

CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: Monday, 22nd July, 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 meeting held on 24th June, 2013 (herewith) (Pages 1 - 3)
6. Minutes of the meeting of the Health and Wellbeing Board held on 12th June, 2013 (herewith) (Pages 4 - 13)
7. Assessment and Care Management Quarterly Briefing (report herewith) (Pages 14 - 15)
8. Proposed Changes to the RSAB Structure, Governance and Operations (report herewith) (Pages 16 - 26)
9. Adult Services Revenue Budget Monitoring Report 2013/14 (report herewith) (Pages 27 - 32)
10. Response to Scrutiny Review of Continuing Healthcare (report herewith) (Pages 33 - 40)
11. Scrutiny Review of RMBC Residential Homes (report herewith) (Pages 41 - 62)

CABINET MEMBER FOR ADULT SOCIAL CARE
24th June, 2013

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

An apology for absence was received from Councillor Steele.

H10. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H11. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 10th June, 2013.

Resolved:- That the minutes of the meeting held on 10th June, 2013, be approved as a correct record.

H12. ADULT SERVICE REVENUE BUDGET OUTTURN 2012-13

Mark Scarrott, Finance Manager (Adult Services) presented a report relating to the Revenue Outturn position for Adult Services Department within the Neighbourhood and Adult Services Directorate for the financial year 2012/13.

It was reported that the 2012/13 revised cash limited budget was £72.024M, and the net Outturn for the Service for 2012/13 was an underspend of £0.527M (variation of -0.73%).

It was noted that a significant part of the actual underspend was due to additional income received from the NHS during the final quarter. This, together with a Council-wide moratorium on non-essential spend underpinned by tight financial management within the Service, had contributed to addressing the significant budget pressures which had emerged across the wider Council.

A summary revenue outturn position for Adult Social Services was given in the table within the submitted report.

The appendix to the submitted report detailed the revenue outturn 2012/13 and the reasons for variance from approved budgets. The following key variations were highlighted:-

Adults General (-£29,000)

- Underspend in the main due to savings due to the moratorium on supplies and services and managed savings on training

Older People's Services (-£761,000)

- Additional income Winter Pressures funding received from the NHS in the last quarter
- Vacancies due to Service reviews and difficulty in recruiting within Social Work Teams, Day Care, Transport, Extra Care Housing, Residential Care and Locality Services
- Impact of moratorium on non-essential spend within Day Care resulted in an underspend
- Slippage in developing services for Dementia clients, underspend on Independent Residential and Nursing Care due to less than budgeted for clients
- Slippage in carers' breaks
- Review of Care Enabling Service and Sitting Service resulted in underspend but increased activity for Independent Home Care in the final quarter had resulted in an overspend
- Overall overspends on Rothercare due to slippage in Service review and Assistive Technology equipment
- Underspends reduced by pressures on Direct Payments

Learning Disabilities (-£753,000)

- Main overspend in independent sector Residential Care as a result of an increase in the number of clients including higher average cost of care packages together with loss of income from Health
- Recurrent pressures on Day Care transport
- Under-recovery of income from charges reduced by vacant posts within inhouse day centres pending final outcome of review
- Demand for Direct Payments
- New high cost placements in Independent Day Care and Community Support
- Overspends reduced by underspend in Supported Living Schemes due to additional Continuing Health Care income

Mental Health Services (-£58,000)

- Continued increase in uptake on Direct Payments
- Savings on Community Support budgets
- Minor underspends on supplies and services

Physical and Sensory Disabilities (-£271,000)

- Slippage on new investments to provide alternatives to residential care
- Underspend on equipment and minor adaptations
- Additional Winter Pressures funding, vacancies and savings on supplies and services
- Increase in demand for Direct Payments

Adult Safeguarding (-£19,000)

- Vacant posts plus additional fee income from Court of Protection

Supporting People (-£142,000)

- Efficiency savings were made due to a reduction in actual activity on a number of subsidy contracts
- Savings made during the year offset against commissioning saving targets

Members present raised a number of issues that were clarified as follows:-

- The 104 additional clients receiving Direct Payments had been as a result of clients opting to stay with their current provider when the Home Care Tender had been renewed in April last year
- 2013/14 was going to be a difficult year and early management actions were being developed
- Evidence suggested limited savings achieved from increasing the eligibility criteria from substantial to critical
- Direct Payments would be paid monthly in future
- Revised arrangements for all high cost residential placements
- 8 Social Workers had recently been recruited
- Winter Pressures funding may not be forthcoming this financial year due to the increase in Health Support Funding received
- Day Care Transportation consultation had closed with very little opposition to the implementation of charges

Resolved:- (1) That the unaudited 2012/13 Revenue Outturn report for Adult Services be received and noted.

(2) That staff be congratulated on ensuring the 2012/13 budget had been brought in line with Corporate priorities in an efficient and cost effective manner.

H13. DATE OF NEXT MEETING

Resolved:- That a further meeting be held on Monday, 8th July, 2013, commencing at 10.00 a.m.

HEALTH AND WELLBEING BOARD
12th June, 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
Melanie Hall	Rotherham Healthwatch
Shona McFarlane	Director of Health and Wellbeing
Michael Morgan	Acting Chief Executive, Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children and Young People's Service
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Dominic Blaydon	Rotherham CCG
Dr. Stephen Burns	Rotherham Local Medical Committee
Clare Burton	Commissioning, Policy and Performance, RMBC
Sue Cassin	Rotherham CCG
Ian Jerrams	RDaSH
Zanib Rasool	RUFC Community Sports Trust
Alex Wilson	RUFC Community Sports Trust

Officers:-

Dawn Mitchell	Committee Services
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Apologies for absence were received from Karl Battersby, Chris Bain, Kate Green, Tracy Holmes, Brian Hughes, Martin Kimber, Councillor Paul Lakin, Dr. David Polkinghorn and Chrissy Wright

S1. MELANIE HALL, HEALTHWATCH

The Chairman welcomed Melanie to her first meeting of the Board representing Healthwatch until such a time as the Chairperson was appointed.

S2. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

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

Arising from Minute No. S86(1) (Disabled Children's Charter), it was noted that consultation was taking place with the Parents and Carers Forum regarding signing of the Charter.

S3. COMMUNICATIONS

(a) Delivery of Winterbourne View Concordat and Review Commitments
Shona McFarlane, Director of Health and Wellbeing, reported that immediately after Winterbourne, a Joint Improvement Programme had been put into place. The Joint Disabilities Learning Service had responded to the questions around the number of customers it had in hospitals and other secure settings. A Winterbourne View Concordat stocktake was now in place, which required local services to complete a detailed self-assessment. It was also known that there would be an annual report, format unknown at the present time, which would cover other elements of the Concordat action plan. The stocktake was due to be completed by 5th July.

Presently, Rotherham was aware of 5 residents, 1 placed in a hospital setting funded through Continuing Health Care on a temporary basis and the remaining four were funded through special commissioning in a hospital setting. The latter 4 were settled in their current placement as it was appropriate to their needs. All annual reviews had been undertaken; families and advocates having been fully involved.

A report would be submitted to the Board in due course.

(b) Stroke Association

The Chairman reported receipt of correspondence from the Stroke Association which highlighted the effects of strokes on survivors and the issues they faced. Strokes were the biggest cause of long term disabilities for adults in the United Kingdom. The Association was asking that the needs of stroke survivors be considered when the Joint Strategic Needs Assessment was reviewed and strategies developed,.

Resolved:- (1) That the above be fed into the Joint Strategic Needs Assessment Team.

(c) Midwifery Council

The Chairman reported receipt of correspondence from the Midwifery Council on the future of the Maternity Liaison Committee. A meeting had been set up to discuss further.

(d) Translation Services

The issue of costs and sustainability of translation services had been raised at a recent meeting with the Local Medical Committee. It was an important issue not only in Primary Care but also all services accessed by citizens.

A discussion had taken place at a meeting of the Chief Executives with partner agencies asked to ascertain if there could be a co-ordinated approach with a pooling of resources. It was felt that it should go further than just a translation service, but provide/signposting citizens to where they could learn/enhance their English skills.

It was pointed out that the translation service was not only for verbal

language skills but also sign language.

Resolved:- (2) That the Rotherham Partnership consider this issue further including NHS England in any discussions.

S4. ROTHERHAM ENVIRONMENT AND CLIMATE CHANGE STRATEGY AND ACTION PLAN REVIEW 2013

The Board noted that the Council had approved its revised Environment and Climate Change Strategy and Action Plan and had signed up to the 'Climate Local' commitment to reduce CO² emissions and improving the environment.

Consideration was also given to information from the NHS's Sustainable Development Unit "Developing a Healthy and Sustainable Future".

There was a request that the Board asks providers to submit information on their own internal housekeeping in respect of their impact on the environment in accordance with the checklist.

Resolved:- That partner organisations complete the environmental impact checklist.

S5. ROTHERHAM UNITED COMMUNITY DEVELOPMENT TRUST

Alex Wilson, Health Officer, and Zanib Rasool, Community Manager, RUFC Community Sports Trust, gave the following presentation:-

Community Sports Trust – Aim

- To utilize the brand of Rotherham United Football Club and the power of sport to positively influence and enhance the diverse lifestyles of the people of Rotherham
- Through the work, bring different communities together to celebrate diversity and community cohesion through sports
- Work across Rotherham under 7 main themes:-
 - Health
 - Disability
 - Volunteering
 - Participation
 - Education
 - Heritage and Inclusion
- Deliver a wide range of activities e.g. homework and reading clubs, holiday programmes, twilight youth sessions, community cohesion events
- Older people exercise sessions

Health and Wellbeing Board Priorities/Work of the Trust

- Prevention and Early Intervention
- Previous Projects
- Dads Make a Difference – 7 areas, 72 dads/male carers

Mini Millers – 510 2-4 year olds over the last 3 years
 Family Learning – 40 families from deprived areas
 Mini Millers Group (support children age 2-11 and families)
 Health for All – BBC Children in Need

Current Projects

Family Health Lifestyle Project – Thornhill School (South Asian mums)
 Community Allotment – Eastwood and Clifton park

Possible Projects

Smoking cessation at NYS – 3 members of staff now trained to run sessions

– Long Term Conditions

Current Projects

Falls Prevention – 16 different care homes over the last 4 years and continuing working in care homes (Care Home Olympics)

Social Prescription – 14 home exercise sessions – 30 participants on Stadium days. Support for carers and getting them exercising

Mature Millers Association (constituted group that support over 50s)

