

CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: Monday, 10th June, 2013

Time: 10.00 a.m.

A G E N D A

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence.
4. Declarations of Interest
5. Minutes of previous meetings (Pages 1 - 6)
Minutes of meetings held on 15th April and 1st May, 2013
6. Health and Wellbeing Board (Pages 7 - 19)
Minutes of meeting held on 8th May, 2013
7. The Future Delivery of Direct Payments (Pages 20 - 33)
8. Exclusion of the Press and Public
Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs, indicated below, of Part 1 of Schedule 12A to the Local Government Act, 1972 (as amended March, 2006).
9. Residential Care Activity and Quality Report (Pages 34 - 40)
(Exempt under Paragraphs 3 and 4 of the Act – information relating to the financial or business affairs of any particular person (including the Council)/information relating to any consultations or negotiations)
10. Community and Home Care Services Activity and Quality Report (Pages 41 - 45)
(Exempt under Paragraphs 3 and 4 of the Act – information relating to the

financial or business affairs of any particular person (including the Council)/information relating to any consultations or negotiations)

11. Rotherham's Independent Performance Assessment (Pages 46 - 64)
(Exempt under Paragraph 3 of the Act – information relating to the financial or business affairs of any particular person (including the Council))
12. Date of Next Meeting
 - Monday, 24th June, 2013 at 10.00 a.m.

**CABINET MEMBER FOR ADULT SOCIAL CARE
15th April, 2013**

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

An apology for absence was received from Councillor Steele.

H78. MINUTES OF THE PREVIOUS MEETING HELD ON 11TH MARCH, 2013

Consideration was given to the minutes of the previous meeting held on 11th March, 2013.

Resolved:- That the minutes of the previous meeting held on 11th March, 2013, be approved as a correct record.

H79. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 27th February, 2013, were noted.

H80. ENABLING SERVICES QUARTERLY UPDATE

The Enabling Services quarterly update report was submitted for information highlighting:-

Service Performance and Quality

- Carers Corner
- Direct Payments
- Brokerage
- Intermediate Care

Update on agreed Service Changes/Proposed Service Changes

- Rothercare
- Customer Feedback

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

(2) That the Service give consideration as to how it communicated the complaints procedure and how to make complaints to customers

H81. ASSESSED AND SUPPORTED YEAR IN EMPLOYMENT

Consideration was given to a report on the implementation of the national Assessed and Supported Year in Employment (ASYE) scheme for Newly Qualified Social Workers (NQSWs).

In September, 2012, a new single sector-wide ASYE scheme had succeeded the existing newly qualified Social Worker scheme for Adults and Children's Services. ASYE aimed to ensure that NQSWs received consistent support in their first year of employment so that they were able to become confident, competent professionals. The most significant difference between the schemes was that the outcome for the NQSW was a pass or fail with those failing being unable to use the title of Social Worker. Successful completion was certificated by the College of Social Work.

The introduction of the ASYE scheme had raised a number of human resource management/development complexities for the Directorate which had required careful consideration before implementation.

An e-handbook had been devised to support the delivery of ASYE including protocols for supervisors and assessors to follow, defined roles and responsibilities for all those involved in ASYE and a planned training programme for both NQSWs and their managers.

The Guidance stated that all staff employed after September, 2012, who were within 2 years of qualification, should undertake ASYE. If workers were not eligible to undertake ASYE, the onus was on the employer to ensure that the Social Worker was able to meet the standards that would be expected of an ASYE.

Resolved:- That the implementation of Assessed and Supported Year in Employment across the Health and Wellbeing Department be approved.

H82. POLICE ASSISTANCE AND CONVEYANCE TO HOSPITAL FOR THOSE DETAINED UNDER THE MENTAL HEALTH ACT 1983

Consideration was given to a report on the 2008 Mental Health Act Code of Practice, requiring local Social Services authorities, defined in Section 145(1) of the Mental Health Act 1983, the National Health Service and the Local Police Authority, to establish a clear policy for the use of the power to convey a person to hospital under Section 6(1) of the Mental Health Act.

The draft Policy and procedures outlined the roles and responsibilities of the Approved Mental Health professionals, the Ambulance Service, medical and/or other healthcare practitioners and Police who may be called upon to facilitate the conveyance of an individual to hospital, or in the case of Guardianship, an appropriate placement. The Policy was to support good joint working and minimise the distress that Service users, their family and friends could experience when admission was necessary.

The overall aim was to ensure that the person detained under the Mental Health Act 1983 was conveyed to hospital or alternative placement in an appropriate vehicle and in the most human way possible following an

assessment of their mental health needs by 2 doctors and an Approved Mental Health professional.

The Code of Practice also specified that the Policy should clearly identify what arrangements had been agreed with the Police should they be asked to provide assistance to the AMHPs and the Doctors and how that assistance would apply to minimise the risk of the patient causing harm to themselves and maximise the safety of everyone involved in the assessment.

Resolved:- That once finalised, the Policy be submitted to Cabinet for adoption by Council and the Cabinet Member for Health and Wellbeing for information.

H83. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2012-13

Consideration was given to a report presented by the Finance Manager (Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2013, based on actual income and expenditure to the end of February, 2013.

It was reported that the forecast for the financial year 2012/13 was an underspend of £490,000 against an approved net revenue budget of £71.445M.

