

CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: Monday, 23rd September, 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 22nd July, 2013 (Pages 1 - 7)
6. Rotherham Safeguarding Adults Board (Pages 8 - 14)
7. Health and Wellbeing Board (Pages 15 - 21)
8. Rotherham Learning Disability Partnership Board (Pages 22 - 35)
9. Adult Services Revenue Budget Monitoring Report 2013/14 (Pages 36 - 41)
10. Exclusion of the Press and Public
Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act, 1972 (as amended March, 2006) (involves information relating to finance and business affairs).
11. Reconfiguration of Action Housing Accommodation Provision for Homeless (Pages 42 - 47)

12. Budget Saving Proposals: Assessment and Care Management (Pages 48 - 53)

(the Chairman authorised consideration of the following item to enable the matter to be processed.)

13. Review of Sense Day and Community Provision (Pages 54 - 58)

14. Date of Next Meeting

- Monday, 21st October, 2013 commencing at 10.00 a.m.

CABINET MEMBER FOR ADULT SOCIAL CARE
22nd July, 2013

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

An apology for absence was received from Councillor Steele.

H14. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H15. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 24th June, 2013.

Resolved:- That the minutes of the meeting held on 24th June, 2013, be approved as a correct record.

H16. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 12th June, 2013, were noted.

H17. ASSESSMENT AND CARE MANAGEMENT QUARTERLY BRIEFING

The Cabinet Member noted the quarterly briefing note on Community Services and Assessment and Care Management.

H18. PROPOSED CHANGES TO THE RSAB STRUCTURE, GOVERNANCE AND OPERATIONS

The Director of Health and Wellbeing reported that recent organisational changes in the NHS and the impending change in legislation arising from the Care and Support Bill required Safeguarding Adults Boards to refresh and reframe the way they worked. The legislative changes put the Boards onto a statutory footing, challenging partners to ensure that they were given equivalence to Safeguarding Children's Boards in relation to seniority of membership. It was also essential that the Board took a strategic approach to safeguarding adults ensuring that the services delivered were effective, safe and capable of continual improvement in line with national expectations and developments.

Rotherham's Safeguarding Adults Board had met on 8th May to review and refresh its vision, mission, strategic objectives, Governance Framework and Board structure. The report submitted outlined each of the areas of change and set out proposals to be agreed by the Board.

The Board recognised that, whilst it had been successful in implementing a range of improvements over the last 3 years, its focus had become increasingly operational in nature with the operational sub-groups having become much less successful over the last year. There was insufficient separation between the Board and sub-group business resulting in repetition and a lack of challenge. The following changes were proposed:-

- Membership – drawn from senior levels in the organisation that were represented and able to represent at Board level in the organisation and be effective decision makers
- Meetings – the Board would meet quarterly.
- Sub-Groups – a task and finish group would review the existing activities and report to the Board. Each sub-group should have effective Terms of Reference and a work plan. They would be able to hold partners to account for the rigour and quality of their assurance mechanisms. The sub-groups proposed were Prevent, Perform and Innovate
- Strategic Aims – a refreshed set of strategic aims, vision and mission
- Governance – the Board had agreed that it should focus on:-
 - Holding organisations to account for their Safeguarding practice
 - Ensuring that the Board's strategic aims were implemented, reviewed and refreshed with a clear statement of multi-agency commitment
 - Explicit commitments on membership
 - Board stakeholder involvement
 - Strategic leadership
 - Commitment to continual improvement
- Engagement with Customers – an annual forum to be held to engage with 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 supported them to feel safe or otherwise. An additional annual forum would be held with provider organisations, wider VCS organisation etc. as a way of ensuring extended membership of the Board
- Focus on Outcomes – in addition to a focus on Prevent and Protection, the Board should have a specific focus on Outcomes

The Board had also agreed to adopt a Safeguarding Adults Charter and a partnership agreement of commitment which would be adopted by all partner agencies.

In order to ensure that the plans were realised and to ensure that Board

reports and decision were able to go through the required governance processes, it was proposed that a Forward Plan be established.

The report also set out the 2013/14 priorities for the Board.

The report would be submitted to the Safeguarding Adults Board for final comment and then to the Health and Wellbeing Board for approval.

Discussion ensued on the report with the following comments made/clarified:-

- The Safeguarding Adults Charter would ensure that those individuals wishing not to go through the usual process, would still have the assurance of being safe/feeling safe
- Needed to take account of an individual's needs and made safe in a way that met their needs

Resolved:- That the report be noted.

H19. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2013/14

Consideration was given to a report presented by the Finance Manager (Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2014, based on actual income and expenditure to the end of May, 2013.

It was reported that the forecast for the financial year 2013/14 was an overspend of £1.485 against an approved net revenue budget of £72.558M.

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

Adults General Management and Training

- A slight overspend due to the cross cutting budgets (workforce planning and training and corporate charges)

Older People

- A forecast overspend on In-House Residential Care due to slippage on implementation of budget savings target and recurrent budget pressure on Part III income
- Increase in Direct Payments over budget
- Underspend on In House Transport.
- Forecast underspend on Enabling Care and Sitting Service, independent Residential and Nursing Care, Community Mental Health, Carers' Services and slippage on the recruitment to vacant posts within Assessment and Care Management

- Overspend on independent sector Home Care due to demand over the last 3 months
- Overall underspend on Rothercare due to slippage in Service Review including options for replacement of alarms

Learning Disabilities

- A forecast overspend on independent sector Residential Care budgets due to shortfall on Continuing Health Care income
- Forecast overspend on Day Care due to slippage on implementation of Day Care Review including increase in fees and charges plus recurrent budget pressure on transport
- Overspend in independent sector Home Care due to slippage on meeting budget savings and high cost placements in independent Day Care
- High cost Community Support placements resulting in forecast overspend
- Slippage on developing Supported Living Schemes plus additional funding from Health
- Efficiency savings on Service Level Agreements for advice and information and Client Support Services

Mental Health

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

Physical and Sensory Disabilities

- Continued pressure on Independent Sector Domiciliary Care and increase in demand for Direct Payments
- Underspend on community Support as clients were redirected to Direct Payments and underspend on Residential and Nursing Care due to slippage in developing alternatives to residential provision
- Vacant posts within Resource Centre and Occupational Therapists
- Underspend on equipment and minor adaptations
- Forecast savings on contracts with Voluntary Sector providers

Safeguarding

- Forecast balanced budget at present

Supporting People

- Efficiency savings on subsidy contracts had already been identified against budget

Total expenditure on Agency staff for Adult Services to the end of May, 2013, was £106,930 (no off contract) compared with an actual cost of £40,376 (£1,974 off contract) for the same period last year. The main costs were in respect of Residential and Assessment and Care

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

There had been £59,115 spent up to the end of May, 2013, on non-contractual overtime for Adult Services compared with expenditure of £40,581 for the same period last year.

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

Regional benchmarking within the Yorkshire and Humberside region for the final quarter of 2012/13, showed that Rotherham remained below average on spend per head in respect of Continuing Health Care.

