

## **CABINET MEMBER FOR ADULT SOCIAL CARE**

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

**Date: Monday, 9th December, 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 (Pages 1 - 4)
6. Health and Wellbeing Board (Pages 5 - 12)
7. Charging Exemptions for Non-Residential Care (Pages 13 - 16)
8. Rotherham Learning Disability Partnership Board (Pages 17 - 25)
  - Minutes of meeting held on 25<sup>th</sup> October, 2013
9. Adult Services Revenue Budget (Pages 26 - 31)
10. Date of Next Meeting
  - Monday, 20<sup>th</sup> January, 2014 at 10.00 a.m.

**CABINET MEMBER FOR ADULT SOCIAL CARE**  
**18th November, 2013**

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

**H43.       DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**H44.       MINUTES OF PREVIOUS MEETING**

Consideration was given to the minutes of the meeting held on 21st October, 2013.

It was noted that with respect to Minute No. H36 (Police Assistance and Conveyance to Hospital for those detained under the Mental Health Act 1983) clarification had been sought and it was determined that formal approval from Cabinet was not required.

Resolved:- That the minutes of the meeting held on 21st October, 2013, be approved as a correct record.

**H45.       HEALTH AND WELLBEING BOARD**

The minutes of the meeting of the Health and Wellbeing Board held on 16<sup>th</sup> October, 2013, were noted.

**H46.       DRAFT RESPONSE TO SCRUTINY REVIEW OF HOSPITAL DISCHARGES**

Consideration was given to a report presented by the Director of Health and Wellbeing which set out the detailed response and action plan relating to the spotlight review undertaken by the Health Select Commission into perceived problems with out of hours discharges (late at night or weekend) and patients being discharged without adequate support arrangements in place.

The spotlight review recommendations have been welcomed and addressed through effective joint work between NHS Rotherham and the Council. Good progress had been made in addressing the recommendations which had been agreed by the Clinical Commissioning Group and the Rotherham Foundation Trust.

Further information was provided on each of the recommendations and the proposed action if accepted or the rationale for rejection.

Discussion ensued on the factual information relating to complaints, the involvement of Health Watch and their review of the discharge process, the business process review, management of the discharge process by

the Hospital Social Work Team and the perception for the delays, patient choices and the seven day week service.

The potential for unsafe discharges would continue to be monitored by the recently re-activated multi-agency Operational Discharges Group with a progress report being submitted to the Health Select Commission in six months.

The spotlight review also welcomed the initiation of a Business Process Re-engineering Review which had been commissioned by the urgent Care Management Committee, a sub-group of the Clinical Commissioning Group.

It was noted that the draft response would be further revised in light of the above comments.

Resolved:- (1) That the response to the Scrutiny recommendations, outlined in the attached action plan, be noted.

(2) That the response be submitted, together with the outcome of the Business Process re-engineering review to the Urgent Care Management Committee of the Clinical Commissioning Group on 13<sup>th</sup> November, 2013, for endorsement of those actions relating to NHS Services.

#### **H47. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2013/14**

Consideration was given to the report presented by Mark Scarrott, Finance Manager, 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 for the period ending September, 2013.

The forecast for the financial year 2013/14 at this stage was an overall overspend of £1.418m, against an approved net revenue budget of £72.807m, a reduction in the overspend of £400k since the last report. The main budget pressure areas related to slippage on a number of budget savings targets including continuing health care funding and implementing the review of in-house residential care.

Management actions continued to be developed by budget managers to bring the forecast overspend in line with the approved cash limited budget.

A summary of the main variations against the approved budget for each service area was provided, as set out in detail as part of the report.

Discussion ensued on the latest outturn against the approved budgets and the need for a further column in the table to show the previous month's figure and the budget position for children with learning difficulties

moving into adulthood.

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

**H48. COMMUNITY AND HOME CARE QUALITY AND ACTIVITY REPORT QUARTER 1 2013**

Consideration was given to a report presented by Jacqui Clark, Operational Commissioner, which provided detail on Quarter 1 for Community and Home Care Service activity and quality for the period 1<sup>st</sup> April to 30<sup>th</sup> June, 2013.

The report provided information on activity levels and quality monitoring outcomes for 2013/14 for services delivered by the Community and Home Care Services Framework which had commenced on 2<sup>nd</sup> April, 2012.

Further information was provided on the framework activity, monitoring of quality, including concerns, defaults and embargos and an overview of concerns.

Discussion ensued on the actions taken by care homes following concerns and the current position with the Ethical Care Charter.

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

(2) That the report be included on the agenda for the next meeting of the Contracting for Care Forum.

(3) That an update report on the Ethical Care Charter be submitted to a future meeting of the Cabinet Member.

**H49. RESIDENTIAL AND NURSING CARE QUALITY AND ACTIVITY REPORT FOR THE PERIOD 1ST APRIL TO 30TH JUNE 2013**

Consideration was given to a report presented by Jacqui Clark, Operational Commissioner, which provided an update on the annual report on residential care activity for the period 1<sup>st</sup> April, 2012 to 30<sup>th</sup> June, 2013.