The latest year end forecast showed a number of underlying budget pressures which were being offset by a number of forecast underspends:-

Adults General Management and Training

- A slight underspend mainly due to savings on postages and telephone charges

Older People

- A forecast overspend on In-House Residential Care, further increase in demand for Direct Payments and In House Transport.
- Offset by underspends within Enabling Care, independent Residential and Nursing Care, Community Mental Health, Carers' Services and slippage on Assistive Technology and recruitment to vacant posts within Assessment and Care Management together with Winter Pressures funding from Health
- Overall underspend on Rothercare due to slippage in Service Review including options for replacement of alarms
- General savings on premises and supplies and services due to moratorium on non-essential spend

Learning Disabilities

- A forecast overspend on independent sector Residential Care budgets due to increase in clients and average cost of care packages plus loss of income from Health reduced by lower activity on respite care
- Underspend within Supported Living Schemes due to Continuing Health Care income, use of one-off grant funding and vacant posts
- Recurrent budget pressure on Day Care Transport reduced by underspend on In-House Day care due to vacant posts
- Increase in demand for Direct Payment over and above budget
- Forecast overspend in independent sector Home Care
- 3 new high cost placements in Independent Day Care
- Increase in Community Support placements
- Saving on premises costs and supplies and services as a result of the moratorium

Mental Health

- Projected slight underspend on Residential Care budget and budget pressure on Direct Payments offset by savings on Community Support Services
- Minor overspends on employees' budgets due to unmet vacancy factor and use of agency staff

Physical and Sensory Disabilities

- Continued pressure on Independent Sector Domiciliary Care, loss of Continuing Health Care funding for one client, increase in demand for Direct Payments and forecast overspend on Residential and Nursing Care offset by slippage in developing alternatives to residential provision
- Vacant posts within Resource Centre and Occupational Therapists
- Underspend on equipment and minor adaptations plus additional Winter Pressures funding
- Review of contracts with independent Day Care providers
- Forecast savings on contracts with Voluntary Sector providers

Safeguarding

- Underspend on employee budgets due to vacant post plus additional forecast income from Court of Protection fees

Supporting People

- Additional savings relating to a reduction in actual activity on a number of subsidy contracts
- Efficiency savings on subsidy contracts offset against Commissioning savings targets not reported within Adult Services

Total expenditure on Agency staff for Adult Services to the end of January 2013 was £375,818 (£2,937 off contract) compared with an actual cost of £308,020 (£1,974 off contract) for the same period last year. The main costs were in respect of Residential and Assessment and Care

Management staff to cover vacancies and sickness. There had been no expenditure on consultancy to date.

There had been £354,923 spent up to the end of February, 2013, on non-contractual overtime for Adult Services compared with expenditure of £292,238 for the same period last year.

Careful scrutiny of expenditure and income and close budget monitoring remained essential to ensure equity of Service provision for adults across the Borough within existing budgets particularly where the demand and spend was difficult to predict in a volatile social care market. A potential risk was the future number and cost of transitional placements from Children's Services into Learning Disability Services together with any future reductions in Continuing Health Care funding.

Regional benchmarking within the Yorkshire and Humberside region for the 9 month period ending December, 2012, showed that Rotherham remained slightly below average on spend per head in respect of Continuing Health Care.

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

- Supporting People – the underspend was due to actual performance of some of the providers being less than agreed budget.
- Agency and Consultancy – increase in the main due to cover for vacancies and sickness
- Non-contractual overtime – increase in the main due to cover for vacancies and sickness
- Any potential underspends should be passed to areas that were struggling to provide services

Resolved:- That the latest financial projection against budget for 2012/13 be noted.

**CABINET MEMBER FOR ADULT SOCIAL CARE
1st May, 2013**

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

H84. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H85. EXCLUSION OF THE PRESS AND PUBLIC

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

**H86. SUPPORTED PEOPLE PROGRAMME - AWARD OF FLOATING
SUPPORT CONTRACT FOR VULNERABLE YOUNG PEOPLE 16-25
YEARS OLD**

Claire Smith, Operational Commissioner, presented a report detailing the procurement process and subsequent evaluation undertaken for EU Classified Annex 2b services to provide housing related and preventative support.

The contract would be awarded for an initial period of 3 years with an option to extend for a further 2 years with an opportunity to review finances on an annual basis with a break clause where appropriate.

The preferred provider had previous experience in providing services to the client group in question with a good performance and quality service record.

Resolved:- (1) That, in accordance with Standing Order No. 33, the tender be awarded to Rush House as from 1st July, 2013.

(2) That all Elected Members be provided with the emergency out of hours contact numbers.

HEALTH AND WELLBEING BOARD
Wednesday, 8th May, 2013

Present:-**Members**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Brian Hughes	Director of Performance and Accountability, National Commissioning Board
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Shona McFarlane	Director of Health and Wellbeing
Michael Morgan	Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Stuart Booth	Director of Financial Services
Alison Iliff	Public Health Specialist
Ian Jerrams	RDaSH
Clair Pyper	Interim Director, Safeguarding Children and Families
Dr. Richard Turner	Rotherham Clinical Commissioning Group
Chrissy Wright	Commissioning Manager, RMBC

Observers:-

Penny Fairman, local pharmaceutical company
 Richard Hackett, Rotherham Local Pharmaceutical Committee
 Dr. Kamal, CCG representative for Yorkshire and Humber
 Natalie Yarrow
 Sharon Hellewell, Supporter

Officers:-

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications, NHS Rotherham
Dawn Mitchell	Democratic Services, RMBC

S85. MINUTES OF PREVIOUS MEETING

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

Arising from Minute No. S76 (Healthwatch), it was noted that the interviews for the position of Chair were to be held the following week.

Arising from Minute No. S80 (Joint Strategic Needs Assessment), Councillor Lakin questioned whether the refresh should look at Planning

and Licensing policies and procedures for fastfood outlets and the sale of alcohol.

John Radford reported that discussions were underway on this issue with a report to be submitted to a future meeting.

