

CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: Monday, 28th April, 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 - 30)
7. Adult Services Revenue Budget Monitoring (Pages 31 - 36)
8. Date of Next Meeting
- Monday, 16th June, 2014 at 10.00 a.m.

CABINET MEMBER FOR ADULT SOCIAL CARE
17th March, 2014

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

H81. DECLARATIONS OF INTEREST.

There were no Declarations of Interest made at the meeting.

H82. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 17th February, 2014.

Resolved:- That the minutes of the meeting held on 17th February, 2014, be approved as a correct record.

H83. ROTHERHAM LEARNING DISABILITY PARTNERSHIP BOARD

The notes of a meeting of the Rotherham Learning Disability Partnership Board held on 17th January, 2014, were submitted for information

H84. COMMUNITY AND HOME CARE ACTIVITY AND QUALITY QUARTER 3 - 2013

Consideration was given to a report presented by Jacqui Clark, Operational Commissioner, which provided information on Community and Home Care Service activity and quality for the period 1st October to 31st December, 2013.

The report provided information on activity levels and quality monitoring outcomes for 2013/14 for services delivered by the Community and Home Care Services Framework.

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

Discussion ensued with the following raised/clarified:-

- Work was being undertaken on the reasons for 216 leavers from Independent Home Care
- The 34 investigated concerns had included missed calls, equipment moving and handling, medication issues, delay/failure to report an incident, records, quality of care, staffing issues and management
- Analysis was being undertaken of the "15" minute calls

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

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

H85. RESIDENTIAL AND NURSING CARE QUALITY AND ACTIVITY

Consideration was given to a report presented by Jacqui Clark, Operational Commissioner, which provided an update on the annual report on residential care activity for the period 1st October to 31st December, 2013.

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

Discussion ensued with the following issues raised/clarified:-

- Vacancy levels were adequate to meet surges in demand over the Winter period
- Relatively high occupancy rates in Dual Registered Care Homes providing Dementia care
- Positive outcomes by providing lengthier rehabilitation sessions was evidenced by the percentage of people discharged from intermediate care to residential care remaining low at 2%
- 36 of the 130 new concerns had been substantiated and included inadequate care records, delay in reporting issues, environment/equipment, finance, medication, quality of care and staffing
- Request to have a pharmacy technician in the 2 Local Authority residential homes as a pilot to ascertain information regarding medication waste

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

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

H86. ADULT SERVICES REVENUE BUDGET MONITORING 2013/14

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 January, 2014.

It was reported that the forecast for the financial year 2013/14 was an overspend of £538,000 against an approved net revenue budget of £72.803M. The figures contained within the report included the recently approved funding for Winter pressures together with funding towards achieving Public Health outcomes. Compensatory forecast underspends

within the remaining NAS Directorate was reducing the overall forecast overspend further to £124,000. The main budget pressures related to the delayed implementation of a number of budget saving targets including Continuing Health Care funding and 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 and additional funding for HIV

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 which had experienced an increase in demand since April
- Overspend on independent residential and nursing care due to delays in achieving the savings target for additional Continuing Health Care income, however, 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 together with additional income plus Winter pressures funding for Telecare equipment
- Minor underspends in other non-pay budgets due to moratorium on non-essential spend

Learning Disabilities

- Slight underspend on independent sector Residential Care budgets due to review of high cost 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
- Pressures on residential and nursing care contracts with SYHA resulting in forecast overspend. However, Service reconfiguration to Supporting Living in February and March would reduce the pressure in 2014/15
- Overspend in independent sector Home Care due to increase in demand over and above the budget savings target
- High cost placements in independent Day Care resulting in a forecast overspend. Pressures 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 underspend on Residential Care budget. Additional placements in respect of substance misuse was being funded by a contribution from Public Health
- Underspend in Community Support budget due to delays in clients moving from residential care
- Underspend on Direct Payments - additional income recovery was offsetting the initial budget pressure
- Pressures on employee budgets due to lower than expected staff turnover, additional overtime and agency cover offset by additional funding for substance and Alcohol Social Work posts

Physical and Sensory Disabilities

- Continued pressure on Independent Sector Domiciliary Care due to an increase in demand for service
- Forecast overspend due to 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 delays 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

- Underspend due to higher than expected staff turnover and additional funding for Domestic Violence support

Supporting People

- Efficiency savings on subsidy contracts identified against budget

Total expenditure on Agency staff for Adult Services to the end of January, 2014, was £281,903 (no off contract) compared with actual expenditure of £307,394 (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 £327,227 spent up to the end of January, 2014, on non-contractual overtime for Adult Services compared with expenditure of £329,783 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 with the following issues raised/clarified:-

- Anticipated increase in spend on Direct Payments
- The additional funding in Safeguarding would enable mainstreaming of the funding for the Independent Domestic Violence Advocates in accordance with the Scrutiny Review recommendation
- Notice had been received that the Commissioning Support Unit was to provide training on a regional basis for Nurses. This was contrary to the Joint Protocol previously agreed (Minute No. H78 of 17th February, 2014, refers)
- The CCG had employed the services of Emergency Consultants who reviewed what happened in an emergency department. In line with their recommendations a "perfect week" was being held commencing 17th March

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

HEALTH AND WELLBEING BOARD
11th February, 2014

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Commissioning Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Brian Hughes	NHS England
Naveen Judah	Healthwatch Rotherham
Martin Kimber	Chief Executive, RMBC
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. John Radford	Director of Public Health
Janet Wheatley	Voluntary Action Rotherham

Also in attendance:-

Helen Dabbs	RDaSH
Kate Green	Policy Officer, RMBC
Shona McFarlane	Director of Health and Wellbeing
Clair Pyper	Director of Safeguarding
Chrissy Wright	Strategic Commissioning Manager, RMBC
Keely Firth	CCG

Apologies for absence were received from Chris Bain, Louise Barnett, Karl Battersby, Tracy Holmes, Julie Kitlowski, Dr. David Polkinghorn and Joyce Thacker.

