

CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: Monday, 17th March, 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 the Previous Meeting (Pages 1 - 8)
6. Rotherham Learning Disability Partnership Board (Pages 9 - 15)
7. Community and Home Care Activity and Quality Quarter 3 2013 (Pages 16 - 21)
8. Residential and Nursing Care Quality and Activity (Pages 22 - 29)
9. Adult Services Revenue Budget Monitoring 2013/14 (Pages 30 - 35)

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.

Rotherham Learning Disability Partnership Board



Notes of the Meeting Friday 17th January 2014 10.10 to 11.10 am

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) |
| Jan Frost | Housing Services - RMBC |
| Shona McFarlane | Director of Health and Well Being – RMBC (left at 10.55 am) |
| Ann McMahan | Carer Representative |
| Jayne Price | Carer Representative |

Who said they could not come to the meeting:

| | |
|---------------|---|
| Linda Jarrold | Voluntary Action Rotherham |
| Robert Parkin | People's Representative |
| Kate Tufnell | Head of Contracts & Service Improvement - NHS-CCG |
| John Williams | Learning Disability Service |

Who did not come to the meeting:

| | |
|------------|--|
| Brian Wood | Children & Young People's Service - RMBC |
|------------|--|

Sorry!

Non-Voting Members

At the meeting:

| | |
|--------------|------------------|
| David Waldie | For Kate Tufnell |
|--------------|------------------|

Also:

| | |
|-------|-----------------|
| James | 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 |



Alison opened the meeting and welcomed everyone to the Partnership Board meeting.


1

Introductions + Apologies



Hello

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



Sorry

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



2

Letter from Winterbourne View Joint Improvement Board

Shona reminded the meeting that Winterbourne View was the hospital for people with learning disabilities where there was lots of abuse. People were supposed to be in for short stay for an assessment but some had been in for over 2 years. They did not have proper care plans and people were not making sure that the service there was delivered in a safe way.



The Government recognised this was not a good situation and they put together a group of people called the Joint Improvement Board, who had asked areas to complete a questionnaire about how they are doing with regard to the Winterbourne issues.



John and Kate did a lot of work on knowing where everyone we support is, how long they have been there, if they are in the right place at the right time. In Rotherham we know everyone we have placed out of district. People placed in our Assessment and Treatment Unit (ATU) are in there for the shortest time possible and no-one is in for longer than a year.



Rotherham completed the questionnaire and sent this in – it was talked about at the Partnership Board. The Joint Improvement Board have written back to us and in Rotherham we are doing okay. This information was sent out with the agenda papers.

Even though we are doing okay we need to keep working to make sure we are supporting people in hospital settings and in the ATU. This means we know what they are experiencing, that they are safe and getting the right care, and that there are plans in place to move people on into independent living if possible.

David told the meeting that we have received another form this week asking for much more detailed information. There are staff working on this at the moment.

3

Winterbourne View Joint Improvement Board – Stocktake of Progress – Rotherham Analysis



This is the information talked about at (2) above, which was sent out with the agenda papers. It says that Rotherham is doing OK (compliant) and have met the objectives. We now have a new form with more detail to complete. We will continue to report back to the Partnership Board on a regular basis.

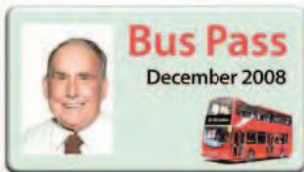
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People's Issues



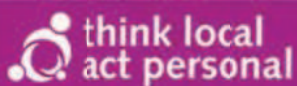
Alison gave a presentation to the meeting, which included information about:

- Bus passes – people at Speakup said sometimes if they travel to work early they cannot use their bus passes before 9.00 am. People also said they had had bad experiences on the bus – such as drivers setting off too early.



People at the meeting talked about this. They said that people with mobility passes can get on buses before 9.00 am. However, it is pensioners who can't use their bus passes before 9.00 am and they have to pay.

