (REVENUE)	185	188	
GRANTS AND CONTRIBUTIONS	20,332	9,726	3,675
REVENUE CONTRIBUTION			
USABLE CAPITAL RECEIPTS			
PRUDENTIAL BORROWING	669	205	50
EARMARKED RESERVES			
MAJOR REPAIRS ALLOWANCE			
CYPS CAPITAL PROGRAMME	21,186	10,119	3,725

EDS CULTURE AND LEISURE CAPITAL PROGRAMME 2012/13 - 2014/15
FINANCIAL SUMMARY STATEMENT

CAPITAL INVESTMENT	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
MALTBY JOINT SERVICE CENTRE CAR PARK	20		
WHITE CITY LAUGHTON COMMON	2		
CLIFTON PARK-URBAN RESTORATION	214	226	
BOSTON PARK	139		
WHARF ROAD, KILNHURST	4		
ULLEY RESERVOIR REHABILITATION	91		
DUN STREET PLAY AREA	47		
WATH LIBRARY REFURBISHMENT	163		
THRYBERGH RESERVOIR STRATEGIC MAINTENANCE	76		
CATCLIFFE GLASS CONE	47		
THRYBERGH COUNTRY PARK - SHOWERS REFURBISHMENT	133		
BRINSWORTH LIBRARY	499		
STRATEGIC REVIEW OF LIBRARIES	159		
CIVIC THEATRE RENOVATION	536		
CULTURE AND LEISURE CAPITAL PROGRAMME	2,130	226	0

SOURCES OF FUNDING	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
SUPPORTED CAPITAL EXPENDITURE (REVENUE)			
GRANTS AND CONTRIBUTIONS	118	226	
REVENUE CONTRIBUTION	14		
USABLE CAPITAL RECEIPTS	170		
PRUDENTIAL BORROWING	1,828		
EARMARKED RESERVES			
MAJOR REPAIRS ALLOWANCE			
OVERPROGRAMMING C/FWD			
CULTURE AND LEISURE CAPITAL PROGRAMME	2,130	226	0

EDS HIGHWAYS CAPITAL PROGRAMME 2012/13 to 2014/15
FINANCIAL SUMMARY STATEMENT

CAPITAL INVESTMENT	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
	A57 IMPROVEMENTS	5,350	9,350
LTP INTEGRATED TRANSPORT BLOCK	1,856	1,460	1,460
LTP HIGHWAY MAINTENANCE	3,448	2,978	2,000
REPLACEMENT/UPGRADE STREET LIGHT	650	650	650
OTHER HIGHWAYS PROJECTS	2,808	1,210	3,060
EDS HIGHWAYS CAPITAL PROGRAMME	14,112	15,648	7,170

SOURCES OF FUNDING	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
	SUPPORTED CAPITAL EXPENDITURE (REVENUE)		
GRANTS AND CONTRIBUTIONS	12,062	12,020	6,520
REVENUE CONTRIBUTION			
USABLE CAPITAL RECEIPTS			
PRUDENTIAL BORROWING	2,050	3,628	650
EARMARKED RESERVES			
MAJOR REPAIRS ALLOWANCE			
OVERPROGRAMMING C/FWD			
EDS HIGHWAYS CAPITAL PROGRAMME	14,112	15,648	7,170

EDS ECONOMIC REGENERATION CAPITAL PROGRAMME 2012/13 - 2014/15
FINANCIAL SUMMARY STATEMENT

CAPITAL INVESTMENT	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
MASTERPLAN			
BROOKFIELD PARK LANDSCAPING - MANVERS	28	24	
ROTHERHAM TOWNSCAPE HERITAGE INITIATIVES	902		
ROTHERHAM CENTRAL STATION ENVIRONMENT	108		
FLOOD ALLEVIATION			
CHANNY BRIDGE FLOOD DEFENCE	61		
WHISTON BROOK	6		
PITHOUSE WEST CULVERT WORKS	290		
DRAINAGE WORKS DON STREET	627		
MAGNA & DINNINGTON BUSINESS INCUBATION CENTRES			
MAGNA BUSINESS INCUBATION	77		
ECONOMIC REGENERATION			
CRINOLINE HOUSE DEMOLITION	135		
EDS ECONOMIC REGENERATION CAPITAL PROGRAMME	2,234	24	0