S72. BETTER CARE FUND

Kate Green, Policy Officer, presented Rotherham's Better Care Fund plan for approval by the Board, prior to submission to NHS England by 14th February. The documents to be submitted included:-

- Planning Template Part 1 –
- Planning Template Part 2
- Appendix 1 - Summary of consultation
- Appendix 2 - Rotherham Better Care fund Action Plan
- Appendix 3 – Health and Wellbeing Strategy
- Appendix 4 – Joint Strategic Needs Assessment
- Appendix 5 – Overarching Information Sharing Protocol

Kate drew attention to the following:-

- A huge amount of work had been put in by officers from all agencies
- The work had been developed by a multi-agency officer group overseen by the Task Group which provided the strategic overview of the work

- Negotiations had taken place by both the Local Authority and CCG in order to produce a plan and action plan that both partners were fully signed up and committed to
- A range of consultation activity and engagement had taken place as well as collating information from previous consultation. This had included:-
 - Commissioning of Healthwatch Rotherham to conduct consultation with the local community on the envisaged transformation of services. The survey had been completed by 42 people between 31st December, 2014 and 14th January, 2014
 - 12 Council Customer Inspectors were asked a series of questions focussed around the proposed vision including the 4 Health and Wellbeing priorities
 - Emails sent to 305 social care providers in Rotherham inviting them to take part in a survey
 - The results from the Health and Wellbeing Strategy consultation that took place between July-August, 2012 to help shape the priorities
 - Patient Participation Network
 - Mystery shopper volunteers looking at the provision vision, priorities and seeking their advice on Health and Wellbeing activities
 - Discussions at the Adult Partnership Board
- The findings from the consultation activity were used to develop a set of “I” statements , which demonstrate outcomes that local people want from integrated working:
 - I am in control of my care
 - I only have to tell my story once
 - I feel part of my community which helps me to stay healthy and independent
 - I am listened to and supported at an early stage to avoid a crisis
 - I am able to access information, advice and support early that helps me to make choices about my health and wellbeing
 - I feel safe and am able to live independently where I choose
- The vision for the plan had been based on the local Health and Wellbeing Strategy, A lot of work had gone into developing the local strategy which was being used to influence the plans of a range of partner organisations. The Better Care Fund, if used effectively, should contribute significantly to delivering against the Strategy's outcomes:
 - Prevention and Early Intervention
 - Expectations and Aspirations
 - Dependence to Independence
 - Long term Conditions

- The 12 schemes in the action plan (appendix 2) had been divided under the above 4 themes and the plan demonstrated which BCF outcome measures the schemes would help achieve
- Much more work was now required to add detail to the plan before final submission on 4th April, but the first draft provided the foundation to work from

Finance and Measures (Template 2)

- The funding information mapped directly to the action plan
- For each Metric other than patient experience, it detailed the expected outcomes and benefits of the scheme and how they would be measured
- There were 5 nationally prescribed metrics and one locally agreed measure:-
 - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
 - Delayed transfer of care from hospital per 100,000 population (average per month)
 - Avoidable emergency admissions
 - Patient/service user experience
 - Emergency re-admissions (local measure)
- Targets had been set based on the national guidance provided. Further work would be required on them before the final submission in April

Next Steps

- The documents would be submitted to NHS England in accordance with the 14th February deadline with feedback expected by the end of February
- The officer group would continue to meet on a regular basis to further develop the plan and look specifically at the schemes, developing an action and delivery plan for each, identification of leads and timescales.
- The Task Group would also meet to give a strategic overview of the work and the financial plan which had to be submitted by 4th April

Brian Hughes, NHS England, stated that the process followed by Rotherham was what would have been expected. The assessment process was currently in the process of being finalised and once complete, he would ensure that Rotherham received it.

Every bid would have an initial assessment and then subject to a thorough assessment. Brian stated that he would give feedback by 28th February on Rotherham's submission. The bid may not have gone through the national or regional peer process by that date but it would have been subject to the joint assessment by ADAS and NHS England.

Discussion ensued on the presentation with the following issues highlighted:-

- Careful consideration should be given to the emergency readmission measure. It was noted that nationally a lot of Services were taken out of the metric. This has been highlighted on the Risk Register
- Monitoring of the action plan

The Chairman emphasised that it was not new money but money that was already in the system.

He thanked Healthwatch Rotherham, the mystery shoppers and the Patient Participation Group for their assistance in the consultation.

Resolved:- (1) That the Better Care Fund application and supporting documentation be approved for submission to NHS England in accordance with their 14th February deadline.

(2) That Councillor Wyatt, Martin Kimber and Chris Edwards sign off the submission.

(3) That an All Members Seminar be convened to ensure Members were fully informed with regard to the Better Care Fund.

(4) That consideration be given to monitoring of the action plan be given at the next Health and Wellbeing Board.

(5) That a press release be issued on Rotherham's submission.

S73. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 19th February, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.

HEALTH AND WELLBEING BOARD
19th February, 2014

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Robin Carlisle	Rotherham CCG (representing Chris Edwards)
Bob Chapman	South Yorkshire Police (representing Jason Harwin)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Chair, Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Dr. David Polkinghorn	GP Executive Member, Rotherham CCG
Dr. John Radford	Director of Public Health

Also in Attendance:-

Kate Green	Policy Officer, RMBC
David Hicks	Rotherham Foundation Trust (representing Louise Barnett)
Brian Hughes	NHS England
Ian Jerrams	RDaSH (representing Chris Bain)
Dr. Jason Page	GP Executive Member, CCG
Clair Pyper	Director of Safeguarding (representing Joyce Thacker)
Chrissy Wright	Strategic Commissioning Manager, RMBC

Presentation by:-

Rebecca Atchinson	Public Health, RMBC
Anne Charlesworth	Public Health, RMBC
Chris Siddall	Sports Development, RMBC
Sue Wilson	Children, Young People and Families, RMBC

Apologies for absence were received from Chris Bain, Louise Barnett, Karl Battersby, Chris Edwards, Jason Harwin, Tracy Holmes, Martin Kimber and Joyce Thacker.