Walking Football sessions

Walking Groups

Kashmiri and Yemeni Older Peoples Forum (exercise sessions)

Rotherham Ethnic Social Care Organisation (exercise sessions)

BME Young People and Carers Group (delivering sport to BME disabled children and siblings at Unity Centre)

– Expectations/Aspirations

Current Projects

Millers Youth Forum

Foundation learning – 48 young people

Futsal Scholarship – 15 young people

NCS – 355 year 11's over last 3 years

Volunteering – 147 over 16 year olds over last 3 years

BTEC Level 2 & 3 in Sport

Sport Apprenticeships – 64 young people over the last 3 y3ars

Job Shop in partnership with Job Centre Plus

Community Learning – first step learning courses

Working with disengaged young people

Possible Projects

Level 1 Sport 19-24 year olds

Level 1 Futsal 16-18 year olds

– Dependent to Independent

Current Projects

Walking Groups

Walking Football – 10 participants on weekly basis

ICT – 37 over 50 year olds

Mature Millers

Apprenticeships – 64 young people

Futsal Scholarships – 18

NCS

Volunteering

- Healthy Lifestyle
 - Current Projects
 - Teenage Kicks – 10-18 year olds in 5 areas 2013-15 (BBC Children in Need)
 - Aiming High – 154 disabled young people
 - Healthy Hearts – 77 disabled adults
 - Marbles Mental Health Self-Help Group and Stonham Homes Wellgate Court
 - Possible Projects
 - Weight Management
 - Education Programmes – NCFE Accreditation, ASDAN, NOCN

- Poverty
 - Current Projects
 - Job club referral from Job Centre Plus
 - Employability skills funded by Community learning Shiloh
 - Future Projects
 - Social enterprise venture at the Stadium

Zanib reported that the Trust worked with the Integrated Youth Service and Area Assemblies. They had also started a partnership with REEMA at the Unity Centre and were offering classes for the Roma community.

Alex and Zanib were thanked for their presentation.

S6. SCRUTINY REVIEW - AUTISTIC SPECTRUM DISORDER

Dr. John Radford reported that the Health Select Commission had commissioned a Review Group to carry out a Scrutiny Review into the Autistic Spectrum Disorder. The Review Group was independent of the Council's Cabinet and made recommendations to Cabinet for their approval.

It had been a thorough piece of work which had looked at instances and performance in relation to NICE Guidance, very good engagement with providers of services with regard to how they were co-ordinated as well with users of the services.

However, there was now an issue of Policy for the Board with regard to how it took the reviews forward and how they were incorporated into the business of the Local Authority and the CCG as commissioners. How should Scrutiny Review recommendations be taken forward across the health community, how was that process managed, where should Scrutiny Review fit in, what was the Board's role in Scrutiny Reviews and how should the Board respond?

Discussion ensued with the following issues raised:-

- The Terms of Reference stated that Scrutiny Reviews with a health and wellbeing impact should be referred to the Board – at least the Board should be made aware that the work was taking place
- If the Scrutiny Review and its recommendations were submitted to the Board what was the document's status?
- A Review could make recommendations but it was for each partner organisation's executive to consider
- A forward plan of Scrutiny Reviews should be submitted to enable partner organisations to timetable into their own work programme
- Partner organisations should be involved in any Review that applied to their organisation
- Partner organisations should be given the appropriate period of time to review and comment on recommendations prior to them being finalised
- The recommendations should be considered by partner organisations in parallel with the Board and parent Select Commission
- The Board had to consider if a Review's recommendations were consistent with the objectives of the Health and Wellbeing Strategy

It was noted that the Overview and Scrutiny Management Board was to consider the 2013/14 work programme for Select Commissions on 14th June, 2013.

Resolved:- (1) That the Select Commissions' work programme for 2013/14 be submitted to the Health and Wellbeing Board to ensure that any health and wellbeing implications were flagged up at an early stage.

(2) That the full Autistic Spectrum Disorder Scrutiny Review document be included on the next Board agenda.

S7. HEALTH AND WELLBEING STRATEGY WORKSTREAM

Dominic Blaydon, Head of Urgent Care and Long Term Conditions, gave the following powerpoint presentation:-

Long Term Conditions Programme
Programme incorporates 4 key workstreams

- Risk profiling
- Integrated neighbourhood teams
- Self-management
- Alternative levels of care

Areas for consideration moving forward

- Does risk management tool identify high intensity social care users?
- Explore development of personal health and social care budgets
- Patient and practitioner skills programme for health and social care
- Specialised psychological support services for people with long term conditions
- A local network to promote self-management
- Integrated person held record including self-management plan
- Effective use of alternative levels of care

4 Ways you can support the Programme

- Workforce development programmes on self-management
- Identification of high intensity health and social care users
- Development of a person held health and social care record
- Strong leadership to break down barriers on joint working

The Board also considered the latest workstream progress report giving an update on each of the 6 outcomes.

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

- Development of a personal health social care record for those with a long term condition enabling them to monitor their condition and track the progress of their care plan
- A pilot was underway with RFT looking at an electronic vehicle for a patient owned record which was centred around the self-management objective
- Use of the patient's unique NHS identification number
- Self-Management Strategy underpinned some of the work – useful to have a stakeholder group with champions. Could include Service users

Resolved:- (1) That the workstream progress report be noted.

(2) That the 4 proposals for Priority 5 Long Term Conditions be supported.

S8. ROTHERHAM LOCAL MEDICAL COMMITTEE

Dr. Stephen Burns, Local Medical Committee, gave a resume of the work of the Committee in Rotherham as follows:-

- The Committee was constituted every 3 years. Every GP in Rotherham was eligible to stand and every GP in Rotherham had a

vote. Currently there were 10 members

- It was recognised by NHS England as representative of practitioners in the area
- Rotherham LMC was committed to the values of equity, fairness, openness and equal opportunities
- Its aims was to present and support GPs ensuring that they were valued and their skills were properly utilised and to facilitate the smooth running of general practice
- Wherever possible, the LMC worked co-operatively with local agencies and organisations to ensure patients received services and care in accordance with the profession's local and national priorities. Wherever necessary, the LMC defended the position of local GPs where the views of others conflicted with what it believed was in the best interests of patients and the profession
- LMC representatives met monthly with the CCG to discuss GP/CCG interface issues
- GPs and their teams provided 90% of the health care in Rotherham and saw approximately 7,000 people every working day in their practice

Discussion ensued on representation on the Board. It was pointed out that commissioners of services were represented but not providers.

Resolved:- That Dr. Burns receive Board agendas, on behalf of the Rotherham Local Medical Committee, for information and attend meetings as required.

S9. TOBACCO CONTROL ALLIANCE BRIEFING

The Board considered a briefing paper on Tobacco Control emphasising the direction of travel on the locally determined priority.

There was a concentration of work on slowing down the take up of smoking in young people and specific action on smoking in pregnancy/smoking at time of delivery. The change in emphasis was particularly relevant given the prevalence of e-cigarettes and leading young people into smoking rather than stopping smoking.

It was noted that the minutes of the Tobacco Control Alliance would be submitted for information in the future.

Resolved:- (1) That the briefing paper be noted.

(2) That the Tobacco Control Alliance action plan be submitted to the

Board.

S10. HEART TOWN

The minutes of the meeting of the Heart Town held on 21st May, 2013, were noted.

S11. DOMESTIC ABUSE INJURIES - LEGAL AID

Councillor Doyle reported that it had been raised at a meeting of the Rotherham Domestic Abuse Forum that women presenting with domestic abuse injuries were being charged by Rotherham Foundation Trust for a letter stating that their injuries were consistent with abuse. The letter was required so that they could claim Legal Aid. The fee was causing hardship and could be a factor in victims not progressing action.

Dr. Tooth reported that if a victim presented at A&E their GP would be notified within 30 days of presentation at the hospital. The victim was entitled to a free copy of the letter from their GP.

Dr. Tooth stated that he would raise it with the Local Medical Committee suggesting that GPs provide the service.

S12. WALK IN CENTRE

Councillor Doyle asked, given the recent national concern regarding walk in centres and Monitor launching an investigation into the large numbers of closures and potential closures, whether it was appropriate for the Board to state its position with regard to the relocation rather than individual members responding to the consultation.

Discussion ensued. It was felt that within its Terms of Reference and Constitution, the Board had an overview and advisory role on the configuration and range of services provided and that they were consistent with the Health and Wellbeing Strategy. However, there was a risk that the Board could be overwhelmed with the future plans of partner organisations which would prevent the Board carrying out its main functions.

On balance, it was felt that the results of the consultation exercise should be submitted to enable the Board to state its position on the proposals.

Resolved:- That the results of the consultation be submitted to the September Board meeting.

S13. DATE OF NEXT MEETING

Resolved:- (1) That a further meeting of the Health and Wellbeing Board

be held on Wednesday, 10th July, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall.

(2) That the September Board meeting be held on Wednesday, 11th September at 10.00 a.m.

ROTHERHAM METROPOLITAN BOROUGH COUNCIL
Neighbourhoods and Adult Services
Health and Wellbeing

Quarterly Briefing Note to Cabinet Member for Adult Social Care
Community Services, Assessment & Care Management

- **Social Care Assessment for adults**

The purpose of a community care assessment is to identify and evaluate an individual's needs and how these needs impose barriers to that person's independence and/or well-being. Information derived from an individual's assessment should be used to inform decisions on eligibility. Where eligible needs have been identified, an appropriate support plan can then be put together in collaboration with the individual, describing the support they draw upon to overcome barriers to independence and well-being.

- **Assessment Direct & Assessment Teams**

Assessment Direct are the access point for Adult Services Social Care enquires. Assessment Direct Officers will establish all contact details, full name, address and details of the concern. All Safeguarding concerns are responded to quickly (within 24 hours).

At the point of access all customers in need of home care support are considered for RMBC Enabling Service. The service is available to people who are not in receipt of any help and is free for up to 6 weeks.

Assessment Team will progress initial referrals, urgent duty calls where a more urgent response is seen to be needed and respond to any Safeguarding concerns, screening alerts from Assessment Direct for new customers not already in receipt of services.

Both teams will complete initial Proportionate Assessment (over the phone or in the person's home). If ongoing service is required a full Social Care Assessment (ISCA) is completed before the case is sent onto the appropriate team for future reviews.