There are also some cards that you can get to use on buses to tell the driver, for example, that you need more time to sit down.



- Alison has joined the National Co-Production Advisory Group (NCAG), which is a group of people who use services or their carers. The group talk about whether the government and other agencies are doing well or not so well.

Shona said that a group of people in the Council are doing some work around a joint health and wellbeing strategy (big plan). As part of this they will be looking at **coproduction**. Shona will ask Sue Wilson to contact Speakup to talk about this and share their experiences.

Coproduction is about people who use services, carers and professionals coming together to make things better for everyone.

5 Carers' Issues



Ann said that self travel training is an ongoing issue for carers. Some carers also don't think that Day Services should be doing the annual reviews and that they should be done by social workers.

Shona explained that the Learning Disability Service had a commitment last year to do 93% of reviews, face to face. However, this year there have been 2 big pieces of work which have taken up a lot of social worker time. There were big safeguarding issues in 2/3 homes and workers had to make sure people were safe, attend Best Interest meetings etc. There is also work on Oak Close and John Street to help people move from registered homes to their own home.

Because of this, we have had to look at other ways to check that people were OK. If there are any changes in care then this will be referred to a social worker.

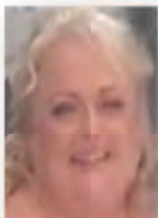


It was reported that some carers are concerned about confidentiality – that other people may hear Day Service staff talking about people's issues. Shona said that whether the review took place in day services or at home, that information should always be kept confidential.

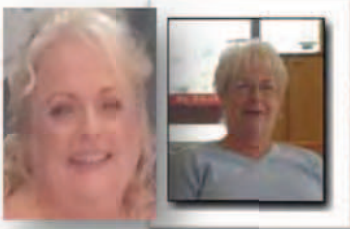
Action:



5a Shona agreed to feed back to Day Service Managers about carers' concerns, particularly around keeping information confidential. Shona also agreed to check whether carer assessments would be done alongside the day service reviews.



Jayne said that before the meeting, she had been talking about concerns about emergency bed cancellations of respite. It had been explained that there are a lot of cancellations at this time of year because emergency beds are needed, for example, if a carer is taken ill suddenly. Ann had told Jayne about the process that Treefields have, where they send a letter with respite dates which clearly shows if it is their turn for an emergency bed – which means that their respite may be cancelled. Jayne thought this would be a good process for independent providers to follow.



Jayne also told the meeting that parent / carers had an issue about how much planning notice they have to give. She had had to plan out respite from 1st April 2014 to 31st March 2015. Ann said that for Council respite this is normally done for the next 4 / 5 months.



Action:

5b Shona said that John will pick these issues up from the minutes. It may be that the independent sector managers could speak to Council managers about how they manage these issues.



Bryan told the meeting about a problem he had had with his respite at Quarryfields. There had been some confusion about his booking.



Action:

5c Shona said that she will ask John to check this out for Bryan.

6

Inclusion North Membership



The Co-Chairs at Inclusion North have written to John about being a member of Inclusion North from April 2014. The letter says that most of the Yorkshire & Humber Partnership Board are members and from their feedback Inclusion North have clear direction for future work – such as helping Boards and others to deal with all the structural and policy changes.

The letter also states that Inclusion North are aware that budgets are under a lot of pressure but they can offer considerable benefits. The cost of being a member has not increased and there is a discount to members who sign up for more than one year at a time.



The cost for one year is £11,660, 2 years is £19,822 and for 3 years is £27,984.



The Partnership Board talked about whether or not they would like to become members and there was a vote. It was agreed that the Partnership Board would not become a member.



Action:

6a John is to write back to the Co-Chairs of Inclusion North to let them know about the Partnership Board's decision not to become a member.