The report provided information on occupancy levels and quality monitoring outcomes for 2013/14 for services delivered by independent and in-house residential and nursing care homes.

Discussion ensued number of concerns, examples of key learning and the sharing of intelligence with CQC.

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

(2) That the report be included on the agenda for the next meeting of the

Contracting for Care Forum.

**H50. COMMUNITY AND HOME CARE SERVICES FRAMEWORK AGREEMENT - UPDATE ON 2012-13**

Consideration was given to a report presented by Jacqui Clark, Operational Commissioner, which provided an update on the performance of the commissioned Community and Home Care Services Framework and the activity and delivery in Year 1 of the contract.

Further information was provided on activity, responsiveness of the providers, direct payments, contract concerns and enforcements.

It was also noted that contract was due to expire in 2015 and the appropriate steps for commissioning would take place during 2014.

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

(2) That the report be included on the agenda for the next meeting of the Contracting for Care Forum.

**HEALTH AND WELLBEING BOARD**  
**16th October, 2013**

**Present:-**

Councillor John Doyle	Cabinet Member, Adult Social Care <b>(in the Chair)</b>
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Operating Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. David Polkinghorn	Rotherham CCG
Dr. John Radford	Director of Public Health
Janet Wheatley	Voluntary Action Rotherham
Councillor Ken Wyatt	Cabinet Member Health and Wellbeing/Finance

**Also Present:-**

Dr. Trisha Bain	Rotherham Foundation Trust
Chris Bland	Rotherham Local Pharmaceutical Committee
Dominic Blaydon	
Claire Burton	Commissioning, RMBC
Kate Green	Policy Officer, RMBC
Dr. Nagpal Hoysal	Public Health
Ian Jerams	RDaSH
Laura Sherburn	NHS England
Dorothy Smith	Children, Young People and Families services
Chrissy Wright	Commissioning, RMBC

Apologies for absence were submitted by Karl Battersby, Brian Hughes, Chris Bain, Gordon Laidlaw, Tracy Holmes, Martin Kimber, Shona McFarlane, Michael Morgan and Joyce Thacker.

**S39. SOUTH YORKSHIRE POLICE**

The Board considered a proposal that South Yorkshire Police be formally represented on the Board.

Discussion ensued on the proposal and the benefits of having Police representation. Cognisance was taken of previous requests received from other partner organisations for membership of the Board that had been refused.

Resolved:- (1) That, by exception, South Yorkshire Police be appointed as a member of the Health and Wellbeing Board.

(2) That a review of the Board's Terms of Reference and membership be undertaken in May, 2014.

(Jason Harwin, South Yorkshire Police, was welcomed to the meeting as a formal Board member.)

**S40. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING**

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

**S41. COMMUNICATIONS**

(a) Rotherham Foundation Trust

Dr. Trisha Bain reported that an Interim Chief Executive (Louise Barnett) had been recruited and would be taking up the appointment on 18<sup>th</sup> November, 2013. A Deputy Chief Executive had also been recruited.

(b) British Heart Foundation

Councillor Wyatt reported receipt of a letter from Simon Gillespie, Chief Executive, British Heart Foundation, offering support towards Rotherham's application for the Local Government Chronicle Award in the category of Public-Public Partnerships, for the strong partnership Rotherham had created for the Heart Town.

Resolved:- That a copy of the letter be circulated to all members of the Board.

**S42. HEALTH AND WELLBEING BOARD SELF-ASSESSMENT**

Kate Green, Policy Officer, reported on the responses that had been received from Board members to the self-assessment questionnaire.

The report summarised the 13 responses received and outlined the key comments/issues raised which included:-

- Whether members of the public, front line staff and manager understood the Board's governance structure or appreciated the Board's significance
- Clarity required regarding decision making and where the Board fit within certain Service areas
- The breadth of the membership and effective collaborative working were particular strengths of the Rotherham Board
- There were good examples of integrated working but a need to share commissioning and budget plans to ensure alignment of priorities and spending
- Positive work in key areas but no evidence as yet of any significant changes being made
- Consideration should be given to the frequency of meetings and the contents of the agendas to allow focus on key priorities
- Providers were able to make significant contributions to the work of the Board and were often key to the delivery of the Strategy

Discussion ensued on the responses received:-

- The Chair had now limited the number of presentations to be made at a Board meeting. Presentations would be made if a decision was required or guidance on the direction of travel; other presentations would be sent electronically to enable members to consider the information prior to a meeting and issues arising included on the next Board agenda
- Consideration given to presenting issues differently
- Neighbouring Boards met bi-monthly with the intervening month being a workshop style meeting
- Sharper focus on performance management
- More time required for focussed debate. A lot of time was spent analysing problems but now needed to look at solutions

Resolved:- That consideration be given to the points made above with regard to the style and content of future meetings.