S74. DR. DAVID POLKINGHORN

The Chairman reported that this would be David's last meeting.

The Board's appreciation was placed on record for his contributions to the work of the Board and wished him well for the future.

S75. MINUTES OF PREVIOUS MEETINGS

Resolved:- That the minutes of the meetings held on 22nd January and 11th February, 2014, be approved as a correct record.

Arising from Minute No. S64 (Flu Vaccination Programme), Dr. John Radford reported that NHS England were pushing back from the national rollout of a flu vaccination programme for delivery to 6-19 year olds; it was for local determination as to whether it was taken forward.

It was felt that the way forward should be discussed at a South Yorkshire level.

Arising from Minute No. 68 (Rotherham CCG Plan 2014/15), Robin Carlisle reported that it had been submitted to NHS England and would be included on the CCG website. It would also be circulated to all stakeholders shortly. Brian Hughes reported that a meeting had taken place with the CCG as part of NHS England's assurance process and would be communicating initial feedback.

Arising from Minute No. S70 (Joint Protocol between Health and Wellbeing and Children's Safeguarding Boards), it was noted that the Protocol had been signed by all the relevant signatories.

S76. COMMUNICATIONS

(1) Conference

It was noted that a conference, led by the CCG with support from the Council, was to be held on 16th July at the New York Stadium entitled "Working Together for a Healthier Rotherham. A request would be made for speakers from partners.

(2) Better Care Fund

Brian Hughes reported that the final guidance template had been issued which he would circulate after the meeting. He would then give initial feedback followed by NHS England, along with a local authority peer, assessing each bid and giving written feedback by 28th February allowing further work to take place between then and the 4th April.

S77. REVIEW OF GOVERNANCE ARRANGEMENTS

Kate Green, Policy Officer, reported that the Board had been in operation as a statutory board since April, 2013, and had matured well, developing strong working relationships between partners. However, the health and wellbeing landscape had changed considerably and Boards were increasingly being directed by Government to provide leadership and direction on a number of key policy agendas. As a result, to enable Rotherham's Board remain fit for purpose and able to deliver what was required, it was felt that a review of the governance arrangements was required.

Board members had undertaken an anonymous self-assessment looking at governance and operation of the Board in September, 2013. A number of comments had been made which had been incorporated into the following proposals:-

- Better Care Fund
It had been agreed that an Executive Group be established which would report directly to and provide a support mechanism for the Board. It would hold the strategic overview of the health and wellbeing agenda, delivery of the Health and Wellbeing Strategy workstreams and the Better Care Fund plan.

Appropriate membership of the Executive Group was to be agreed.

- Format of Meetings
It was proposed that the meetings remain monthly for the time being due to the volume of work. However, it was proposed that the format changed so that every other meeting was for core members only (commissioners) to cover key business items i.e. commissioning plans, financial information and any major Service reconfigurations, the Better Care Fund Plan and performance management.

The alternate meeting would be reflective and in 2 parts, the first for any necessary core business and the second part with provider and VCS involvement.

It was felt that this would allow more focussed agendas addressing the strategic priorities of the Board.

- Board Membership
It was proposed that the membership be as follows:-

Core Members:

Cabinet Member for Health and Wellbeing (Chair)
Cabinet Member for Adult Social Care
Cabinet Member for Children, Young People and Families Services
Director of Public Health
Chief Executive, RMBC
Strategic Director, Neighbourhoods and Adult Services
Strategic Director, Children's and Young Peoples Services
Chief Officer, CCG
Chair of Clinical Commissioning Group
NHS England representative
Chair of Healthwatch Rotherham
Chief Superintendent, South Yorkshire Police

Provider/VCS (for reflective meetings):

Chief Executive, RDaSH
Chief Executive, Rotherham Foundation Trust
Chief Executive, Voluntary Action Rotherham

- Stronger engagement with the public

Consideration was given to the above proposals. The following issues were raised:-

- What about providers of Primary Care?
- Insufficient representation of Health providers – 3 GP commissioners on the core membership to correspond with the 3 Councillors
- The position of Vice-Chair should not be from the Local Authority – it was noted that this was not possible as the Board was a formal committee of the Council and would involve amending the Council's Constitution.
- Felt to be a retrograde step to not have a representative from the Foundation Trust on the core membership
- Quality of decision making was very much enhanced if providers were there
- Possible loss of additionality – the split of provider/commissioner was not straight forward. The VCS provided both functions
- A number of partners carried out public engagement activities which needed capturing
- The Executive Group had been established to produce the BCF submission and to support its delivery. However, if its remit was broadened to include the strategic overview of the Health and Wellbeing agenda, what was the purpose of the Board?

Resolved:- (1) That 1 additional CCG representative be included on the core membership of the Board.

(2) That Janet Wheatley lead on a review of the public engagement activities carried out by organisations and report to next meeting.

(3) That future agendas include "questions from members of the public".

(4) That the Terms of Reference, membership and organisational diagram for the Executive Group be submitted to the next meeting.

S78. LIFESTYLE SURVEY 2013 RESULTS

Sue Wilson, Performance and Quality Manager, gave the following powerpoint presentation:-

Lifestyle Survey

- The Lifestyle Survey had been ongoing since 2006 capturing the views of young people in Y7 and Y10 in the following topics:- Food and Drink, Health, Activities and Fitness, Being in School, Out of School, Young Carers, Bullying and Safety, Smoking, Drinking and Alcohol, Sexual Health and Local Neighbourhood
- The Survey was a joint initiative between Local Authority and Health to capture the views of young people
- Not compulsory for a school or pupils to participate
- Findings from each year's survey shared with Health, Police, Local Authority Teams, Members and the Public

Increased Participation in 2013

- This year was the first year all 16 schools had participated (50% increase) – 2012 – 8 schools participated
- 3,474 pupils participated in 2013 (142% increase from 2012) – 1,434 pupils participated in 2012. This increase was due to a concentrated effort on returns, communications with schools
- Regular updates to schools highlighting the benefits of the survey and supporting schools with clear information on where support could be obtained to support pupils with specific issues