- **Community Teams**

Two community teams, North and South Unplanned Review Teams, who deal with all contacts in relation to existing Social Services customers aged 18 and over and one Central Planned Reviewing Team. Reviews/Reassessments are undertaken by either a Social Services Officer or a Social Worker depending on the complexity. Assessments are often undertaken in liaison with partner agencies such as Health. Following the reassessment based on level of risk, workers look at creative care planning, outcomes, community resources to meet our customer's needs. We have seen an increase in Direct Payments, offering more choice and control to our customers. Work is currently underway to look at achieving the best outcomes for our customers with Continuing Health Care needs.

Hospital Social Work Team, provide social care support/assessment to adults on acute medical wards, Rotherham District General Hospital. Working closely with health colleagues to ensure customers/patients stay no longer than necessary in a hospital bed when assessed to be medically fit and ready for discharge. Working under current legislation Community Care Delayed Discharge Act, responding to notifications from the hospital ward to request for assessments within the allocated time.

Community Mental Health Team, Older People Service, is part of an integrated service with RDASH mental health. The team work closely with mental health colleagues providing social care support/assessment both to adults in the community and on the older people mental health unit based on the grounds of Rotherham District General Hospital.

- **Performance**

- NAS1 Percentage of clients receiving a review**

- 2012/13 score 93.1% which has improved slightly on 2011/12 score of 93.08%. Performance improved, benchmarking awaited for 12/13, but last year 93.08% was top quartile in comparator group and achieved 2nd ranking in Y & H region.

- NAS 69i Social care assessments completed within 28 days from receipt Of contact**

- 2012/13 score **93.72%** which has **improved** on 2011/12 score of **83.25%**
Step improvement reported on the proportion of Adult social care new assessments completed within 28 days, 93.72% achieved by outturn, improving significantly on previous year score of 83.21% and reflects excellent performance. This outturn moves Rotherham's Yorkshire & Humber ranking up from 7th to 1st of 15 based on the last available national 11/12 benchmarking data (no longer collected).

- Ex NI133 Acceptable waiting times for care packages - data unavailable to calculate Comparator/Y&H authorities**

- 2012/13 score **97.6%** which has **improved** slightly on 2011/12 score of **97.5%**

- Performance in respect of proportion of Adult social care packages of care in place within 28 days out turned at 97.6%, achieving 97.5% target. Ensuring timely provision of services to meet customer's assessed needs. (This measure is no longer reported nationally, so no benchmarking data available)

- **Good News Story**

- Hospital Social Worker with support from the Team Manager had to work swiftly on an urgent case week commencing the 03/06/13 which resulted in an emergency court order being made by RMBC for orders under the Mental Capacity Act, this was to determine where Mr X should reside and what steps should be taken to protect him from potential physical abuse. The court order was in place before the end of the week and the judge was highly complementary of the actions of the team, commending them for getting it to court so quickly.

Michaela Cox
Service Manager, Community Services

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	22 July 2013
3	Title:	Proposed Changes to the RSAB Structure, Governance and Operations
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

The Rotherham Adult Safeguarding Board (RSAB) met on 8 May 2013 to review its function and identify improvements, as part of its commitment to continual improvement. Recent organisational changes in the NHS and the impending change in legislation arising from the Care and Support Bill requires Safeguarding Adults Boards (SAB's) to refresh and reframe the way they work. The legislative changes put Safeguarding Adults Boards onto a statutory footing, challenging partners to ensure that SAB's are given equivalence to Safeguarding Children's Boards in relation to seniority of membership. It is also essential that the Board takes a strategic approach to safeguarding adults, ensuring that the services that are delivered are effective, safe and capable of continual improvement, in line with national expectations and developments.

Reports following recent serious service failures such as Winterbourne View and the Mid-Staffs Hospital enquiry have set the expectation that Safeguarding Adults Boards should be able routinely to hold partner organisations to account. The Board needs to make a step change in its organisation, structure, governance and membership to enable this to happen effectively. This report outlines the outcome of the review and proposals for future development.

6 Recommendations

- **RSAB accepts and puts in place plans to implement the proposals outlined in this report including a review of board's Terms of Reference.**

7 **Background Information**

The Care and Support Bill (Clause 44) outlines some significant changes to Adult Safeguarding in relation to the role of the Safeguarding Adults Board and Serious Case Reviews.

By placing SAB's onto a statutory footing, the new legislation requires partner agencies, particularly local authorities, health services and the Police to review participation, engagement, governance, and accountability of SABs. There will be further changes to the Bill as it passes through Parliament but Clause 44 is anticipated to remain as currently drafted.

The impact of recent failures such as Winterbourne View and Mid Staffs bring into focus the need for SABs to be able to hold all partner agencies to account. In order to achieve this, Boards will need to have the right governance framework in place. In addition they require the right information and data on which to base judgement and action. There is an urgent need to explore the ways in which the board currently receives information, to ensure that early warning signals, whistle blowers, and soft commissioning intelligence is used effectively to prevent harm at the earliest stage – in effect, the board needs to have a zero tolerance of and awareness of abuse and the factors that lead to abuse.

As a result the Board and sub-groups urgently need to be refreshed to ensure that we are able to be legally compliant and prepared to accept these broader challenges. In particular the Board will need to be able to offer effective challenge, and scrutiny, in order to comply with the new standards.

The RSAB met on 8 May 2013 to review and refresh the vision, mission, strategic objectives, Governance Framework and Board structure. The event was well attended and successful in that a consensus was agreed for a range of changes that will support the Board to develop further as required by organisational and legal changes.

The findings from the self-assessment that was initiated by the Board in May 2013 will feed into the process of review, ensuring that the Board places an emphasis on continual improvement.

This report outlines each of the areas of change and sets out proposals to be agreed by Board. The Board recognised that, while it had been successful in implementing a range of improvements over the last 3 years, its focus has become increasingly operational in nature. The Operational sub-groups have become much less successful over the last year. There was insufficient separation between RSAB and sub-group business, resulting in repetition and a lack of challenge.

To this end it is proposed that the RSAB makes the following changes:-

7.1 Membership

Membership of the Board should be drawn from senior levels in the organisation that are represented. They should be able to represent at Board level in the organisation and be effective decision makers. The Board will meet quarterly.

Members should be:-

Chair	Pat Cantrill
Elected Member	Councillor John Doyle
NHS England	Margaret Kitchen (or rep)
Clinical Commissioning Group	Dr Russell Brynes (GP)
	Sue Cassin (Clinical Nurse Lead)
The Rotherham Foundation Trust	Juliet Greenwood (Chief Nurse)
RDASH	Chief Nurse
South Yorkshire Police	Pete Horner
RMBC, NAS	Shona McFarlane
Healthwatch	TBC
Voluntary Sector	Val Allen, SCOPE
RMBC, CYPS	Clair Pyper
RMBC, Commissioning	Janine Parkin
Care Quality Commissioner	Standing invitation - Regional Manager
RMBC, Public Health	John Radford

7.2 Meetings

It is essential that the sub-groups are refreshed, and it is proposed that there is a task and finish group initiated to undertake a review of the existing activities, resulting in a report to RSAB regarding how the new sub-groups should operate. Each should have effective Terms of Reference, and a work plan. Sub-groups should be able to receive information and seek assurance from partners using a wider range of methodology than at present. The Board will require wider information and better analysis than received at present on which to base actions, judgements and challenge and it is a key role for the sub-groups to acquire, analyse and present this information.

A step change is required in the ability of sub-groups to hold partners to account for the rigour and quality of their assurance mechanisms for example, how organisations ensure that the workforce is trained,

supervised and supported to achieve good safeguarding practice. Work is required on how this information can be provided in the Board in meaningful ways, to ensure that the Board can deliver on its commitment to continual improvement. The Board needs to put in place the conditions, systems and practice that assures the Board that the commissioning, contracting, assurance and operational delivery of services are safe, both in respect of safeguarding practice and operational delivery.

The Care and Support Bill also establishes case reviews as statutory for adult services for the first time. This requires the Board to be able to act as an independent body, able to use tools and methodologies to review, undertaken case reviews, lessons learned approaches and also build on good practice and effective performance. Boards will themselves be held to account for their ability to hold each other to account. This will require a rigour, independence and commitment to improvement from all partners.

The sub-groups should become more effective by giving them a focus and more responsibility to determine their work plan. The sub-groups should reflect the partnership better, through attendance and chairing responsibility, and should be more empowered, using the experience and knowledge of all partners to determine the direction of travel of policy and operations across Rotherham. An initial review of the work of the sub-groups resulted in the following proposals:

It is proposed that there are three sub-groups each focussing on key areas. These groups will be more empowered than the current group and will be responsible for implementing plans against the RSAB strategy and holding partner agencies to account for their performance against agreed actions.

Membership will be agreed, and attendance will be monitored and reported to RSAB and within the action plan, to ensure that agencies are fulfilling their commitment to RSAB. It is the Board's intention that the sub-groups should be seen as delivering clear actions, making proposals for Board agreement.

The proposed sub-groups are:-

Prevent

- Vulnerable Adults
- MCA/DOLS
- Communication Strategy

Perform

- Workforce Development
- Quality Assurance
- Performance

- Annual Report

Innovate

- SCR Toolkit Review
- Response to Care and Support Bill
- SCRs and Lessons Learned – develop a suite of approaches including the ability of the board to act as a ‘Select Commission’ to deliver a short sharp review of critical incidents/issues/Serious Incidents
- Governance

Further work is required on defining and agreeing the content and focus of sub-groups, to ensure that they address key issues within Safeguarding Adults.

It is proposed that the RSAB appoint Chairs from a range of member agencies and that Chairs are given responsibility for ensuring that each sub-group has:-

- Clarity on which elements of the strategy it is delivering against.
- Agreed and committed membership.
- A clear action plan and forward plan.

7.3 Strategic Aims

The RSAB agreed a refreshed set of strategic aims, vision and mission for the Board. It is proposed that these are accepted. See attached strategic aims, vision and mission, in Appendix 1.

7.4 Governance

The Board has agreed that its focus should be on the following:-

- Holding organisations to account for their Safeguarding practice.
- Ensuring that the Board’s strategic aims are implemented, reviewed and refreshed with a clear statement of multi-agency commitment
- Explicit commitments on membership
- Broad stakeholder involvement
- Strategic leadership
- A commitment to continual improvement

The Board will undertake the following:-

- Record and report attendance – partners’ boards to be informed of significant non-attendance and participation.
- Agree a set agenda to ensure each meeting is structured to ensure the most effective use of the reduced Board meeting time.