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

- Rothercare – Project plan was now in place and the procurement process commenced
- Overriding pressure on Direct Payments
- Review of Direct Payments – everyone who had expressed a wish for Direct Payments had been reviewed. Quite a number had decided it was not the best option for them and had moved to a new provider

Resolved:- That the latest financial projection against budget for 2013/14 be noted.

H20. RESPONSE TO SCRUTINY REVIEW OF CONTINUING HEALTHCARE

The Director of Health and Wellbeing reported that, following the above Scrutiny Review, a senior management working group consisting of both Council and NHR staff, had met to agree a set of actions to ensure effective multi-disciplinary working and deliver better outcomes for customers.

Unfortunately significant changes in the NHS including the transfer of responsibilities to the Clinical Commissioning Group and the local National Commissioning Board had resulted in some delays in agreeing the devised joint protocol reflecting the National Guidance for NHS Continuing Healthcare and NHS Funded Nursing Care and which addressed local issues identified by the Select Commission.

It had been agreed that training would be delivered jointly by Continuing Health Council/Local Authority leads and rolled out across hospital, community and social care teams.

The joint protocol had been drafted and would include how to resolve disputes as well as written guidance for staff to ensure consistency and compliance.

The RMBC/CHC Senior Management Group, Personalisation Workstream, would 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.

All of the Review's recommendations had been accepted with the majority of the actions either completed or had a completion date stated.

Discussion ensued with the following comments made:-

- Problems that arose in trying to get a Continuing Health Care assessment completed
- When the process had commenced, if the individual was re-admitted to hospital the process had to begin again often meaning that the individual concerned was not receiving the Continuing Health Care funding to which they were entitled

Resolved:- That the report be noted.

H21. SCRUTINY REVIEW OF RMBC RESIDENTIAL HOMES

The Director of Health and Wellbeing presented a report setting out the findings and recommendations of the Scrutiny Review of Council-run residential homes i.e. Lord Hardy Court and Davies Court.

The Review had been undertaken from September to December, 2012, in the context of the significant budget pressures being faced by the Council and the need to identify further efficiencies. It had taken place alongside an independent financial review commissioned by the Directorate and delivered by Price Waterhouse Cooper.

Senior Management, Residential Managers and Human Resources had been working together to consider a number of options and recommendations from the review and the financial review. The options and areas proposed were:-

- Restructure staffing within the Homes including a review of Terms and Conditions for staff to achieve some of the budget savings proposals
- Review and review shift patterns for all staff to ensure staffing requirements and Service provision was carried out safely to meet essential standards and Service user assessed needs
- Ensure there were effective and robust Shift Leaders to comply, maintain and deliver standards of care for the Service users

- Look at ways of maintaining Quality Assurance
- Work between Residential Managers and Procurement Officers looking at options to utilise different suppliers and contracts to ensure value for money and address potential savings
- Consideration to the social and activities programme provided
- Possible lease arrangements to generate income
- Discussions with EDS Building Manager with regard to fully utilising the role of Handy Person, now employed at each Home, and where savings could be achieved.

The Review reported under the 5 sub-headings of Staffing, Catering and Entertainment, Buildings and Maintenance, Costs and Comparison and Options for the Future. Each section had its own recommendations totalling 10. The response to the recommendations was set out in Appendix 2 of the report submitted.

Resolved:- That the report be noted.

Present:	
Professor Pat Cantrill	Independent Chair for the Safeguarding Adults Board
Jo Abbott	Consultant in Public Health NHS R
Amanda Coyne	Mental Capacity and Deprivation of Liberty Safeguards Co-ordinator RMBC
Lesley Dabell	Chief Executive Age UK Rotherham
Catherine Hall	Head of Safeguarding Rotherham CCG
Tracy Holmes	Head of Communications RMBC
June Lovett	Assistant Chief Nurse The Rotherham Foundation Trust
Shona McFarlane	Director of Health and Wellbeing, RMBC
Mark Monterio	Detective Inspector Rotherham PPU South Yorkshire Police
Toni Murphy	Police Constable Rotherham PPU South Yorkshire Police
Nigel Mitchell	Learning and Development Manager RMBC
Sam Newton	Safeguarding Adults Service Manager RMBC
Cllr Russell	Safeguarding Champion RMBC
Apologies:	
Val Allen	Voluntary and Community Sector Representative SCOPE
Dr Russell Brynes	GP Lead Rotherham Clinical Commissioning Group
Sue Cassin	Lead Nurse NHS Rotherham Clinical Commissioning Group
Helen Dennis	Safeguarding Adults Co-ordinator RMBC
Cllr John Doyle	Cabinet Member for Adult Social Care RMBC
Juliette Greenwood	Chief Nurse Rotherham NHS Foundation Trust
Jill Jones	Homelessness Manager Housing Options RMBC
Mel Lambert	Team Manager Action for Children
Janine Parkin	Adults Commissioning Manager Resources RMBC (<i>rep for Matt Gladstone</i>)
Dawn Peet	Safeguarding Officer South Yorkshire Fire and Rescue
Claire Pyper	Interim Director of Safeguarding Children and Families RMBC
Amanda Thompson	Community Partnership Officer South Yorkshire Fire and Rescue
John Williams	Service Manager Learning Disability Service RMBC
Minutes:	
Ann Kirbyshaw	Safeguarding Adults Support Officer RMBC

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1.	<p>Minutes of the Previous Meeting</p> <p>The Chair advised the previous meeting had been given over to the development of the Safeguarding Adults strategy, refreshed governance and action plan. The notes taken would be circulated in due course.</p> <p>The Chair explained Shona McFarlane would discuss the proposed changes to the Rotherham Safeguarding Adults Board. The development of the strategy had brought up a number of issues relative to the role and function of the Board.</p>	
2.	<p>Matters Arising</p> <p>None to address.</p>	
3.	<p>Self-Assessment</p> <p>Shona McFarlane made reference to the tabled report explained the Board had met on 08.05.2013 to review and refresh the vision, mission, strategic objectives,</p>	