Positive Improvements since 2012

- More pupils felt they were a healthy weight up to 74% from 70%
- More pupils taking regular exercise up to 81% from 79%
- Increase in the number of pupils having 5 portions of fruit and vegetables up to 43% from 42%
- More pupils regularly drinking water up to 67% from 65%
- More pupils having their breakfast at home up to 79% from 67%
- Fruit most popular choice for a break time snack
- More pupils said their home was smoke-free up to 66% from 64%
- Higher % of pupils said they had never tried a cigarette up to 80% compared to 75%

Improvement Actions

- Obesity Strategy Group – supported in past 4 years – 1,721 children access tiered weight management services
- Joint working DC Leisure and RIO (Rotherham Institute for Obesity) supporting young people. Healthy Schools Service promoting support that was available for young people
- The MoreLife programme was a free 12 weeks weight management course to help children maintain a healthy weight. The Programme took place at Rotherham, Maltby and Aston Leisure Complexes
- 98% of schools accredited in Healthy Schools Programme
- Smoking was a priority measure in the Health and Wellbeing Strategy. Activity to reduce smoking among young people was included in the performance framework including requiring schools to have a smoke-free policy

Areas for Attention

- More Young Carers identified
- Safety issues similar to 2012 – Town Centre and Public Transport where pupils felt least safe
- Bullying rates remained similar to 2012, however, less pupils reporting this
- Local shops were identified as 1 of the places where pupils were purchasing alcohol and parents supplying their children with cigarettes and alcohol
- Pupils felt good about themselves had reduced

Progress and Action

- % of Pupils identifying themselves as young carers
 - Barnardos were working in partnership with statutory parents to promote Working Together to Support Young Carers
 - Rotherham UK Youth Parliament members were developing a Young Carers Card
 - Carers Charter had specific actions for young carers
 - Improve the offer of information and support to young carers
 - Awareness raising in schools and in other young people settings of support for young carers and the Youth Carers Services
- Personal Safety
 - Youth Cabinet led the Overview and Scrutiny Management Board meeting and requested that all key partners meet to address the issues of feeling safe in the Town Centre and feeling safe using public transport
- % number of Pupils reported that they had been bullied
 - School were appointing Anti-Bullying Ambassadors
 - 14 secondary schools had signed up to the National Bullying Charter and all schools had an Anti-Bullying Strategy and toolkit
 - Schools could achieve a grading within the Charter from bronze to gold
- Number of pupils involving Smoking, Drinking and Drugs
 - Know the Score was a commissioned service to support young people with alcohol and drug issues
 - Community Alcohol Partnerships had been developed in 2 project areas – Dinnington and East Herringthorpe/Dalton/Thrybergh
 - Smoke free class resources provided to all primary and secondary schools
 - Work underway to ensure all schools had a Smoke Free Policy
- Where pupils were obtaining Cigarettes from
 - Health partners were promoting to parents the health risks giving their children cigarettes and alcohol when they were under age
 - Trading Standards implementing Responsible Retailer Awards
 - Reward responsible operators and share their good practice with others
 - Support for retails to reach the standard which would permit them to use the responsible retailer log

- Where pupils were obtaining Alcohol from
 - Health partners were promoting to parents the health risks of giving their children cigarettes and alcohol when they were under age
 - Rotherham Responsible Retailer Award aims to provide incentive for the operators of licensed premises to improve their standards of operation to the level of a commonly agreed national benchmark
- Feelings
 - Targeted Mental Health in Schools conference held 15th November, 2013
 - Self-harm pathway being developed for frontline workers who had contact with young people (9-25) who were self-harming
 - Bereavement pathway in development which would ensure support for children and young people who were bereaved/affected by suicide
 - Letter sent out via schools in June, 2013, to all parents highlighting support for young people who may be in emotional distress
 - Support services for young people who may be in emotional distress advertised on Public Health Channel during Summer/Autumn months in 2013
 - Youth Cabinet – Children’s Commissioner’s Day would take place on 27th February, 2014, sharing their work around self-harm

Areas where Young People were being Supported

- Youth Cabinet was taking forward issues raised in the Lifestyle Survey – would be included on the agenda for the Children’s Commissioner’s Day
- Youth Cabinet was working on a number of the areas for attention identified in the Survey and were working with the Youth Service to put forward their ideas of how they could be addressed
- Members had supported young people in various projects from their Community Leadership Fund

Next Steps

- 15 out of 16 schools had signed up to participate in the 2014 Survey
- Consultation ongoing reviewing the questions with health partners, Safer Neighbourhood Teams, Schools
- Youth Cabinet reviewing the themes of questions in 2014 and plans in place for it to be more involved in the findings and how to make improvements for the 2015 Survey
- Communication in local media – ongoing campaign to support the positive outcomes from the action plan. Communications Team would work jointly with Service Quality, Police, Health, Voluntary Sector and other key stakeholders to produce information for the press on the activities ongoing which supported the outcomes from the Survey
- Plans in place to monitor activities to support young people specifically around the issues raised in the Survey

The information from the Survey fed into many of the Council's Services and also fit with the Joint Strategic Needs Assessment.

It was noted that the results would be presented to the Improving Lives Select Commission and the Safeguarding Board in March.

Sue was thanked for the presentation.

S79. ROTHERHAM ACTIVE PARTNERSHIP

Rebecca Atchinson, Public Health, and Chris Siddall, Sports Development, gave the following powerpoint presentation:-

Why is physical activity important?

- Being physically active contributed towards
 - Positive mental health and wellbeing
 - Improved quality of life
 - Reduced the risk of arthritis, cancer, diabetes, heart disease, respiratory illnesses and more
 - Improved the recovery from strokes, falls, osteoporosis
 - Was the 5th leading global burden of disease in western Europe
 - Was 1 of the top modifiable risk factors
- It was not just preventing/reducing obesity

What is physical activity?