7.5 **Engagement with Customers**

Involving and engaging people who have had experience of being abused, and the Safeguarding process, is an area with which most Boards are being challenged, and not succeeding. It is not felt that representation on the Board by individuals who have been through the process would be an unsuccessful approach. In Rotherham, customers are at the heart of every service, so it is not acceptable that we do not seek engagement.

Attendance at Board by Healthwatch and the Voluntary and Community Sector (VCS) are an important component of ensuring that there is a customer voice at Board. The Board will welcome the contribution that the new Healthwatch will make to ensuring that the voices of citizens are represented.

In order to extend engagement it is proposed that an annual forum is held, similar to the well-established “Let’s Talk” events held within the Learning Disability Service. This will be a forum for engaging a wider group of customers, some of who may have had experience of the Safeguarding process; all of them with experiences of community or service settings which supports them to feel safe or otherwise.

It is also intended to hold an additional annual forum with provider organisations, wider VCS organisation etc. as a way of ensuring extended membership of the Board

7.6 **Focus on Outcomes**

It is proposed that safeguarding activity should have, in addition to a focus on prevent and protection a specific focus on outcomes. These should be agreed as outcomes of the safeguarding activity within Rotherham:

- People know about abuse and what to do when they become aware
- Abuse is prevented
- Adults are protected from harm
- Abuse is spotted and acted on with pace, integrity and commitment
- Partners work well together, and have policies which work well in Rotherham
- People have support to make decisions about their safety and risks

- 7.7 The meeting agreed to adopt a Safeguarding Adults Charter, and a partnership agreement of commitment which would be adopted by all partner agencies.

The draft Charter states:

RSAB will:

- take a zero tolerance approach to abuse and the factors that lead to abuse
- take action to protect vulnerable adults
- listen and respond to customers and citizens
- investigate thoroughly and in a timely manner any concern that is raised
- pursue perpetrators of abuse
- empower customers
- embed an outcomes focused approach
- commit to learn lessons and improve services as a result
- ensure that our approach to safeguarding is personalised

The partnership statement of commitment, which is a draft statement of commitment between agencies, reads in draft:

- we will hold each other to account
- we will embed the RSAB vision and strategy
- we will embed safeguarding principles
- we will implement its own safeguarding policy and evaluate its effectiveness
- we will receive and contribute to the annual report

7.8 **Forward Plan**

In order to ensure that these ambitious plans are realised, and to ensure that Board reports and decisions are able to go through the required governance processes, either internally to the Board or externally to member organisations or the Health and Wellbeing Board, it is proposed that the RSAB establishes a Forward Plan, populated by the RSAB action plan and the plans of each of the sub-groups. This will ensure that the RSAB can monitor the sub-groups progress against plan.

Serious Case Reviews – Case Reviews

The Care and Support Bill also established case reviews as statutory for adult services for the first time. This requires the Board to be able

to act as an independent body, able to use tools and methodologies to review, undertaken case reviews, lessons learned approaches and also build on good practice and effective performance. Boards will themselves be held to account for their ability to hold each other to account. This will require a rigour, independence and commitment to improvement from all partners.

7.9 **Priorities 2013/14**

Further work is required to ensure that the priorities now match the strategic intentions of the Board. The following priorities were agreed at the meeting in May 2013 and act as a starting point:

1. New Safeguarding procedures in place by March 2014.
2. Publish an annual report and business plan by August 2013.
3. Develop and implement a competence framework for members by August 2013.
4. Implement communications strategy by April 2013.
5. Strengthen joint working with Children's safeguarding board and domestic abuse priority group through agreeing governance by August 2013.
6. Review governance and board management arrangements and sub-groups and have refreshed arrangements in place by September 2013.
7. Implement a consistent and coherent learning from customers/practice/lessons learned framework by December 2013.
8. Refresh and review serious care review toolkit by November 2013.
9. Agree and embed a refreshed multi-agency performance management framework.
10. Identify the skills, tools and processes needed by the Board to exercise sufficient and effective scrutiny at the level required of a statutory SAB.

8 **Consultation**

These proposals have been based on consultation at the Board away day, and will be presented to Cabinet Member Adult Social Care and the Health and Wellbeing Board once agreed by the Safeguarding Adults Board.

9 **Finance**

There are no financial implications arising from this report.

10 **Background and reports**

- Department of Health 2011 statement of Government Policy on Safeguarding Adults. Gateway ref 16072
- ADASS – (2011) Standards of Safeguarding
- ADASS 2011 Advice note for Safeguarding Adults
- ADASS 2013 Advice Note to Director of Adult Social Services
- Draft Care and Support Bill
- ADASS Guidance, Out of Area, Safeguarding Adults Arrangements Dec 2012
- Safeguarding Standards 2010/11
- Safeguarding 20 Top Tips 2010
- Winterbourne Serious Case Review
- Francis report - Mid Staffs

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Mission Statement

People of Rotherham are able to live a life free from harm and all organisations and communities

- Have a culture that does not tolerate abuse
- Work together to prevent abuse
- Know what to do when abuse happens

Objectives

- ❖ All organisations and the wider community work together to prevent abuse, exploitation or neglect wherever possible
- ❖ Where abuse does occur we will safeguard the rights of people, support the individual and reduce the risk of further abuse to them or to other vulnerable people
- ❖ Where abuse does occur, enable access to the appropriate service and have increased access to justice focussing on outcomes of people
- ❖ Staff in organisations across the partnership have the knowledge, skills and resources to raise standards to enable them to prevent abuse or to respond to it quickly and appropriately
- ❖ The whole community understands that abuse is not acceptable and that it is 'everybody's business'

Strategic Aims

1. To develop a Safeguarding Adults Strategy that empowers people to protect themselves and their carers through effective risk management in personalisation of their care.

2. To deliver the RASB strategy through a Performance Management Framework, holding partner agencies to account through robust governance arrangements and quality assurance processes.
3. To review the constitution and governance of the RASB in line with National and Local priorities.
4. Ensure lessons are learned and recommendations implemented from serious case reviews to prevent abuse and safeguard vulnerable adults across Rotherham.
5. To align the interface between Children and Adult Safeguarding ensuring cross representation at a strategic and operational level to ensure a holistic view across the safeguarding agenda.
6. To further develop multi-agency information sharing systems, empowering practitioners to identify and prevent abuse from occurring where possible through integration of 'reportable concerns' and be fully informed about their responsibilities regarding the sharing of information between agencies for the purpose of safeguarding activities.
7. To engage and support local communities through cultural change to be the eyes and ears of safeguarding, raising awareness and promoting safeguarding adults work, reporting concerns and speaking up for people who may not be able to protect themselves and ensuring everyone involved in safeguarding is clear about their role and responsibilities.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	Monday 22 July 2013
3	Title:	Adult Services Revenue Budget Monitoring Report 2013/14
4	Directorate :	Neighbourhoods and Adult Social Services

5 Summary

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2014 based on actual income and expenditure for the period ending May 2013.

The forecast for the financial year 2013/14 at this stage is an overall overspend of £1.485m, against an approved net revenue budget of £72.558m.

6 Recommendations

That the Cabinet Member receives and notes the latest financial projection against budget for 2013/14.

7 Proposals and Details

7.1 The Current Position

The approved net revenue budget for Adult Services for 2013/14 was £72.558m. Included in the approved budget was additional funding for demographic and existing budget pressures (£0.949m) together with a number of savings (£7.186m) identified through the 2013/14 budget setting process.

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

Division of Service	Net Budget	Forecast Outturn	Variation	Variation
	£000	£000	£000	%
Adults General	1,711	1,688	-23	-1.35
Older People	28,969	29,660	+691	+2.38
Learning Disabilities	23,469	23,960	+491	+2.10
Mental Health	4,984	4,838	-146	-2.93
Physical & Sensory Disabilities	5,662	6,180	+518	+9.15
Safeguarding	722	722	0	0
Supporting People	7,041	6,995	-46	-0.65
Total Adult Services	72,558	74,043	+1,485	+2.10

7.1.2 The latest year end forecast shows there are a number of underlying budget pressures mainly in respect of an increase in demand for Direct Payments across all client groups plus pressures on external transport provision within Learning Disability services, increased demand for independent sector home care and slippage on budget savings within in house residential care. These pressures are being reduced by a number of forecast non recurrent under spends and management actions are currently being developed to enable spend to be contained within the approved budget by the end of the financial year.

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

Adults General (-£23k)

This area includes the cross cutting budgets (Workforce planning and training, and corporate charges) are forecasting an overall slight under spend based on last years charges.

Older People (+£691k)

- Overspend on In-House Residential Care due to slippage on implementation of budget savings target (+£400k) and recurrent budget pressure on Part III income (+£73k).
- Increase in Direct Payments over budget (+£589k), this compares with an overspend of £1m in 2012/13. There has been a reduction in the average cost of packages.
- Under spend on In House Transport (-£40k) due to forecast additional income.
- Forecast under spend on Enabling Care and sitting service (-£330k) based on current budget and level of service. However, there is an over spend on Independent sector home care (+£784k) which has experienced an increase in demand particularly over the last three months.
- An under spend on independent residential and nursing care (-£105k) due to 32 less clients than budgeted. More self funders receiving care is resulting in a reduction in the average cost per client plus additional income from property charges.
- Forecast under spend at this stage in respect of Community Mental Health budgets slippage in developing dementia services (-£81k).
- Under spend on carers services due to vacancies and slippage in carers breaks (-£75k).
- Slippage on recruitment to vacant posts within Assessment & Care Management and community support plus additional income from Health (-£444k).
- Overall under spend on Rothercare (-£80k) due to slippage in service review including options for replacement of alarms.

Learning Disabilities (+£491k)

- Slight overspend on independent sector residential care budgets due to shortfall on CHC income (+£20k). Work is ongoing regarding CHC applications and an internal review of all high cost placements.
- Forecast over spend on Day Care (+£388k) due to slippage on implementation of day care review including increase in fees and charges, plus recurrent budget pressure on transport.
- Forecast overspend in independent sector home care (+£87k) due to slippage on meeting the budget saving agreed as part of budget setting.
- High cost placements in independent day care is resulting in a forecast overspend of +£114k.
- High cost community support placements is resulting in a forecast overspend of £100k.
- Slippage on developing Supported Living schemes plus additional funding from health (-£174k).
- Efficiency savings on Service Level Agreements for advice and information and client support services (-£44k).

Mental Health (-£146k)

- Projected slight over spend on residential care budget (+£148k) due to slippage on budget savings target plan to move clients into community support services. This pressure is offset by an under spend within the community support budget (-£365k).
- Budget pressure on Direct Payments (+£69k).
- Minor overspends on employees budgets due to unmet vacancy factor, and additional overtime (+£2k).