7 **Let's Talk Event 2014**



Shona told the Board that we need to do some work on budgets (money). There are some saving proposals that Elected Members are looking at which includes the Learning Disability Service. Shona had told carers 2 years ago that budgets are tight but that she will always talk to carers before making any savings. We have to make sure we use the money we have in the best way.



Shona said she wants to get together with the service, customers, users and carers in different ways to talk about the situation, the challenges for the Learning Disability Service and try to work out if there are any solutions. We will need to look at what we don't have to do, what we have to do, what can be done in a different way.

The Partnership Board talked about the best way to do this and decided that smaller meetings with carers would work better, so that more people get a chance to have their say.

Action:



7a Shona is to talk to Councillor Doyle and Councillor Russell about how to take this forward and suggest the possibility of using Let's Talk events to do this.

Shona left the meeting at this point – 10.55 am.



8 **Notes of the Last Meeting – 25th October 2013**

Jo went through the notes of the last meeting to remind people what had happened. Everyone said that the notes from the meeting were okay. There were no matters arising.

Bryan left the meeting at this point and Jan arrived at the meeting – 11.00 am.

9 Any Other Business

9a Care Quality Commission (CQC) Report – Learning Disability ATU

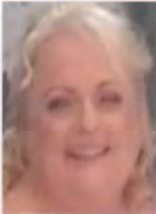


Jo told the meeting that Sandra has received the feedback report from the CQC’s visit to check the Assessment and Treatment Unit. The report says that the ATU is meeting the government standards about quality and safety. CQC will be going back to check the ATU again in the future.



Action:

9a Jo is to send out the CQC report with the minutes of the meeting.



9b Safe In Rotherham (SIR)

Jayne told the meeting that there is a presentation at 12 noon today. The Good Neighbours News have awarded £200 to Rotherham’s SIR scheme and someone is coming to handover the cheque. There will be an article in the magazine, which is a monthly charity magazine. Jayne had put forward a nomination for SIR.



Jo said that she is hoping to get a supply of key rings soon. She is going to set up another meeting of the SIR Steering Group.

10 Date and Time of Next Meeting



~~Friday 7th March 2014 @ 10.00 am~~

Please note:
The meeting on 7th March 2014 has been cancelled. The next meeting will therefore take place on:

Friday 11th April 2014 @ 10.00 am



Councillor Russell closed the meeting and thanked people for coming.



| |
|---|
| ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER |
|---|

| | | |
|----------|---------------------|---|
| 1 | Meeting: | Cabinet Member for Adult Social Care |
| 2 | Date: | 17 March 2014 |
| 3 | Title: | Community and Home Care Activity and Quality Report Quarter 3 2013 |
| 4 | Directorate: | Neighbourhoods and Adult Services |

5 Summary

This report provides information on independent sector Community and Home Care Service activity and quality for the period 1 October 2013 to 31 December 2013.

Names of providers are withheld before to protect the commercial interests of independent sector providers.

This report will be presented to the Contracting for Care Forum scheduled to take place on the 23rd of April 2014.

6 Recommendations

- **This report and the information contained in it are received by Cabinet Member for Adult Social Care and forwarded onto the Adult Social Care Contracting for Care Forum.**

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 3 of the financial year 2013-2014.

7.2 The CHCS providers on the Framework include:

1. Choice Healthcare (formerly 360 Health Care)
2. Crossroads
3. Housing 21
4. Carewatch
5. Ark
6. Direct Health
7. Domus
8. Allied Health Care
9. Comfort Call
10. Mears
11. TLC
12. Sevacare
13. Voyage
14. Care UK

Framework Activity Q 3 2013 (Appendix 1)

7.4 At close of Q3, 1258 people were receiving Community and Home Care Services.

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 Quarter 2 2013-14 | 1255 |
| End Quarter 3 2013-14 | 1258 |

The figures above demonstrate relatively stable numbers of people on service over the previous 12 months with a variance of only 3 people compared the previous quarter.

