

CABINET MEMBER FOR ADULT SOCIAL CARE
17th February, 2014

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

H70. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H71. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 20th January, 2014.

Resolved:- That the minutes of the meeting held on 20th January, 2014, be approved as a correct record.

H72. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 22nd January, 2014, were noted.

H73. ADULT SERVICES REVENUE BUDGET MONITORING

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 December, 2013.

It was reported that the forecast for the financial year 2013/14 was an overspend of £1.083M against an approved net revenue budget of £72.809M. However, compensatory forecast underspends within the remaining NAS Directorate was reducing the overall forecast overspend to £379,000. The main budget pressures related to the delayed implementation of 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.

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 savings on training budgets

Older People

- A forecast overspend on In-House Residential Care due to delays 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 73 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

- Slight underspend on independent sector Residential Care budgets due to a reduction in placements. Work was ongoing with regard to Continuing Health Care applications and an internal review of all high cost placements
- 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 for Service
- High cost placements in independent Day Care resulting in a forecast overspend. Pressured 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
- 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 pressure 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 and higher than forecast staff turnover

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 December, 2013, was £263,206 (no off contract) compared with actual expenditure of £251,010 (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 £300,655 spent up to the end of December, 2013, on non-contractual overtime for Adult Services compared with expenditure of £290,284 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.

It was noted that the Winter Pressure funding would be factored into next month's report.

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

H74. DEBT MANAGEMENT AND RECOVERY POLICY FOR ADULT SOCIAL CARE DEBT

The Director of Health and Wellbeing and the Operational Manager, Revenue and Payments, presented the Debt Management and Recovery Policy for Adult Social Care Debt, a high level Policy for how debt would be pursued. It ensured that staff and customers were clear as to how the Authority took a fair and firm approach to the recovery of money owed to the Council for the provision of Adult Social Care Services.

At present the Council did not have any overarching policy framework for the management of Adult Social Care debt. The Policy set out to formalise best practice and included guidance to ensure that there was a transparent, consistent and proportionate approach to the recovery of money owed to the Council having due regard to minimising arrears whilst not causing undue hardship or consequences to the customer as a result.

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

- It may result in an increase in concerns from families where no payment had been made but hopefully it would see an increase in debt recovery
- When signing the Social Care Assessment, a Service user was acknowledging that they knew there would be a charge.
- When visited by the Financial Assessment Officer, those receiving non-residential care would be asked to sign a declaration with regard to charges
- Any debt owed by a deceased Service user was passed onto their estate and handled very sensitively
- If it was felt that a carer was misusing a Service user's funds, a referral would be made to Safeguarding. There were various options open to the Authority if a carer did not feel that any charges should be paid
- Before any formal legal action, a referral would be made to the Director for Health and Wellbeing
- Every case was considered on its own merits

Resolved:- (1) That the Debt Management and Recovery Policy for Adult Social Care Debt be referred to Cabinet for adoption by Council.

(2) That the forms used be reviewed to ensure clarity of the charges applicable once consent had been given.

H75. WINTERBOURNE VIEW JOINT IMPROVEMENT PROGRAMME

Shona McFarlane, Director of Health and Wellbeing, presented the response received in respect of the Authority's stocktake return submitted in accordance with the Winterbourne View Joint Improvement Programme.

The response included an outline of key strengths and potential areas for development. It illustrated that the Authority was compliant in all aspects of the stocktake.

Resolved:- That the report be noted.

H76. TRAINING ADULT SOCIAL CARE WORKFORCE

The Director of Health and Wellbeing submitted a request for exemption from Standing Order No. 48 (contracts valued at £50,00 or more) in order that 3 existing training providers may continue to be contracted to repeat their specialist "branded" training courses in support of a capable and skilled Adult Social Care workforce across Rotherham.

The Neighbourhoods and Adult Services Directorate planned and organised a broad range of training and development activities for the entire Adult Social Care workforce across Rotherham. The majority of future training needs identified for the workforce would now be met through the Council's new Dynamic Purchasing System for Learning and Development that had been let by the Corporate Procurement Team. However, a very small number of existing specialist sole training provider courses planned to continue and it was proposed that the following 4 courses be provided by the 3 existing providers, (Alzheimer's Society, Later Life Training, and Bradford University):-

Care Information and Support Programme
OTAGO Exercise Programme Leader
Cornerstones of Person-Centred Dementia Care
Dementia Care Mapping

It was noted that, although the total amount of the contracts would amount to more than £50,000 the individual contract value was below that level. Clarification would be sought from the Procurement Team.

Resolved:- That the contracting of training courses for Dementia Care Mapping, Cornerstones of Dementia Care, Carer Information and Support Programme and the OTAGO Exercise Programme be exempt from Standing Order No. 48 (contracts valued at £50,000 or more) subject to confirmation from the Procurement Team.