#### **S43. HEALTH AND WELLBEING BOARD - ANNUAL REPORT**

Kate Green, Policy Officer, submitted an update on the 6 strategic outcomes of the Health and Wellbeing Strategy. Each workstream lead had attended a Board meeting to present their action plan and progress.

The report provided an overview of progress on key actions and future challenges. The Board was requested to consider how it wished to receive future progress reports and any necessary actions required to ensure workstream leads achieved their outcomes.

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

- Workstream 1 – Prevention and Early Intervention  
There was a comprehensive refresh of the Obesity Framework and contracts. Consideration was being given to streamlining the pathways to make it much more effective
- Workstream 2 – Expectations and Aspirations  
There had been a small amount of funding identified. If there were any areas of work that required small amounts of funds for projects how could a workstream lead take that forward?
- How were the workstreams to be performance managed?

Resolved:- (1) That the progress made on each of the workstreams be noted.



(2) That the membership of the Health and Wellbeing Steering Group be reviewed and consideration given to the inclusion of NHS England, RDaSH and VAR.

#### **S44. JOINT STRATEGIC NEEDS ASSESSMENT REFRESH**

Chrissy Wright, Strategic Commissioning Manager, submitted a report setting out the progress to date to achieve the refresh of the Joint Strategic Needs Assessment by early 2014. The refreshed document must now include user's perspectives and a Directory of Assets which includes community assets, physical infrastructure, networks and individuals and as such would meet the latest Government guidance on JSNA content.

An online format was proposed including a breakdown of information across separate pages within the website and links to further information ([Rotherham.gov.uk/jsna](http://Rotherham.gov.uk/jsna)). In due course, there would be an opportunity for users to register with the site for updates and when new information was published and content was refreshed. This would also provide a mechanism for monitoring and evaluation of the impact of the JSNA across the Borough.

The refresh had included work to extend the content of the JSNA including:-

- Roma population needs analysis
- Women's health
- LGBT needs analysis
- Eye Health
- Domestic Abuse

A presentation was given of the online format.

Discussion ensued on the report:-

- The Board needed to agree a point in time that all partners could base their commissioning/spending plans for 2014/15
- The online facility was a requirement of the Guidance
- The importance of the JSNA was to give a position in time, however, what happened beyond that time was even more important and why there needed to be a mechanism for challenging and appraisal of future planning. Partners could then co-ordinate better on forward planning groups and what could be done to challenge the provision and ascertain if the best options were being utilised
- Canklow was proposed as the pilot area for the development of an asset register where all individual community assets would be mapped and evaluated before branching out across the Borough

- Consultation on the refresh document was a requirement, not just with stakeholders but also with the public

Resolved:- (1) That the progress made in achieving a refresh of the JSNA be noted.

(2) That all partners commit to being full participants in the ongoing development of the document.

(3) That all partners be informed as soon as possible as to what information was required to populate the JSNA to enable it to be submitted to the 18<sup>th</sup> December Board meeting so as to fit with partner organisations' deadlines for submission of their 2014/15 commissioning/spending plans.

(4) That consultation upon the refreshed document commence in early 2014.

#### **S45. PERFORMANCE MANAGEMENT FRAMEWORK**

Consideration was given to a report, presented by the Director of Public Health, containing the second 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 the report including:-

- The Planning Service's request for the Board's view with regard to fast food outlets near schools/within deprived areas
- Inclusion in the report of why certain Priorities were not meeting their outcomes

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

(2) That the Planning Service be informed of the Board's 6 Priorities.

(3) That the performance report format in future include analysis of failing to meet outcomes particularly in comparison with statistical neighbours and nationally.

#### **S46. SOCIAL CARE SUPPORT GRANT**

Dominic Blaydon, Head of Long Term Conditions and Urgent Care, reported on the transfer to the Council of the Social Care Support Grant.

NHS England would transfer £481M for 2013/14 to the Authority via an agreement under Section 256 of the 2006 NHS Act. The agreement would be administered by the NHS England Area Team and would only pass over to the Authority once the agreement had been signed by both parties.

The Grant must be used to support Adult Social Care Services that delivered a health benefit. The Guidance required NHS England to ensure that the Local Authority agreed with its local health partners on how the funding was best used. Health and Wellbeing Boards would be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent. It would also be a condition of the transfer that the local authority and RCGG had regard to the Joint Strategic Needs Assessment for their local population.

It was proposed that the funding focus on:-

- Additional short term residential care places or respite and intermediate care
- Increased capacity for Home Care Support, investment in equipment, adaptations and telecare
- Investment in Crisis Response Teams and Preventative Services to avoid hospital admission
- Further investment in Reablement Services to help regain their independence.

Resolved (1) That the programme of expenditure as set out in the Appendix submitted be approved.

(2) That the development of a light touch performance framework for the Grant be approved.