Arising from Minute No. S81 (Making Every Contact Count), it was reported that the steering group had met to work through the practicalities of what would be appropriate intervention/sign posting/advice given the different professionals that were involved. An action plan was being drawn up, which would be submitted to a future meeting, containing the outcomes and outputs that contributed to the health and wellbeing of the Borough.

S86. COMMUNICATIONS

(1) Disabled Children's Charter

A request had been received from The Children's Trust Tadworth that the Board sign the Disabled Children's Charter.

Claire Pyper, Interim Director, Safeguarding Children and Families, reported that the Authority already had a Charter for Disabled Children which had been agreed with the Parents and Carers Forum.

The Disabled Children's Charter was being developed nationally for Health and Wellbeing Boards to ensure that they had integrated services for disabled children within their Priorities. It recognised the additional support that parents and carers of disabled children/young people needed together with the universal services they were entitled to as well and the link into transitional services into Adult Services. It stressed the importance of good governance but also placed real emphasis on making sure Boards focussed on the Charter and within the Joint Strategic Needs Assessment so there was an awareness of the needs in the area.

It was proposed that work would take place on ensuring that Rotherham's current Charter linked with the national Charter.

It was noted that the Charter had not been considered by the Children, Young People and Families Partnership as yet.

Resolved:- (a) That the Disabled Children's Charter be submitted to the next meeting of the Children, Young People and Families Partnership.

(b) That, subject to the agreement of the Children, Young People and Families Partnership, the Board be minded to sign the Disabled Children's Charter.

(2) Teenage Pregnancy Conference

Board members were provided with a report on the above conference attended by Councillor Dalton.

The report was also to be forwarded to the Health and Improving Lives Select Commissions for information.

S87. NHS ENGLAND

Brian Hughes, National Commissioning Board, presented a report on NHS England (formerly the NHS Commissioning Board) which had become operative as from 1st April, 2013, illustrating:-

Purpose

- Create the culture and conditions for health and care services and staff to deliver the highest standard of care
- Ensure that valuable public resources were used effectively to get the best outcomes for individuals, communities and society for now and for future generations

Objectives

- Priority – improving patient satisfaction
- Priority – improving staff satisfaction
- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring people had a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Promoting equality and reducing inequalities in health outcomes
- Enabling more people to know their NHS Constitution rights and pledges
- Becoming an excellent organisation
- Ensuring quality financial management

Functions

- Oversight, facilitation, co-ordination and leadership
- Direct commissioning
- Supporting the commissioning system
- Emergency planning, resilience and response

Organisation

- 1 national public body working to 1 operating model
- 1 national support centre, 4 regions and 37 Area Teams – South Yorkshire and Bassetlaw covered Rotherham
- Specialised commissioning was carried out by 10 of the 27 teams

Discussion ensued with the following issues raised:-

- Was there sufficient dental provision within Rotherham compared to other areas?
- Was the number of GP practices in Rotherham comparable with other areas?

Brian undertook to look into the 2 matters and report back to the Chairman.

Resolved:- That the report be noted.

S88. COMMISSIONING PLANS

Council's Budget 2013/14

In accordance with Minute No. S74, Stuart Booth, Director of Financial Services, gave the following powerpoint presentation:-

Meeting the Financial Challenge – An overview of the Council's Budget 2013/14 and beyond

- The scale of financial challenges/risks facing local government was set to continue for at least until 2017 (possibly a decade)
- Increasing financial risk transferred to local councils through the Local Government Finance and Welfare Changes and restrictions on finances
- Sustainable medium/long term financial planning was now even more critical
- The lack of financial certainty e.g. the next Spending Review was only to be announced in late June, 2013, and the likelihood of further finance reform/restrictions made financial planning extremely difficult

What this meant for Rotherham

- Never faced such financial challenges before...
 - 2010/11 £5m (emergency budget)
 - 2011/12 £30m
 - 2012/13 £20m
 - 2013/14 £20m
 - 2014/15 £20m+?
 - 2015/16 £??m
- Localisation could have significant, adverse impact on future Council resources

Approach Taken

- Established a **clear set** of budget principles
- **Started early** in redesigning services and budget.....reduced head count in last 2 years by over 1,000 and had pushed back the financial 'cliff edge' into later years (2015/16?)
- **Strategic re-positioning** and re-integration of its partnerships e.g. RBT and 2010 Rotherham allowing further savings to be made

- Focus on reducing the 'back office' to a minimum level – over 15% reduction in last 2 years
- Concentrated on **reducing management** posts which had reduced by 26% at Director level and 43% from next tier - overall management reduction of 19%; while front line reduction has only been 8%.

Rotherham's 2013/14 Budget Challenge

- **Initial Funding Gap in MTFS** **£14.1m**
- Additional challenges (October):
 - o Specific grants rolled into Formula Grant at reduced levels (net)
 - +£2.9m
 - o Freezing Council Tax +£2.2m
 - o CTRS 8.5% max pass through to working age claimants
 - +£1.0m
- **Revised Funding Gap** **£20.2m**