- Everyday activities
 - Active travel, walking and cycling, active at work, housework, gardening and DIY
- Active recreation
 - Recreational walking and cycling, swimming, exercise and fitness classes, dancing, active play, outdoor pursuits and adventurous activity
- Sports
 - Organised team sports, structured competitive activity, PE and School Sports, individual sports
- Move more, more often

Activity levels in Rotherham

- Improving trend from Active People Survey 6
- Over half Rotherham adults did not do physical activity
- Rotherham was the 127/150 least active local authority
- 33.57% inactive adults

The costs of physical inactivity

- Inactive people compared to active people annually had 38% more days in hospital and 6% more visits to their GP
- Rotherham's inactivity rates had been estimated to cost over £22M per year

- National comparisons of lifestyle issues estimated annual costs

Physical inactivity	£8.2B
Alcohol misuse	£17B
Drugs	£15.4B
Smoking	£13.74B
Obesity	£15.8B
Sexual health	£12.05B
- If every local authority was able to reduce inactivity by 1% a year over 5 years local tax payers would save £44 per household

Rotherham's vision

- “Rotherham will be a place where people feel good, are healthy and active and enjoy life to the full”

Links to the Health and Wellbeing Strategy

- Rotherham Active Partnership's new approach followed the life course targeting those least active
- Strong linkages to themes

Further Developments

- Website
 - To promote physical activity opportunities across the Borough
 - To provide people with long term conditions advice on safe sessions
- Passport of physical activity
 - Given to all patients leaving service with a physical activity element
 - Clear advice on what they should consider and avoid
 - Linked to the website

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

- Linkages to the Health and Wellbeing Strategy that would support funding bids
- Challenge to put physical activity on a par with other therapeutic interventions offered by the NHS
- Social prescribing was 1 of the most successful interventions coming through. Some elderly people could undertake various chair-based activities
- The review of the Partnership could discuss opportunities for funding and how services could be delivered across Rotherham and whether duplication could be reduced to maximise impact
- A successful funding bid had been submitted around the disadvantaged community of Canklow, Dalton, Thrybergh and East Dene; a bid was still pending for Maltby and Dinnington. There would be close work using the community development approach, working

with partners in the area and the 11 Disadvantaged Team Leaders to gain an understanding why the inactivity levels were as high as they were in those areas and what services and intervention was required to try and encourage those that were not active

- Attempted to identify where all the Partnership's services fitted together in order to recognise and use people's skills effectively

Rachel and Chris were thanked for their presentation.

Resolved:- That the Board receive 6 monthly reports from the Rotherham Active Partnership.

S80. RECOVERY FROM OPIATE DEPENDENCE

Anne Charlesworth, Head of Alcohol and Drug Strategy, presented a report on the performance assurance processes/data and some of the actions that had been put into place to address the shortfall in performance paying particular emphasis to opiate exits.

The report had been considered by the Safer Rotherham Partnership/DAAT Board on 8th January where it was agreed that the report be forwarded to the Health and Wellbeing Board to engage wider support for the improvement of the outcome.

Evidence suggested that people generally were not able to sustain positive outcomes from addiction without having gained or maintained recovery capital in other domains i.e. positive relationships, a sense of wellbeing, meaningful activity, education, training, employment, adequate housing etc. There was a need to acknowledge that drug treatment providers could not deliver the 'recovery' agenda alone but needed involvement from partner agencies to support progress in a number of domains for individuals. Research showed that where an individual had limited capital in a number of domains, overcoming severe drug or alcohol dependence or abstinence without progress in other recovery domains was rarely sustained.

Rotherham was not unlike the national picture in that it had an ageing drug treatment population (over 40s) many of which had been in treatment for some considerable time which made them harder to help and 'recover' leaving a significant challenge for local areas.

It was recognised that drug users relapsed and treatment systems needed to be designed to deal with the outcome. Re-presentations to treatment were significant in terms of successful exits and Rotherham performed very well with current performance at 13.3%. This equated to 6 users whom had previously exited successfully and then returned back to drug treatment within 6 months. This would indicate that, despite successful exits being low, locally individuals were better prepared and stayed drug free for longer.

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

- Rotherham had a large number of young people who experienced neglect, sometimes physical injuries, as a result of their parents' mental health and substance abuse/domestic abuse
- Elsewhere in the country the number of opiate users into treatment had dropped off - until the last 6 months Rotherham had seen a significant drop but still had above the average of new users coming into treatment – 370 within Primary Care, 200 within the criminal justice system and 300+ still long term prescribed for opiate dependency
- The new targets would mean there would be pressure to get the individuals currently stable on methadone off the medication
- There were children in Rotherham from the 11 plus age range who had experienced a range of drugs including opiates
- The Government's change of Policy would only work if sufficient levels of service and support were put into place
- Currently GPs provided drug treatment but if a practice had a small number of patients, the increased frequency of reviewing and support may be hard for a practice to sustain and be at the expense of other patients

Resolved:- (1) That the Board's support to build support for recovery initiatives which were seeking to improve the outcome be noted.

(2) That the Board notes that the outcome could not be delivered by the existing systems alone as opiate users in treatment were part of the wider picture of social disadvantage in the Borough and the current opportunities for employment and housing were having some impact on the ability of the services to promote recovery as a positive option.

(3) That a recognition that any perceived 'quick fix' type solutions to the Indicator were likely to have significant negative risks on both the individuals and the crime rate.

S81. JOINT STRATEGIC NEEDS ASSESSMENT CONSULTATION

Further to Minute No. 61 Chrissy Wright, Strategic Commissioning Manager, presented the revised version of the JSNA taking account of the representations received.

The 6 weeks consultation with stakeholders had run between 30th December, 2013 and 9th February, 2014. Details of the draft JSNA website had been circulated to a range of stakeholders, both statutory and VCS agencies, as well as a well attended VCS consultation session held on 27th January.