H77. DOMESTIC ABUSE SCRUTINY REVIEW

The Director of Health and Wellbeing submitted, for information, the response from the Safer Rotherham Partnership Domestic Abuse Priority Group to the Improving Lives Select Commission regarding the Scrutiny Review of Domestic Abuse Services.

The Select Commission had undertaken the review to establish how different agencies worked together in Rotherham to support people who had experienced domestic abuse. It wished to address any Service gaps and areas of duplication to identify opportunities for working more effectively and efficiently and to ensure agencies could respond to future challenges.

Of the Review's 20 recommendations,
2 deferred
17 accepted
1 agreed subject to funding available

It was noted that Domestic Abuse now came under the portfolio of the Cabinet Member for Adult Social Care.

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

(2) That the minutes of the Domestic Abuse Priority Group be submitted to the Cabinet Member.

H78. UPDATE RESPONSE TO SCRUTINY REVIEW RE CONTINUING HEALTHCARE

The Director of Health and Wellbeing reported on the progress made on the recommendations from the joint Health and Improving Lives Select Commissions' review into Continuing Health Care.

A senior management group consisting of both RMBC and NHSR staff had agreed a set of actions to ensure effective multi-disciplinary working and delivery of better outcomes for customers:-

- CHC and Social Care Assessments - An improved working relationship now existed and an understanding of each professional's role in participating in a multi-disciplinary assessment and completing the Decision Support Tool. However, it had yet to be seen whether this would impact upon the financial position as positively as was required.

- Assessment, Decision Making and Access to CHC for Children with Complex Needs - For children and young people with significant needs, there were 2 main areas which needed to be improved. Firstly, reviews of current cases and consideration of a number of new cases which had yet to be assessed and considered by the Panel and secondly, an improved system of decision making through a revised Continuing Care Panel which complied with national guidance on Children's Continuing Healthcare and 'Who Pays'. There had been a commitment to address the backlog by the end of March, 2014, however, it had since become apparent that the CCG and CSU were unable to meet the deadline. It had since been agreed that the CCG would backdate their financial commitment for cases in 2013/14 to the date from which the package of care started for children and young people agreed as eligible for CHC funding and they were seeking clinical assessment support to carry out the work. CCG and Council staff were meeting fortnightly to progress the agreed programme of work.
- Joint Protocol – Had been drafted and work had commenced with Continuing Health Care manager/staff and RMBC CHC Champions – CHC Lead now in post. Specific training for those working in Children's Services would be based on regional advice following the National Guidance on CHC and take account of the new Panel arrangements. The Protocol would include how to resolve disputes and written guidance for staff produced to ensure consistency and compliance once issued.
- Training – To be delivered jointly by CHC/RMBC leads and rolled out across hospital, Community Health and Social Care Teams. Progress on delivery had been delayed as CCG required to provide information regarding the start date.

The RMBC/CHC Senior Management Group, Personalisation Stream, would continue to meet and consider budget issues/develop cost effective delivery of personal health budgets by 1st April, 2014, based on a pilot project implemented from 1st April, 2013.

The latest Yorkshire and Humberside CHC benchmarking information for the final quarter ending 31st March, 2013, revealed that Rotherham was marked 7 out of 15 in terms of the number of people receiving CHC funding. In terms of actual expenditure Rotherham was ranked 10th and, therefore, still below the average spend per person within the region.

Resolved:- (1) That the update on progress and issues arising from the Scrutiny Review of Continuing Healthcare be noted.

(2) That a further update be submitted in due course.

H79. EXCLUSION OF THE PRESS AND PUBLIC

Resolved: - That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (as amended 2006 – information relates to finance and business affairs).

H80. ROTHERCARE DISPERSED ALARMS - TENDER

The Procurement – Category Manager reported receipt of a tender received for the supply of Dispersed alarms for the Rothercare Service.

Due to the fast moving pace of the technological world, it had been felt that a 2 year deal would give the best combination of value, future options and flexibility to the Authority. It would be renewed annually subject to satisfactory performance.

As part of the procurement category management process, a thorough investigation of the telecare market place and had been subject to competition through the Northern Housing Consortiums Assisted Living Framework.

5 key providers had been invited to bid with 2 tender submissions received. The tenders had been evaluated and subjected to equipment trials by colleagues within Rothercare and users of the Service.

Discussion ensued with the following issues raised:-

- Charges to the Service users
- Development of the Rothercare system
- Assistive technology

Resolved:- that the tender submitted by Tunstall Healthcare Ltd., for the supply of Dispersed Alarm units, be approved.