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	<p>Governance Framework and the structure of the Board. There would be significant changes and the 'self-assessment' would feed into the process. The event had been well attended and successful. The consensus was agreed for a range of changes which would support the Board to develop further as required by organisational and legal changes.</p> <p>Shona McFarlane stressed the importance of returning 'self- assessments' as they were critical to the full assessment process and the voice of all partners. The deadline for the return of the self-assessment had been extended to 5 July 2013.</p> <p>She explained the proposals on the day had been:</p> <ul style="list-style-type: none"> • Membership of the Board – the Board would need to reflect senior levels of the organisation they represent and members would be required to be effective decision makers • Quarterly meetings of the Board had been proposed – the Chair advised recognition had been given to the pressure of attending Boards therefore quarterly meetings would not be as onerous. Membership of the Board had not been finalised but it would have an equivalent footing to the Children's Safeguarding Board <p>With regards to the sub groups discussion had been more critical and it had been agreed it was essential they were refreshed. A proposal had been put forward for a task and finish group to undertake a review of the existing activities and a report presented to the Board outlining how the new sub groups should operate. Information from the sub groups would have to be presented to the Board in a more meaningful way to ensure the Board could deliver on its commitment to continual improvement.</p> <p>Membership of the sub groups would be agreed and attendance monitored and reported to the Board to ensure agencies are fulfilling their commitment to the Board.</p> <p>The Board would be supported by good effective sub groups who would gather information and analyse data for presentation to the Board. The proposed sub groups are:</p> <p>Prevent</p> <ul style="list-style-type: none"> • Vulnerable Adults • MCA/DoLS • Communication Strategy <p>Perform</p> <ul style="list-style-type: none"> • Workforce Development • Quality Assurance • Performance • Annual Report <p>Innovate</p> <ul style="list-style-type: none"> • SCR Toolkit Review • Response to Care and Support Bill • SCR's and Lessons Learnt • Governance <p>Catherine Hall asked if there would be expectations for the chair of the sub groups to attend Board. Shona McFarlane responded they would have to look at the linkage between the topic and the best person to present it at the Board. Lesley Dabell discussed who would be best placed to attend from VCS, she suggested</p>	

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	<p>they could look at one representative plus a deputy but this would have to be referred to the Adults Consortium for a decision.</p> <p>Shona McFarlane explained the work of the sub groups would be critical to the effectiveness of the Board. The Board needed to be able to hold all partners to account. At present the effectiveness of the sub group was focused on Sam Newton but the focus needed to be on all partners.</p> <p>Strategic Aims – this would be the basis of work for the next 12 months</p> <p>The Chair advised the aim was to provide information to use in the Boards own organisations. The Board had spent a lot of time dealing with operational issues. The aim of the Board was to ensure services were fit for purpose, tighten procedures and reduce duplication.</p> <p>Governance – the focus of the Board would be to hold each organisation to account for safeguarding practice. Attendance at safeguarding meetings would be recorded and persistent non-attendance would be reported to the appropriate Board within partner agencies. There would be an agreed set agenda to ensure the most effective use of the reduced Board meeting time.</p> <p>Engagement with Customers – this would involve an area of work for the sub groups. Partners would be asked what comments they had received in relation to safeguarding and this would be fed in to gain a better picture as to how safe people feel.</p> <p>Focus on Outcomes – this would ensure the people of Rotherham would be aware of Safeguarding Adults and how to act when they become aware of abuse.</p> <p>A draft Safeguarding Adults Charter had been drawn up for organisations to sign up to. The Charter would signal to communities the work undertaken to protect vulnerable adults. Shona McFarlane requested comments/feedback re the Charter.</p> <p>Forward Plan – to ensure all plans are realised the Board would establish a Forward Plan which would be populated by the Boards action plan and the plans of each of the sub groups.</p> <p>Catherine Hall asked if there would be draft Terms of Reference for each of the sub groups. Shona McFarlane explained this would be part of the chairs role, also the work plans of each sub group would be separate but consistent. She added sub groups would develop their own ToR's and the attendance would reflect the speciality of the group.</p> <p>Sam Newton made reference to the sub groups explaining previous Board meetings had recorded the problems the sub groups had faced. It had been agreed to merge the three due to lack of attendance but the meeting had developed into information sessions and nothing had been moved forward.</p> <p>The Chair explained the Children's Safeguarding Board had a new chair. She would be meeting with the new Chair to discuss how the two Boards could work more closely in relation to transition.</p> <p>With regards to providers attending Board the Chair suggested this would be inappropriate as it may suggest they had a commercial advantage. She proposed a 'Let's Talk' event would be preferable. Shona McFarlane agreed, she added there may be a specific item on the agenda of the sub groups where an invite could be extended.</p> <p>Shona McFarlane asked for members of the Board to forward any comments they had about the proposed changes to the Board, the range of membership of the sub groups and how partners engaged in the safeguarding process by 12 July 2013.</p>	<p><i>All</i></p> <p><i>All</i></p>

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	<p>Mark Monteiro explained both he and Toni Murphy had roles within operational services and did not need to sit on the Board. He suggested Pete Horner was the appropriate person to sit on the Board.</p>	
<p>4.</p>	<p>Safeguarding Vulnerable People in the Reformed NHS</p> <p>Catherine Hall explained in relation to patients visiting GP's no changes had been made at that level.</p> <p>The paper she was presenting related to massive changes to the architecture of commissioning. Nationally the new organisations used to be called 'clusters' but now NHS Commissioning Boards. She advised in the report italics depicted Rotherham. She stressed there was no change in the policy to promote partnerships and safeguarding was paramount.</p> <p>The Governance into the Safeguarding Policy would be updated and presented to the Board when ratified.</p> <p>NHS England had set up Safeguarding Forums to support the five CCG's. Two South Yorkshire and Bassetlaw meetings had been held to clarify MAPPA and Key Performance Indicators. The Chair explained Margaret Kitching had provided information relating to KPI's in Adults Health, she had the minutes of the forum she suggested she could highlight areas the Board needed to look at.</p> <p>Catherine Hall discussed section 9 of the paper. She made reference to how the CCG commissioned services from the Acute Trusts and Mental Health Services and NHS England commissioned GP's who sat on the CCG's. Catherine Hall explained with the paper tried to give clarity to complicated issues.</p> <p>Jo Abbot advised the information given by Catherine Hall highlighted for her how the NHS had moved on and how difficult it would be to have the right level of representation at Board. Shona McFarlane advised partners and commissioners of critical/acute services and GP's were there as protection for the vulnerable people living in Rotherham. Catherine Hall replied Safeguarding Adults and Children sat within the portfolios of Patient Experience and Patient Safety the Department of Health had not answered the questions asked.</p> <p>Shona McFarlane discussed the recording of Serious Incidents within the NHS – she suggested it would be beneficial to see information in some type of format. The Chair agreed – if there was a complication which meant the reports could not be seen they did not need to see all of the information only a 'jigsaw' which could be pieced together. Catherine Hall explained with regards to Serious Incidents the Health Service had a long history of looking into them, the outcomes was used to identify 'lessons learnt' – she assured although how they worked in health suggested secrecy this was far from true, the way they worked was part of their 'no blame' culture.</p> <p>The Chair suggested NHS England could be approached re sharing serious incident information.</p>	
<p>5.</p>	<p>Workforce Development</p> <p><i>RSAB Online Assessment Proposal</i></p> <p>Nigel Mitchell explained he had been asked to develop a pro forma to look at Boards learning and development needs.</p> <p>The self-assessment would link into the National Capabilities framework at level D which equated to Board membership i.e. senior managers who had safeguarding responsibilities.</p> <p>He explained The Grey Matter Group had completed work for other Boards and</p>	