7.6 New Starters by Quarter:

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

7.7 Leavers by Quarter:

| | Qtr 3 2012-13 | Qtr 4 2012-13 | Qtr 1 2013-14 | Qtr 2 2013-14 | Qtr 3 2013-14 |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Independent Home Care | 152 | 148 | 221 | 203 | 216 |

8 Monitoring of Quality

8.1 Concerns, Defaults and embargos

| | Q1 2013-14 | Q2 2013-14 | Q3 2013-14 | Total 2013-14 |
|---|-----------------------|-----------------------|-----------------------|--------------------------|
| Closed Contracting Concerns (substantiated only) | 24 | 22 | 34 | 80 |
| Safeguarding investigations | 2 | 1 | 0 | 3 |
| Default with embargo | 0 | 2 | 1 | 2 |
| Voluntary suspension of placements | 0 | 1 | 0 | 1 |
| Default without embargo | 0 | 0 | 0 | 0 |

8.2 Overview of Concerns for Q3 2013/14:

68 new concerns about domiciliary care providers were added to the database in the period. 70 were investigated and closed in the period.

Of the 70 investigated and closed 38 (54%) were substantiated. For the 34 substantiated concerns:

- 21 (56%) have been around missed calls
- 2 (5%) about equipment
- 2 (5%) about moving and handling
- 4 (10%) around medication issues
- 1 (3%) delay or failure to report an incident and
- 1 (3%) around records
- 4 (10%) quality of care
- 2 (5%) staffing issue
- 1 (3%) Management

8 of the above had a safe guarding element.

8.3 Examples of key learning and service improvements from compliance monitoring with the sector in Q3:

As a result of a number of a medication error:

- A home care provider disciplined the care worker concerned and agreed a replacement with the family. Regular spot checks were undertaken and regular communication with the family was introduced.

As a result of a missed call

- A home care provider implemented a new system for managing rotas after a change.
- A home care provider implemented a new system for communication of issues from their out of hours team.
- A home care provider instigated a new check system for unallocated calls.

As a result of a moving and handling issue:

- A home care provider issued a guidance note and carer workers updated their moving and handling training

As a result of 2 concerns around medication:

- A home care provider had a worker redo medication training, completed spot checks and kept in close communication with families.

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 Q3, 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

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 was agreed in January and reported through existing reporting mechanisms via the Finance Team. The sector have been formally advised.

10 Risks and Uncertainties

10.1 During Quarter 3 there were no issues reported regarding the capacity in the independent sector.

10.2 The current Community and Home Care Services contractual agreement comes to an end 31st March 2015 with an option to extend to March 31st 2016. Preparatory commissioning activity has commenced with consultation with Assessment and Care Management and the independent sector in order to be ready to go to the market in April 2014.

10.3 An analysis of a sample care schedules has been undertaken to establish the frequency of 15 minute calls and those that require 2 care workers and the duration of scheduled visits. This information will be used to; establish a fair hourly rate, examine how the scheduling of visits affects the quality of service and provide context to the conditions of employment for care workers operating in the field.

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.

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| ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER |
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|----------|---------------------|--|
| 1 | Meeting: | Cabinet Member for Adult Social Care |
| 2 | Date: | 17 March 2015 |
| 3 | Title: | Residential and Nursing Care Quality and Activity Report for the period 1st October to 31st December 2013 |
| 4 | Directorate: | Neighbourhoods and Adult Services |

5 Summary

This report provides information on Residential and Nursing Care activity and quality for the period 1 October 2013 to 31 December 2013.

This report is appropriately anonymised and presented as an open report to Cabinet Member for Adult Social Care to protect the commercial interests of independent sector providers.

It will be presented to the Adult Social Care Contracting for Care Forum arranged to receive Q3 reports.

6 Recommendations

- **This report and the information contained in it are received by Cabinet Member for Adult Social Care and;**
- **It is agreed that it can be forwarded onto the Adult Social Care Contracting for Care Forum scheduled to take place on the 23 of April 2014.**

7 Details

7.1 This report provides information on occupancy levels and quality monitoring outcomes for the period 1st October 2013 to 31st December 2013 for services delivered by independent and in house residential and nursing care homes.