Physical & Sensory Disabilities (+£518k)

- Continued Pressure on Independent Sector domiciliary care (+£178k) due to continued increase in demand.
- Further increase in demand for Direct Payments (+ 5 clients), forecast overspend (+£528k).
- Under spend on community support (-£75k) as clients are redirected to direct payments.
- Forecast under spend on Residential and Nursing care due to planned slippage in developing alternatives to respite provision (-£23k).
- Vacant posts within Resource centre and Occupational Therapists (-£3k).
- Under spend on equipment and minor adaptations budgets (-£77k).
- Forecast savings on contracts with Voluntary Sector providers (-£10k).

Safeguarding (Balanced)

- Forecast balanced budget at this early stage.

Supporting People (-£46k)

- Efficiency savings on subsidy contracts have already been identified against budget.

7.1.3 Agency and Consultancy

Total expenditure on Agency staff for Adult Services for the period ending May 2013 was £106,930 (no off contract). This compares with an actual cost of £40,376 for the same period last year (of which £1,974 was off contract). Primarily, these costs were in respect of residential and assessment and care management staff to cover front line vacancies and sickness.

There has been no expenditure on consultancy to-date.

7.1.4 Non contractual Overtime

Actual expenditure in respect of non contractual overtime to the end of May 2013 was £59,115 compared with £40,581 for the same period last year.

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

7.2 Current Action

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

8. Finance

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

9. Risks and Uncertainties

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

In addition, any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care.

Regional Benchmarking within the Yorkshire and Humberside region for the final quarter of 2012/13 shows that Rotherham remains below average on spend per head in respect of continuing health care (10th out of 15 Authorities).

10. Policy and Performance Agenda Implications

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

11. Background Papers and Consultation

- Report to Cabinet on 20 February 2013 –Proposed Revenue Budget and Council Tax for 2013/14.
- The Council's Medium Term Financial Strategy (MTFS) 2011-2014.

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

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	22 July 2013
3	Title:	Response to Scrutiny Review of Continuing Healthcare
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

Continuing Health Care (CHC) relates to NHS funding which is allocated to people whose health care needs meets a nationally agreed threshold. Following concerns that citizens in Rotherham were not being served well due to CHC spend being lower than nearby and statistical neighbours; a Review of Continuing Health Care was led by the Joint Health and Improving Lives Select Commissions in 2012. A number of recommendations were made which it is intended will improve the experience of citizens and ensure that a fairer share of CHC funding is received within Rotherham.

Following receipt of the report, a senior management working group consisting of both RMBC and NHSR staff agreed a set of actions to ensure effective multi disciplinary working and deliver better outcomes for customers.

CHC and social care assessments are completed by health and social care staff presently or recently involved in assessing, reviewing, treating and supporting the customer. A better working relationship exists and understanding of each professionals role in participating in a multi disciplinary assessment and completing the Decision Support Tool (DST).

6 Recommendations

- **This report to be submitted to Cabinet Member Adult Social Care and Cabinet meetings prior to receipt at September's Health and Wellbeing Board.**

7 Proposals and Details

- 7.1 The recommendations of the Joint Select Commissions have been addressed through joint work between NHS Rotherham and RMBC. Good progress has been made in addressing the recommendations, as can be seen from the attached plan. Unfortunately significant changes in the NHS, including the transfer of responsibilities to the Clinical Commissioning Group and the local National Commissioning Board have resulted in some delays in agreeing the devised joint protocol, which reflects the National guidance for NHS Continuing Healthcare and NHS Funded Nursing Care and which addresses local issues identified by the Select Commission. This piece of work has commenced following the restructure and the move of CHC team over to CCG/Commissioning Support Unit, along with the actions required to drive Personalisation of services in Rotherham forward across Health and Social Services.
- 7.2 It has been agreed that training will be delivered jointly by CHC/LA leads and rolled out across hospital, community health and social care teams. As recommended, examples of local case studies, with examples of completed and anonymised Decision Support Tools will be used, ensuring that staff can learn from the experience of Rotherham customers.
- 7.3 With regards to the joint protocol, it has been drafted and work will commence with continuing healthcare manager/staff and RMBC CHC champions now CHC lead is in post. The protocol will include how to resolve disputes, and written guidance for staff will be produced to ensure consistency and compliance once it has been issued.
- 7.4 The RMBC/CHC Senior Management group, Personalisation Workstream will continue to meet and consider budget issues and to develop cost effective delivery of personal health budgets by 1st April 2014 based on a pilot project implemented from 1st April 2013.
- 7.5 Improved engagement has been achieved through the attendance at CHC panels. It is now routine that RMBC CHC Champions attend ratification panel meetings as part of the Multi Disciplinary Team and implement joint actions. CHC Champions ensure that issues are addressed in a timely manner.

8 Finance

- 8.1 The latest Yorkshire and Humberside CHC benchmarking information for the quarter ending 31 December 2012, Rotherham is ranked 7th out of 15 in terms of the number of people receiving CHC funding. In terms of actual expenditure Rotherham is ranked 10th and therefore still below the average spend per person within the region.

9 Risks and Uncertainties

9.1 The following actions have been taken forward by RMBC/CHC strategic leads to implement Scrutiny's recommendations and minimise risk to the Council

9.1.1 Monthly meetings are held between strategic leads to consider budget issues, address joint protocols, transitions between funding streams and services etc.

9.1.2 Operational leads continue to meet weekly to address day to day issues and improve communication.

9.1.3 Written protocols and joint training will re commence now CHC Leads are in post and will address the remaining Scrutiny recommendations.

10 Background Papers and Consultation

Review of Continuing Health Care in Rotherham – Joint Report of the Health and Improving lives Select Commissions

National Framework for Continuing Health Care – Department of Health

Contact Name: Shona McFarlane, Director of Health and Wellbeing
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Cabinet's Response to Joint Select Commission Review of Continuing Healthcare

Recommendation	Decision (Accepted/ Rejected/ Deferred)	Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Officer Responsible	Action by (Date)
<p>1. Assessments:</p> <p>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</p>	Accepted	<p>Requirement within the National Framework to conduct reviews in a timely manner and work with RMBC through Joint Working Group.</p> <p>Issues to be flagged through Joint Working Group where issues arise</p> <p>Work has commenced to devise a joint local CHC/LA protocol which reflects the National guidance for NHS Continuing Healthcare & NHS Funded Nursing Care which addresses local issues. This piece of work will continue following the restructure and the move of CHC team over to CCG/CST and changes within CHC team have been fully implemented.</p> <p>2/7/2013</p> <p>Following the restructure of the NHS, CHC has now successfully moved over to be part of the CSU. The implementation of the National Framework for NHS Continuing Health Care and NHS Funded Nursing care December 2012 was implemented from 1st April 2013. CHC continues to follow the National Framework for NHS Continuing Health Care and NHS Funded Nursing Care December 2012 to ensure that reviews are conducted with in a timely manner and work with RMBC. Any issues to be flagged through the joint working group.</p>	<p>MC</p> <p>SMc/SL</p>	Ongoing
<p>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</p>	Accepted	<p>Community hospital now in operation providing a degree of step up/down care. Additional Step Up Step Down beds in Intermediate Care Service have 89% occupancy rate. Impact of community hospital to be monitored</p>	DB	Complete

<p>2. Training:</p> <p>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</p>	Accepted	<p>Refreshed National Framework released for implementation April 2013 CSU nominated lead to develop an appropriate CHC training package to be rolled out locally across SY&B area.</p> <p>2/7/2013 The CSU has appointed an individual who is in post to develop an appropriate CHC training package to be rolled out locally across SY&B area. The training will be accessible to all health professionals and Social Workers and Social Services officers.</p>	DM/SM	<p>Plan agreed, training to be in place by 30.4.13</p> <p>Plan agreed, training to be in place by 31/10/2013. However CHC are available for any support during this time.</p>
<p>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</p>	Accepted	<p>CHC training package incorporate case studies to assist in application and learning CSU operational lead with responsibilities for training to undertake training delivery Examples of local case studies, completed and anonymised DST will be used and feedback given.</p> <p>2/7/2013 The CSU has appointed an individual to develop an appropriate training package to be rolled out across SY&B. All training will incorporate case studies.</p>	DM/SM	<p>Plan agreed training to be in place by 31/10/2013</p>
<p>3. Written Protocols:</p> <p>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</p>	Accepted	<p>As per National framework Work to be undertaken through Joint Working Group Joint protocol, work will re commence with continuing healthcare manager/staff and RMBC CHC champions. Protocol is drafted – includes how to resolve disputes, written guidance will be produced.</p> <p>2/7/2013 Work to be undertaken through the joint working group to revisit the local resolution/dispute process which is currently in place and to develop a protocol to include a written guidance to include and resolve disputes with agreement will all parties involved – CSU, CCG and LA</p>	SMc/SL	<p>14.09.13</p>

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)	Accepted	As per Framework. Any issues to be discussed through Joint Working Group. Guidance will be provided within the joint protocol. 2/7/2013 The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care December 2012 and Refund Guidance will be followed with regards back dating of funding when a person is admitted to a nursing unit based on a fast track or checklist – pending a DST being completed.	SMc/SL	14.09.13
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)	Accepted	Agreed 14 day turnaround in principle with LA - agreed	SMc/SL	complete
3d) To agree joint protocols for engaging with service users to gather their experience and views for the purpose of service improvement	Accepted	Currently patient feedback sought for Domiciliary care packages and captured in service user/customers survey. Outcomes are fed through to Joint Working Group. Customer Outcomes also to be monitored through new Personal Health Budgets pilot .	SMc/SL	review to be held September 2013
4. Joint Working 4a) To ensure the continuation of MDT meetings on a regular basis to improve joint working and communication across agencies	Accepted	Currently meeting are organised by RMBC . To continue with inclusion of the identified CHC leads within the CSU. RMBC CHC champions to continue to attend eligibility panel as part of the MDT.	DM & op lead	Complete
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)	Accepted	Joint approach between RMBC & CCG agreed to take place alternate months with input from CHC nominated lead. RMBC/CHC working group to continue to meet and address budget issues and implementing the proposals within the Care and Support Bill.	SMc/SL & CHC lead	Complete