The consultation had been generally positive. Comments and suggestions made were constructive and would help to develop the JSNA.

A new requirement was to include a register of community assets which would be developed in 2014 with progress reported in JSNA updates.

It was noted that the document had now been "signed off". However, in future "sign off" would be in line with commissioning priorities and planning.

Resolved:- (1) That the current version of the Rotherham Joint Strategic Needs Assessment, updated following consultation, be approved.

(2) That quarterly reports of any significant changes or otherwise by exception be submitted to the Board.

S82. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 26th February, 2014, commencing at 9.30 a.m. in the Rotherham Town Hall.

**HEALTH AND WELLBEING BOARD
26th March, 2014**

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Officer, Rotherham CCG
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Dr. David Polkinghorn	GP Executive Member, Rotherham CCG
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director,

Also in Attendance:-

Kate McDaid	National Energy Action
Kate Green	Policy Officer, RMBC
David Hicks	Rotherham Foundation Trust (representing Louise Barnett)
Brian Hughes	NHS England
Shafiq Hussain	VAR (representing Janet Wheatley)
Catherine Homer	Public Health
Ian Jerrams	RDaSH (representing Chris Bain)
Chrissy Wright	Strategic Commissioning Officer, RMBC

Apologies for absence were received from Chris Bain, Louise Barnett, Karl Battersby, Tracy Holmes, Martin Kimber, Gordon Laidlaw and Janet Wheatley.

S83. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

A member of the public asked, given the impending launch of consultation on the Care Bill, if there were to be any events for stakeholder consultation?

Tom Cray, Strategic Director, Neighbourhoods and Adult Services, reported that there had been stakeholder meetings during the past 12 months the feedback from which had been that there should be separate events to allow focussed discussions. Accordingly, a series of events would be organised the first of which would be before the Summer.

S84. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 19th February, 2014, be approved as a correct record.

Arising from Minute No. S75 (Flu Vaccination Programme), Brian Hughes reported that it was an issue still be discussed across the region.

S85. COMMUNICATIONS**(a) Rotherham Foundation Trust**

The Board's congratulations were recorded to Louise Barnett who had been formally appointed as the Chief Executive.

(b) Peer Review

The Chairman reported that the LGA had an offer for Health and Wellbeing Board's to have a peer challenge, which involved a group of peers from other areas coming into the Council and reviewing the work of the Board over a 4 day period.

It was noted that other Health and Wellbeing Boards in the area had taken up the offer.

It was felt that the detail of the review was required as well as any resource implications.

Resolved:- (1) That contact be made with the Local Government Association with regard to taking up the offer of a Peer Review.

(c) Rotherham Heart Town Annual Report 2013

The Board noted the Rotherham Heart Town Annual Report 2013 which highlighted the work that had taken place during the year.

(d) Motor Neurone Disease

The Chairman reported receipt of correspondence from the Motor Neurone Disease Association requesting sign up to the MND Charter "achieving quality of life, dignity and respect for people with MND and their carers".

Resolved:- (2) That the Charter be circulated to all members of the Board.

S86. NATIONAL ENERGY ACTION FUEL POVERTY

Catherine Homer, Public Health Specialist, and Kath McDaid, National Energy Action, gave the following powerpoint presentation:-

**Winter Warmth – Preparation for Winter
Project Aims**

- HWB members understand that strategic objectives are being delivered at community level via formal process mechanisms
- Delivering the Fuel Poverty Priority
- Community Involvement Officers and other key front line professionals understanding and knowledge of the causes and solutions to cold, damp homes is improved, resulting in signposting and one-to-one support
- Key strategic players aware of fuel poverty agenda and linkages to the Health and Wellbeing Strategy

What happened?

- Facilitate meeting including HWB Elected Members and Council Officers – focus localities of Brampton Bierlow, Wentworth and Harley
- Fuel Poverty briefing for Councillors and interested parties
- Discrete training
- 2 workshops
- Community events
- Feedback to Health and Wellbeing Board

What people said

- “impression that people buying own homes are wealthy but not the case as people tell me that they are struggling”
- “large areas of the Ward are made up of picturesque countryside however rural fuel poverty is a blight on many resident’s lives”
- “we can’t stop now – we have to keep it rolling, this project has been worthwhile because Fuel Poverty is a taboo subject, it is not recognised in general and now people are talking about it”
- “recognition needed that these areas are not classed as deprived but have high levels of fuel poverty – different problems associated with both properties and residents”
- “dealing with fuel poverty must rank highly in the prevention and early intervention aspects of our joint activities recognising the effects on all age ranges, young families and the elderly”

Unintended Outcomes

- Many of the services and officers engaged in the project have formed networks aside from their own areas of speciality
- Elected and Parish Councillors have together discussed sustaining the momentum within their local areas
- Stronger effective links with the Fitzwilliam Wentworth estate
- Developed a network who are “Green Deal ready”
- Synergy with existing pots of funding and projects

Recommendations for the Health and Wellbeing Board

- Recognition that fuel poverty is not just linked to general poverty in terms of low income but is more complex and has issuing consequences in terms of ill health and common mental disorders
- To recognise that perceived ‘affluence’ does not preclude people living in cold homes
- Use Ward Councillors and Parish Councillors to emphasise the very negative effects of fuel poverty and recognise the value of this local intelligence in utilising existing networks
- Continue to recognise and uphold the status of fuel poverty as a priority area for action
- Capitalise on the interest shown by health partners for fuel poverty by utilising intelligence networks
- Energy policy is in a statue of hiatus currently with many low income, fuel poor households having no access to grants or support; Health

and Wellbeing Board to consider future investment to 'plug' such gaps in provision

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

- Rotherham was 1 of the very few Health and Wellbeing Boards to have Fuel Poverty within their Health and Wellbeing Strategy
- Rotherham was a long way ahead of other authorities with their work on Fuel Poverty
- The current 8 projects were writing their reports for submission to the Department of Energy and Climate Change
- The Citizens Advice Bureau was running an energy project through some general practices where the practice managers had expressed an interest. The CCG would be happy to work with the project and attempt to get more practices to participate
- Fuel poverty did not just apply to the elderly
- Fitted in with Making Every Contact Count and ensuring all front line staff/volunteers were aware
- The next performance monitoring report would be an opportunity to reflect on the recommendations and consider how to keep the momentum on the initiative

Catherine and Kath were thanked for their presentation.