Meeting the Challenge

- By working together with a clear set of budget principles, we have managed to meet the budget challenge while protecting front line services and those most in need in the Borough, and minimising job losses
- Over 70% (c£14M) of savings proposals did not affect front line service delivery - key examples being:
 - Reviewing inflationary assumptions (£4M) and MTFS assumptions (£0.9m)
 - Further back office streamlining (£2.2M)
 - Rationalising customer access (£0.5M)
 - Realising benefits from improved cash flow management (£2.4M)
 - Maximising opportunities through joint working on Public Health/NHS (£0.8M)
 - Working with partner organisations to improve efficiency (£1M)
 - Maximise income from other sources (£0.8M)
- The remaining savings would come from:
 - Front Line Services:
 - Children and Young Peoples £1.776M
 - Neighbourhoods and Adult Social Care £2.974M
 - EDS (excl Customer contact) £1.000M
 - Staff savings to be agreed with TUs £0.300M
 - Critical Friend Reviews of Front line services £0.341M
- Further job losses expected to be contained at 50 to 60 FTEs
- Accepted the Council Tax Freeze Scheme – to protect low income families who were vulnerable in the Borough
- Designed Council Tax Reduction Scheme (CTRS) to protect vulnerable groups by retaining income disregards, allowances and premiums and by taking up the Government's Transitional Grant Support Scheme.
- Used reform of Council Tax discounts and exemptions to minimise cost of CTRS to working age claimants – likely cost £1.56 per week in a Band A property

- Maintaining Financial Resilience through:
 - Sustainable budgeting
 - Effective, medium term management of reserves to meet future significant risks – circa £7M General Reserve

RMBC Revenue Expenditure 2013/14

			Summary
Directorate	Gross Expenditure	Gross Income	Net Expenditure
CYPS	276,238,494	-230,824,494	45,414,000
EDS	80,133,120	-29,462,201	50,670,920
NAS	125,248,989	-50,291,989	74,957,000
Resources	156,392,212	-129,777,697	26,614,516
Central	35,417,273	-11,599,708	23,817,565
	673,430,087	-451,956,689	221,474,000

RMBC Directorate's Net Revenue Budget 2013/14 £221.474m

- Children and Young Peoples Services £45.4M
- Environment and Development Services £34.8M
- Neighbourhoods and Adult Services £75M
- Resources £24M
- Levies etc. £19.2M
- Other Services £23.1M

RMBC Income 2013/14

- Dedicated Schools Grant 27.7%
- Formula Grant 20.85%
- Council Tax Reduction Scheme Transitional Grant 0.07%
- Fees, Charges and other Grants 39.84% (includes Public Health grant £13.78M)
- Collection Fund Surplus 0.21%
- Council Tax 11.62%
- Council Tax Freeze Grant 0.14%

Future Years – Financial Challenge

- Significant reductions in resources were anticipated for 2014/15 nationally - a reduction of 8.6% was planned - in Rotherham 9.1%
- Next Spending Review to be announced ...by end June 2013
- Chancellors view.....austerity programme needed to be extended until (at least) 2018 – Autumn Statement
- Further restrictions on finances may come forward – e.g. more stringent Council Tax referenda principles for those **not accepting** Council Tax Freeze grant have been muted
- Further reform of Local Government Finance bringing about a further transfer of risk to Local Government Finances
- Impact of localisation of Business Rates – first year?
- Other likely Formula Funding changes e.g. Education, Social Care

- Impact on local economy of Welfare Reform changes e.g. Council Tax Reform Scheme, Bedroom Tax etc. including need to annually review Council Tax Reform Scheme; loss of Transitional Grant (£0.5m); introduction of Universal Credits
- Impact of Triennial Revaluation of LG Pension Fund – April 2014
- Pressure to prioritise local economic growth initiatives to stimulate the local economy

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

- The impact of the Bedroom Tax was not known as yet
- Evidence had shown that incoming Governments did not reverse the spending plans of the previous Government
- High Needs Block in CYPS (Special Educational Needs, Behavioural Support Services etc.) had been identified as under pressure in the region of £.5M. This could be further challenged when assessments of children had been carried out as part of the new academic year

Stuart was thanked for his presentation.

Public Health

Dr. John Radford presented the 2013/14 Spending Plan and the Plan for Developing 2014/15 Commissioning Intentions as follows:-

2013/14 Spending Plan

- Total Income £13,983,338
- Public Health Grant £13,790,300
- Other Income £193,038

Planned Spending

- Total £13,983,338
- Contracted Services £11,996,638
- Advice Functions £1,112,706
- In-House Services £322,420
- Running Costs £551,573

Breakdown of Planned Spending

- Drug and Alcohol advice 2%
- Drug and Alcohol Contracts 30%
- Health Improvement Contracts 23%
- Health Improvement advice 2%
- Health Improvement services 1%
- Health Protection Contracts 27%
- Health Protection advice 1%
- Other Contracts 5%
- Other 9%
 - Healthcare Public Health Contracts 1%
 - Healthcare Public Health Advice 2%

- Creative Media Services 1%
- Director of Public Health 1%
- Running Costs 4%

Running Costs - £551,573

- Pay 25%
- Non-pay 26%
- Central Charges/Overheads 49%

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

- The Department of Health Grant had to be separately accounted for by the Council
- Need to review how contracts were placed and the way Services were delivered for 2014/15
- In 2014/15 needed to balance drug and alcohol spend – currently the majority of spend was currently on Drug Treatment Services and whether that needed realigning more towards prevention services and the very small amount currently spent on Alcohol Services
- NHS Health Checks were very important and could make a significant impact on identifying people with existing conditions. Performance was very good but people were not systematically identified and offered a Health Check
- There had been quite a wide range of work going on over the Authority as a whole in connection with Roma/Slovakian health issues. Rotherham had lead on a Yorkshire and Humber-wide funded pilot programme for Roma health champions which had just finished. A report would be produced on what the benefits had been and what had not worked so well. At the moment there was no identified funding. It was included in the Joint Strategic Needs Assessment as a priority

John was thanked for his presentation.

RMBC Commissioning Priorities

Chrissy Wright, Strategic Commissioning Manager, presented a report setting out the proposals for the 2013/14 Council commissioning priorities that met the identified priorities for the Council's Directorates, Children, Young People and Families Partnership and Adult Partnership and aligned to the Health and Wellbeing Strategy.

