

CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: Monday, 20th January, 2014

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 - 5)
6. Health and Wellbeing Board (Pages 6 - 10)
7. Rotherham Learning Disability Partnership Board (Pages 11 - 16)
8. Residential and Nursing Care Quality and Activity Monitoring (Pages 17 - 24)
9. Community and Home Care Activity and Quality Monitoring (Pages 25 - 32)
10. Adult Services Revenue Budget Monitoring (Pages 33 - 38)
11. 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 I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the Council)).
12. Training of Adult Social Care Workforce (Pages 39 - 42)

13. Setting In House Residential Accommodation Charges 2014-15 (Pages 43 - 46)
14. Fee Setting 2014-15 Independent Sector Residential and Nursing Care for People Over 65 Years (Pages 47 - 51)
15. Fee Setting 2014-15 Community and Home Care Services - Independent Sector Domiciliary Care (Pages 52 - 55)
16. Review of Non-Residential Service Charges (Pages 56 - 64)
17. Date of Next Meeting
 - Monday, 17th February, 2014 at 10.00 a.m.

CABINET MEMBER FOR ADULT SOCIAL CARE
9th December, 2013

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

H51. DECLARATIONS OF INTEREST

Councillor P. Russell declared a personal interest in Minute No. 54 (Charging Exemptions for Non-Residential Care).

H52. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 18th November, 2013.

Resolved:- That the minutes of the meeting held on 18th November, 2013, be approved as a correct record.

H53. HEALTH AND WELLBEING BOARD

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

H54. CHARGING EXEMPTIONS FOR NON-RESIDENTIAL CARE

The Director of Health and Wellbeing submitted a report on the Fairer Charging Policies for Home Care and other non-residential Social Services issues under Section 7 of the Local Authority Social Services Act 1970 which set out guidance and a statutory framework for calculating how much someone should pay towards their non-residential services. However, in some incidences, applying charges to Services assessed to meet eligible needs could prevent some of the most vulnerable customers from accessing Services. The proposed Policy would regularise the inconsistencies.

Social Care assessors would need to ensure all assessments, risk assessments and support plans were completed, clearly identifying any risks and stating why an exemption to charges was required and support/services needed to meet the individual's eligible needs.

The Team Manager would then approve, authorise and, where urgent authorisation was required outside of the Resource Allocation Panel, approved by a Service Manager. The proposed exemption categories were:-

- Housing - risk of being served notice by Environmental Health if not supported to improving 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 happened 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

Resolved:- (1) That the Policy be referred to Cabinet for adoption by full Council.

(2) That a report be submitted in 12 months.

H55. ROTHERHAM LEARNING DISABILITY PARTNERSHIP BOARD

The notes of a meeting of the Rotherham Learning Disability Partnership Board held on 25th October, 2013, were submitted for information.

H56. ADULT SERVICES REVENUE BUDGET

Consideration was given to a report presented by Mark Scarrott, Finance Manager (Neighbourhoods and 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 October, 2013.

It was reported that the forecast for the financial year 2013/14 was an overspend of £1.366M against an approved net revenue budget of £72.809M. The main budget pressures related to slippage on a number of budget savings targets including Continuing Health Care funding and implementing the review of In-house Residential Care.

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

Adults General

- A slight underspend based on estimated charges including training

Older People

- A forecast overspend on In-House Residential Care due to slippage on implementation of budget savings target and recurrent budget pressure on Residential Care income
- Recurrent budget pressures in Direct Payments, however, client numbers had reduced since April together with a reduction in the average cost of packages
- Underspend on In House Transport.
- Forecast underspend on Enabling Care and Sitting Service, Community Mental Health, Carers' Services and planned delays on the recruitment to vacant posts within Assessment and Care

Management and Community Support plus additional income from Health

- Overspend on independent sector Home Care due to an increase in demand since April
- Overspend on independent residential and nursing care due to an additional 47 clients receiving a service than forecast. Additional income from property charges was reducing the overall overspend
- Forecast savings on in-house day care due to vacant posts and moratorium on non-pay budgets
- Overall underspend on Rothercare due to slippage in Service Review including options for replacement of alarms
- Minor underspend in other non-pay budgets due to moratorium on non-essential spend

Learning Disabilities

- Overspend on independent sector Residential Care budgets due to 3 new admissions in July and shortfall on Continuing Health Care income
- Forecast overspend on Day Care due to a delay on the implementation of Day Care Review including increase in fees and charges plus recurrent budget pressure on transport
- Forecast overspend in independent sector Home Care due to increase in demand and slippage in meeting budget savings
- High cost placements in independent Day Care reduced due to additional Continuing Health Care funding and 1 client moving out of the area
- High cost Community Support placements resulting in forecast overspend
- Delay in developing Supported Living Schemes plus additional funding from Health resulting in a forecast underspend
- Efficiency savings on Service Level Agreements for Advice and Information and Client Support Services was reducing the overall overspend
- Lower than expected increase in demand for Direct Payments
- Additional staffing costs and essential repairs within In-House Residential Care offset by planned delays in recruiting to vacant posts within Assessment and Care Management

Mental Health

- Projected overspend on Residential Care budget due to a slippage on budget savings target plan to move clients into Community Support Services offset by an underspend in Community Support budget
- Budget press on Direct Payments but additional income recovery was reducing the overall pressure on budget
- Overspends on employees' budgets due to lower than staff turnover, additional overtime and agency cover

Physical and Sensory Disabilities

- Continued pressure on Independent Sector Domiciliary Care due to an increase in demand
- Further increase in demand for Direct Payments
- Underspend on Community Support as clients moved to Direct Payments
- Forecast underspend on Residential and Nursing Care due to planned slippage in developing alternatives to respite provision
- Reduction in contract with independent sector Day Care provider
- Underspend on equipment and minor adaptations budgets
- Forecast efficiency savings on contracts with Voluntary Sector providers

Safeguarding

- Overspend due to lower than expected staff turnover and use of agency support

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 October, 2013, was £244,050 (no off contract) compared with actual expenditure of £161,371 (no off contract) for the same period last year. The main areas of spend were within Assessment and Care Management Teams, Residential Care and Safeguarding to cover front line vacancies and sickness. There had been no expenditure on consultancy to date.