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	<p>had developed an online appraisal tool which would enable each RSB member to undertake a 'pro-forma' self-assessment. The assessment would contribute to ensuring the correct level of attendance at Board and any development needs in relation to the Capability at Level D. The advantage of the system was it allowed other people to assess/judge where the Board was which in turn aided development needs.</p> <p>In terms of cost there was none to date but to use the tool there would be a cost of £60 per assessment. The Chair asked if there was a real need for the tool. Nigel Mitchell responded yes – it would enable the Board to look for 'hotspots' in the Boards development needs. The Chair suggested The Grey Matter Group could be approached re the Board are willing to 'trail' the tool and iron out an clichés thereby giving them a cases study and a product which had been developed prior to them launching it.</p> <p>Following discussion relating to how the tool would be used by each partner the Chair confirmed the Board would not offer to pay for the pilot but would agree to help develop the product – the assessment fee would possibly be a comfortable spend but the pilot would provide the information for the Board to make that decision.</p> <p><i>RSAB Strategic Training Programme 2012/2013 – Evaluation Proposal</i></p> <p>Nigel Mitchell explained the current Workforce Development Policy had been issued on 12.02.2012 and had become effective from 01.04.2012, a review date had been set for March 2014. Nigel Mitchell had agreed to look at the impact and outcomes of the 2013 training.</p> <p>Nigel Mitchell explained the survey method would be via performance management and performance indicators. He would look to see if training had made a difference and to evaluate if the training met the needs of those attending, if not action would be taken to determine what was needed to improve performance.</p> <p>Shona McFarlane had asked him to look at the training programme – he would not take on the evaluation individually rather he would lead the project.</p> <p>Nigel Mitchell discussed resources and the cost to agencies. He had attempted to estimate the time officers would need to conduct the research. If the Board agreed then agencies would need to commit to reporting the information he would use to write the policy.</p> <p>Jo Abbott explained within the NHS evaluation would have to have research ethics approval. She questioned the amount of paperwork the evaluation would generate and the time factor i.e. would agencies have the time to do it. The Chair asked if agencies evaluated training and if they did was safeguarding part of it. She added the Board had no reflection as to what safeguarding training was like i.e. if asked about the numbers who attended, the outcome of the training etc. they would not be able to answer. Lesley Dabell explained they had processes in place to evaluate training but this would give an overview rather than in depth. She suggested they could prepare people who were attending training that they would be collecting information from them. The Chair acknowledged it was a valid point made by Jo Abbott but she would suggest the same as Lesley Dabell.</p> <p>Nigel Mitchell reminded it was a requirement of the sub group to undertake active evaluation – the Workforce Development Group agreed each agency would carry out their own evaluation.</p> <p>The Chair concluded the evaluation would be valuable to both the Board and agencies. Partners had agreed to the evaluation in principal but there was</p>	

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	potential for more emphasis on the individual.	
6.	<p>Significant Safeguarding Issues</p> <p>Prior to leaving Toni Murphy had given an update into a Learning Disability care home within the Rotherham area. The home had eleven residents who had been placed by five different authorities – Rotherham had place two of the residents.</p> <p>The alert had made by a ‘whistle blower’ who had been a previous employee at the home. There had been a range of concerns relating to behaviour management regimes. The referral had been forwarded to the police who had decided to look at the concerns under ill treatment. There had been several meetings and liaison with the other authorities. The two residents from Rotherham had been transferred to another care home. Staff had been placed at the home to provide protective measures for residents – there were people on the premises to prevent harm to the residents still residing there. Police had been unhappy with the response from the provider – there appeared to be an element of complicity.</p> <p>Lengthy Best Interest Decisions had been made re the residents of the home. Family members had been unhappy about residents moving home – many of the residents had been at the care home for many years.</p> <p>DS Tony Leach was the lead investigator and she was assisting with the investigation.</p>	
7.	<p>Feedback from Safeguarding Adults Sub Group</p> <p>Sam Newton explained the sub group had focused on the Learning Disability care home.</p> <p>There had been discussion relating to how vulnerable people fitted into the VARMM process and if they were a potential VARRM how would they fit with VPU and VPG. There had been previous discussions relating to the vulnerable groups of people who did not fit in with the Safeguarding Adults process and how to ensure their safety. She added concerns had been raised relating to how to ensure the safety of those who sat outside of the safeguarding process.</p> <p>Sam Newton and Mark Ford had attended a meeting where the Vulnerable Adults Risk Management model had been discussed. She explained Mark Ford would be preparing a paper to present to management and Board re proposing the processes Rotherham. A governance framework would be developed to ensure the expectations of the Board were clear in relation to vulnerable adults who did not fit into the safeguarding process. Sam Newton advised what was currently in place needed to be formalised and once formalised she would present it to the Board.</p> <p>MCA and DoLS Amanda Coyne explained she would present to the next Board information an update on MCA and what was happening nationally. With regards to DoLS further papers had been presented to the House of Lords, she would also provide an update on this.</p>	ACoyne
8.	<p>Domestic Abuse</p> <p>Sam Newton reminded previous Boards had discussed where Domestic Abuse would fit in the safeguarding arena. Domestic Abuse did not feature in the Safeguarding Adults Sub Group meeting – they followed different governance.</p> <p>The Chair asked in relation to Domestic Abuse did the Board carry responsibility or did they just accept information. She added there was a need for clarity as to the role of the Board as there was a danger of important issues not being addressed as the responsibility for DV is not clear. Sam Newton advised the Domestic Abuse</p>	

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	<p>Priority Group fed up to JAG and SRP therefore she suggested the Board should receive information as information requiring no action. She added discussion relating to accountability and clear guidance issues were being addressed would be required. Shona McFarlane suggested the connections between safeguarding and Domestic Abuse and how they may overlap needed to be discussed. The Chair agreed to meet with Joyce Thacker (Chair of DAPG) to discuss relevant issues.</p>	
<p>9.</p>	<p>Any Other Business</p> <p>9.1 Hate Crime</p> <p>Tracey Holmes explained a radio ad relating to hate crime was due to start on Monday and would run for ten weeks and would focus on different aspects of hate crime.</p> <p>Hate crime statistics indicated an increase in reporting.</p> <p>9.2 Update on Jimmy Saville Report</p> <p>Catherine Hall explained nationally it was thought cases relating to Jimmy Saville involved only children but information indicated he had abused young and elderly people. She asked if this issue should be on the agenda of the next Board meeting. The Chair asked for the papers to be distributed to Board members with the agenda.</p>	<p><i>AKirbyshaw</i></p>
<p>16.</p>	<p>Date, Time and Venue of Next Meeting</p> <p>Date: 04 September 2013</p> <p>Time: 9am to 12 noon</p> <p>Venue: Riverside House Floor 2 Meeting Room 21</p>	

**HEALTH AND WELLBEING BOARD
10th July, 2013**

Present:-

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
Dr David Polkinghorn	Rotherham Clinical Commissioning Group
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:-

Catherine Homer	Health Improvement
Ian Jerrams	RDaSH
Laura Sherburn	NHS South Yorkshire and Bassetlaw
Joanna Saunders	Head of Health Improvement
Gordon Laidlaw	NHS Rotherham
Chrissy Wright	Commissioning, Policy and Performance, RMBC
Kate Green	Commissioning, Policy and Performance, RMBC

Apologies for absence were received from Karl Battersby, Melanie Hall, Martin Kimber, Shona McFarlane and Tracy Kitchen.