SOURCES OF FUNDING	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
SUPPORTED CAPITAL EXPENDITURE (REVENUE)			
GRANTS AND CONTRIBUTIONS			
REVENUE CONTRIBUTION	834	24	
USABLE CAPITAL RECEIPTS			
PRUDENTIAL BORROWING	1,400		
EARMARKED RESERVES			
MAJOR REPAIRS ALLOWANCE			
OVERPROGRAMMING C/FWD			
EDS ECONOMIC REGENERATION CAPITAL PROGRAMME	2,234	24	0

EDS - OTHER CAPITAL PROGRAMMES 2012/13 - 2014/15
FINANCIAL SUMMARY STATEMENT

CAPITAL INVESTMENT	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
MINOR STRATEGIC			
ASSET INFORMATION DEVELOPMENT	11		
MASON AVENUE, ASTON	3		
MONKSBRIDGE ROAD CULVERT RENEWAL	5		
ROTHERHAM ECONOMIC REGENERATION FUND			
TOWN CENTRE BUSINESS VITALITY SCHEME-PRIVATE PROPERTIES	76		
TOWN CENTRE BUSINESS VITALITY SCHEME-RMBC PROPERTIES	53		
EDS - OTHER CAPITAL PROGRAMMES	148		

SOURCES OF FUNDING	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
SUPPORTED CAPITAL EXPENDITURE (REVENUE)			
GRANTS AND CONTRIBUTIONS			
REVENUE CONTRIBUTION			
USABLE CAPITAL RECEIPTS	5		
PRUDENTIAL BORROWING	143		
EARMARKED RESERVES			
MAJOR REPAIRS ALLOWANCE			
OVERPROGRAMMING C/FWD			
EDS - OTHER CAPITAL PROGRAMMES	148		

SUMMARY EDS CAPITAL PROGRAMME 2012/13 - 2014/15

	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
TOTAL EDS EXPENDITURE	18,624	15,898	7,170

SOURCES OF FUNDING	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
SUPPORTED CAPITAL EXPENDITURE (REVENUE)			
GRANTS AND CONTRIBUTIONS	13,014	12,270	6,520
REVENUE CONTRIBUTION	14		
USABLE CAPITAL RECEIPTS	175		
PRUDENTIAL BORROWING	5,421	3,628	650
EARMARKED RESERVES			
MAJOR REPAIRS ALLOWANCE			
EDS CAPITAL PROGRAMME	18,624	15,898	7,170