There had been £235,327 spent up to the end of October, 2013, on non-contractual overtime for Adult Services compared with expenditure of £216,957 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:-

- Continuing monthly increase on independent residential and nursing care – more people were moving from short stay to long stay compared to 2012/13
- Direct Payments – generally the numbers were not increasing since the beginning of the year.
- A review of Direct Payments was underway including packages over £200 per week, Home Care packages over 25 hours a week and Learning Disability Residential Care high cost placements
- Winter Pressure funding had been announced but as yet no detail was known as to whether any would be forwarded to local authorities

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

HEALTH AND WELLBEING BOARD
18th December, 2013

Present**Members:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (In the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Commissioning Officer, Rotherham CCG
Naveen Judah	Healthwatch Rotherham
Martin Kimber	Chief Executive, RMBC
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Acting CI Paul McCurry	South Yorkshire Police (rep Jason Harwin)
Dr. David Polkinghorn	Rotherham CCG
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children, Young People and Families

Also in Attendance:-

Dr. Gunasekera	Rotherham CCG
David Hicks	RFT (rep Louise Barnett)
Brian Hughes	NHS England
Ian Jerrams	RDASH
Gordon Laidlaw	Communications, Rotherham CCG
Shona McFarlane	Director of Health and Wellbeing, RMBC
Janet Wheatley	VAR
Chrissy Wright	Strategic Commissioning Manager, RMBC

Apologies for absence were submitted by Chris Bain, Louise Barnett, Karl Battersby, Jason Harwin and Tracy Holmes.

S59. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- That the minutes of the meeting held on 27th November, 2013, be approved as a true record.

Arising from Minute No. S55 (Flu Vaccination Programme), Dr. John Radford reported that he had attended a meeting regarding 2014's Flu Vaccination Programme. The JCVI was proposing that the United Kingdom be the first country in the world to stop the transmission of flu. Over the last 10-15 years flu vaccination uptake in the elderly had been running at 60-70% and 50% in the at risk group. Although best performing country, it was not sufficient to interrupt the transmission. It was proposed to vaccinate all secondary aged children from September-December, 2014.

This would be a logistical challenge in terms of commissioning and delivery across the network.

Arising from Minute No. 56 (Frequency and Format of Meetings), it was noted that the work programme and review would be submitted to the January meeting.

S60. COMMUNICATIONS

(a) Obesity Strategy Group

The minutes of the above Strategy Group, held on 23rd October, 2013, were noted.

(b) Winter Pressures Grant

Correspondence had been received from Sir David Nicholson, Chief Executive, NHS England, with regard to additional Winter Pressures monies that was being made available to the NHS to support effective delivery of Winter Plans. The Rotherham CCG would be receiving £1,228M.

The additional resources should be used to secure resilient delivery of the services to patients through the winter and would involve:-

- Schemes to minimise A&E attendance and hospital admissions
- Improvements to system flow through 7 day working across hospital, community, primary and social care with innovative solutions to tackle delayed discharges
- Specific plans to support high risk groups

It was noted that the Urgent Care Board had met that morning and considered bids submitted by the Local Authority, RFT and the Ambulance Service. All bids had been successful and funding secured.

(c) Yorkshire and the Humber Clinical Senate

An update was provided on the development of the above Senate. In accordance with the national guidance, it would need to provide a broad, strategic view on the totality of healthcare with Yorkshire and the Humber, bringing together experts to understand the impact of any 1 single initiative, or group of initiatives, upon the wider geographical area. The aim was for it to be a well-respected organisation whose judgements were trusted by commissioners who would call upon the Senate on issues ranging from quality standards and inconsistencies, the development of care pathways or reconfiguration proposals.

The Yorkshire and the Humber was following the national proposed structure of a Senate Council and a Senate Assembly; the Council being a core multi-disciplinary group to oversee Senate business, receive objective data/information and co-ordinate the formation of advice and the Assembly being a diverse multi-professional forum providing perspectives, ideas and expert opinions encompassing the birth to death spectrum and providing a source of experts for the Senate Council to draw upon.

Interviews for the Senate Chair had been held on 10th December, 2013

with the successful appointment being announced shortly.

A nursing representative and a clinical commissioner from within South Yorkshire and Bassetlaw was being sought and would be encouraged to apply for a position on the Senate Council.

It was felt that consideration should be given to a South Yorkshire-wide Health and Wellbeing Board meeting be held in 2014 once the Senate was established.

(d) Award

The Chair reported that Rotherham had been listed for an award by a national organisation.

(e) 111 Centre

The Chair reported that he was to visit to the 111 Centre the following day.

S61. JOINT STRATEGIC NEEDS ASSESSMENT - REFRESH

Chrissy Wright, Strategic Commissioning Manager, submitted the final draft of the JSNA Refresh which included sections on user perspective and a Directory of Assets consisting of community assets, physical infrastructure and individuals.