S14. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- That the minutes of the previous meeting of the Health and Wellbeing Board held on 12th June 2013 be approved as a correct record.

S15. COMMUNICATIONS

The Chairman referred to the challenge event taking place today at the Home Office about mental health issues.

S16. HEALTHY LIFESTYLES

Consideration was given to a report and presentation from Joanna Saunders, Head of Health Improvement about healthy lifestyles and behaviour. The report stated that the Healthy Lifestyles theme of the Health and Wellbeing Strategy has the following outcome and priorities:-

(i) Overarching outcome

People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles

(ii) Priorities

- Partner organisations will work together to understand the community assets; identifying what and where they are across the Borough and how to use them effectively;
- Partner organisations will use the Health and Wellbeing Strategy to influence local planning and transport services to help to promote healthy lifestyles;
- Partner organisations will promote active leisure and ensure those who wish to, are able to access affordable, accessible leisure centres and activities.

The work plan, included with the submitted report, outlined the activity which is underway to address these outcomes.

The presentation and subsequent discussion included the following issues:-

- the Context for the Health and Wellbeing Strategy theme
- Health behaviour and wider determinants (e.g.: obesity and smoking)
- Health and Wellbeing Strategy outcomes (as shown above)
- Plans and progress (e.g.: the Green Deal – affordable warmth; Government Welfare Reforms).

Reference was made to the workshop about “Make Every Contact Count” which takes place at the Town Hall, Rotherham on Monday, 16th September, 2013.

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

(2) That the work plan, included in the report now submitted, be endorsed.

(3) That partner organisations shall commit to supporting the actions contained in the work plan.

(4) That a progress report about the Healthy Lifestyles theme of the Health and Wellbeing Strategy be submitted to a future meeting of the Health and Wellbeing Board.

S17. DEMENTIA

Consideration of this item was deferred until the next meeting.

S18. HEALTH AND WELLBEING STRATEGY: PERFORMANCE MANAGEMENT FRAMEWORK

Consideration was given to a report, presented by the Director of Public Health, containing the first formal performance report to the Health and Wellbeing Board about each of the six priority measures that the Board determined were key to the delivery of the Joint Health and Wellbeing Strategy. Performance details in respect of each one of the priority measures were included in the submitted report.

Discussion took place on issues affecting:-

- : Community Alcohol Partnerships
- : Obesity and Healthy Weight Framework services
- : Smoking prevalence (and women who smoke during pregnancy)

Members of the Board were provided with an additional briefing document entitled "Healthy Weight Framework Services". The document listed the service contracts for the 2013/14 financial year, which had been continued from 2012/13 as the Commissioning Lead moved from the NHS to the Borough Council as part of the Public Health transition.

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

(2) That further reports about the Health and Wellbeing Strategy Performance and Management Framework be submitted to meetings of the Health and Wellbeing Board at quarterly intervals.

S19. NHS SY&B PRIMARY CARE STRATEGY

Consideration was given to a report, presented by Laura Sherburn (NHS South Yorkshire and Bassetlaw) about the discussion document entitled 'Vision for Primary Care,' published by NHS England. The report stated that NHS England is developing a national strategic framework for primary care, for later implementation within local primary care strategies. Listed in the report were the seven key principles which guide the NHS in its service provision and also a summary of the vision for primary care.

Members of the Health and Wellbeing Board were being asked for their views on the following questions:-

: are there other ways in which the NHS Constitution values and pledges affect primary care that are not listed in the submitted report ?

: are there any additional values, not listed in the report, that should be part of a dedicated Primary Care Strategic Framework ?

: how well do the Board members feel the local primary care community is working currently ?

: what are the issues which need to be addressed within the local Primary Care Strategy to deliver the vision set out in the submitted report ?

It was noted that, during the Summer 2013, NHS England will engage with key stakeholders nationally and in some communities in order to obtain a local perspective. The information and intelligence gathered will be used to inform the development of the national strategic framework for primary care.

Reference was made to the number of GP and dental practices in the Rotherham Borough area, in the context of access to these services and whether that number was below the national average. Details will be reported to the next meeting of the Health and Wellbeing Board.

A question was asked about whether a strategy was being developed in respect of Eye Health and a response will be reported to the next meeting of the Health and Wellbeing Board.

Members of the Board expressed the view that a Strategic Framework for Primary Care must monitor that commissioned services are actually being provided, especially in the context of health inequality.

The Chairman referred to the need to organise a South Yorkshire-wide Health and Wellbeing meeting, for consideration of the health of offenders who are released from prison, with specific reference to mental health issues.

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

(Dr. D. Tooth and Dr. D. Polkinghorn declared their prejudicial interests in the above item, as providers of medical services in the Rotherham Borough area)

S20. EVALUATION OF WARM HOMES, HEALTHY PEOPLE

Consideration was given to a report presented by Catherine Homer (Public Health Specialist) concerning the Department of Health's "Warm Homes Healthy People" Fund which aims to support local authorities and their partners in reducing heat and illness in England due to cold housing in the winter. The report stated that 2013/14 is the second year in which Rotherham has been successful in securing funding. In total, Rotherham has received £215,747 over the two years.

The 'Warm Homes Healthy People' funded work links to a number of local strategies and priorities and has helped to raise the profile of the need to address fuel poverty and excess Winter deaths using a multi-agency approach. This work, which has been delivered during the period November 2012 to April 2013, has continued to build upon the multi-agency partnership developed since the initial 2011/12 application. The funding has enabled partners to offer support to the most vulnerable

members of the Rotherham community, including: older people, families, deprived communities, people living in poor housing stock and those with long term conditions including mental ill health.

The overall aim of the Fund is to support a variety of projects that together will reduce illness, morbidity and excess winter deaths amongst vulnerable people living in cold damp homes.

The objectives of the “Warm Homes Healthy People” Fund are to:

- a) raise the awareness of both householders, particularly the most vulnerable and staff, of the problems associated with fuel poverty, poorly insulated housing and associated health impacts;
- b) support householders to improve the thermal efficiency through practical measures and advice and maximise access to benefits; and
- c) provide practical measures through home safety checks and warm packs to offer immediate benefit in cold weather.

The Board noted that a “Warm Well Families Research Project” event is being arranged to take place during October 2013.

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

(2) That a further report outlining the progress of this issue be submitted to the next meeting of the Health and Wellbeing Board to be held on 11th September, 2013.

S21. MAKING EVERY CONTACT COUNT

The Health and Wellbeing Board considered the contents of the Borough Council’s document entitled “Making Every Contact Count – Applying the Prevention and Lifestyle Behaviour Change Competence Framework”.