#### **S47. HEALTHWATCH ROTHERHAM OUTCOMES FRAMEWORK AND WORK PLAN**

Claire Burton, Operational Commissioner, submitted a report on the Outcomes Framework and work plan for Healthwatch Rotherham.

Parkwood Healthcare Ltd. had been awarded the Healthwatch Rotherham contract which commenced on 1<sup>st</sup> April, 2013. Contract monitoring arrangements had been established including an outcomes framework which required performance against the outcomes to be achieved, as detailed within the contract, to be monitored and reported against on a monthly basis.

The work plan detailed the specific pieces of work that Healthwatch would undertake, or contribute to, in line with their role. It was based upon the Health and Wellbeing Strategy priorities as well as local intelligence gathered with regard to health and social care services in Rotherham.

There was capacity within the work plan for Healthwatch to respond to the number of ever increasing enquiries/issues from members of the public or to undertake specific consultation with members of the public as determined appropriate.

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

- Volume of monthly reporting required – this was due to Healthwatch being new and the complexities surrounding it. Their database would produce quarterly monitoring reports
- Healthwatch was crucial as the patient voice increased
- Quality assurance was as critical as the Service itself
- Healthwatch was very new and at the time the document had been drawn up the Chair had not been in position. It was recognised, however, that the Healthwatch Manager had been involved in its development. It was a working document and would be reviewed regularly.

Resolved:- (1) That the Outcomes Framework and Work Plan, 1<sup>st</sup> September, 2013 to 31<sup>st</sup> March, 2014, for Healthwatch Rotherham be approved.

(2) That exception reports on performance and programme against the Outcomes Framework and Work Plan be submitted as and when necessary.

(3) That liaison take place with the CCG with regard to the possibility of Healthwatch Rotherham setting up an e-mail group that could be used as a feedback facility.

(4) That members of the Board e-mail Naveen Judah with any proposals that Healthwatch could undertake on their behalf.

**S48. ANNUAL LOCAL SAFEGUARDING CHILDREN'S BOARD REPORT AND BUSINESS PLAN**

The Board received the Rotherham's Local Safeguarding Children Board Annual Report 2012/13 which was submitted for information.

**S49. NUMBER OF GP AND DENTAL PRACTICES IN ROTHERHAM**

In accordance with Minute No. S87 of the meeting held on 8<sup>th</sup> May, 2013, information was submitted regarding the GP and Dental Practices for information.

**S50. DATE OF NEXT MEETING**

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27<sup>th</sup> November, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall,

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

1	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
2	<b>Date:</b>	<b>9 December 2013</b>
3	<b>Title:</b>	<b>Charging Exemptions for Non Residential Care</b>
4	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

## 5 Summary

Fairer Charging Policies for Home Care and other non-residential Social Services issues under Section 7 of the Local Authority Social Services Act 1970 sets out guidance and statutory framework for calculating how much someone should pay towards their non-residential services. This policy was updated in April 2010 to take account of new statutory guidance related to the introduction of Self Directed Support Personal Budgets.

In some incidences applying charges to services assessed to meet eligible needs can prevent some of our most vulnerable customers from accessing services. There is an inconsistent approach in place in applying charges; this report seeks to regularise it.

## 6 Recommendations

- **To agree the attached policy.**

7 **Proposals and Detail**

**Authorising Exemption to charges**

Social care assessors will need to ensure all assessments, risk assessments and support plans are completed clearly identifying risks and why an exemption to charges is required and support/ services needed to meet individual's eligible needs.

Team Manager will need to approve, authorise and where urgent authorisation is required outside of Resource Allocation Panel, then this will need to be approved by Service Manager.

8 **Finance**

Financial assessments will need to be completed and will continue to calculate how much someone should pay towards their non-residential services. Cost and non-payment of charges will be monitored through the Resource Allocation Panel.

Financial impact of exemptions will be minimal; Fairer Charging calculations would most likely identify most customers to be below the threshold for charges to apply.

9 **Risks and Uncertainties**

- Housing, risk of being served notice by environmental health if not supported to improve living conditions.
- Risk of continuing cycle of self-neglect, causing critical level of risk to health.
- Anti-social behaviour incidents, support to report to police when incidents happen enabling the police to respond more quickly.
- Substance misuse, risk of malnutrition, loss of dignity and support to access services i.e. Clearways for treatment.
- Risk of deterioration in mental health, low mood, suicidal ideation should support not be provided.

10 **Policy and Performance Agenda Implications**

This policy would in effect formalise a process which is already in place and being applied without any monitoring and scrutiny/agreement of exemptions.

All cases/ assessments will need to be submitted to the Resource Allocation Panel for the exemption to be agreed. Cases will be reviewed at 12 weeks to determine if the services or exemption is still required.