4c) For the NHS and Local Authority to agree appropriate arrangements to consider discharge planning to avoid delays	Accepted	Work has been undertaken through discharge strategy group which includes LA and CHC members NHS and Local Authority consider a customer's needs and start planning for discharge on admission. Guidance will be given in the joint protocol.	SMc/SL & CHC lead	Complete
4d) To consider options in relation to closer working across agencies, based on examples of good practice e.g Maltby Service Centre	Accepted	RCCG commissioned integrated Health & Social care teams across Rotherham as part of the wider strategy to improve the care of patients with long term conditions	SMc/SL & CHC lead	Complete
5. Panels and Appeals	Accepted	CHC ratification panel undertaken daily LA reps now attending Tuesday & Thursday .	LB/PB & SM	Complete
5a) To address concerns in relation to the lack of representation from the Local Authority at CHC panel meetings	Accepted	CHC ratification panel undertaken daily LA reps now attending Tuesday & Thursday .	LB/PB & SM	Complete
5b) To ensure there is expert knowledge via an appropriate worker (such as a learning disabilities representative) on future CHC and Dispute Panels	Accepted	Currently distinct LD panel runs monthly. CHC rep present on appeal panels also attended by LD service leads. John Williams Service Manager Learning disability Service attends.	DM & op lead	Complete
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	Accepted	Appeals & disputes currently handled by central CSU retrospective team who organise MDT panel inclusive of a LA rep. Any revision to be taken forward through Joint Working Group	DM & op lead	Complete
5d) To review the decision making process and look to streamline panels where possible to reduce delays and inconsistencies	Accepted	Ratification of applications as per the principles of the National Framework. Any issues to be discussed through Joint Working Group	DM & op lead	Complete

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	Accepted	Principles of National Framework followed - information and/or leaflets supplied routinely. Staffs have access to information, leaflets and explain the appeals process at the offset when assessments are completed and the CHC process explained.	DM & op lead	Complete
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.		Progress has/is being made to improve services in Rotherham. These are contained within this report and any further requests for updates to be discussed through Joint Working Group	SMc/SL	Complete

Key to named individuals:

MC – Michaela Cox DM – Debbie Morton DB – Dominic Blaydon SM – Sheena Moreton
 SMc – Shona McFarlane SL – Sarah Lever LB – Lindsay Bishop PB- Paula Brown

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	22 July 2013
3	Title:	Scrutiny Review of RMBC Residential Homes
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

This report sets out the findings and recommendations of the Scrutiny Review of RMBC Residential Homes, Lord Hardy Court and Davies Court. The full report is attached as Appendix 1 and was endorsed by the Health Select Commission and the Overview and Scrutiny Management Board at their meetings on 18th April and 24th May 2013 respectively.

This report also gives a brief outline of the progress that has been made by Senior Management, Residential Managers and Human Resources Business Partner in line with recommendations from the review and progress from the proposed restructure of the homes and service in line with budget savings and proposals for 2013/2014.

6 Recommendations

- **Approves the report for submission to Cabinet Member Adult Social Care**

7 Proposals and Details

The scrutiny review was undertaken from September to December 2012 by Scrutiny members and Cabinet Member for Adult Social Care. It was held in the context of the significant budget pressures being faced by the Council and the need to identify further efficiencies. Previous Value for Money analysis has demonstrated that the homes are higher cost than the equivalent services provided in the independent sector, and reduce the cost effectiveness of of Adult Social Care.

It was felt that an independent view of the finance and staffing of the homes was required. It took place, alongside a financial review commissioned by Neighbourhoods and Adults Services management, and delivered by Price Waterhouse Cooper (PWC). It was intended that the Scrutiny Review would add value to the work carried out by PWC and to allow a wider range of discussion to take place about the future of the homes.

The review enabled the Senior Management, Residential Managers and Staff within the service to take a critical look at previous and current expenditure and to achieve an understanding of value for money, outcomes and quality of service provision and in particular, the potential impact of budget cuts on this area and the risks associated. The homes are registered with and regulated by the Care Quality Commission; as a result there are essential standards of care which have to be maintained, and have to be clearly factored into the plans to ensure compliance.

Senior Management, Residential Managers and Human Resources Business Partners and Budget Support Officers have been working together since February 2013 to consider a number of options and recommendations from the review and the financial review from Price Waterhouse Cooper. The options and areas proposed are:-

- Restructure of all Staffing within the homes, including a review of Terms and Conditions for staff, to achieve some of the budget savings proposals.
- Revise and review shift patterns for all staff, to ensure staffing requirements and service provision is carried out safely to meet essential standards and service user assessed needs.
- Ensure we have effective and robust Shift Leaders to comply and maintain and deliver standards of care for the service users.
- Look at ways of maintaining Quality Assurance, by a critical look at how we manage this at present and other options and tools available to support Managers for example Electronic Case Recording.
- Residential Managers have been working with Procurement Officers to look at options to utilise different suppliers and contracts to ensure value for money, and address potential savings in this area. A number of other

Catering Suppliers are already being used, and a pilot is underway by the procurement teams.

- Both homes have a structured and varied social and activities programme which presently meets individual need, promotes wellbeing, and provides the service users with a range of options both in the home and community. To achieve the budget savings proposed for the homes, this area will have to be reconsidered, which will include looking at more voluntary groups and community links and developing more partnership working, i.e. Age UK, Alzheimer's Society.
- Options to be considered for lease arrangements to generate some income related benefits, i.e. The Café and the Hairdressing / Beauty Salon.
- The Service has now employed a Handy Person at each home, which will reduce some of the expenditure on minor repairs and maintenance. The Residential Managers are working with EDS Building Manager to look at other ways of how to use this role and where some savings can be achieved immediately, i.e. To train the Handy Person and purchase the equipment to undertake Electrical PAT Testing requirements which would reduce costs on contracting from the present Council Contractor in place, Wilmot Dixons.

The review reported under the five sub headings; staffing, catering and entertainment, buildings and maintenance, costs and comparisons and options for the future. Each of these sections of the review has its own recommendations. There are 10 recommendations all of which have been considered for the proposals within the revised structure for the residential homes. Response to the recommendations is attached Appendix 2.

8 Finance

The review recommendations will need to be considered in the context of the agreed budget for 2013/14.

9 Risks and Uncertainties

The cost savings to be made in line with budget proposals will have an impact on future delivery of services in the homes. Meeting individual assessed care needs will be the focus of the restructure of the service, and Essential Standards in line with Policy and Care Quality Commission.

The Social and Activities Element of the homes, which support customers from the community, will no longer be provided in house. It has been established that this facility and services will have to be provided by other options, to enable the revised staffing structure to meet budget proposal, by providing and meeting care needs of the individual.

For some individual service users, families and carers, this is an important part for them when choosing a home, the provision in place at both homes enables individuals to feel part of a home and still have community links. For the future this area needs to be conveyed to service users, families and carers etc with some sensitivity and the Management need to ensure other options and alternative arrangements are in place.

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Cabinet's Response to Scrutiny Review RMBC Residential Homes

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Officer Responsible	Action by (Date)
<p>1. That RMBC corporately agrees to review the terms and conditions of the staff to address issues of out of hour's enhancements and sickness absence payments.</p>	Accepted	<p>The corporate terms and conditions are being reviewed, but fall outside of the remit of this report. However, a number of the terms and conditions that affect the residential homes are being addressed as part of the review. Average hours paid for annual leave and sickness is to be addressed during the recruitment process within the new structure for the homes and when staff not successful within the new structure are redeployed.</p> <p>Out of hours enhancements for staff undertaking night shifts will remain, and present weekend enhancements and bank holiday payments remain, as this has to be a corporate agreement across all council services to change terms and conditions for staff.</p> <p>Staff recruited to the new structure within the homes will no longer have paid breaks. This provision has been factored in the new proposed structure</p>	HR Business Partner O Stringwell	1/9/13
<p>2. That Human Resources and NAS Management consider urgently whether the permanent recruitment freeze could be lifted for the two homes, enabling them to take more control of some of the staffing costs.</p>	Accepted	<p>A Recruitment Freeze had been in place from October 2013, due to the Review.</p> <p>Temporary and casual posts had been advertised and some internal recruitment within the council had taken place. Existing staff within the homes on temporary contracts had received extended dates on their contracts, due to the review by scrutiny and the financial review commissioned in October 2012 under Price Waterhouse.</p> <p>Recruitment was and remains ongoing with casual bank of staff at both homes, to ensure consistency of care delivery. Once the review is complete, all subsequent vacancies will be recruited to on a permanent basis.</p>	Service Manager R Brown Registered Managers L Sykes Todd	

<p>3. That the hard work and commitment of the staff and managers of both homes be recognised and the achievements made in enhancing the dignity of residents.</p>	<p>Accepted</p>	<p>The hard work of staff has been recognised through Business Value awards and NAS's recognition framework. Within the new structure, following consultations with staff and implementation, Recruitment and Selection Process have to be robust, with clear requirements regarding the delivery of care.</p> <p>This will ensure that future delivery of the service will be undertaken within the framework of Essential Standards, with clear values around enhancing the individual's life within the home.</p>	<p>Service Manager R Brown HR Business Partner O Stringwell HR Officers Union Representation Registered Managers, L Todd L Sykes</p>	<p>30/9/13</p>
<p>4. To provide the opportunity for the teams to explore this further and to generate independent income for the homes to enhance the experience for residents and to ensure that quality of provision is maintained as far as possible. This might also include some independent management of procurement for food and catering items.</p>	<p>Accepted</p>	<p>Progress has already been made in standardising current menus and rationalising the products bought across all care homes. This will ensure continuation of quality products, whilst reducing costs.</p> <p>Further work is underway with procurement teams to identify more effective and efficient options.</p> <p>Other options to consider is the lease of the café, to enable residents to continue to use this facility with family and relatives around festive holidays and other celebrations, and Sunday Lunch etc</p> <p>The Therapy Room and Hairdressing salon opportunities to be considered regarding this function/ service to be leased for some business opportunity which would then ensure residents health and Wellbeing continue to be enhanced, as this area provides a social focus to their life in the homes.</p>	<p>Service Leader Simon Bradley Procurement Officers Registered Managers L Todd L Sykes</p> <p>Service Manager R Brown Registered Managers</p>	<p>Ongoing</p>
<p>5. That further work is done with the procurement team of the Council to look at value for money in the current contractual arrangements and a review of how the food budgets are spent in carried out in conjunction with the managers of the homes.</p>	<p>Accepted</p>	<p>Progress has already been made in standardising current menus and rationalising the products bought across all care homes. This will ensure continuation of quality products, whilst reducing costs.</p> <p>Further work is underway with procurement teams to identify more effective and efficient options</p>	<p>Service Leaders Simon Bradley Procurement Officers</p> <p>Registered Managers</p>	<p>Ongoing</p>