The focus of the commissioning priorities were as follows:-

Children and Young People Services – Starting Well and Developing Well
Adult Services – Living and Working Well and Aging and Dying Well

For 2013/14 all commissioning activity and reviews not included in the priorities would be set out in Strategic Commissioning work plans. The plans would grow with new activities and change as work progressed.

Discussion ensued on the report with the following issue raised/clarified:-

- Work on the Dementia Strategy was underway but was a very complex area of work

Discussion ensued on the need to ensure alignment for commissioning, rationalise how and what was commissioned and how to create efficiencies in the system as well as learning from the successes there currently was in terms of commissioning. It was suggested that a steering group be established to ensure linkage of activity to achieve the different objectives.

Resolved:- (1) That representatives from the Health and Well Being Steering Group are asked identify a set of overarching principles to establish better alignment and coherence of commissioning activities.

(2) That Kate Green be congratulated on her efforts in organising the Heart Town Run in Clifton Park.

S89. WORKSTREAM PROGRESS - DEPENDENCE TO INDEPENDENCE

Shona McFarlane, Director of Health and Wellbeing gave the following powerpoint presentation:-

Dependence-Independence

- Rotherham people and families would increasingly identify their own needs and choose solutions which were best suited to their personal circumstances

What needs to change to achieve this?

- A significant shift towards self-care and self-management and use of Assistive Technology/Telehealth
- Commissioners to review and evaluate plans and approaches to ensure that independence was promoted
- A defined and agreed approach to risk taking, risk sharing. Needed to move away from defensive decisions which historically had focused on avoiding risk and towards defensible decisions. A critical shift in thinking
- Co-production, customers at the centre

Priority One

We will change the culture of staff from simply 'doing' things for people to encourage and prolong independence and self-care

Actions

- Personal health budgets workstream was on target
- Assistive Technology Strategy had been drafted
- Self-Care work group initiated

Progress

- We will embed a culture through the development of workforce development strategies shared by all relevant agencies that emphasises the promotion of independence and social inclusion – started
- Benchmark workforce development plans
- Identify tools available to support staff to achieve independence and supported risk-taking
- Empower people to remain in control of their lives by embedding approaches such as self-care, self-directed support and personal health budgets

Priority Two

We will seek out the community champions and support them with appropriate resources, to take action and organise activities

Progress

- Engage with key community groups to identify current activity
- Ageing Better bid to Lottery Fund

Priority Three

We will support and enable people to step up and step down through a range of statutory, voluntary and community services, appropriate to their needs

Progress

- We will check and challenge commissioning strategies to ensure they reflect this aspiration – programme in place
- Engagement with voluntary sector taking place

Priority Four

We will properly enable people to become independent and celebrate independence. A longer term goal but some areas have begun to work this object in already

Action

- Young People's Achievements, conference, apprenticeship celebration event
- Reshape News
- Making recovery (alcohol) more visible through events such as Recoverfest

Health and Wellbeing Board Actions

- Commissioners needed to ensure that all commissioning strategies reflect and enable this outcome consistently

- Commissioners needed to find ways to incentivise providers to promote/achieve independence with customers and providers
- Having a shared commitment to the risks and opportunities that the commitment provided – helping people to help themselves could mean saying ‘no’ to some
- Ensuring that the significant culture change was embedded

Challenges

- Achieving significant culture change at a time where Welfare Reforms may be driving dependence
- Partners having a consistent approach to customers and understanding when one part of the system said no
- Understanding the behaviours that underpinned and drove dependence
- Engaging effectively and honestly with citizens

Shona was thanked for her presentation.

S90. LOCALLY DETERMINED PRIORITY MEASURE: SMOKING

Alison Iliff, Public Health Specialist, gave the following powerpoint presentation:-

Why is tobacco a priority?

- Smoking rates were above the national average and had plateaued
- Young people’s smoking rates were higher than the national average
- Smoking in pregnancy rate were still very high
- Could have serious health consequences and impacts on the economy
- Tobacco was the only product that, when used as the manufacturer directs, killed 50% of its consumers

Health Consequences: Preventable Deaths in Rotherham 2011

- Smoking 488
- Obesity 171
- Alcohol 36
- Suicide 16
- Traffic 4
- Assault 5

Tobacco: Intervention Pyramid

- Social norms
- Restrict supply
- Health intervention
- Illness treatment

What do we need to do?

- Deliver and fund a comprehensive programme of tobacco control:-
 - Raise public awareness
 - De-normalise smoking – smoke-free homes, smoke-free play areas
 - Prevent access to cheap and illicit tobacco
 - Stop children and young people starting to smoke
 - Help smokers to stop and to engage with services

Challenges

- Changing behaviour amongst those that most need to change
- Believe that cheap and illicit tobacco was a ‘Robin Hood’ crime
- Electronic cigarettes – less known harms than smoking but long term safety unclear
- Acceptance that the current service provision needed radical change

Rotherham Tobacco Control Alliance wanted Board members to:-

- Recognise that smoking was not only a Public Health issue but should also be part of funded clinical treatment pathways
- Support collaborative commissioning across South Yorkshire

Discussion ensued with the following issues raised/clarified:-

- Nothing in Queen’s Speech about “plain” packaging for cigarettes – Legislation about “plain” packaging would boost the work of local authorities/Tobacco Alliance
- Electronic cigarettes – less known harms but long term safety was not known
- Smoke Free Charter – all organisations would sign up to 4/5 key points around smoking and tobacco control which were very achievable with regard to promoting support for stopping smoking, the risks of second hand smoke and a Smoke Free Champion in the workforce. Most of the Charters included a clause where staff visiting a client’s home, a requirement that the client would be asked to make the room to be visited smoke free for 30 minutes prior to the visit taking place

Alison was thanked for her presentation.