**Contact Name:** Michaela Cox  
**Telephone:** (01709) 825582  
**E-mail:** [michaela.cox@rotherham.gov.uk](mailto:michaela.cox@rotherham.gov.uk)

## **Charging Exemptions for Home care and community support services**

### **Introduction**

Fairer Charging Policies for Home Care and other non-residential Social Services issues under Section 7 of the Local Authority Social Services Act 1970 sets out guidance and statutory framework for calculating how much someone should pay towards their non-residential services. This policy was updated in April 2010 to take account of new statutory guidance related to the introduction of Self Directed Support Personal Budgets.

### **Exemption to charges**

In some incidences applying charges to services assessed to meet eligible needs can prevent some of our most vulnerable customers from accessing services. For example, ability or refusal to pay, lack of insight or ability to weigh up risks to one self if services were not provided.

### **Exemption Categories**

This list is not exhaustive, all exemption will need to be discussed, agreed with Team Managers prior to submitting to Resource Allocation Panel for authorisation.

This does not include entitlement to services under Section 117 of the 1983 Mental Health act or services provided to keep someone safe under safeguarding procedures.

- Housing, risk of being served notice by environmental health if not supported to improve living conditions.
- Risk of continuing cycle of self-neglect, causing critical level of risk to health.
- Anti –social behaviour incidents, support to report to police when incidents happen enabling the police to respond more quickly.
- Substance misuse, risk of malnutrition, loss of dignity and support to access services i.e. Clearways for treatment.
- Risk of deterioration in mental health, low mood, suicidal ideation should support not be provided.



### **Authorising Exemption to charges**

Social care assessors will need to ensure all assessments, risk assessments and support plans are completed clearly identifying risks and why an exemption to charges is required and support/ services needed to meet individual's eligible needs. Team Manager will need to approve, authorise and where urgent authorisation is required outside of Resource Allocation Panel, then this will need to be approved by Service Manager.

All cases will need to be submitted to panel and reviewed at 12 weeks to determine if the services or exemption is still required.

**Michaela Cox**  
**Service Manager**  
Health and Wellbeing  
Neighbourhoods and Adult Services Directorate

29.07.13

## Rotherham Learning Disability Partnership Board



### Notes of the Meeting Friday 25<sup>th</sup> October 2013 10.05 am to 12.10 pm



#### Voting Members

##### At the meeting:

Bryan Adams	People's Representative (Co-chair) (left at 11.10 am)
Robert Parkin	People's Representative (Co-chair)
Jan Frost	Housing Services - RMBC
Shona McFarlane	Director of Health and Well Being – RMBC
Ann McMahon	Carer Representative
Alison Owen	Regional Forum Representative (arrived 10.25 am)
Jayne Price	Carer Representative ***new***
John Williams	Learning Disability Service

##### Who said they could not come to the meeting:

Linda Jarrold	Voluntary Action Rotherham
Patricia Russell	Councillor – RMBC
Kate Tufnell	Head of Contracts & Service Improvement - NHS-CCG
Brian Wood	Children & Young People's Service - RMBC

##### Who did not come to the meeting:

-

Sorry!

#### Non-Voting Members

##### At the meeting:

Sabi Akram	RAP
Sally Ferguson	Speakup
Sandra Grinnell	Learning Disability Service (arrived 11.05 am)

##### Also:

Stacey	Speakup Student
--------	-----------------

##### Taking the notes of the meeting:

Jo Frear	Learning Disability Service
----------	-----------------------------

#### 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



Robert opened the meeting and introductions were made. Robert asked people to turn off their mobiles or put them on silent for emergency calls.

1

Hello!

### Introductions + Apologies

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.

2

### Rotherham's Autism Self Evaluation



John told the meeting that Social Services across England have had to complete an assessment of their services for people with autism. We had hoped to be able to bring it to a Partnership Board before the deadline, however, this was not possible. Rotherham did send in its report by the deadline of 30<sup>th</sup> September 2013.



The Learning Disability Service and also the Mental Health Service work with people with autism. There are also people with autism not in these 2 services. The filling in of the report was led by the Learning Disability Service.

John went on to give an overview of the report. Things highlighted or talked about included:

- Information about people with autism is not currently collected. There are changes planned to be able to collect this information from next year. It is not that we don't know someone has autism, it is that currently the information cannot be gathered from our social care records.
- Autism training has been successfully provided this year. Rotherham people with autism have worked with the National Autistic Society, Learning Disability Service and the Clinical Commissioning Group (CCG) to develop and deliver this training.
- The Autism Group helped to provide the self-advocate stories. The group also read through the evaluation and agreed with it.



## 4

**People's Issues**

Alison gave a presentation at the meeting about the People's Parliament which was held on 15<sup>th</sup> October 2013 at the Galax Centre. The meeting had 3 workshops with questions about the Parliament. These questions included:

- **What do you like about coming to the Parliament?**

People said: *"To have your own voice and say"*  
*"Working together to make a difference"*



- **What would you like the topics of the Parliament to be on?**

People said: *"Health Watch"*  
*"National Forum"*  
*"Benefits"*  
*"Health and Safety"*



Sally said that Melanie Hall, Manager from HealthWatch, has been to Speakup and has said she will come to a Parliament. Jo advised that Melanie has been invited to our next Partnership Board meeting.

