

**CABINET MEMBER FOR ADULT SOCIAL CARE
21st October, 2013**

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

H32. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H33. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 23rd September, 2013.

Resolved:- That the minutes of the meeting held on 23rd September, 2013, be approved as a correct record.

H34. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 11th September, 2013, were noted.

H35. ROTHERHAM LEARNING DISABILITY PARTNERSHIP BOARD

The minutes of the Rotherham Learning Disability Partnership Board meeting held on 13th September, 2013, were noted.

H36. POLICE ASSISTANCE AND CONVEYANCE TO HOSPITAL FOR THOSE DETAINED UNDER THE MENTAL HEALTH ACT 1983

Further to Minute No. 82 of 15th April, 2013, consideration was given to a report on the 2008 Mental Health Act Code of Practice, requiring local Social Services authorities, defined in Section 145(1) of the Mental Health Act 1983, the National Health Service and the Local Police Authority, to establish a clear policy for the use of the power to convey a person to hospital under Section 6(1) of the Mental Health Act.

The draft Policy and procedures outlined the roles and responsibilities of the Approved Mental Health professionals, the Ambulance Service, medical and/or other healthcare practitioners and Police who may be called upon to facilitate the conveyance of an individual to hospital, or in the case of Guardianship, an appropriate placement. The Policy was to support good joint working and minimise the distress that Service users, their family and friends could experience when admission was necessary.

The overall aim was to ensure that the person detained under the Mental Health Act 1983 was conveyed to hospital or alternative placement in an appropriate vehicle and in the most human way possible following an

assessment of their mental health needs by 2 doctors and an Approved Mental Health professional (AMHP).

The Code of Practice also specified that the Policy should clearly identify what arrangements had been agreed with the Police should they be asked to provide assistance to the AMHPs and the Doctors and how that assistance would apply to minimise the risk of the patient causing harm to themselves and maximise the safety of everyone involved in the assessment.

Resolved:- (1) That the draft Policy and procedures be approved.

(2) That the report be submitted to the Cabinet Member for Health and Wellbeing/Finance for information.

H37. ARMED FORCES INDEPENDENCE PAYMENTS

Mark Scarrott, Finance Manager (Neighbourhood and Adult Services), presented Circular LAC(DH)(2013)2 Armed Forces Independence Payments – Treatment in the Financial Assessment for Charging – which provided guidance on the treatment of the above payments when carrying out financial assessments in order to calculate how much someone should pay towards their accommodation charges.

As from 8th April, 2013, Personal Independence Payments (PIP) replaced Disability Living Allowance (DLA) for eligible working age claimants. The mobility component of DLA was excluded by Legislation from being taken into account in the financial assessment for charges. Likewise, the mobility component of PIP should also be disregarded.

From the 8th April, Armed Forces Independence Payments would begin to replace DLA for veterans. It was not divided into daily living and mobility components but the total amount of payment was the same.

For residential care charging, under the National Assistance (Assessment of Resources) Regulations 1992, Armed Forces Independence Payments should be fully disregarded in the financial assessment. For non-residential care charging, as set out in 'Fairer Charging Guidance', Councils may choose to disregard Armed Forces Independence Payments entirely in recognition of the contribution made by armed forces personnel injured whilst on active duty.

Should the Council decide not to disregard the Armed Forces Independence Payment in full, it must disregard an amount equivalent to what would be disregarded from a PIP.

Discussion ensued on the Circular. It was emphasised that it was applicable only for Armed Forces personnel who had been injured whilst on active service and had received Disability Living Allowance (to be replaced by PIP).

Resolved:- (1) That Armed Forces Independence Payments be disregarded entirely when calculating non-residential care charges for former armed forces veterans line with the Statutory Disregard which applied when calculating residential care charges.

(2) That the report be forwarded to the Armed Forces Community Covenant Group for information.

(3) That the Press Office be requested to issue a suitable press release.

H38. SAFEGUARDING ADULTS ANNUAL REPORT

Sam Newton, Service Manager, Safeguarding Adults, submitted, for information, the Safeguarding Adults Annual Report 2012-13 produced by the Rotherham Safeguarding Adults Board.

The report would be considered by the Safeguarding Adults Board and the Health Select Commission in November, 2013.

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

(2) That the report be forwarded to the Health and Wellbeing Board for information.

H39. 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 August, 2013.

It was reported that the forecast for the financial year 2013/14 was an overspend of £1.819M against an approved net revenue budget of £72.807M. The main budget pressures related to slippage on a number of budget savings targets including Continuing Health Care funding and implementing the review of In-house Residential Care.