The refreshed JSNA included sections on user perspective and a Directory of Assets consisting of community assets, physical infrastructure and individuals and met the latest Government guidance on JSNA content

A web-based approach had been adopted – www.rotherham.gov.uk/jsna/site. A presentation was given at the meeting. During 2014, as part of the Council's website refresh, the technology would be utilised to improve and enhance the JSNA website including the use of images.

There were 7 main headings, accessed via the tabs along the top of the page – People, Places, Economy, Staying Safe, Healthy Living, Ill Health and Services. In consultation with subject matter experts, analysis of the available information focussed on answering 3 key questions:-

- Why was this an issue?
- What was the local picture and how did we compare?
- What was the trend and what could we predict would happen over time?

This approach would enable the Board to easily identify and prioritise the key current and emerging issues affect health and wellbeing in the Borough.

If approved by the Board, there would then be a period of consultation

with stakeholders from 30th December for 6 weeks. Any comments/amendments would be made with the final version submitted to the February Board meeting.

Discussion ensued on the document and the consultation that was to take place with the following issues raised/clarified:-

- Work would take place with the Communications Team with regard to the consultation
- The consultation questions would be appropriate to the audience concerned
- VAR was to help facilitate a consultation session with the voluntary and community sector
- The document needed to illustrate on the issues that now impacted on family life and how the population now presented with more complex needs

Resolved:- (1) That the draft JSNA be approved for consultation.

(2) That the final version be submitted to the February Board meeting.

S62. INTEGRATION TRANSFORMATION FUND

Kate Green, Policy Officer, submitted the proposed Terms of Reference for the Task Group established at Minute No. S53 of the meeting held on 27th November, 2013 and Risk Register.

Brian Hughes, NHS England, reported that the draft guidance was expected the following day containing the funding allocations. It was a very detailed document setting out the expectations of what was now known as the "Better Care Fund".

The proposed Terms of Reference appeared to be in accordance with the guidance.

The completed Better Care template, as an integral part of the CCG's Strategic and Operational Plans, should be submitted to NHS England by 14th February, 2014. They would be aggregated to provide a composite report and any areas identified where it had proved challenging to agree plans for the Fund. The revised version of the Plan should be submitted, as an integral part of the CCG's Strategic and Operational Plans, by 4th April, 2014.

The guidance was not clear as to what happened if the Local Authority and CCG could not agree on the joint plan and who would be the arbitrator.

It was noted that the guidance was very prescriptive in terms of approval and the timeline would be quite challenging.

Resolved:- (1) That a special Board meeting be held in February to approve the joint plan for submission to NHS England.

(2) That the Better Care Fund be included on the agenda for the January meeting.

S63. DATE OF NEXT MEETING

Resolved:- (1) That further meetings of the Health and Wellbeing Board be held as follows:-

Wednesday, 22nd January, 2014, commencing at 9.30 a.m.

Wednesday, 19th February, 2014, commencing at 1.00 p.m.

Wednesday, 26th March, 2014, commencing at 9.30 a.m.

Wednesday, 23rd April, 2014, commencing at 1.00 p.m.

in the Rotherham Town Hall.

Rotherham Learning Disability Partnership Board



Notes of the Meeting
Friday 6th December 2013
10.10 am to 12.15 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 11.00 am)
Ann McMahon	Carer Representative
Jayne Price	Carer Representative
John Williams	Learning Disability Service

Who said they could not come to the meeting:

Jan Frost	Housing Services - RMBC
Shona McFarlane	Director of Health and Well Being – RMBC
Robert Parkin	People's Representative
Kate Tufnell	Head of Contracts & Service Improvement - NHS-CCG

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:

Sabi Akram	RAP
Sally Ferguson	Speakup
Sandra Grinnell	Learning Disability Service

Also:

James	Speakup Student
Melanie Hall	For item 2 – Healthwatch Rotherham (left at 10.35 am)
Naveen Judah	For item 2 – Healthwatch Rotherham
Dr Katherine Runswick-Cole	Observing the meeting

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 welcomed everyone to the Partnership Board meeting. Alison asked that people make sure their mobile phones were turned off.

1

Hello!

Sorry

Introductions + Apologies

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

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

2

Healthwatch Rotherham



Melanie Hall, Manager, and Naveen Judah, Chair, came to the meeting to talk about Healthwatch Rotherham.

Melanie gave a presentation to the meeting, which included things like Healthwatch:



- will make sure that the views and experiences of people who use health and social care services are heard and taken seriously
- will help make some changes to services; help direct money, resources and services to where they are needed; improve access to services; as well as acknowledge the services that work well in Rotherham



- are part of the Health and Wellbeing Board, which makes decisions about what health and social care should be doing (priorities)
- works the Care Quality Commission (CQC), who look at the quality of services and inspect health and social care services
- reports to and works with Healthwatch England, who provide leadership, support and advice to the 152 Healthwatches like Rotherham, as well as telling the Government about things it finds out (issues)
- has the Independent Complaints Advocacy Service, which includes an advocate to work with people to help them



understand what their complaint is, the best way to make a complaint and where to go



- has lots of ways to collect views – including a shop / office, events, meeting groups, email, Facebook, Twitter, etc
- work to a work plan agreed by the Healthwatch Rotherham Board
- has different levels of members – such as “bronze” who receive a monthly newsletter, “silver” who join in some of the groups, “gold” who attend events, up to “platinum” which is director level

Contact information for Healthwatch Rotherham:



Email: info@healthwatchrotherham.org.uk
Telephone: 01709 717130
Address: 33 High Street, Rotherham

People at the meeting then asked some questions:



- ***How many staff work at Healthwatch Rotherham?*** Melanie told the meeting that there are 5 paid members of staff. All the Board members are volunteers. There are 4 volunteers.
- ***Will you consider changing the drop in session times so that more carers can get involved (10.30 am – 2.30 pm would be better)?*** Melanie said she wanted to have events on certain dates and times but would think about this suggestion.