<p>6. That consideration is given to the extent to which the handyman service or another internal employee could be trained to carry out some of the maintenance services that are currently causing the homes to go over their repairs and maintenance budgets.</p>	<p>Accepted</p>	<p>The Handyman at both homes is now in place, with clear identified roles around repairs and maintenance.</p> <p>Training is being provided through Facilities Management in line with Caretakers of premises across the council.</p> <p>Where applicable minor repairs and maintenance are being undertaken, along with other opportunities for them to undertake. This is in line with Health and Safety Regulations and Procedures.</p>	<p>EDS Building Manager D Wilde Registered Managers L Todd, L Sykes</p>	<p>June 2013 completed</p>
<p>7. That the same review contained within recommendation 5 for food procurement is carried out regard to procurement of cleaning, repairs and maintenance services.</p>	<p>Accepted</p>	<p>Procurement Team to explore more effective procurement of the service.</p> <p>A Rotherham MBC framework agreement for repairs and maintenance services has recently been let for all Council buildings. This agreement has been awarded following a robust procurement process and advertised through the Official Journal of the European Union, this agreement is delivering huge benefits and cost savings to Rotherham MBC.</p>	<p>Simon Bradley Service Leader Procurement Officers Registered Managers</p>	<p>Ongoing</p>
<p>8. That Cabinet do not cut staff hours per resident below 25 as it is felt this will be to the detriment of the quality of other service provided.</p>	<p>Accepted</p>	<p>This recommendation has been given serious consideration. The level of service provision at 25 hours per week average per resident remains above the average found in similar good quality homes and it is felt that standards should remain at the current level. The budget hours allocated per week per resident for care delivery remains at 25 hours. This has been planned in to the revised structure for the care delivery and to ensure that Essential Standards are maintained.</p>	<p>Budget Support Officer Viv Ford Service Manager R Brown</p>	<p>30/9/13</p>
<p>9. That Cabinet re-consider the proposal to reduce the number of managers within the homes, as this is likely to result in re-deployment and payment protection costs which could outweigh the savings being made.</p>	<p>Accepted</p>	<p>The Team Leader role which is part of the existing Management structure within the homes has been revised under the new structure to enable Budget Savings from the review to be achieved.</p> <p>The proposed new role will be Shift Leader at a lower band, which has enabled more posts are able be to implement under the revised management structure which equates to 11 part time posts to deliver the care service and manage the care team at each home.</p> <p>Vacant posts with Neighbourhoods and Adult Services are</p>	<p>Hr Business Partner O Stringwell Service Manager R Brown Registered Managers L Todd, Sykes</p>	<p>30/9/13</p>

		being ring fenced for staff within the homes, where redeployment opportunities are being considered at the appropriate band where possible		
10. That the Council looks at alternative ways to manage the capital costs and borrowing associated with this, which potential review the burden from the revenue budgets of the homes.	Accepted	This is being examined in the context of Council's capital and asset strategy.	M Scarrott	01/0913

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	Cabinet
2. Date:	19th June 2013
3. Title:	Scrutiny Review of RMBC Residential Homes
4. Directorate:	Resources

5. Summary

This report sets out the findings and recommendations of the scrutiny review of RMBC Residential Homes. The full report is attached as Appendix 1 and was endorsed by the Health Select Commission and the Overview and Scrutiny Management Board at their meetings on 18th April and 24th May 2013 respectively.

6. Recommendations**That Cabinet:**

- **Receives the report;**
- **Feeds its response back to OSMB within two months.**

7. Proposals and Details

This review was identified in the work programme for 2012/13 and was prioritised by both Scrutiny Members and the Cabinet Member for Adult Social Care. In light of the budget pressures being faced by the Council and the need to identify further budget cuts it was felt that an independent view on the future of the homes was required. It took place, alongside a financial review, commissioned by Neighbourhoods and Adults Services management, and delivered by Price Waterhouse Cooper. It was intended that the Scrutiny review would add value to the work carried out by PWC and to allow a wider range of discussion to take place about the future of the homes.

The overall aim of the review was to achieve an understanding of value for money, outcomes and quality of service provision and in particular, the potential impact of budget cuts on this. The review would make recommendations to the Executive to be considered alongside the process of setting and reviewing the budget for 2013/14.

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities.

The review is reported under the five sub headings; staffing, catering and entertainment, buildings and maintenance, costs and comparisons and options for the future. Each of these sections of the review has its own recommendations. There are 10 recommendations in total, listed below.

1. That RMBC corporately agrees to review the terms and conditions of the staff to address issues of out of hours enhancements and sickness absence payments.
2. That Human Resources and NAS Management consider urgently whether the permanent recruitment freeze could be lifted for the two homes, enabling them to take more control of some of the staffing costs.
3. That the hard work and commitment of the staff and managers of both homes be recognised and the achievements made in enhancing the dignity of residents.
4. To provide the opportunity for the teams to explore this further and to generate independent income for the homes to enhance the experience for residents and to ensure that quality of provision is maintained as far as possible. This might also include some independent management of procurement for food and catering items.
5. That further work is done with the procurement team of the Council to look at value for money in the current contractual arrangements and a review of how the food budgets are spent is carried out in conjunction with the managers of the homes.
6. That consideration is given to the extent to which the handyman service or another internal employee could be trained to carry out some of the maintenance services

that are currently causing the homes to go over their repairs and maintenance budgets.

7. That the same review contained within recommendation 5 for food procurement is carried out regard to procurement of cleaning, repairs and maintenance services
8. Cabinet do not cut staff hours per resident below 25 as it is felt this will be to the detriment of the quality of the service provided.
9. That Cabinet re-consider the proposal to reduce the number of managers within the homes, as this is likely to result in re-deployment and payment protection costs which could outweigh the savings being made.
10. That the Council looks at alternative ways to manage the capital costs and borrowing associated with this, which potential remove the burden from the revenue budgets of the homes.

8. Finance

The review recommendations will need to be considered in the context of the agreed budget for 2013/14

9. Risks and Uncertainties

The review group considered at length the risks around reducing costs and the potential impact on quality. This potential “trade off” between cost savings and quality was at the heart of the review.

10. Contact

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Scrutiny review: RMBC Residential Homes

Review of the Health Select Commission

September – December 2012

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Executive Summary

The aim of the review:

The review group was made up of the following members:

- Cllr Brian Steele (Chair)
- Cllr Dominic Beck
- Robert Parkin (co-optee, Speak-up)
- Cllr Colin Barron
- Cllr Christine Beaumont

Summary of findings and recommendations

The overall aim of the review was to achieve an understanding of value for money, outcomes and quality of service provision and in particular, the potential impact of budget cuts on this. The review would make recommendations to the Executive to be considered alongside the process of setting and reviewing the budget for 2013/14.

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities.

The review is reported under the five sub headings; staffing, catering and entertainment, buildings and maintenance, costs and comparisons and options for the future. Each of these sections of the review has its own recommendations. There are 10 recommendations in total, listed below.

1. That RMBC corporately agrees to review the terms and conditions of the staff to address issues of out of hours enhancements and sickness absence payments.
2. That Human Resources and NAS Management consider urgently whether the permanent recruitment freeze could be lifted for the two homes, enabling them to take more control of some of the staffing costs.
3. That the hard work and commitment of the staff and managers of both homes be recognised and the achievements made in enhancing the dignity of residents.
4. To provide the opportunity for the teams to explore this further and to generate independent income for the homes to enhance the experience for residents and to

ensure that quality of provision is maintained as far as possible. This might also include some independent management of procurement for food and catering items.

5. That further work is done with the procurement team of the Council to look at value for money in the current contractual arrangements and a review of how the food budgets are spent is carried out in conjunction with the managers of the homes.
6. That consideration is given to the extent to which the handyman service or another internal employee could be trained to carry out some of the maintenance services that are currently causing the homes to go over their repairs and maintenance budgets.
7. That the same review contained within recommendation 5 for food procurement is carried out regard to procurement of cleaning, repairs and maintenance services
8. Cabinet do not cut staff hours per resident below 25 as it is felt this will be to the detriment of the quality of the service provided.
9. That Cabinet re-consider the proposal to reduce the number of managers within the homes, as this is likely to result in re-deployment and payment protection costs which could outweigh the savings being made.
10. That the Council looks at alternative ways to manage the capital costs and borrowing associated with this, which potentially remove the burden from the revenue budgets of the homes.

1. Why members wanted to undertake this review?

This review was identified in the work programme for 2012/13 and was prioritised by both Scrutiny Members and the Cabinet Member for Adult Social Care. In light of the budget pressures being faced by the Council and the need to identify further budget cuts it was felt that an independent view on the future of the homes was required. It took place, alongside a financial review, commissioned by Neighbourhoods and Adults Services management, and delivered by Price Waterhouse Cooper. The aim of the Scrutiny review was to add value to the work carried out by PWC and to allow a wider range of discussion to take place about the future of the homes.

The overall aim of the review was to achieve an understanding of value for money, outcomes and quality of service provision and in particular, the potential impact of budget cuts on this. The review would make recommendations to the Executive to be considered alongside the process of setting and reviewing the budget for 2013/14.

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities.

2. Terms of reference

The work of the review group was split into two distinct pieces of work:

1. To understand the workings of the residential homes set in the context of Adult Social Care delivery, funding and regulations. This involved spending a full afternoon with the managers and staff of both homes.
2. To receive a summary of the work completed by PWC and the main recommendations regarding the future of the homes.

These two pieces of work were brought together in a final meeting of the review group to pull together their own recommendations.

The review has been provided with support and evidence by a number of officers for Neighbourhoods and Adult Services and these were as follows:

Tom Cray – Strategic Director
Shona McFarlane – Director of Health and Wellbeing
Ros Brown – Service Manager
Lynn Todd – Manager, Davies Court
Lisa Sykes – Manager, Lord Hardy Court
Doug Parkes – Business Manager
Sarah Turner and Paula Woodward – Team Leaders, Lord Hardy Court
Sue Severns and Denise Smith – Team Leaders, Davies Court
Vanessa Barlow – Senior Care Assistant, Davies Court

Juliette Seargent and Denise Gelthorpe, Care Assistants, Davies Court

The review also included visits to two independent homes in the Borough, to allow review group members to benchmark the two Council run homes under review.