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

Adults General Management and Training

- A slight underspend based on estimated charges

Older People

- A forecast overspend on In-House Residential Care due to slippage on implementation of budget savings target and recurrent budget pressure on Residential Care income

- Recurrent budget pressures in Direct Payments, however, client numbers had reduced since April together with a reduction in the average cost of packages
- Underspend on In House Transport.
- Forecast underspend on Enabling Care and Sitting Service, Community Mental Health, Carers' Services and slippage 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 11 admissions in August. Additional income from property charges was reducing the overall overspend
- Forecast savings on in-house day care due to vacant posts and moratorium on non-pay budgets
- Overall underspend on Rothercare due to slippage in Service Review including options for replacement of alarms
- Minor underspend in other non-pay budgets due to moratorium on non-essential spend

Learning Disabilities

- Overspend on independent sector Residential Care budgets due to 3 new admissions in July and shortfall on Continuing Health Care income
- Forecast overspend on Day Care due to slippage on implementation of Day Care Review including increase in fees and charges plus recurrent budget pressure on transport
- Forecast overspend in independent sector Home Care due to increase in demand and slippage in meeting budget savings
- High cost placements in independent Day Care
- High cost Community Support placements resulting in forecast overspend
- Slippage on developing Supported Living Schemes including additional funding from Health and efficiency savings on Service Level Agreements for Advice and Information and Client Support Services was reducing the overall over spend
- Lower than expected increase in demand for Direct Payments
- Vacant posts within Assessment and Care Management

Mental Health

- Projected overspend on Residential Care budget offset by an underspend in Community Support Services
- Net reduction of 3 clients in July and additional income was reducing the budget pressure on Direct Payments
- Minor overspends on employees' budgets due to lower staff turnover and 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 were redirected to Direct Payments and underspend on Residential and Nursing Care due to slippage in developing alternatives to residential provision
- Reduction in contract with independent sector Day Care provider
- Underspend on equipment and minor adaptations
- Forecast efficiency savings on contracts with Voluntary Sector providers

Safeguarding

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

Supporting People

- Efficiency savings on subsidy contracts had already been identified against budget

Total expenditure on Agency staff for Adult Services to the end of August, 2013, was £216,9785 (no off contract) compared with actual expenditure of £100,184 (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 £162,845 spent up to the end of August, 2013, on non-contractual overtime for Adult Services compared with expenditure of £133,477 for the same period last year.

Careful scrutiny of expenditure and income and close budget monitoring remained essential to ensure equity of Service provision for adults across the Borough within existing budgets particularly where the demand and spend was difficult to predict in a volatile social care market. A potential risk was the future number and cost of transitional placements from Children's Services into Learning Disability Services together with any future reductions in Continuing Health Care funding.

Regional benchmarking within the Yorkshire and Humberside region for the final quarter of 2012/13, showed that Rotherham remained below average on spend per head in respect of Continuing Health Care.

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

- Sickness levels
- Learning Disability care packages
- Complex needs of 21st century young people transferring from Children Services to Adult Services and the cost implications

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

H40. CHARGES FOR RESIDENTIAL ACCOMMODATION

Mark Scarrott, Finance Manager (Neighbourhoods and Adult Services), presented, for information, Circular LAC(DH)(2013)2 – Charges for Residential Accommodation – Crag Update – which notified local authorities of inflationary increases to personal expenses allowance, capital limits and savings disregards which were used when carrying out financial assessments in order to calculate how much someone should pay towards their accommodation charges.

These were:-

Personal Expenses Allowance – Inflationary Increase

- Increased from £23.50 to £23.90 per week as from 8th April, 2013. Applied to all Service users who were resident in a care home and received help from local authorities to meet the cost of the accommodation

Capital Limits – No Inflationary Increase

- To remain unchanged at £14,250 (lower capital limit) and £23,250 (upper capital limit)

Savings Disregard – No Inflationary Increase

- To remain unchanged at up to £5.75 per week for individual supported Service users and up to £8.60 per week for couples

Introduction of Earnings Disregard in the Financial Assessment for Residential Care – Policy Change – Minimal Impact

- Introduced to encourage those in residential care to pursue employment opportunities if they were able to do so. Also brought Resident Charging Policy into line with that for non-residential. The frequency of occurrence was negligible, therefore, the potential impact was likely to be minimal

Guidance on the Treatment of Armed Forces Independence Payments in the Financial Assessment for Residential Care – Policy Alert – No Impact

- Armed Forces Independence Payments to replace Disability Living Allowance for veterans (see Minute No. 37).

Resolved:- That the report be noted.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO ENABLE THE APPROPRIATE BOOKING TO BE MADE.)

H41. CHILDREN AND ADULTS CONFERENCE 2014

Resolved:- That consideration be given to the attendance at the Children and Adults Conference 2014 to be held in Manchester.

H42. DATE OF NEXT MEETING

Resolved:- That a further meeting be held on Monday, 18th November, 2013, commencing at 9.30 a.m.