Alison thanked Melanie for coming to the meeting and Melanie left.

3 Rotherham’s Joint Health and Social Care Self-Assessment Framework



John reminded people that at the last meeting we had looked through the Self-Assessment report. The deadline to get all the information in had been last week, however, there had been a problem with the online system and we have until 5.00 pm today to send in Rotherham’s report. This gives the Partnership Board time to go through the report in detail and comment or make some suggestions.

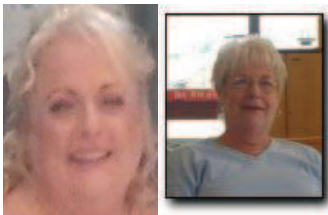
The Partnership Board spent a long time going through the Self-Assessment in detail and made comments / suggestions.



Action:
3a The Partnership Board agreed to sign off the Self-Assessment, with the suggested changes and information to be included as talked about at the meeting. John / Jo to action.

4 People's Issues
To be covered in agenda item 6.

5 Carers' Issues
Ann told the meeting about an issue which carers are raising around travel training. They are worried about why their sons / daughters are being chosen to do this and that if they don't they may lose their place at the day centre.



John explained that letters have gone out to people about the Travel Trainers coming out to talk to families about the training. John reassured the meeting that carers will be involved in the assessment process and that there will be risk assessments and lots of work undertaken and support given to make sure the training is done properly.

Some people will think this is really good but some carers will be worried. It is about finding people whose life can be made better by being able to travel on their own and working with them to develop more skills.

6 National and Regional Forum Feedback
Alison gave a presentation to the meeting which included information about:

A Regional Forum held on 26th November 2013 which talked about benefits, advocacy and keeping safe.

The National Forum held on 3rd and 4th November 2013 which talked about what was happening in each region. The main points the regions are worried about are benefit information, advocacy services shutting down, hate crime and more training for bus drivers. There was also a question and answer with VoiceAbility about the Forum – things talked about included the



new budget and how to spend the money, how many meetings to have a year and about how the meetings are run.

Sally said that Healthwatch Rotherham are coming to a People's Parliament and feedback will be given to the Partnership Board in January 2014.



7 Notes of the Last Meeting – 25th October 2013

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.

Matters Arising:

- 7a **Carers' Issues – Meetings with Heather Mallan** – Ann said that the meeting due this week has been cancelled. Heather has rung round to see if there are any important issues. There will be one last meeting with Heather in January 2014 before Janine returns from maternity leave. Both Councillor Russell and Ann said what a good job Heather has done and carers would like Heather to be in the service.



Action:

- 7a John agreed to feed this back to Heather.

- 7b **Fair's Fayre and Carers' Rights Day** – These events were not very well attended. This may be because the events were not advertised very well and there are parking issues at the Magna. It was also felt that Fair's Fayre needs to look again at the aims of the day.



Action:

- 7b Councillor Russell agreed to provide feedback on these issues.

- 7c **Update on Care Quality Commission (CQC) Inspections of RDaSH** – Sandra told the meeting we are still waiting for the report on the big Trust-wide inspection. This should come in the next couple of weeks.



Sandra said that the CQC inspected our inpatient unit at Rhymers Court this week. We think everything is OK and there will be a report, hopefully, before Christmas.



Action:
7c Sandra agreed to bring feedback from the CQC inspections to the Partnership Board.

7d Let's Talk Event 2014 – It was agreed to include this as an item on January's agenda to start to think about what we want to do.



Action:
7d Jo to action.

8 Any Other Business
None.

9a Meetings 2014

Details of the Partnership Board meetings for next year were sent out with the agenda papers:



Day:	Friday	
Time:	Informal Meeting	09.30 am
	Formal Meeting	10.00 am
Venue:	Large Meeting Room, 220 Badsley Moor Lane	
Dates:	17 th January	
	7 th March	
	11 th April	
	16 th May	
	27 th June	
	12 th September	
	24 th October	
	5 th December	

Note: There is a break in August for holidays.

9b Date and Time of Next Meeting



Friday 17th January 2014
@ 10.00 am



Councillor Russell closed the meeting, thanked people for coming and wished everyone a Happy Christmas and New Year.

LDS/JFr/PB061213 (16.12.13)

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	20 January 2014
3	Title:	Residential and Nursing Care Quality and Activity Report for the period 1st July to 30th September 2013
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

This report provides information on Residential and Nursing Care activity and quality for the period 1st July 2013 to 30th September 2013.

6 Recommendations

- That the Cabinet Member for Adult Social Care receives the information contained in this report and agrees that it can be forwarded onwards to the Contracting for Care Forum scheduled to take place on the 17th February 2014.

7. Details

This report provides information on occupancy levels and quality monitoring outcomes for the period 1st July 2013 to 30th September 2013 for services delivered by independent and in house residential and nursing care homes.

7.1 Independent Sector Care (Older People)

7.1.1 Monitoring of the occupancy and vacancy levels within each residential care type is undertaken to ensure that there is sufficient capacity to meet current levels of need and identify any issues of vulnerability in the care home market.

The figures below relate to residential care occupancy levels as at the 12th September 2013.