7.2 Independent Sector Care (Older People)

7.2.1 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 18 December 2013.

| Care Type | Total Beds | Occupied beds Q3 2013-14 | Bed Vacancies Q3 2013-14 | Q4 % Occupancy 2012-13 | Q1% Occupancy 2013-14 | Q2% Occupancy 2013-14 | Q3% Occupancy 2013-14 |
|---|-------------|--------------------------|--------------------------|------------------------|-----------------------|-----------------------|-----------------------|
| Residential | 510 | 459 | 51 | 85 | 83 | 86 | 90 |
| Nursing | 162 | 140 | 22 | 86 | 84 | 82 | 87 |
| Dual Registered (Nursing/ Residential) | 308 | 272 | 26 | 67 | 89 | 86 | 91.5 |
| Residential Dementia Care | 344 | 293 | 60 | 80 | 85 | 80 | 83 |
| Nursing Dementia Care | 70 | 61 | 9 | 96 | 84 | | 83 |
| Dual Registered Dementia Care (Nursing and Residential) | 176 | 161 | 15 | | | 86* | 91 |
| Dual Residential and Residential Dementia Care | 168 | 153 | 15 | 73 | 87 | 91* | 91 |
| Totals | 1738 | 1539 | 206 | 82 | 85 | 85 | 88 |

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

7.2.3 In Q3 there are currently 199 vacant beds available, representing a 12% vacancy factor. Vacancy levels were adequate to meet surges in demand over the winter period.

There has been an increase of 3% overall occupancy levels have been stable between Q2 and Q3 2013-14.

Relatively high occupancy rates are evident in Dual Registered Care Homes providing dementia care.

7.3 Local Authority Care

Intermediate Care/Fast Response

From Quarter 1 of 2012/13, the Local Authority and the Clinical Commissioning group have jointly 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 increased from 80.73% from Quarters 2 in 2013/14 to 85.10% in Quarter 3 of 2013-14. This level of bed occupancy is a similar pattern to previous years during the winter months, as levels tend to be higher over this period.

The average length of stay has slightly increased from 17 days (Quarter 2) to 18 days (Quarter 3) for intermediate care beds and increased from 12 days to 15 days in the Fast Response beds.

Admissions have increased from 137 admissions in Quarter 2 to 148 admissions in Quarter 3 due to a higher admission rate during the winter period.

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%.

Early indications from the ASCOF Part 2B indicator (originally National Indicator NI 125) suggests that the percentage of older people discharged from hospital to intermediate care who are living at home 91 days later has increased. The first month of Quarter 4 suggests that this has increased from 89.53% in 2012/13 to 91.66% in Quarter 4 in 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 | Q3 % Occupancy |
|--|------------|---------------|--|----------------|
| Residential (including 5 respite care beds) | 30 | 21 | 6 long-term plus 3 respite care = 9 | 70% |
| Residential EMI (including 12 respite beds) | 60 | 48 | 5 long-term plus 7 respite care = 12 | 80% |
| Totals | 90 | 69 | 21 | 77% |

Overall bed occupancy rates in Local Authority Care Homes has fallen to 77% in Quarter 3 of 2013/14 due to an embargo placed on admissions to the long-term unit and respite care beds due to recent safeguarding concerns at Lord Hardy Court and Davies Court from November 2013. Lifting of restrictions on both care homes have now been lifted in February 2014. Therefore, it is anticipated that bed occupancy rates in Quarter 4 2013/14 will increase in the next few weeks.