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

(2) That the Parish Council Liaison Officer be contacted with a view to giving a presentation to the Parish Council Network meeting.

S87. BETTER CARE FUND

Tom Cray, Strategic Director, Neighbourhoods and Adult Services, and Chris Edwards, Chief Officer, Rotherham CCG, gave a verbal update on the position with regard to the above.

- The plan had been submitted in accordance with the 14th February deadline which had met the criteria at that time and would act as a catalyst for change that both the Local Authority and CCG were comfortable with
- Feedback from NHS England and the Peer Review had been received in March in relation to the national conditions, performance measures and ambition. The plan had also been the subject of an all Members Seminar and the Health Select Commission
- The plan had a number of "green" with the majority being "amber" which meant that NHS England felt there was the capacity to develop

the plan further in order to satisfy all the conditions by the 4th April deadline

- The Task Group and Officer Group had continued to ensure that the final submission was solid and robust and an ambitious plan
- As a result of the feedback it was felt that it needed to be more explicit in terms of the whole system change that the plan was seeking to achieve. Accordingly, adjustments had been made so as to emphasise how the change at one end of the system would flow through to the other end concentrating on the citizen experience through an integrated approach
- Work was still continuing on the plan with adjustments made to the funding profile and a risk assessment being carried out to ensure there were no unintended consequences anywhere in the system
- All the projects contained within the plan were in synch and fitted with the commissioning plans of both the Council and CCG
- It has been quite a difficult process because of the timescales involved and the national messages been different from the Department of Health and Department of Communities and Local Government
- The Task Group had committed to continuing to meet to ensure that the plan was delivering and take action should any unanticipated issue emerge
- There would be a chance to review the plan in 12 months
- Given the short timescale the CCG had taken the decision to include the minimum of services to establish the principles of the Fund but were committed to having further discussions as to the appropriateness of including more services

Brian Hughes stated that the feedback from NHS England recognised that the plan was a catalyst for change and there was a level of transformation. The plan now needed to show how it had moved from the February submission to the April submission as to how that transformation and citizen empowerment would happen.

Resolved:- (1) That the Task Group be authorised to submit the Better Care Fund submission to NHS England.

(2) That a copy of the submission be submitted to the April Board meeting.

S88. HEALTHWATCH ROTHERHAM PROGRESS UPDATE

Chrissy Wright, Operational Commissioner, presented a report setting out the development of Healthwatch Rotherham and the progress achieved to date.

The following points were highlighted:-

- Healthwatch Rotherham launched on 2nd October, 2013
- Website, Twitter and Facebook account developed and a newsletter regularly circulated
- All staff, Chair and Board Directors appointed with each Director having responsibility to 1 of the 6 Health and Wellbeing Strategy priorities
- The majority of the first half of the year had been spent establishing the service and awareness raising
- Continued to pass on concerns raised by members of the public to commissioners and, where appropriate, to CQC, Ofsted, South Yorkshire and Bassetlaw Quality Survey Group, Scrutiny, RCCG, NHS England, TRFT and Healthwatch England

The report also set out community engagement and project work planned for the forthcoming 6 months.

Parkwood Healthcare had been awarded the Healthwatch Rotherham contract with the intention that once established, the contract would novate to Healthwatch Rotherham to enable it to operate as an independent social enterprise. The Cabinet Member for Health and Wellbeing had approved the intention to novate the contract at his meeting on 10th March, 2014.

Naveen Judah, Chair of Healthwatch Rotherham, reported that Healthwatch Rotherham was being mentioned by Healthwatch England for its good practice and had people from other areas visiting to learn from them. However, it was becoming a victim of its own success. As the work spread about its Advocacy Service, the number of people wanting to use the Service was increasing. Attempts were made to screen the enquiries as to those that could be pointed in the right direction to help themselves and those that the Service would help but the situation would be monitored.

Resolved:- (1) That the progress achieved by Healthwatch Rotherham be noted.

(2) That the decision to novate the contract to Healthwatch Rotherham by September, 2014, be noted.

S89. PROMOTING HEALTH CHECKS

Dr. John Radford, Director of Public Health, reported that local authorities were now responsible for the commissioning of NHS Health Checks which was a national risk assessment and prevention programme. Everyone attending a NHS Health Check would have their risk of developing heart disease, stroke, diabetes and kidney disease assessed through a combination of their personal details, family history of illness, smoking, alcohol consumption, physical activity, body mass index, blood pressure and cholesterol. They would then be provided with individual tailored advice that would motivate them and support and necessary lifestyle changes to help them manage their risk. Where additional testing and follow-up was needed, they should be referred to Primary Care services.

People aged 65-74 would be informed about the signs and symptoms of Dementia and informed about memory Clinics if so required.

Over the last 10 years, Health Checks had had success in reducing cardiovascular deaths as cardiovascular disease was largely preventable. They were extremely important and needed to be promoted.

The objective was to initially screen 18% of the eligible 20% of the population.

Discussion ensued with the following points raised/clarified:-

- 1 of the interventions was the prescribing of Statins which would have impacts for the population as a whole and as well as the GP practice
- The challenge was to deliver in the most deprived and hardest to reach communities and work with the Mental Health sector
- The new NICE Guidance, currently subject to consultation, proposed significant changes to Health Checks – cardiovascular risk for the over 50s was over 10%; the new Guidelines indicated that anyone who had a cardiovascular risk over 10% should be on Statins - implications for a huge section of the population
- The Guidance also contained advice on diet and exercise
- A number of cardiovascular deaths could have been prevented
- There was an ageing population but was it a healthy population? Was it the prolonging of an unhealthy ageing population
- Statins were not a surrogacy for a lifestyle

Resolved:- That the report be noted and a further report submitted in 6 months.