Care Type	Total Beds	Occupied beds Q2 2013-14	Bed Vacancies Q2 2013-14	Q4 % Occupancy 2012-13	Q1% Occupancy 2013-14	Q2% Occupancy 2013-14
Residential	515	444	71	85	83	86
Nursing	135	111	24	86	84	82
Dual Registered (Nursing/Residential)	426	368	58	67	89	86
Residential Dementia Care	262	211	51	80	85	80
Nursing Dementia Care	61	53	8	96	84	
Dual Registered Dementia Care (Nursing and Residential)	271	238	33	73	87	86*
Dual Residential and Residential Dementia Care	69	63	6			91*
Totals	1739	1488	251	82	85	85

* The categories of care homes have been defined for accuracy in the type of care provided.

7.1.2 In Q2 there are currently 251 vacant beds available representing an overall 15% vacancy factor. Over the winter period it is expected that current vacancy levels are adequate to meet surges in demand.

The overall occupancy levels have been stable between Q1 and Q2 2013-14. There were no issues in lack of capacity of the care home sector in Q2 of 2013-14. This is despite the closure of one residential care home in the previous quarter.

7.1.3 There was a reduction in the number of Older People admitted into residential care between the years 2011/12 and 2012/13. But the first two quarters of the current financial year is showing an increase in the numbers of beds occupied.

7.2 Local Authority Care

Intermediate Care/Fast Response

From Quarter 1 of 2012/13, the Local Authority has commissioned 8 Fast Response residential beds at Lord Hardy Court. This new service allows an opportunity for people to recuperate from a recent minor illness or minor injury which is available up to a maximum of 2 weeks. This service reduces the number of admissions to hospital and residential care and improves outcomes for service users.

In addition to this, there are 42 intermediate care residential rehabilitation beds in the North, South and Central area of the Borough which offers an opportunity for people to regain independence and increase their quality of life through personalised therapeutic/rehabilitation programmes.

LA Residential Home	Number of Fast Response Beds	Number Intermediate Care Beds	Total
Lord Hardy Court	8	7	15
Davies Court	0	15	15
Netherfield Court	0	20	20
Total	8	42	50

Occupancy of Intermediate Care and Fast Response beds has decreased from 80.73% from Quarters 1 in 2013/14 to 75.60% in Quarter 2 of 2013-14. This level of bed occupancy is a similar pattern to previous years during the summer months, as levels tend to be higher over the winter period.

The average length of stay has reduced from 18 days (Quarter 1) to 17 days for intermediate care beds (Quarter 2) and decreased from 14 days to 12 days in the Fast Response beds.

Admissions have decreased from 156 admissions in Quarter 1 to 137 admissions in Quarter 2 with fewer admissions during the summer period. It is anticipated that admission rates will significantly increase over the winter period (Quarter 3).

Care pathways have been developed for service users to access home care enabling or day rehabilitation services for additional therapeutic support to increase independence and enhance quality of life. Positive outcomes by providing lengthier rehabilitation sessions is evidenced as

the percentage of people discharged from intermediate care to residential care remains low at 2%.

The percentage of older people discharged from hospital to intermediate care who are living at home 91 days later (NI 125), stands at 88% in Quarter 4 in 2012/13, exceeding our locally determined target of 85%. Preparatory work is currently being carried out for 2013/14 to capture data from the hospital and community hospital for Quarter 3 of 2013/14.

Both these indicators demonstrate the effectiveness of an enabling approach on the quality of life and increased independence of people living in the community.

Residential Care

There are a total of 90 LA beds available for Older People requiring Residential Care and Residential (Dementia Care). There are 37 long-term beds and 8 respite care beds at both Lord Hardy Court and Davies Court.

Care Type	Total Beds	Occupied Beds	Vacant Beds	Q1 % Occupancy	Q2 % Occupancy
Residential	35	33	2	94%	94%
Residential EMI	55	53	2	94%	96%
Totals	90	87	5		

Overall bed occupancy rates in Local Authority Care Homes remains high since Quarter 1 of 2013/14, as a result of the change in bed utilisation and reconfiguration of the service.

8 Independent Sector - Quality Monitoring (Older People)

8.1 Compliance Actions

	Q4 (12/13)	Q1 (13/14)	Q2 (13/14)	Total
Closed Contracting Concerns (substantiated only)	21	24	13	37
Safeguarding investigations			14	
Default with embargo on placements	4	2	1	
Contract Default without embargo	0	4	5	

8.2 Overview of concerns for Q2

108 new concerns were added to the database in Quarter 2. 44 were investigated and closed within the period. 13 of these were substantiated.

There has been a rise in the number of contract concerns reported and a reduction in the number of those investigated and closed within the period. However of the contract concerns investigated and closed only 29% have been substantiated as opposed to 44% on the previous quarter.

The contract concerns database and its use is currently under review to ensure that reporting is accurate and is not duplicated. For example 14 of the concerns received had also involved an alert to the Safeguarding Team. A number of contract concerns reported are not contractual issues.

Category of concern:

- 46% (6) were around medication issues.
- 23% (3) related to record keeping.
- 15% (2) concerned the quality of care and
- 15% (2) related to staffing issues.

These concerns seem to be consistent with themes from the previous quarter, and are shared with the RMBC Learning and Development Team, and the sector. The sector benefits from training commissioned by RMBC, and information and fact sheets produced by RMBC to support change in policy and practice.

8.3 Action taken by providers

Reason for concern	Action
Inadequate care records	<ul style="list-style-type: none"> • Training programme • Check systems implement
Medication error	<ul style="list-style-type: none"> • Supervision • Competency assessments • Policies reiterated
Quality of care	<ul style="list-style-type: none"> • Training • Supervision

8.4 Risk Matrix update

The Risk Matrix developed in collaboration between Commissioning and Safeguarding Teams has and reported in Q1 (2013-14). The Information Systems Team have progressed the work and the set up

and 'new look' of the new database has been viewed. It is still expected that the system will be fully functional early 2014.