Shona said that the HealthWatch Chair sits on the Health and Well Being Board – this Board makes the big decisions. It is important that HealthWatch have contact with people with learning disabilities and Speakup, so that they can represent the views of all people – not just those in hospital. People need to have a voice.

## 5

**Carers' Issues**

Ann said that there have been several meetings taking place, including:

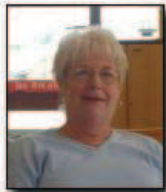
- the big Carers' meeting;
- a meeting of 6 Day Care representatives with Heather Mallan;
- a meeting with Councillor Doyle with 3 learning disability representatives and 1 Carers Corner representative.



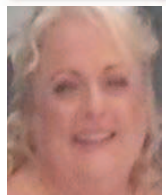
Ann reported that one of the issues at these meetings has been about staffing. Families are worried about staffing levels in Day Centres. Jayne said that there is concern about Health & Safety at the day centres.



Shona told the meeting that day services have more challenges than they used to have. We are getting more and more people coming through to the service and at the same time people are living longer. We need to do more with what we have got and manage with what money is available. Where there are vacant posts, we are trying to recruit to them as quickly as we can.



Ann said that Carers Corner had been talked about at the meeting with Councillor Doyle, who had said that this is under review and he did not know the outcome at this stage. Shona said that the review is not finished yet – the Council are looking at how buildings are being used.



Jayne said that there is a survey about carer services on the Council website and she has completed it.



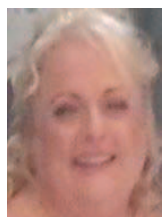
Ann said that Oak Close had been mentioned. John advised that there are regular family meetings taking place about Oak Close and these are well attended. John advised that anyone contacting Ann or Jayne about Oak Close issues should be asked to contact him, so that he can explain what is happening.



Sally told the meeting that Sports Development have money from bids for disability programmes. This may be something that could be used to support day services to get more people involved in sports.



Ann said there are concerns that not as many people are going to the Carers Forum meetings now. Jayne said that there may be issues around publicity and letting carers, including new carers, know about these meetings. We may need to look at different ways of letting people know about things like this.



Ann said that the possibility of having an electronic newsletter for carers to keep people updated about what is happening had been talked about at Councillor Doyle's meeting.

Jayne told the meeting that Fair's Fayre is taking place next week – on Wednesday 30<sup>th</sup> October 2013 at Magna.

Ann said that the Carers' Rights Day is on Friday 29<sup>th</sup> November 2013 but she is not sure what is happening in Rotherham yet.





- Action:**
- 5a Ann agreed to let Jayne know the dates of the different carer meetings.
  - 5b Shona agreed to ask Heather Mallan to contact Public Health re possibility of day services using Sports Development programmes.



**There was a break for tea / coffee – 11.00 to 11.10 am.**

**3 Update on Care Quality Commission (CQC) Inspections of RDaSH**

Sandra said she was sorry that she could not get to the meeting earlier, as she had to go to another meeting first.



Sandra told the meeting that she was going to give some feedback about a visit from the Care Quality Commission (CQC) last week. The CQC came to check that everything was okay in all RDaSH services and had visited the health part of the Learning Disability Service.



CQC had looked at quality and service user / carer experience of using the inpatient units (Rotherham's Assessment and Treatment Unit, called Rhymer's Court).

Sandra said that informal feedback was that we are doing OK (compliant). The inspector had commented about how nice, friendly and welcoming staff in the service had been to them.



- Action:**
- 3a Sandra agreed to bring formal feedback about the CQC inspection of Rhymer's Court to the Partnership Board, when the final report has been received.

**6 Health and Social Care Self-Assessment Framework**



John explained that every year we have had to complete a Health Self Assessment as well as a Partnership Board report. This year they have put the 2 assessments together into one big document. This document has been sent out with the agenda papers for people to see.



We have to complete the assessment by the end of November 2013 and work on this is taking place. Judi Kyte is leading on this from the Health side of the Learning Disability Service. We will be contacting people for information.

Sally told the Board that Judi has arranged a health session at Galax and will be using real life stories for the self-assessment from this event.



John said that some of the information is not easy to find, particularly the questions around Children’s Services. Some of the questions are about things that we do not keep information about. There are also health questions (for example, about screening) which we will have to contact GPs / hospital about and we hope that they keep records about this.

People at the meeting were concerned about how big the self-assessment was – there is lots and lots of information and data that needs to be collected. It will be hard to go through and explain it all to the people who need to sign off the report.



It was also noted that the report now seems to be very much about health and not as much about how the service works.

Work is continuing to complete the self-assessment before the deadline and arrangements will be made for people to agree and sign it off.

**7 Notes of the Last Meeting – 13<sup>th</sup> September 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, with the following amendment:

Page 1 – Friday 13<sup>th</sup> September ~~2012~~ **2013**.