NEIGHBOURHOODS & ADULT SERVICES CAPITAL PROGRAMME 2012/13 - 2014/15
FINANCIAL SUMMARY STATEMENT

CAPITAL INVESTMENT			
	2012/13 £'000s	2013/14 £'000s	2014/15 £'000s
ADULT SERVICES			
TRANSFORMATION IN ADULT SOCIAL CARE CAPITAL GRANT	64		
68 WELLGATE - MENTAL HEALTH PREMISES	34		
WEBROSTER LICENCES	10		
LORD HARDY COURT REHABILITATION EQUIPMENT AND CAPITAL WORKS	8		
CARE HOME THERAPY ROOM RENOVATIONS	15		
DAVIES COURT RENOVATIONS	2		
QUARRY HILL RENOVATIONS	6		
NETHERFIELD COURT CCTV	5		
IMPROVING COUNCIL HOUSING & HOUSING SERVICES			
REFURBISHMENT	10,914	16,969	16,506
REPLACEMENT WINDOWS	290	440	440
ENVIRONMENTAL WORKS	500	1,500	1,500
DECENT HOMES VOID PROGRAMME	1,588	1,675	1,767
REPLACEMENT OF CENTRAL HEATING	500	500	500
ELECTRICAL BOARD & BOND	140	148	148
REPLACEMENT OF BOILERS	420	420	420
REPLACEMENT OF COMMUNAL DOORS (HIGH SECURITY)	300	300	303
COMMUNITY CENTRE IMPROVEMENTS (5 YR PROGRAMME)	250	150	150
COMMUNAL AERIAL REPLACEMENT (DIGITAL UPGRADE)	10	10	10
ASBESTOS TESTING	270	100	100
ASBESTOS REMOVAL	100	100	100
LIFT REPLACEMENTS	100		
FLAT DOOR REPLACEMENT	522	500	500
DISTRICT HEATING CONVERSIONS	300	200	200
COMMUNAL HALLWAYS INVESTMENT	100	100	100
ONE-OFF PROPERTIES	300	350	350
BOUNDARY WALL TREATMENTS		200	200
GENERAL STRUCTURES	150	150	150
EPC IMPROVEMENTS	410	475	475
NEW IT SYSTEMS	550	250	
NON-TRADITIONAL INVESTMENT	1,289	1,400	1,400
STARTEGIC ACQUISITIONS	1,000	2,000	
FAIR ACCESS TO ALL			
DISABLED FACILITIES GRANT (PRIVATE SECTOR)	1,620	1,039	1,039
DISABLED ADAPTATIONS (PUBLIC SECTOR)	1,650	1,780	1,878
NEIGHBOURHOOD REGENERATION & RENEWAL			
MALTBY TRANSFORMATIONAL CHANGE	50		
DINNINGTON TRANSFORMATIONAL CHANGE	240		
CANKLOW PHASE 1 & 2	560	450	450
BELLOWS ROAD SERVICE CENTRE CLEARANCE	307	308	
OCCUPATION ROAD CLEARANCE PROJECT	45		
GARAGE SITE INVESTMENT	300	200	200
SELF BUILD PLOTS - TREETON	80		
CUSTOM BUILD - PILOT PROJECT	65		
SITE DEVELOPMENT	100		
NEIGHBOURHOODS IMPROVEMENTS NON-HIP PROGRAMME			
AIR QUALITY GRANT	8	9	
AIR QUALITY EQUIPMENT/SOFTWARE	30		
LANDFILL SITES	224	340	98
NEIGHBOURHOODS & ADULT SERVICES CAPITAL PROGRAMME	25,426	32,063	28,984

SOURCES OF FUNDING			
	2012/13 £'000s	2013/14 £'000s	2014/15 £'000s
SUPPORTED CAPITAL EXPENDITURE (REVENUE)	25		
GRANTS AND CONTRIBUTIONS	1,456	757	748
REVENUE CONTRIBUTION	950	8,437	7,255
USABLE CAPITAL RECEIPTS	1,715	1,049	741
PRUDENTIAL BORROWING	1,277	2,340	98
EARMARKED RESERVES			
MAJOR REPAIRS ALLOWANCE	20,003	19,480	20,142
NEIGHBOURHOODS & ADULT SERVICES CAPITAL PROGRAMME	25,426	32,063	28,984

RESOURCES CAPITAL PROGRAMME 2012/13 - 2014/15
FINANCIAL SUMMARY STATEMENT

CAPITAL INVESTMENT	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
ASSET MANAGEMENT			
RAWMARSH CSC	648		
TOWN CENTRE DESIGN WORK	110		
RIVERSIDE HOUSE	1,157		
ACCESS IMPROVEMENT PROGRAMME	2		
DONCASTER GATE	7		
ANCILLARY SERVICES BUILDING	830		
DEMOLITION OF ROTHERHAM INTERNATIONAL CENTRE	88		
ICT			
ICT STRATEGY	309		
ICT STRATEGY (2)	1,826	575	575
ICT REFRESH	700	700	700
DEFINE WEB STRATEGY	2		
OTHER PROJECTS			
COMMUNITY STADIUM LOAN FACILITY	5,000		
HIGH STREET REDEVELOPMENT FACILITY	100		
RESOURCES CAPITAL PROGRAMME	10,779	1,275	1,275

SOURCES OF FUNDING	2012/13	2013/14	2014/15
	£'000s	£'000s	£'000s
SUPPORTED CAPITAL EXPENDITURE (REVENUE)			
GRANTS AND CONTRIBUTIONS	940		
REVENUE CONTRIBUTION	230	230	230
USABLE CAPITAL RECEIPTS			
PRUDENTIAL BORROWING	9,609	1,045	1,045
EARMARKED RESERVES			
MAJOR REPAIRS ALLOWANCE			
RESOURCES CAPITAL PROGRAMME	10,779	1,275	1,275

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