The system will reduce the requirement of manual inputting, record timely information and enable efficient response to rectify failures and enforce contract terms and conditions to eliminate poor practice.

8.5 Meetings with the Care Quality Commission

Monthly meetings are chaired by the CQC, and include attendees from the Foundation Trusts, Rotherham CCG, Safeguarding, Commissioning, and Assessment and Care Management.

In Q2, 2 meetings with CQC have been undertaken to share intelligence and collaborate to resolve the issues mentioned above.

8.6 Home from Home Reviews

Reviews for 2012/13 are now complete completion and will be available on the Council Website.

Quality premium payments will be paid in 2013/14 for residents placed under the Rotherham contract in excellent (gold) and good (silver) care homes (as at 01/04/13).

8.7 Residential and Nursing Care Home provider forum

In November consultation with independent sector care home providers has concluded that a provider led forum will replace the previous Council led forum. It was decided that 2 sector led Forums will commence with inaugural meetings taking place in December. There will be an Older People Care Home Forum and a Care Home Forum for the client groups of Learning Disability, Mental Health and Physical Disability who are 65 or under.

The Terms of Reference and reporting pathway have been drafted in collaboration with the Commissioning and Contracts Team who put forward standing agenda items. These were agreed with the forum membership at a recent workshop. Nominated representatives from both forums will attend the Contracting for Care forum.

The forums will provide an environment where open discourse takes place around operational matters common to each group. Some of the issues will be brought to the attention of the Commissioning and contracts team to support resolution.

An AGM will take place involving both forum memberships and hosted by Commissioning and Contracts Team this will allow for a review of the changed arrangements.

This operational forum is complimentary to the 'Shaping the Future' events where strategic representatives of the membership organisations attend.

9 Finance

NAS expenditure on Residential/Nursing Care is monitored by the Finance Team and this information is contained in monthly budget monitoring reports.

10 Risks and Uncertainties

Residential Care Review (Older People)

- 10.1 As previously reported in the Q1 Activity and Quality report a residential care review is being undertaken. Stock condition has been reviewed in the process and initial indications are showing that in at least two care homes, investment is required to bring the stock up to an acceptable standard. Ongoing work is being undertaken by Commissioners who are engaging with providers to achieve this.
- 10.2 There are currently 3 care homes for sale on the open market as going concerns. One of these care homes has been in receivership since 2010. The combined capacity of these care homes represents 137 units or 8% of the total contracted capacity. All 3 locations have low occupancy levels.
- 10.3 There is no suggestion that there is immediate risk to retaining care home capacity in Rotherham. The overall care home occupancy levels varied slightly between 82 – 85% over 2012-13 and it is plausible that should there be planned or unplanned closures in those care homes that are rated as "at risk", with a contraction of the residential sector, incumbent residents could be absorbed into the established contracted sector. A reduction of 137 units (see paragraph 10.2) would still leave a 9% vacancy factor (equivalent to 104 beds), as we move forward into 2014/15.
- 10.4 The picture is complex and the market is volatile, and needs a close commissioning focus, with expertise in understanding the business profile and the market forces for the sector. For example, there is greater pressure on nursing care capacity, and any change to the profile of nursing beds (as compared to "residential" beds) would introduce delays in this area.
- 10.5 A detailed report on the review (Older People's Care Homes) is currently being compiled which will be shared with DLT/Cabinet Member contracted Care Home Providers in Quarter 4 and will inform Rotherham's Market Position Statement.

11. Policy and Performance Agenda Implications

- 11.1 The Rotherham Health and Wellbeing Strategy 2012 - 2015 sets out six areas of priority and associated outcomes. Residential care supports Rotherham MBC to contribute against the following priorities:

Priority 2 - Expectations and aspirations

Priority 5 - Long-term conditions

- 11.2 The principles by which residential and nursing care in Rotherham is delivered are set out in the Adult Social Care Outcomes Framework (ASCOF). Rotherham MBC expects that all Service Providers operate within these principles to promote people's quality of life and their experience of care, and deliver care and support that is both personalised and preventative and achieves better outcomes for people.

The 4 Domains of the ASCOF and the associated outcomes

- Domain 1: Enhancing quality of life for people with care and support needs
 - Domain 2: Delaying and reducing the need for care and support
 - Domain 3: Ensuring that people have a positive experience of care and support
 - Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm
- 11.3 Ensuring a range of diverse quality services will become a duty of the Local Authority under the forthcoming Care and Support Bill, and is consistent with the national Adult Social Care Outcomes Framework; and Developing Care Markets for Quality and Choice Programme.

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	20 January 2014
3	Title:	Community and Home Care Activity and Quality Report Quarter 2 2013
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

This report provides information on Community and Home Care Service activity and quality for the period 1st July 2013 to 30th September 2013.