**7a People’s Issues – Regional Forum**

Sally said that the Forum on 1<sup>st</sup> October 2013 had been cancelled. It will now be held on 26<sup>th</sup> November 2013 and it was hoped that more groups will come to this.



**Action:**  
7a Alison is to provide feedback about the Regional Forum to the Partnership Board.

## 7b Confidential Inquiry into Premature Deaths of People with Learning Disabilities



Jan commented that one of the issues in this report had been about people with a learning disability being underweight. However, this year's self-assessment is looking at people with a learning disability being overweight. There does not seem to be any links between the 2 reports.



### Action:

7b Shona agreed to feed this comment back and say that we also monitor people who are underweight.

## 7c Carers' Rights Day – 29<sup>th</sup> November 2013

Information about what is happening in Rotherham for Carers' Rights Day is being looked into.



### Action:

7c Ann and Jayne said they would support the day and let as many people as possible know about it.

## 7d Let's Talk Event

The Partnership Board talked about having a Let's Talk event in March / April 2014 to let people know about budgets / pressures / challenges faced by the Learning Disability Service.



### Action:

7d The Partnership Board agreed to look at holding a Let's Talk event next year.

## 8 Any Other Business

### 8a Request to come to Partnership Board

The Partnership Board has received a request to come to one of its meetings from Dr Katherine Runswick-Cole, a researcher at Manchester Metropolitan University. Katherine is working with Speakup on a project looking at how people with learning disabilities are doing in the **Big Society**<sup>1</sup>. Katherine is spending time in Rotherham to understand how people with learning disabilities are included in local decisions.



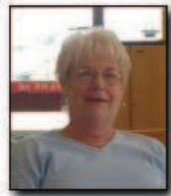
<sup>1</sup> The **Big Society** is about giving communities more powers, encouraging people to take an active role in their communities. It is about transferring power from Central to Local Government.





**Action:**  
8a The Partnership Board agreed to Dr Katherine Runswick-Cole attending a meeting to observe.

8b **Carer Meetings**



Ann said that she has been approached by a carer who feels that as she is not using services (receives Direct Payments), she does not feel involved, is not attending meetings and does not get to know about things.

People at the meeting talked about this. It was suggested that there are a whole range of services that carers can access to get information including the Carers Centre, Speakup, Connect to Support, Partnership Board minutes (on line). It was felt that if the carer needed any support, then she could contact a Support Worker in the Direct Payments Team or the Learning Disability Service at Badsley Moor Lane.

9 **Date and Time of Next Meeting**



Friday 6<sup>th</sup> December 2013  
@ 10.00 am



Robert closed the meeting and thanked people for their time.

LDS/JFr/PB251013  
(07.10.13)



## Rotherham Hospice

Rotherham Hospice is an independent charity providing specialist palliative care services to adults in the Rotherham Borough with a terminal illness.

The Hospice accepts referrals for all adults with any form terminal disease that requires complex symptom management.

The Hospice delivers this care through the following services:

- Inpatient Unit – consisting of 14 single inpatient bedrooms all with en-suite facilities with capacity for bariatric care.
- Day Hospice – providing 15 places a day 5 days a week (excluding bank holidays). Transport for patients to and from the Hospice is also provided.
- Community Care – through the Hospice Community Team that provides Clinical Nurse Specialists covering all of the Borough, a 24/7 Advice Line and a Hospice at Home team delivering hospice care in a patients place of residence.
- Family Services – including Occupational Therapists, Physiotherapists, bereavement support that includes a child bereavement support group and complementary therapies.

The Hospice also provides two Palliative Care Consultants, one Specialist Grade Doctor and some provision for a Clinical Psychologist.

Referrals to the Hospice services can be made in two ways:

- Directly to our Community Team by telephone on 01709 308910. Referrals can be made in writing and sent by fax to 01709 371702.
- Directly to the Inpatient Unit, Day Hospice and other Hospice Services by telephone on 01709 308900. Referrals can be made in writing and sent by fax to 01709 371702.

The Hospice is working towards a single point of referral in the next 12 months.

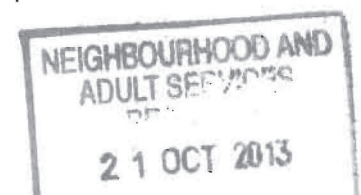
## Current Developments

The Hospice is working with Rotherham CCG on a pilot project that will:

- Develop a coordinated approach to end of life care through the implementation of a Borough wide active end of life care register.
- Increase capacity of the existing Hospice at Home provision to enable more people to receive hospice care and remain in their place of residence, and to reduce hospital admissions.

## Future Provision

It is hoped that in the next 6 months the End of Life Care Outpatients service will move from Rotherham Hospital to be based at the Hospice. Main Hospice reception 01709 308900.