8 Independent Sector - Quality Monitoring (Older People)

8.1 Compliance Actions

| | Q1 (13/14) | Q2 (13/14) | Q3 (13/14) | Total |
|--|------------|------------|------------|-------|
| Closed Contracting Concerns (substantiated only) | 24 | 13 | 36 | 73 |
| Safeguarding investigations | | | 8 | |
| Default with embargo on placements | 2 | 1 | 1 | |
| Contract Default without embargo | 4 | 5 | 5 | |

8.2 Overview of concerns for Q3

130 new concerns were added to the database in Quarter 3. 64 were investigated and closed within the period. 36 (56%) of these were substantiated.

8 of the concerns received had also involved an alert to the Safeguarding Team.

Category of concern:

13 (36%) related to inadequate care records
5 (14%) delay in reporting issues
2 (6%) about the environment or equipment
1 (3%) about finance
3 (7%) concerned medication
6 (17%) quality of care
6 (17%) staffing issues

8.3 Examples of key learning and service improvements from compliance monitoring within the sector in Quarter 3:

Following a concern regarding inadequate care records:

- A care home reviewed and rewrote care plans. Auditing processes were also put in place.

Following a concern about the quality of care provided

- A care home introduced a communication plan for dealing with environmental emergencies, monitoring of a service user's continence needs was introduced, a dietician referral was made and the care plan reviewed and updated.

Following a concern regarding a delay in reporting an issue:

- A care home implemented a daily check sheet for completion that ensures aid such as hearing aids are in working order.

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 Q3, 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 completed and reports are available to view on the Council website.

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

8.7 Residential and Nursing Care Home provider forum

In February the newly formed Older Peoples Care Home Forum took place. This was the inaugural meeting and focused on agreeing the Terms of Reference and reporting pathway.

The nominated representative to attend the Contracting for Care Forum from the independent sector will be agreed on the 7th of March when the next forum meets. In the interim Salim Boodhoo (Mauricare – Ashton Court Care Home) will represent.

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 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 132 units or 7.5%

of the total contracted capacity (77 Residential, 26 Nursing, 29 Residential/Dementia units). The combined occupancy status in December 2013 was 93 residents. Should there be a need to relocate these residents there is adequate capacity to do so in the current contracted market.

- 10.2 Whilst there is no suggestion that there is immediate risk to retaining adequate care home capacity in Rotherham the occupancy levels in care homes providing dementia/nursing care has increased on previous quarters.

One care home recently registered by the Care Quality Commission 'Mulberry Manor' has a capacity for 28 nursing/dementia beds and is currently undergoing pre contract approval. Should it be possible to contract with this care home this will support any future pressures in the long term.

- 10.3 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.

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 is a duty of the LA under the Care and Support Bill and 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: | Monday 17th March 2014 |
| 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 January 2014.

The latest forecast for the financial year 2013/14 is an overall overspend of £538k, against an approved net revenue budget of £72.803m, a further reduction in the overspend of £545k since the last report. The report includes the recently approved funding for winter pressures together with funding towards achieving Public Health outcomes. Compensatory forecast underspends within the remaining NAS Directorate is reducing the overall forecast overspend further to £124k. The main budget pressure areas relate to the delayed implementation of a number of budget savings including continuing health care funding and 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 £72.803m. 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:-

| Dec Variation | Division of Service | Net Budget | Forecast Outturn | Variation | Variation |
|----------------------|---------------------------------|-------------------|-------------------------|------------------|------------------|
| £000 | | £000 | £000 | £000 | % |
| -66 | Adults General | 1,777 | 1,671 | -106 | -5.97 |
| +760 | Older People | 29,455 | 30,107 | +652 | +2.21 |
| +249 | Learning Disabilities | 23,527 | 23,803 | +276 | +1.17 |
| -208 | Mental Health | 5,004 | 4,517 | -487 | -9.73 |
| +419 | Physical & Sensory Disabilities | 5,270 | 5,697 | +427 | +8.10 |
| +15 | Safeguarding | 729 | 609 | -120 | -16.46 |
| -86 | Supporting People | 7,041 | 6,937 | -104 | -1.48 |
| | | | | | |
| +1,083 | Total Adult Services | 72,803 | 73,341 | +538 | +0.74 |

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 most client groups plus pressures on external transport provision within Learning Disability services, increased demand in year for independent sector residential and home care and delayed implementation 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, additional one off grant funding 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 (-£106k)

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 and additional finding for HIV.