6 Recommendations

- **This report and the information contained in it are received by the Cabinet Member for Adult Social Care and it is agreed that this report can be forwarded onwards to the Contracting for Care Forum scheduled to take place on the 17th of February.**

7 Details

- 7.1 This report provides information on activity levels and quality monitoring outcomes for services delivered by the Community and Home Care Services (CHCS) Framework during Quarter 2 of the financial year 2013-2014.
- 7.2 The brokerage team currently refer care packages to providers appointed to the CHCS framework. They implement an allocation protocol according to the service specification. The brokerage function provides an essential role in sustaining the framework by ensuring that the allocation of work is fair which gives balance and stability to the framework and ensures adequate capacity is secured. As a result the providers on the framework remain competitive and quality is stimulated.
- 7.3 The CHCS providers on the Framework include:
1. 360 Health Care
 2. Crossroads
 3. Housing 21
 4. Carewatch
 5. Ark
 6. Direct Health
 7. Domus
 8. Allied Health Care (was Saga)
 9. Comfort Call
 10. Mears
 11. TLC
 12. Sevacare
 13. Voyage
 14. Care UK

Framework Activity Q 2 2013 (Appendix 1)

- 7.4 In Q1 1234 people were receiving Community and Home Care Services at the end of June 2013. In Q2 (30th September) there has been an increase of 21 people receiving contracted home care compared to Q1.
- 7.5 Number on service throughout the year:

Period	Number of people on service
End Quarter 3 2012-13	1257
End Quarter 4 2012-13	1238
End Quarter 1 2013-14	1234
End of Quarter 2 2013-14	1255

The figures above demonstrate relatively stable numbers of people on service over the previous 12 months with a variance of only 23 people. Compared with Q2 of the previous year 2012-13 the current Q2 figures show an increase of 14 people on service.

7.6 New Starters by Quarter:

	Qtr 3 2012-13	Qtr 4 2012-13	Qtr 1 2013-14	Qtr 2 2013-14
Independent Home Care	201	213	264	226

7.7 Leavers by Quarter:

	Qtr 3 2012-13	Qtr 4 2012-13	Qtr 1 2013-14	Qtr 2 2013-14
Independent Home Care	152	148	221	203

8 Monitoring of Quality

Concerns, Defaults and embargos

	Q4 2012-13	Q1 2013-14	Q2 2013-14	Total 2013-14
Closed Contracting Concerns (substantiated only)	32	24	33	57
Safeguarding investigations		2	4	6
Default with embargo	0	0	2	2
Voluntary suspension of placements	1	0	1	1
Default without embargo	0	0	0	0

8.2 Overview of Concerns for Q2 2013/14:

97 new concerns about domiciliary care providers were added to the database in the period. 57 concerns were investigated and closed. The remaining number are open pending monitored action by the provider, or the outcome of safeguarding/police investigation.

Of the 57 investigated and closed 33 (58%) were substantiated. For the 33 substantiated concerns:

- 19 (57%) have been around missed calls.
- 09 (27%) around the quality of the care provided
- 03 (9%) around medication issues
- 01 (3%) around management and
- 01 (3%) around records

4 of the above had a safe-guarding element.

8.3 Actions taken by providers

Reason for concern	Actions
Missed Calls	<ul style="list-style-type: none"> • Capability Procedures • Supervision • Check systems • Reiteration of policies and procedures • Spot checks
Medication error	<ul style="list-style-type: none"> • One to one supervision
Quality of care	<ul style="list-style-type: none"> • Supervision • Spot checks • Reiteration of policies and procedures

8.4 Risk Matrix Update:

The Risk Matrix developed in collaboration between Commissioning and Safeguarding Teams and reported previously indicates how homes are performing against regulatory, Rotherham MBC quality standards, and contractual obligations. The Information Systems team have progressed the work and the set up and 'new look' of the new database has been viewed. It is still expected that the system will be fully functional early 2014.

The system will reduce the requirement of manual inputting, record timely information and enable efficient response to rectify failures and enforce contract terms and conditions to eliminate poor practice.

8.5 Meetings with the Care Quality Commission

Monthly meetings are chaired by the CQC, and include attendees from Health, Rotherham CCG, Safeguarding, Commissioning and Assessment and Care Management.

In Q2, 2 meetings with CQC have been undertaken to share intelligence, identify risk and collaborate to resolve the issues mentioned above.

8.6 Home Matters Review

The performance of Community and Home Care Providers against the Outcome Monitoring Framework which includes the Home Matters assessment tool was included in the 2012 – 2013 annual review report. The result of the quality assessment of each organisation is communicated to the public via the Council website with links to the Connect to Support site.

For the current financial year all providers will be assessed against the Outcome Monitoring Framework between October 2013 and March 2014 and will be reported in the next financial year.

Ongoing continuous monitoring of the contracted home care sector inform the provider risk rating on the 'risk matrix' and prioritise the work programme for the Contract Compliance Officers, Commissioning and Contract Team.

9 Finance

9.1 NAS expenditure on independent sector home care is monitored by the Finance Team and this information is contained in monthly budget monitoring reports.

9.2 The annual inflationary uplift is currently being considered and will be reported through existing reporting mechanisms via the Finance Team.

10 Risks and Uncertainties

10.1 During Quarter 2 there have been capacity issues in the independent sector for the first time since the Framework commenced. This was as a result of two providers being placed in contract default with enforced embargos. The capacity issues were also experienced in the RMBC 'Enabling Team' in this period resulting in a number of care packages being brokered directly to the independent sector. Although there were delays in providers accepting care packages, there were no care packages that could not be allocated in this period.

10.2 The current Community and Home Care Services contractual agreement comes to an end 31st March 2015 with an option to extend the agreement until March 31st 2016. It will be necessary to commence the preparatory commissioning work immediately in order to be ready to go to the market in April 2014. An options paper outlining the detail will be reported to DLT in Quarter 4.

10.3 Financial management systems which interface with independent sector providers are currently being reviewed by the Revenue and Payments team and with the support of the Information Systems team. The Commissioning and Contracts team are working collaboratively as a stakeholder on this project to ensure that available opportunities to improve data extraction and the business process are fully exploited.