Resolved:- (1) That partners should contribute to the prevention of uptake in children and young people through the promotion of smoke-free spaces and smoke-free social norms.

(2) That a Rotherham Smokefree Charter be adopted and promoted.

(3) That minutes of the Tobacco Control Alliance be submitted to the Board in future.

S91. DATE OF NEXT MEETING

Agreed:- That further meetings of the Health and Wellbeing Board for 2013 be held on Wednesdays, commencing at 1.00 p.m. in the Rotherham Town Hall as follows:-

12th June
10th July
25th September
23rd October
27th November
18th December
22nd January, 2014 (9.30 a.m.)
19th February
26th March
30th April

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	10 June 2013
3	Title:	The Future Delivery of Direct Payments, Support to Carers and the Brokerage Service
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

- 5.1 The purpose of this report is to set out an options appraisal and proposals to reconfigure the following teams that share the same management structure. The report will focus on:
- 5.2 A Review of the Direct Payments function with a view to increase current staff capacity and future proof the function to meet audit requirements. Deal with increased levels of demand and ensure the effective recovery of overpayments to customers.
- 5.3 The need for a comprehensive review of Carers Corner to be commissioned including consideration to changes to the future delivery of this service.
- 5.4 A Review of the Brokerage team to reflect the fact that workloads are reducing due to a more personalised approach to meeting service users care needs and evaluate more effective ways in which this function can be delivered.

6 Recommendations

- **Cabinet Member approves that the Direct Payments Officer posts are increased from 2.8 FTE at band F to 4 FTE band F on an interim basis to address current staffing deficits.**
- **Cabinet Member approves that a comprehensive review of Carer's Corner be commissioned to establish the effectiveness of the current service provision and determine how this service should operate in the future.**
- **Cabinet Member approves that the brokerage team is disestablished in favour of 3 band D admin staff to be placed within existing Assessment and Reviewing Teams a saving of £31,006 against existing revenue budgets.**

7 Background & Proposals and Details

- 7.1 **Direct Payments Team** – An analysis of the current function of the team has taken place and in order to comply with the recent audit report, the human resources necessary to manage the function will need to increase from 2.8 to six FTE Direct Payment Officers. This is necessary to comply with The Chartered Institute of Finance and Accountancy (CIPFA) guidance.
- 7.2 The guidance states that all new Direct Payments should be audited at 6 months and all Direct Payments should be audited at least annually. In addition to this, all new Direct Payment users intending to employ their own staff are visited at the commencement of the Direct Payment to ensure that the prospective employer is aware of their responsibilities and where necessary assisted with payroll registration etc, to prevent misuse of the Direct Payment and lessen the likelihood of fraud. Currently 937 customers are in receipt of a Direct Payment with a requirement of approximately 1251 financial audits to be completed by the team this financial year. This equates, with available staff time, to a requirement of 10.15 audits per week by the existing team. Based on the analysis undertaken, the existing resources are inadequate to meet this requirement and fulfil the additional duties that are also undertaken by this team. Current performance targets have been set by the Service Manager in conjunction with the Manager of the service of an interim target of 10 audits per week to be completed by the existing staff members. This is being monitored weekly to ensure this requirement is being met. This requirement will be increased if the recommendations contained in this report are accepted.
- 7.3 The current team process all Direct Payments, carry out the payment run, and keep service users informed of changes to their payments. A further analysis of trends shows that the number of direct payment users has increased over the last 5 years at an average rate of 13.75% per annum, given the current drivers, this rise is expected to continue and it will be necessary to review annually the staffing budget and staffing numbers required for this service.
- 7.4 **Option 1** - The attached analysis Appendix 1 sets out the team's tasks in detail with a financial breakdown to meet these tasks in full. It is advised that for this team to continue to support customers effectively and comply with CIPFA guidance consideration it would require a further **£91,901** investment in this team to increase the staffing level to an appropriate level to fully comply with these core functions and meet Internal Audit

requirements and CIPFA guidance. This would be the ideal solution to meet existing demands and future proof the service.

This option is not achievable given the current budget situation across the Council.

- 7.5 **Option 2** – Through the reconfiguration of the Brokerage Service and revenue savings generated, this will enable the service to increase staffing levels from 2.8 to 4 FTE Direct Payment Officers. Additionally it is proposed to allocate some of the existing workload currently undertaken by Direct Payments Officers to social care assessment staff. This allocation of work would concentrate on social care staff advising new customers of their obligations as an employer. This element of work currently takes up around 4.1 hours of staff time per week and should be undertaken by assessing staff. This proposal will free up staff time to deal with routine work undertaken by the service and fulfil auditing requirements at an increased level. This option should be viewed as an interim arrangement until additional resources can be allocated from within existing resources. To facilitate this option would require an investment of **£27,626** and assist the service to meet Internal Audit requirements and CIPFA guidance.

This is the preferred option to resolve historical budget deficits and realign resources to enable the Direct Payments staffing increases to occur. This would be an interim solution and will not address the staffing requirements as detailed in Option 1, which is the level determined as part of this review.. This will require an investment of £27,626 in this team to increase the staffing level to the level detailed above and this can be achieved through the reconfiguration of the Brokerage Service.