The document stated that the Prevention and Lifestyle Behaviour Change Competence Framework provides a mechanism to ensure systematic, measurable and evidenced development of workforces to meet the challenge. Developed over the past four years the framework is informed by NICE guidance, the KSF (Knowledge and Skills Framework), staff reviews, National Workforce Competences (NWC) and National Occupational Standards (NOS). Whilst these clearly define the need and the competencies, the framework also acknowledges the complexity and the challenging factors effecting health and wellbeing behaviour and therefore operates from the premise of ‘starting from where the person is’ and considers behaviour change in the context of the wider and social determinants of health.

The framework provides the architecture to facilitate workforce strategies and development activities that deliver both the public health and NHS

policies, strategies and relative Outcomes Frameworks designed to improve the health and wellbeing of individuals and populations. 'Making Every Contact Count' is a powerful tool to improve the health and wellbeing of the public.

The Chairman referred to the workshop on "Making Every Contact Count" which will take place on Monday, 16th September, 2013, at the Town Hall, Rotherham.

Members of the Board expressed the view that clear evidence should be obtained, using end-point data, of the effectiveness of workforce development and service improvement.

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

(2) That this matter be considered further at the next meeting of the Health and Wellbeing Board to be held on Wednesday 11th September 2013.

S22. TOBACCO CONTROL ALLIANCE

The Health and Wellbeing Board considered the contents of the following documents:-

i) the Rotherham Tobacco Control Alliance Action Plan 2013/2014, which has the high level aspiration "to reduce the adult smoking prevalence to below national average by 2016"; and

ii) the minutes of the meeting of the Rotherham Tobacco Control Alliance held on 18th April 2013.

Resolved:- That the contents of the action plan and of the minutes be noted.

S23. OBESITY STRATEGY GROUP

The Health and Wellbeing Board considered the contents of the minutes of the meeting of the Rotherham Obesity Strategy Group held on 24th April 2013.

Resolved:- That the contents of the minutes be noted.

S24. HEALTH SELECT COMMISSION WORK PROGRAMME 2013/14

Consideration was given to the contents of the scrutiny work programme for the Council's Health Select Commission for the 2013/2014 Municipal Year.

The Board expressed the view that there should be clarity as to which meetings these scrutiny issues would be reported to.

It was noted that the Rotherham Clinical Commissioning Group was awaiting the response of the Council to the consultation about the Urgent Care Review and the proposed co-location of urgent care services at the Rotherham hospital.

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

(2) That a report be submitted to a future meeting of the Health and Wellbeing Board about the outcome of the Scrutiny review of Autistic Spectrum Disorder.

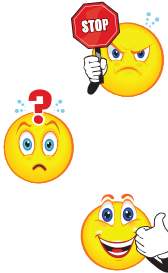
S25. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 11th September, 2013, commencing at the earlier time of 10.00 a.m., at the Town Hall, Rotherham.

Rotherham Learning Disability Partnership Board



Notes of the Meeting
Friday 19th July 2012
10.10 am to 12.05 pm



Voting Members

At the meeting:

Patricia Russell	Councillor – RMBC (Co-chair)
Alison Owen	Regional Forum Representative (Co-chair)
Bryan Adams	People's Representative (left at 11.10 am)
Jan Frost	Housing Services - RMBC
Shona McFarlane	Director of Health and Well Being – RMBC (left at 11.15 am)
Ann McMahan	Carer Representative
Robert Parkin	People's Representative
John Williams	Learning Disability Service

Who said they could not come to the meeting:

Kate Tufnell	Head of Contracts & Service Improvement - NHS-CCG
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Who did not come to the meeting:

Linda Jarrold	Voluntary Action Rotherham
Brian Wood	Children & Young People's Service - RMBC

Sorry!

Non-Voting Members

At the meeting:

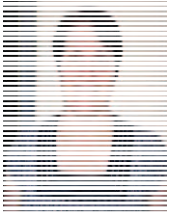
Sally Ferguson	Speakup
Janine Parkin	Commissioning – RMBC
Nigel Parkes	(for Kate Tufnell)

Taking the notes of the meeting:

Jo Frear	Learning Disability Service
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Key:

NHS-CCG	NHS Clinical Commissioning Group
RMBC	Rotherham Metropolitan Borough Council
RAP	Rotherham Advocacy Partnerships
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust



Alison opened the meeting and asked people to turn off their mobiles and to use the cards if they want to ask any questions during the meeting.

1 Introductions + Apologies

Hello!

The meeting started with introductions being made (people said who they were).

Sorry

Jo then read out the people who said they could not come to the meeting (voting members) – see page 1.

The order of the agenda was changed so that Shona could be present during an important agenda item.

8 Carer Representation on the Partnership Board



John reminded the Board that following the resignation of Pat Woodcock as Carer Representative, a new process had been agreed to replace Pat. Letters were sent out to carer groups / forums to ask carers to put in expressions of interest for the Partnership Board to consider and decide who would be the best addition to the Board.

We have had 4 expressions of interest received before the deadline given. A further 2 expressions have been received after the deadline. There has also been feedback from some carers that the process is not democratic (the Board choosing a representative for carers), as well as issues around communication (more carers should have been made aware of the position on the Board). Carers had been advised that this feedback would be taken to the Board, who would discuss and make a decision.



The Partnership Board talked about this and agreed the following:

- To make a decision about a Carer Representative for the Board based on the process agreed at the Partnership Board meeting in November 2012.
- Jo to circulate information to voting members about the 4 expressions of interest from carers who met the deadline.



- Voting members to put their choices in order 1, 2, 3, 4.
- Over the next 12 months, the Carer Representatives are to try to link in with more carer groups / forums to find ways of representing as many carers as possible.
- The Board will look again at carer representation in 12 months' time.



Action:
8a Jo to circulate information to voting members, who will send in their votes to Jo.

2 Winterbourne Stocktake



Following Winterbourne, there were a number of actions that the Learning Disability Service had to do, such as find out the number of people in hospitals / secure settings.

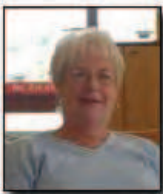
The Winterbourne View Joint Improvement Programme (JIP) has now asked areas to do a stocktake – this is a self-assessment about how we are doing against the commitments made in the Winterbourne Concordat (agreement) action plan. The JIP is checking how areas like Rotherham are doing on their action plans and whether areas may need some help and assistance from the JIP.



Rotherham's stocktake was sent out with the agenda papers. We are really sorry that it is not in easy read. We did not have much time to complete it and had to send it off before it could come to the Partnership Board.



Both Councillor Russell and Ann pointed out that it says in the stocktake that the Partnership Board is chaired by a carer and service user. It should have said Elected Member / carer and service user.



The Board considered the stocktake and areas highlighted included:

- Rotherham has been a joint health and social care service for over 10 years now - some Local Authorities are not working in partnership this way.



- Rotherham has a register of health funded placements, which Jo keeps up-to-date. This register includes lots of information. Rotherham does not have many people placed out of area – some Local Authorities do.
- Rotherham has reduced the number of Assessment and Treatment (ATU) beds to 5 – because the beds were not being used. We are working on ways to support people in the community instead of having to come into the ATU.