S90. MENTAL HEALTH AND LEARNING DISABILITY SERVICES - FUNDAMENTAL REVIEW

Chris Edwards, Chief Officer, presented a report for information setting out the purpose, scope and timescale of the Clinical Commissioning Group's fundamental review of commissioned services for Mental Health and Learning Disability.

The review would focus on whether the CCG's overall investments in Mental Health and Learning Disability Services was proportionate to the health needs of Rotherham patients, how to ensure parity of esteem, how to strengthen clinical leadership of the efficiency and quality assurance agencies, how to improve the reporting of outcome and activity measures and the implications of Mental Health payment by results.

It would include a market analysis, whether the CCG should be using a greater plurality of providers (including voluntary sector providers, a greater variety of Mental Health Foundation Trust providers, GP providers) and more facilitation of self-help such as computerise Cognitive Behaviour Therapy.

All reports would be completed by the end of May.

From the perspective of the Police Service, it was an area that was growing. Ian Jerrams stated that the Mental Health Triage initiative in Rotherham of having a Mental Health Nurse working alongside the Police in Rotherham had already shown good results.

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

(2) That the CCG ensure that South Yorkshire Police was involved in the review.

(3) That a report be submitted on the Mental Health Triage pilot being operated by South Yorkshire Police.

(4) That, should the review recommend any major Service change, they be reported to the Health Select Commission.

S91. 2014/15 MEETING DATES AND TIMES

Resolved:- That meetings be held in 2014/15 in the Rotherham Town Hall as follows:-

Wednesday,	4 th June, 2014	9.00 a.m.
	2 nd July	9.00 a.m.
	27 th August	9.00 a.m.

17 th September	9.00 a.m.
1 st October	9.00 a.m.
12 th November	1.00 p.m.
3 rd December	9.00 a.m.
21 st January, 2015	11.00 a.m.
18 th February	11.00 a.m.
11 th March	9.00 a.m.
22 nd April	9.00 a.m.

S92. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 23rd April, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	Monday 28th April 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 February 2014.

The latest forecast for the financial year 2013/14 is an overall underspend of £24k, against an approved net revenue budget of £73.408m, a further reduction in the overspend of £562k since the last report. The report includes the recently approved funding for winter pressures, funding towards achieving Public Health outcomes together with additional health funding to support patients being discharged from hospital. The main budget pressures 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 together with additional health funding has resulted in reducing 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 £73.408m. 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	%
-106	Adults General	1,751	1,662	-89	-5.08
+652	Older People	29,948	30,136	+188	+0.63
+276	Learning Disabilities	23,620	23,768	+148	+0.63
-487	Mental Health	5,004	4,542	-462	-9.23
+427	Physical & Sensory Disabilities	5,314	5,721	+407	+7.66
-120	Safeguarding	729	615	-114	-15.64
-104	Supporting People	7,042	6,940	-102	-1.45
+538	Total Adult Services	73,408	73,384	-24	-0.03

7.1.2 The latest year end forecast shows there remains 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 offset 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 (-£89k)

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 funding for HIV.

Older People (+£188k)

- Overspend on In-House Residential Care due to delays on implementation of budget savings target due to extended consultation (+£129k) and recurrent budget pressure on residential care income (+£39k).
- Recurrent budget pressure in Direct Payments over budget (+£680k). 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 (-£483k) based on current level of service. However, there is an over spend on Independent sector home care (+£820k), which has experienced an increase in demand since April (+58 clients).
- An over spend on independent residential and nursing care (+£836k) due to delays in achieving the savings target for additional Continuing healthcare income (an additional 74 clients are receiving a service than budgeted). Additional income from property charges and income from health 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 (-£839k).
- Forecast saving on in-house day care (-£88k) due to vacant posts and the moratorium on non-pay budgets.
- Overall under spend on Rothercare (-£274k) due to delays in service review including options for replacement of alarms together with additional income plus winter pressures funding for Telecare equipment (-£62k).
- Other minor under spends in other non pay budgets due to the moratorium on non-essential spend (-£43k).

Learning Disabilities (+£148k)

- Independent sector residential care budgets now forecasting a slight underspend due to a review of high cost placements (-£84k). Work continues on reviewing all CHC applications and high cost placements.

- Forecast overspend on Day Care (+£166k) 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 £80k. However, service reconfiguration to supporting living in February and March will reduce this pressure in 2014/15.
- Overspend in independent sector home care (+£89k) 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 +£66k. 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 £24k.
- A delay in developing Supported Living schemes plus additional funding from health is resulting in a forecast under spend (-£50k).
- Efficiency savings on SLA's for advice and information and client support services (-£63k).
- Lower than expected increase in demand for direct payments (-£26k).
- Additional staffing costs and essential repairs with In house Residential care offset by planned delays in recruiting to vacant posts within Assessment & Care Management (-£6k).

Mental Health (-£462k)

- A projected under spend on residential care budget (-£70k). Additional placements in respect of substance misuse are being funded by a contribution from public health.
- An under spend in community support budget (-£366k) due to delays in clients moving from residential care.
- Under spend on Direct Payments (-£31k), 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 reduced by additional funding for substance and alcohol social work posts (+£5k).

Physical & Sensory Disabilities (+£407k)

- Continued Pressure on Independent Sector domiciliary care (+£175k) due to a continued increase in demand for service.
- Further increase in demand for Direct Payments (+ 10 clients), forecast overspend (+£667k).
- 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 (-£222k).
- 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) plus staff vacancies at Grafton House (-£28k).

Safeguarding (-£114k)

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

Supporting People (-£102k)

- Efficiency savings on subsidy contracts identified against original budget.

7.1.3 Agency and Consultancy

Actual spend on agency costs to end February 2014 was £296,767 (no off contract), this is a reduction compared with actual expenditure of £368,907 (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 February 2014 was £346,779 compared with £354,923 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.

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