<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
<b>2</b>	<b>Date:</b>	<b>Monday 9 December 2013</b>
<b>3</b>	<b>Title:</b>	<b>Adult Services Revenue Budget Monitoring Report 2013/14</b>
<b>4</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Social Services</b>

## **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 October 2013.

The forecast for the financial year 2013/14 at this stage is an overall overspend of £1.366m, against an approved net revenue budget of £72.809m, a reduction in the overspend of £52k since the last report. 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. Management actions continue to be developed by budget managers to bring the forecast overspend in line with the approved cash limited budget.

## **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 is £72.809m. The approved budget included additional funding for demographic and some 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	1,783	1,729	-54	-3.03
Older People	29,455	30,146	+691	+2.35
Learning Disabilities	23,527	23,947	+420	+1.78
Mental Health	5,004	4,815	-189	-3.78
Physical & Sensory Disabilities	5,270	5,832	+562	+10.66
Safeguarding	729	743	+14	+1.92
Supporting People	7,041	6,963	-78	-1.11
<b>Total Adult Services</b>	<b>72,809</b>	<b>74,175</b>	<b>+1,366</b>	<b>+1.88</b>

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 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 under spends and management actions 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 (-£54k)**

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

### **Older People (+£691k)**

- Overspend on In-House Residential Care due to delays on implementation of budget savings target due to extended consultation (+£262k) and recurrent budget pressure on residential care income (+£63k).
- Recurrent budget pressure in Direct Payments over budget (+£558k). However, client numbers have reduced (-27) 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 (-£243k) based on current level of service. However, there is an over spend on Independent sector home care (+£771k), which has experienced an increase in demand since April (+48 clients).
- An over spend on independent residential and nursing care (+£618k) due to an additional 47 clients receiving a service than forecast. Additional income from property charges is reducing the overall overspend.
- Forecast under spend in respect of Community Mental Health budgets due to planned delay's in developing dementia services in order to reduce the overall Directorate overspend (-£249k).
- Under spend on carers services due to vacancies and reduced take up in carers breaks (-£183k).
- Planned delay's on recruitment to vacant posts within Assessment & Care Management and Community Support plus additional income from Health (-£624k).
- Forecast saving on in-house day care (-£66k) due to vacant posts and the moratorium on non-pay budgets.
- Overall under spend on Rothercare (-£130k) due to slippage in service review including options for replacement of alarms together with additional income.
- Other minor under spends in other non pay budgets due to the moratorium on non essential spend (-£46k).

### **Learning Disabilities (+£420k)**

- Overspend on independent sector residential care budgets due to 3 new admissions in July and shortfall on CHC income (+£103k). Work is ongoing regarding CHC applications and an internal review of all high cost placements.
- Forecast overspend on Day Care (+£237k) due to a delay on the implementation of day care review including increase in fees and charges, plus recurrent budget pressure on the provision of external transport.
- Overspend in independent sector home care (+£102k) due to increase in demand and slippage in meeting budget savings.
- High cost placements in independent day care is resulting in a forecast overspend of +£74k. Pressure reduced due to additional CHC funding and one client moving out of the area.

- High cost community support placements is resulting in a forecast overspend of £90k.
- A delay in developing Supported Living schemes plus additional funding from health is resulting in a forecast under spend (-£67k).
- Efficiency savings on SLA's for advice and information and client support services (-£63k).
- Lower than expected increase in demand for direct payments (-£25k).
- Additional staffing costs and essential repairs with In house Residential care offset by planned delays in recruiting to vacant posts within Assessment & Care Management (-£31k).

### **Mental Health (-£189k)**

- Projected over spend on residential care budget (+£124k) 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 (-£367k).
- Budget pressure on Direct Payments (+£12k), additional income recovery is reducing the overall pressure on budget.
- Overspends on employees budgets due to lower than expected staff turnover, additional overtime and agency cover (+£42k).

### **Physical & Sensory Disabilities (+£562k)**

- Continued Pressure on Independent Sector domiciliary care (+£242k) due to a continued increase in demand for service.
- Further increase in demand for Direct Payments (+ 10 clients), forecast overspend (+£642k).
- Under spend on community support (-£52k) as clients move to a direct payment.
- Forecast under spend on Residential and Nursing care due to planned slippage in developing alternatives to respite provision (-£140k).
- Reduction in contract with independent sector day care provider (-£70k).
- Under spend on equipment and minor adaptations budgets (-£35k).
- Forecast efficiency savings on contracts with Voluntary Sector providers (-£25k).

### **Safeguarding (+£14k)**

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

### **Supporting People (-£78k)**

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

### **7.1.3 Agency and Consultancy**

Actual spend on agency costs to end October 2013 was £244,050 (no off contract), this is a significant increase compared with actual expenditure of £161,371 (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 October 2013 was £235,327 compared with £216,957 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 (10<sup>th</sup> 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.

**Contact Name:** Mark Scarrott – Finance Manager (Neighbourhoods and Adult Services), *Financial Services* x 22007, email [Mark.Scarrott@rotherham.gov.uk](mailto:Mark.Scarrott@rotherham.gov.uk).