John told the meeting that RDaSH have done a Winterbourne self-assessment and there is an action plan. It was agreed to bring this to the Partnership Board.



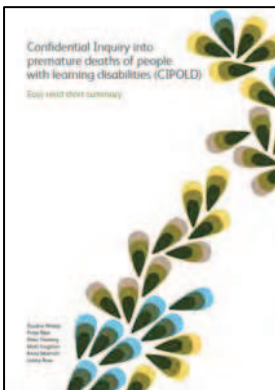
2a Action: John / Jo to arrange to bring the RDaSH Winterbourne self-assessment and action plan to a meeting.

3 Final Winterbourne View Hospital: Department of Health Review and Response



For information. A list of documents now available has been circulated with the agenda papers.. The Partnership Board went through the final report in detail at the last meeting.

4 Confidential Inquiry into premature deaths of people with learning disabilities (Easy Read)



Judi could not come to today's meeting and has asked John to let people know about this report.

John told the meeting that Mencap wrote a report in 2007 called "Death by Indifference", about 6 people with learning disabilities who should not have died. Following this, a Confidential Inquiry was set up to look at why people with learning disabilities sometimes live shorter lives than other people.

Sally explained that the Inquiry had looked across NHS Authorities in Bristol and compared 247 people with learning disabilities to 58 people without learning disabilities. The Inquiry looked at what happened to these people before they died and found that the health and social care given to people with learning disabilities could be better.

Some of the findings included:



- Women with learning disabilities are likely to die 20 years sooner than women in the general population.
- More people with learning disabilities were underweight than in the general population.
- People with learning disabilities had more medical problems than people without learning disabilities.

Sally told the meeting that Judi Kyte is working with the Foundation Trust to do a similar check in Rotherham.



Shona said it would be a good idea for Judi to check whether there are people with learning disabilities in Rotherham who are underweight.



Action:

- 4a** John to feedback to Judi about checking if there are any people with a learning disability in Rotherham who are underweight.
- 4b** Judi to take the Inquiry report to the Health Subgroup.



Sally also told the meeting about a survey of GP Practices about working with people with complex needs. There have been 15 GPs who have replied and this information will be taken to the Health Subgroup.

Sally said that Norah Fry have done some research about End of Life. They say that work needs to be done to make sure it is personalised and that people have a choice about where they want to be treated. For example, we should not assume someone wants to go into a hospice.



John said that in Rotherham, there has been some work done in Public Health about setting up a review process or panel to look at when people with learning disabilities die. This would do things like assess unexpected deaths, look at whether things could have been done differently, etc.

There will be some national recommendations coming out about End of Life and it was agreed to wait for this.



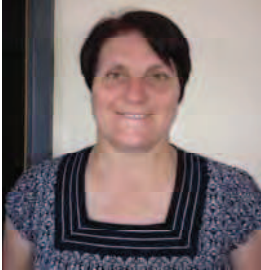
There was a break for tea / coffee – 11.10 – 11.15 am

5

People's Issues

Alison read out an update to the meeting, which included:

- There was a Regional Forum on 21st May about employment.
- There was a People's Parliament on 25th June about Health and the possible changes to the Walk-in Centre.
- There was a Making It Real campaign event on 3rd July for people using health and social care services, who identified 6 areas of work for the Council.
- "Live it Love it" is a new resource for disabled people about Personal Budgets from Speakup working with SYCIL in Doncaster.
- REACH's High Five Café has re-opened at the New Life Centre, Maltby.



Sally talked about Work Choice and Work Programme. Work Choice gives more support to disabled people to get work placements and jobs.

6

National Forum Feedback

Alison gave a presentation to the Partnership Board about the National Forum held on 11th and 12th June 2013 in Telford. This included information about:

- Wayne Clinton from Disability Online talked about changes to benefits.
- Alison talked about Yorkshire and Humber issues – such as the cost of living independently and the impact of the bedroom tax.
- Alick Bush from the **Professional Senate** talked about people's treatment in Assessment and Treatment Units (ATUs).

Professional Senate is a group of health professionals working together to make sure the health and wellbeing needs of people with a learning disability are being met.

Partnership Board – Friday 19th July 2013

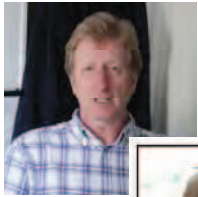


Jan asked for any feedback about the impact of the bedroom tax to be sent to her.

Action:

6a Sally agreed to send the minutes of the National Forum to Jo, who will send out with the Partnership Board minutes.

7 Carers' Issues



7a Carers' Meeting

Ann and John gave feedback from a Carers' meeting held last week. There had been lots of issues around communication and John had agreed to talk to Jo about how we can do this better.



A big issue was about Oak Close. It had been explained that we can't do anything until we hear whether the bid had been successful or not. There has been a delay but it was hoped we should know by early next week.

7b Care Bill

Janine told the meeting that the Council are preparing for the Care **Bill**. There will be big changes because of this legislation. There is a commitment to carers in this Bill, including carer support being provided across health and social care.

Janine said that a Steering Group has been set up to start and look at what we need to do, who will do what, etc.

Action:

7b1 Janine agreed to bring more information to the next Partnership Board meeting about the Care Bill.

7b2 There are some Department of Health Factsheets and Janine agreed to send the link* to Jo, to circulate with the minutes of the meeting.

A **Bill** is a plan that could end up as a law. When Parliament agrees to the Bill, it then becomes law.



* The link is <https://www.gov.uk/government/publications/the-care-bill-factsheets>

9 Letter from Inclusion North



For information. John sent an email to Inclusion North for the Partnership Board about the feedback from Rotherham that had been included in the February Families network notes. Sam has written back to say sorry about this and to say that they will make sure that in the future they check with Ann, Rotherham's Partnership Board representative.

Ann told the meeting that she has also received a copy of the letter and that Sam rang to speak to her and apologise about this.

10 Notes of the Last Meeting – 19th April 2013 + Matters Arising



John went through the notes of the last meeting to remind people what had happened. Everyone said that the notes from the meeting were okay.

10a Good2Great Events Feedback

John has had some feedback from carers this week about the event on 4th July 2013.



Action:

10a John to talk to Sharon Davies about the carers' feedback about the event.

10b Hospice Care for People with Learning Disabilities

Nigel provided feedback for Kate on the actions agreed at the last Partnership Board. Paula Hill at the Hospice has said she will come to a meeting and that a visit to the Hospice can be arranged.

Paula says that only a small number of people with learning disabilities use the hospice. Most people are cared for in the community and not in hospital.

Action:

10b1 Jo to contact Paula and invite to a meeting.

10b2 Sally said that she will follow-up on the action about letting Kate have contact details for Sheffield Hallam End of Life, who are doing some work about people who can't communicate (the lady is on maternity leave).



10c “Let’s get everyone talking” Poster

John noted that we have not yet seen the amended poster.