- 7.6 **Carers Corner** - The Carers Corner was never staffed sufficiently staffing establishment from its opening has never met with the expectation placed upon the service that is that the service is available Monday to Friday 9am-5pm. Option 1 and Appendix 2 detail the funding requirement to facilitate the correct level of staffing to maintain this service within existing operating hours. Given the current financial situation across the Council, this option would appear to be unachievable. In light of this situation, there is a need to undertake a comprehensive review of Carers Support Services and consideration given to reconfiguring the service to secure the future of Carers Services and to provide a level of quality, support and consistency to Carers using these services from across the Rotherham Borough. This review will also need to consider the services delivered from this centre currently by Children's services for which there is no financial contribution received.

- 7.7 **Option 1** – An ideal solution to resolve the staffing deficits in this service would be to increase the level of additional funding required for this Service by £50,658 (See Appendix 2). This level of investment would alleviate the current need for good will on the part of other teams called upon to provide cover and provide stability and enhanced quality of support to carers. Staffing levels will be adequate to provide a service from Monday to Friday during normal working office hours.

This option is not achievable given the current financial situation within the Council

- 7.8 **Option 2** – Undertake a comprehensive review of this service and the roles of Carers Officers to establish the nature of the core business that is being undertaken, the effectiveness of the service and evaluate the options available to the Council in the future delivery of support to primary carers across the Borough of Rotherham. The review should include the exploration of maximising partnership working with 3rd sector organisations in the future delivery of support to carers.

7.8.1 The current staffing arrangements for this service are dependent on staff, predominantly from Direct Payments providing cover to ensure the service is open 5 days a week.

7.8.2 The Resource Manager for this service is in the process of evaluating staffing requirements to ensure the centre remains open 5 days a week. This will enable service continuity during the period of the review of this service and ensure any additional resources to the Direct Payments Team and not diverted back into maintaining this service if the preferred recommendations in this report are endorsed.

This is the preferred option and in line with actions already agreed by DLT relating to this service.

7.8.3 **Brokerage Team** - The current Brokerage Team was established in 2007 in response to a Department of Health report, which recommended that Brokerage would increase productivity by:

- Free up assessment officers to address the core task of assessment.
- Rationalise the number of contracts, managing the market.
- Ensure timely and appropriate placements.
- Better management of reported hours, billing and payments.
- Accurate reporting and contract management,

7.8.4 The Brokerage Team have been successful in freeing up the time of assessment officers by removing delays in provision and concentrating on the one task “provision”. The team is limited in

its function and only arrange packages from services contracted to RMBC. It was envisaged on setting up the team that it would develop and provide services to the public who use Direct Payments by assisting these service users to arrange care services, the focus of the team however, remains contracted services.

7.8.5 The current brokerage team consists of:

1 Team Leader at Band G = £29,168 including on costs
4 FTE Brokers at Band F = £102,216 including on costs

Budget Allocation for 2013/14 = £94,118

Unfunded element of this service against the 2013/14 Budget Allocation = £37,266

7.8.6 **Option One** - As a result of the success of Direct Payments, the volume of work referred to the Brokerage Team has reduced. Savings can be made by disbanding the current team in favour of the placement of clerical staff within each of the assessment and reviewing teams to carry out this function. This would ensure that the needs of service users within the catchment area of the specific team were better understood and provide better management of domiciliary services contracted to the team's catchment area.

7.8.7 In providing the service in this way during periods of less demand for the arrangement of services, the staff member would be utilised to provide additional clerical support to the social work teams.

7.8.8 **Proposed Change** - Disestablish the existing posts from this service as detailed above of 1 Team Leader Band G and 4 FTE Band F Brokers.

Replace these posts with a new integrated service working directly with social work teams as follows:

1 x Band D Admin Worker located in each of the following teams:

Hospital Social Work Team
Reviewing Teams
Access/Assessment Team

Clerical Support officers 3 x £16830 plus on costs, an annual cost of:

Total	£63,112
Saving	<u>£31,006</u>

An evaluation of the existing service has been undertaken and is attached as Appendix 3 of this report detailing current levels of activity across this service area. There will be a need for the redeployment of the current staff team members if this option is adopted, however if the proposed changes to Direct Payments is agreed there is the possible opportunity to retrain staff. This will provide the opportunity for affected Brokerage staff at Band F to apply for a position in Direct Payments at their current grade in the Direct Payments Team.

This is the preferred option to resolve historical budget deficits and realign resources to enable the Direct Payments staffing increases to be achieved.

7.9 Option Two

Disestablish the brokerage function in full and reallocate the work back to care management and assessment teams. These teams would then be required to liaise with providers to obtain the support packages on behalf of their customers. This would result in savings of £94,118 and would fully fund the increases to the Direct Payments Team with further efficiency gains also achieved.

This option is not viable as it would result in increased workloads for Care Management and Assessment Staff and would have a detrimental impact on both National/Local Performance Indicators and outcomes for customers.

8 Timescales

The proposed changes to the Direct Payments and Brokerage teams can be achieved within a 12-week timescale from the point at which staff are notified that they are affected.

9 Finance

9.1 The financial implications are detailed in the body of the report and supported in the attached appendices and are summarised as follows:

Additional investment in Direct Payments Team	£27,626
Saving from restructure of Brokerage	£31,006

Efficiency gain to the Council = £3380

9.2 Redundancy costs may be incurred by the Council in the event that affected staffs are not redeployed as part of any options agreed for implementation by DLT.