In total the review group met 5 times and the notes of these meeting are available as background documents to this report.

3. Background

At the first meeting of the review group, members were provided with the background information and context within which the two homes operate. This is summarised as follows:

- All residential homes are assessed as part of the Home from Home scheme and are graded bronze to gold. Both Davies Court and Lord Hardy Court are currently graded silver
- Each home has 60 beds
- Of these 30 beds are designated for people who have a mental health problem (Elderly and Mentally Ill EMI), 15 are residential and 15 are intermediate care or fast response beds. The latter category is provided in partnership with NHS Rotherham and part funded through intermediate care pooled budgets and NHS reablement grant.
- All EMI beds are fully occupied
- The intermediate care beds have an occupancy rate of 80% which is the highest ever and length of stays is 16 days which is good performance
- People living at home after 91 days from discharge from intermediate care is at 89.53%, a best ever performance achieved.
- The homes were new build and were designed to allow the consolidation of residents from a number of older buildings into the new ones. The old homes were then transferred to Asset Management. Some of the old homes have since been sold and the Council benefited from the capital receipt.
- Because of the design of the buildings and the accommodation of larger numbers of residents, there has been an increase in the staffing levels from those originally planned, particularly for night shifts.
- The remaining homes that have not been sold sit within the Council's property bank and ongoing costs i.e. security, are met by corporate budgets.
- The independent sector has higher vacancy rates and the Council homes continue to be very popular with regular enquiries. Waiting lists are not kept.

4. Residential Homes.

4.1 Staffing.

Members of the review group were provided with the staffing structures and the working patterns of the staff. It was recognised from very early on that the homes would always struggle to remain competitive in terms of costs with the independent sector because of the terms and conditions of the staff, employed by the Council. Members felt strongly from the outset that the need to reduce costs

within the two homes should not result in a deterioration of the quality of the service provided. They were keen to look at value for money and to assess the quality of the provision as well as their financial viability. It was viewed that the review needed to make recommendations about achieving the right balance between these two things.

It was noted that the majority of the costs of the homes were related to staffing costs. It was also noted that staffing costs were higher than originally planned for the two homes because the buildings required higher numbers of staff. The staffing levels had been increased within 6 months of the homes opening. As staff are paid time and one third for night duties staffing costs increased.

It was also noted that sickness levels in Davies Court are high. This issue was explored by the review group at the session they held with staff. Staff discussed this openly and honestly with the group. As a result the following issues were concluded:

- For a number of reasons, including vacancy rates and annual leave, staff will regularly find themselves working longer hours than they are contracted for (e.g. someone on a 16 hours per week contract, could be working up to a 30 hour week
- Since annual leave and sickness are calculated on average hours worked, the result will be that staff will have an entitlement to more annual leave, but importantly, higher levels of sick pay. Night duty enhancements are also paid when on sickness absence.
- This has resulted in an “incentive” for sickness absence.

Staff were concerned that the combination of vacancies, annual leave entitlements and sickness absence have created significant staff shortages. At the time of the review, Davies Court had 10 vacancies. Managers were concerned that they have little control over these costs.

It was noted that a review of terms and conditions was required but that this was something that needed to be negotiated with Unions at a corporate level.

Members of the review group, however, noted that the high quality of care provided in the homes is largely down to the staff. Staff were proud to work for the Council and were extremely committed to driving up quality standards for their residents. Members therefore felt very strongly that although staffing costs did need to be controlled more, that this was not at the expense of the high quality of care provided by the staff. Members also noted that the management style of the two managers was inclusive and that they demonstrated strong leadership.

Recommendation 1.

That RMBC corporately agrees to review the terms and conditions of staff to address issues of out of hours enhancements and sickness absence payments.

Recommendation 2.

That Human Resources and NAS Management consider urgently whether the permanent recruitment freeze could be lifted for the two homes, enabling them to

take more control of some of the staffing costs. Also that they review the average hours offered on part time contracts for staff in the homes.

4.2 Catering and entertainment.

Members noted that there is a very clear policy within the homes that the food and entertainment provision is a key element of maintaining the dignity of residents. For example within the dining room napkins, linen table cloths and background music are provided. For residents who have to have soft or pureed meals they are moulded which means that in appearance terms the food looks the same as the real thing. This means the food is at a higher cost and this is not provided in most independent sector homes.

Similarly the entertainment and activities programme provided for the residents is of a high quality, and as such attracts visitors to learn about how it is provided, for example GPs, managers of independent homes. It is the view of the managers and staff that they are providing a flagship service which others could learn from.

It was noted that none of the mainstream budgets for the homes is being spent on entertainments and activities. They have a shop, café and hairdressing/beauty salon on site and this generates income that is used to fund activities. All of the services are provided at very low cost. This source of income for the homes is totally independent and is therefore an element of the homes' finances that the managers have complete control over. It is used to enhance the "dignity" experience for residents. All of the decorating, much of the furniture and soft furnishings were purchased through this budget and members of the review group noted that these were all of a very high standard.

In addition to this, the managers and staff have worked hard to strengthen links with the local communities and partners, for example the local church and police. Lord Hardy Court have set up Friends of Lord Hardy Court group and they were successful in gaining £10,000 lottery funding last year.

The review group also noted that in procurement terms, the Yorkshire purchasing organisation contract may not be offering the best value for money. It is designed to achieve economies of scale but the staff did not feel that this was being reflected in their budgets. It was noted that the changing arrangements with RBT may well change these procurement arrangements in the coming months.

Recommendation 3.

That the hard work and commitment of the staff and managers of both homes be recognised and the achievements made in enhancing the dignity of residents.

Recommendation 4

To provide the opportunity for the teams to explore this further and to generate independent income, at no additional cost to the Council, for the homes to enhance the experience for residents and to ensure that quality of provision is maintained as far as possible. This might also include some independent management of procurement for food and catering items.

Recommendation 5.

That further work is done with the procurement team of the Council to look at value for money in the current contractual arrangements and a review of how the food budgets are spent is carried out in conjunction with the managers of the homes.

4.3 Buildings and maintenance.

The review group heard from a number of witnesses about some of the problems that had been experienced with the design of the new buildings. The buildings themselves have the “wow” factor but are expensive to maintain. Decoration costs for the wooden exterior, the service charge for the maintenance of the green roof, cleaning of the high rise windows and the sprinkler system weekly servicing costs were all excluded from the original budgets. Staff suggested that it may be cheaper to train someone internally to carry out these tasks. In addition to this the grounds maintenance has been costing £5k per year for each home. It was noted, however, that this may decrease now that a handyman had been taken on for each home.

The review group were also made aware of concerns about costs associated with maintenance contracts and the fact that staff would prefer to be involved in the process for awarding them.

Recommendation 6

That consideration is given to the extent to which the handyman service or another internal employee could be trained to carry out some of the maintenance services that are currently causing the homes to go over their repairs and maintenance budgets..

Recommendation 7

That the same review contained within recommendation 5 for food procurement is carried out regard to procurement of cleaning, repairs and maintenance services. .

4.4 Costs and comparisons

The review group were presented with the findings of the information prepared by Price Waterhouse Cooper, on behalf of Neighbourhoods and Adults Services. The unit cost per resident week is much higher in both of the residential homes, compared to the independent sector.

When the overall budgets of the homes are broken down, by far the largest area of spend is staffing; approximately three quarters of the budget. The rest is split between capital charges, supplies and services and premises.

The conclusion drawn from the work by PWC about the costings of Lord Hardy Court and Davies Court was that although they are highly valued by customers and are fully compliant with external inspections, the current model is expensive and uncompetitive compared with the independent sector. The main areas of higher comparative spend are as follows:

- Pay and conditions of service
- Staff to customer ratios
- Management and supervisory levels
- Occupancy levels
- Procurement charges

As a result of the findings of PWC, Cabinet have considered as part its budget process for 2013/14 a package of savings for the homes which totals £870,000. This is likely to be achieved by changing the management structure, reductions to the staff to customer ratios and looking at changing arrangements to sick pay provisions. These proposals do not bring the homes in line with industry averages, but are proposed to strike a balance between cutting costs without undermining the quality of the service being provided. The reducing staff ratios will result in the number of staff hours per resident being reduced from 30 to 23. It was the view of the review group that this cut is too harsh.

As part of the review, the members visited some independent sector homes by way of comparison. Whilst on these visits they asked questions about staff ratios, costs, term and conditions etc as well as making general observations about facilities on offer and general cleanliness. The visits reaffirmed for the review group that the quality of provision and cleanliness of both Lord Hardy Court and Davies Court was of a considerably higher standard by comparison, although this also varied amongst the independent homes visited. They also noted that the staff ratios did not appear to be much different to those offered in Lord Hardy Court and Davies Court. The main area of difference was that of the staff terms and conditions, most notably the absence of any kind of pay supplement for anti social hours.

Another area of cost that the review group were concerned about was that of the outstanding costs of capital borrowing on the building of the two homes. They received evidence that the original capital costs of the buildings were under estimated and additional borrowing was required as a result of this. The capital raised from the sale of the old homes was used to offset the build costs, but a mortgage was required to plug the gap. The payment of these capital costs creates an additional pressure on the ability of the homes to break even. It also serves to limit the future options for the homes. The independent sector would be unlikely to take on the buildings because of this and if the homes were to close entirely the Council would still be required to pay this debt. The review group were concerned that this additional pressure on the budgets of the homes was not really fair and that other ways to account for this debt should be considered..

Recommendation 8

That Cabinet do not cut staff hours per resident below 25 as it is felt this will be to the detriment of the quality of the service provided.

Recommendation 9

That Cabinet re-consider the proposal to reduce the number of managers within the homes, as this is likely to result in re-deployment and payment protection costs which could outweigh the savings being made.

Recommendation 10

That the Council looks at alternative ways to manage the capital costs and borrowing associated with this, which potentially remove the burden from the revenue budgets of the homes.

4.5 Future monitoring

The action plan for the implementation of the recommendations that are accepted should be reported to the Health Select Commission on a six monthly basis for monitoring purposes.

5. Background Papers

Notes of Meeting: held on 26th September 2012

Notes of Meeting: held on 26th October 2012

Notes of Meeting: held on 2nd November 2012

Notes of Meeting: held on 14th December 2012

6. Thanks

Thanks go to all of the witnesses who gave their time and support to the review process.

The review group would like in particular to thank the staff and residents of all the homes visited during the review.

Thanks are also extended to Shona McFarlane and Ros Brown, who provided valued support to most of the review group meetings.

For further information about this report, please contact

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