**Action:**

10c John to contact RDaSH about the amended poster.

10d Partnership Board Questions about People who are in Hospitals / Care Homes paid for by Health

Bring forward.

**Action:**

10d John to talk to Kate about making the Partnership Board questions better.

10e Partnership Board – Member Photographs

Sally had said she would bring a camera to the meeting for members to have their photographs taken or updated. However, Speakup’s camera is broken at the moment!

**10f Let’s Talk Employment Event – 16th May 2013-07-31**

Jo said she has written a draft report which she will share with John, and then bring it to a future meeting, for information.

11 Any Other Business**11a Connect2Support**

Janine advised that Tanya Palmowski has been to the Adult Board to show them how to use Connect2Support and wondered whether she should be invited to the Partnership Board or another meeting? Sally advised that Tanya has been to the People’s Parliament.

**Action:**

11a It was agreed to invite Tanya to attend the Carers’ meeting on 18th September 2013 – John to action.

11b Rotherham Disability Network

Ann asked Sally whether Speakup are involved in the Rotherham Disability Network. Sally advised that Jono has been to meetings and is a co-chair. Anyone can go to the meetings. It is about bringing organisations together from across Rotherham, find gaps, put in bids together, etc.



11c HealthWatch



Janine told the meeting that HealthWatch have now moved into their building in the town centre. They are open all week and on Saturdays for people to call in. Their website is also now set up. HealthWatch will also start to go to the Health and Wellbeing Board meetings.

Jo told the meeting that she met the manager during the Carers' Week Market Stall and had talked about the manager coming to a Partnership Board meeting.



Action:

11c It was agreed that Jo is to invite the manager to come to a future Partnership Board meeting.

12 Date and Time of Next Meeting:



Friday 13th September 2013
@ 10.00 am



Councillor Russell closed the meeting and thanked people for their time.

LDS/JFr/PB190713
(31.07.13)





The National Forum of people with Learning Disabilities was held at the Holiday Inn in Telford, on June 11th and 12th.



Wayne Clinton from Disability Online then came to talk about changes to benefits.



They offer free advice to people with a disability.



People had a chance to ask Wayne questions about benefits.



From the Yorkshire region, Alison talked about:

1. People on low rate DLA being worried about losing their benefits all together.
2. The cost of living independently and the impact of the bedroom tax.
3. People in North Lincolnshire not being assessed properly for the level of support they need. People with a high level of need are being made to cope with only 10 hours of support a week.



Alick Bush from the Professional Senate then came to talk about people's treatment in Assessment and Treatment Units (ATUs).



He had already been to Speakup Self Advocacy to talk to some people who had experience of being in ATUs.



Every group gave ideas about how to improve the treatment people get in ATUs.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	Monday 23 September 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 July 2013.

The forecast for the financial year 2013/14 at this stage is an overall overspend of £1.886m, against an approved net revenue budget of £72.558m. The main budget pressure areas relate to slippage on a number of budget savings targets including continuing health care funding and implementing the review of in-house residential care.

A range of management actions are currently being developed by budget managers to bring the forecast overspend in line with the approved cash limited budget and progress will be shown in future reports.

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	1,779	1,765	-14	-0.79
Older People	29,286	30,301	+1,015	+3.47
Learning Disabilities	23,469	24,048	+579	+2.47
Mental Health	4,985	4,762	-223	-4.47
Physical & Sensory Disabilities	5,276	5,853	+577	+10.93
Safeguarding	722	759	+37	+5.12
Supporting People	7,041	6,956	-85	-1.21
Total Adult Services	72,558	74,444	+1,886	+2.60

7.1.2 The latest year end forecast shows there are a number of underlying budget pressures mainly in respect of Direct Payments across all client groups plus pressures on external transport provision within Learning Disability services, increased demand in year for independent sector residential and home care and slippage on budget savings within in house residential care and additional continuing health care contributions. These pressures are being reduced by a number of forecast non recurrent and planned 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 (-£14k)

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

Older People (+£1.015m)

- Overspend on In-House Residential Care due to slippage on implementation of budget savings target (+£364k) and recurrent budget pressure on residential care income (+£73k).
- Recurrent budget pressure in Direct Payments over budget (+£545k). Client numbers have reduced (-28) since April together with 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 (-£211k) based on current budget and level of service which is under review. However, there is an over spend on Independent sector home care (+£766k), which has experienced an increase in demand since April (+45 clients).
- An over spend on independent residential and nursing care (+£315k) due to an additional 10 admissions in July. Additional income from property charges is reducing the overall overspend.
- Forecast under spend at this stage in respect of Community Mental Health budgets due to slippage in developing dementia services (-£90k).
- 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 (-£503k).
- Forecast saving on in-house day care (-£49k) due to vacant posts and moratorium on non-pay budgets.
- Overall under spend on Rothercare (-£80k) due to slippage in service review including options for replacement of alarms.

Learning Disabilities (+£579k)

- Slight overspend on independent sector residential care budgets due to 3 new admissions in July and shortfall on CHC income (+£158k). Work is ongoing regarding CHC applications and an internal review of all high cost placements.
- Forecast overspend on Day Care (+£360k) due to slippage on implementation of day care review including increase in fees and charges, plus recurrent budget pressure on external transport provision.
- Forecast overspend in independent sector home care (+£109k) due to increase in demand and slippage in meeting budget savings.
- High cost placements including transitions from children's services in independent day care is resulting in a forecast overspend of +£90k.
- High cost community support placements is resulting in a forecast overspend of £90k.

- Slippage on developing Supported Living schemes plus additional funding from health is resulting in a forecast under spend (-£178k).
- Efficiency savings on SLA's for advice and information and client support services (-£50k).

Mental Health (-£223k)

- Projected over spend on residential care budget (+£100k) due to slippage on budget savings target plan to move clients into community support services. This pressure is offset by an under spend in community support budget (-£369k).
- Budget pressure on Direct Payments (+£23k), a net reduction of 3 clients in July.
- Minor overspends on employees budgets due to lower staff turnover and additional overtime (+£23k).

Physical & Sensory Disabilities (+£577k)

- Continued Pressure on Independent Sector domiciliary care (+£258k) due to an increase in demand.
- Further increase in demand for Direct Payments (+ 7 clients), forecast overspend (+£585k).
- Under spend on community support (-£62k) 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 (-£93k).
- Reduction in contract with independent sector day care provider (-£16k).
- Under spend on equipment and minor adaptations budgets (-£69k).
- Forecast savings on contracts with Voluntary Sector providers (-£26k).

Safeguarding (+£37k)

- Over spend due to lower than expected staff turnover and use of agency support.

Supporting People (-£85k)

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

7.1.3 Agency and Consultancy

Actual spend on agency costs to end July 2013 was £188,805 (no off contract), this is a significant increase compared with actual expenditure of £67,738 (no off contract) for the same period last financial year. The main areas of spend are within Assessment & Care Management Teams, residential care and safeguarding 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 July 2013 was £127,024 compared with £94,223 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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