11 Policy and Performance Agenda Implications.

11.1 The Rotherham Health and Wellbeing Strategy 2012 - 2015 sets out the key priorities that the local Health and Wellbeing Board will adopt over the next three years to improve the health and wellbeing of Rotherham people.

The Strategy outlines six areas of priority and associated outcomes the Community and Home Care Services Framework supports Rotherham MBC to contribute against:

- **Priority 1** - Prevention and early intervention
- Outcome: Rotherham people will get help early to stay healthy and increase their independence.
- **Priority 2** - Expectations and aspirations
- Outcome: All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances.
- **Priority 3** - Dependence to independence
- Outcome: Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances

11.2 The Outcome Monitoring Framework – ‘Home Matters’ - monitors the quality of independent sector provision against the Community and Home Care Services Framework Agreement and Service Specification 2012 – 2015.

The details of the quality monitoring, is reported separately, through quality monitoring arrangements.

For further information:

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Appendix 1

Community and Home Care Services Activity - for period July to September 2013

Current Service Users as at 30th September, 2013

Service	Number of Service Users
Independent Home Care	1255

Home Care Turnover

Service	31 st December	31 st March	30 th June	30 th September
	No. of Service Users	No. of Service Users	No. of Service Users	No. of Service Users
Independent Sector	1257	1238	1234	1255

New Starters

	July 2013	August 2013	September 2013	Total
Independent Home Care	80	77	69	226

Starters by Independent Sector Provider

	July 2013	August 2013	September 2013	Total
Provider 1	10	15	19	44
Provider 2	12	8	0	20
Provider 3	15	13	18	46
Provider 4	1	0	2	3
Provider 5	1	2	0	3
Provider 6	5	0	0	5
Provider 7	8	3	3	14
Provider 8	3	5	2	10
Provider 9	6	6	3	15

Provider 10	6	7	11	24
Provider 11	3	5	3	11
Provider 12	1	0	2	3
Provider 13	11	14	6	31
Provider 14	2	1	3	6

Leavers

	July 2013	August 2013	September 2013	Total
Independent Home Care	65	82	56	203

Leavers by Independent Sector Provider

	July 2013	August 2013	September 2013	Total
Provider 1	13	12	10	35
Provider 2	13	10	7	30
Provider 3	4	9	7	20
Provider 4	2	3	1	6
Provider 5	0	1	0	1
Provider 6	9	10	1	20
Provider 7	0	1	5	6
Provider 8	1	3	4	8
Provider 9	3	4	3	10
Provider 10	1	5	4	10
Provider 11	5	5	4	14
Provider 12	2	0	0	2
Provider 13	9	15	11	35
Provider 14	3	4	0	7

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	Monday 20th January 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 November 2013.

The forecast for the financial year 2013/14 at this stage is an overall overspend of £1.205m, against an approved net revenue budget of £72.809m, a reduction in the overspend of £161k 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:-

October Variation	Division of Service	Net Budget	Forecast Outturn	Variation	Variation
£000		£000	£000	£000	%
-54	Adults General	1,783	1,716	-67	-3.76
+691	Older People	29,455	30,340	+885	+3.00
+420	Learning Disabilities	23,527	23,792	+265	+1.13
-189	Mental Health	5,004	4,765	-239	-4.78
+562	Physical & Sensory Disabilities	5,270	5,703	+433	+8.22
+14	Safeguarding	729	743	+14	+1.92
-78	Supporting People	7,041	6,955	-86	-1.22
+1,366	Total Adult Services	72,809	74,014	+1,205	+1.66

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 (-£67k)

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 (+£885k)

- Overspend on In-House Residential Care due to delays on implementation of budget savings target due to extended consultation (+£311k) and recurrent budget pressure on residential care income (+£63k).
- Recurrent budget pressure in Direct Payments over budget (+£575k). However, client numbers have reduced (-23) 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 (-£252k) based on current level of service. However, there is an over spend on Independent sector home care (+£701k), which has experienced an increase in demand since April (+48 clients).
- An over spend on independent residential and nursing care (+£828k) due to an additional 73 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 (-£618k).
- Forecast saving on in-house day care (-£73k) 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 (-£48k).

Learning Disabilities (+£265k)

- Independent sector residential care budgets now forecasting a slight underspend due to a reduction in placements (- £24k). Work is ongoing regarding CHC applications and an internal review of all high cost placements.
- Forecast overspend on Day Care (+£204k) 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 +£85k. 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 £37k.
- A delay in developing Supported Living schemes plus additional funding from health is resulting in a forecast under spend (-£44k).
- 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 (-£7k).

Mental Health (-£239k)

- Projected over spend on residential care budget (+£61k) 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 (+£7k), 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 (+£60k).

Physical & Sensory Disabilities (+£433k)

- Continued Pressure on Independent Sector domiciliary care (+£224k) due to a continued increase in demand for service.
- Further increase in demand for Direct Payments (+ 10 clients), forecast overspend (+£645k).
- 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 (-£251k).
- Reduction in contract with independent sector day care provider (-£73k).
- Under spend on equipment and minor adaptations budgets (-£35k).
- Forecast efficiency savings on contracts with Voluntary Sector providers and higher than forecast staff turnover (-£25k).

Safeguarding (+£14k)

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

Supporting People (-£86k)

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

7.1.3 Agency and Consultancy

Actual spend on agency costs to end November 2013 was £254,082 (no off contract), this is a significant increase compared with actual expenditure of £219,672 (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 November 2013 was £273,473 compared with £254,303 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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