Older People (+£652k)

- Overspend on In-House Residential Care due to delays on implementation of budget savings target due to extended consultation (+£156k) and recurrent budget pressure on residential care income (+£45k).
- Recurrent budget pressure in Direct Payments over budget (+£645k). However, client numbers have reduced (-23) since April together with a reduction in the average cost of packages.
- Under spend on In House Transport (-£34k) due to forecast additional income.
- Forecast under spend on Enabling Care and sitting service (-£240k) based on current level of service. However, there is an over spend on Independent sector home care (+£728k), which has experienced an increase in demand since April (+27 clients).
- An over spend on independent residential and nursing care (+£1.155m) due to delays in achieving the savings target for additional Continuing healthcare income (an additional 78 clients are receiving a service than budgeted). 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 (-£310k).
- 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 (-£897k).
- Forecast saving on in-house day care (-£84k) due to vacant posts and the moratorium on non-pay budgets.
- Overall under spend on Rothercare (-£261k) due to delays in service review including options for replacement of alarms together with additional income plus winter pressures funding for Telecare equipment (-£31k).
- Other minor under spends in other non pay budgets due to the moratorium on non-essential spend (-£37k).

Learning Disabilities (+£276k)

- Independent sector residential care budgets now forecasting a slight underspend due to a review of high cost placements (-£29k). Work is ongoing

regarding CHC applications and an internal review of all high cost placements.

- Forecast overspend on Day Care (+£208k) 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.
- Pressures on residential and nursing care contracts with SYHA is resulting in a forecast overspend of £70k. However, service reconfiguration to supporting living in February and March will reduce this pressure in 2014/15.
- Overspend in independent sector home care (+£94k) due to increase in demand over and above the budget savings target.
- High cost placements in independent day care is resulting in a forecast overspend of +£70k. 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 £18k.
- A delay in developing Supported Living schemes plus additional funding from health is resulting in a forecast under spend (-£41k).
- Efficiency savings on SLA's for advice and information and client support services (-£63k).
- Lower than expected increase in demand for direct payments (-£27k).
- Additional staffing costs and essential repairs with In house Residential care offset by planned delays in recruiting to vacant posts within Assessment & Care Management (+£12k).

Mental Health (-£487k)

- A projected under spend on residential care budget (-£47k). Additional placements in respect of substance misuse is being funded by a contribution from public health.
- An under spend in community support budget (-£367k) due to delays in clients moving from residential care.
- Under spend on Direct Payments (-£56k), additional income recovery is offsetting the initial budget pressure.
- Pressures on employee budgets due to lower than expected staff turnover, additional overtime and agency cover is being offset by additional funding for substance and alcohol social work posts (-£18k).

Physical & Sensory Disabilities (+£427k)

- Continued Pressure on Independent Sector domiciliary care (+£212k) due to a continued increase in demand for service.
- Further increase in demand for Direct Payments (+ 10 clients), forecast overspend (+£627k).
- Under spend on community support (-£52k) as clients move to a direct payment.
- Forecast under spend on Residential and Nursing care due to planned delay's in developing alternatives to respite provision (-£228k).
- 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 (-£24k).

Safeguarding (-£120k)

- Under spend due to higher than expected staff turnover and additional funding for Domestic Violence support.

Supporting People (-£104k)

- Efficiency savings on subsidy contracts identified against original budget.

7.1.3 Agency and Consultancy

Actual spend on agency costs to end January 2014 was £281,903 (no off contract), this is a decrease compared with actual expenditure of £307,394 (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 January 2014 was £327,227 compared with £329,783 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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