10 Risks and Uncertainties

- 10.1 The current Brokerage staffing configuration is inefficient, the need for this type of Brokerage will decrease as personalisation, and individual budgets increase a failure to address this now will result in further inefficient use of staff time. The current budget allocation is insufficient to fund this service and given the current financial situation across the Council, additional funding allocations to this service are unlikely. Any decision to cease this function may result in increased workloads for care management and staff and have a negative impact on staff meeting national and local performance indicator targets.
- 10.2 The risks of not implementing in full the recommendations relating to the Direct Payments team will result in the team being unable to meet its functioning commitments and will remain unable to meet its audit requirements in line with CIPFA guidance. This will result in potential repayments not being collected, and risk increased misuse of direct payments or increase the risk of fraud. The current budget allocation is insufficient to fund this service to fulfil their core functions and given the current financial situation across the Council, additional funding allocations to this service are unlikely. Any staffing increases will therefore have to be contained from within existing budget allocations in this Programme Area.
- 10.3 The potential increase in take up of Direct Payments is uncertain, but given current drivers will increase and as a result, the Staffing establishment will need to be reviewed annually to keep pace with these trends. A further report will be submitted to DLT at a later date to clarify the ways in which these trends can be met.
- 10.4 A small number of staff, approximately 4, may be at risk of redundancy if these proposals are adopted and redeployment opportunities are not maximised. The timetable for implementation is achievable if all stages of the service reconfigurations go ahead without excessive challenge from staff and Trade Unions.

11 Policy and Performance Agenda Implications

If the proposed changes to the brokerage service are agreed it may result in improvements to Local Performance Indicators specifically **NAS18 Percentage of customers in receipt of a statement of need.**

12 Background Papers and Consultation

A program of consultation will be undertaken with staff and Trade Unions subject to the approval of these proposals by DLT. Consultation has been undertaken with the Finance Manager in relation to current budget allocations aligned to these services and proposed financial requirements in the reconfiguration of these services.

Background papers considered include:

Our Health Our Choice our Say

Direct Payments Act 1996

Think Local Act Personal

CIPFA guidance Direct Payments

RMBC internal audit report

The Carers (Recognition and Services) Act 1995:

The Carers and Disabled Children Act 2000

Disabled Persons (Services Consultation and Representation) Act 1986

Carers (Equal Opportunities) Act 2004

Contact Name: Shona McFarlane
Director of Health and Wellbeing
Telephone: 01709 823928
E-mail: shona.mcfarlane@rotherham.gov.uk

Direct Payments Staffing Analysis - Appendix 1

Task Description current workload	Average No. Weekly	Average time in Mins. Per process	Weekly staff hours	Annual staff hours	Staff grade	Annual costs in £
Inputting new Direct Payment	4.6	20.0	1.5	79.7	F	
Adding cost and testing payment run	4.6	20.0	1.5	79.7	F	
Adding on costs other changes amendments	45.0	20.0	15.0	780.0	F	
All audits including initial visits to collect info.	21.8	288.0	100.5	5226.5	F	
Initial visits 60% of new DPs to employ PA	2.8	90.0	4.1	215.3	F	
Unspecified payment adjustments	1.0	450.0	7.5	390.0	F	
Payment run and provider report	1.0	450.0	7.5	390.0	F	
Administration letters / reports statistics etc	78.0	15.0	19.5	1014.0	F	
Phone calls	90.0	7.0	10.5	546.0	F	
Sub totals band F Support Officer	248.7	1360.0	167.7	8721.2		£ 97,275.75
Staff meetings, PDR, Training, supervision & 52 week year 15.76%			26.4	8641.5		£ 15,330.66
Totals Band F			194.1	17283.0		£ 112,606.41
13.75% annual increase			26.7	25144.5		£ 15,483.38
Employers NI 8.45%						£ 9,515.24
Employers superannuation 18.1%						£ 20,381.76
Total Direct Payments officer 2013/14			220.8	42427.6		£ 157,986.79
Manager Band J						£ 34,549.00
Social care reform grant removal from 1st April 2013						£ 19,000.00
Total staffing cost not including employers on costs 2013/14						£ 211,535.79
Current establishment			103.6	5387.2	Staff	£ 59,985.93
			37	1924	Manager	£ 34,549.00
						£ 94,534.93
Employers NI 8.45%						£ 7,988.20
Employers Super 18.1%						£ 17,110.82
Total						£ 119,633.96
Shortfall						-£ 91,901.83
Note						
Current % increase is based 5 year average Future increases to be negotiated on an annual basis during budget setting processes will be based on actual increase during the preceding year.						

Carers Corner - Appendix 2

Current commitment 9am to 5pm Monday to Friday

Required hours to fulfill the commitment 52 weeks per year taking into account AL	Weekly	Annually	Cost per annum
	111	5772	£ 86,405.16

Current Establishment

21.5 hours	Unspecified	Centre Coordinator	21.5	1118	£	16,555.00
16 hours	Band H	Centre Manager	16	832	£	12,042.81
Total Hours			37.5	1950	£	28,597.81
On costs 25%					£	7,149.45
Total					£	35,747.26

Option 1 to provide adequate staffing 5 days per week 52 weeks per year at 2 Drummond Street

Centre Manager Band H			37	1924	£	26,203.92
Centre Staff Band F			74	3848	£	42,920.21
Cost not including on costs					£	69,124.13
On costs 25%					£	17,281.03
Annual cost					£	86,405.16

Shortfall

£ 50,657.89

Brokerage Task Analysis Appendix 3

Task Description	Average No. Weekly	Average Time in Minutes. Per Process
New Service Requests	21	7.5
Transfers	7	29
Increases / Decreases	30	1.5
Terminations	7	3
Telephone / Email Enquiries	29	7
Misc. Updates Investigations. Reports		
Total		

This analysis represents a snap shot of the work undertaken by this team. The work of the tea

Weekly Staff Time Hrs/Mins	Annual Staff Time
2.625	136.5
3.83	199.16
0.75	39
0.35	18.2
3.38	175.76
10	520
4.5	234
25.435	1322.62

m is unpredictable and dependent upon activity of the assessment teams but these are the ave

average tasks and time undertaken on a weekly basis.

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