CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: Monday, 18th November, 2013

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 - 7)

6. Health and Wellbeing Board (Pages 8 - 21)
   - Minutes of meeting held on 11th September, 2013

7. Response to Scrutiny Review of Hospital Discharges (Pages 22 - 25)

8. Adult Services Revenue Budget Monitoring Report 2013/14 (Pages 26 - 31)

9. Community and Home Care Quality and Activity Report Quarter 1 2013 (Pages 32 - 37)

10. Residential and Nursing Care Quality and Activity Report for the period 1st April to 30th June 2013 (Pages 38 - 44)

11. Community and Home Care Services Framework Agreement - Update on 2012-13 (Pages 45 - 51)

CABINET MEMBER FOR ADULT SOCIAL CARE
Monday, 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:- That the report be submitted to the Cabinet Member for Health and Wellbeing/Finance for consideration and, subject to agreement, be referred to Cabinet for adoption by Council.

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.

HEALTH AND WELLBEING BOARD
11th September, 2013

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Councillor John Doyle	Cabinet Member, Adult Social Care
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Joyce Thacker	Strategic Director, Children and Young People's Services
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Brian Hughes	NHS England
Michael Morgan	Acting Chief Executive, NHS Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Also Present:-

Tracey Clarke	RDaSH
Catherine Homer	Health Improvement
Naveen Judah	Chair of Healthwatch Rotherham
Shona McFarlane	Director of Health and Wellbeing
Dave Richmond	Director of Housing and Neighbourhood Services
Kate Tufnell	NHS Rotherham Clinical Commissioning Group
Chrissy Wright	Strategic Commissioning Manager, RMBC
Kate Green	Commissioning, Policy and Performance, RMBC

Apologies for absence were received from Karl Battersby, Tracy Holmes, Dr. David Polkinghorn and Dr. David Tooth.

S26. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- (1) That the minutes of the previous meeting of the Health and Wellbeing Board held on 10th July 2013 be approved as a correct record, with a clerical correction of the inclusion of Brian Hughes in the list of persons who had sent their apologies for that meeting.

(2) That, with regard to Minute No. 19 (NHS South Yorkshire and Bassetlaw Primary Care Strategy), a report about the number of GP and dental practices in the Rotherham Borough area shall be submitted to the next meeting of the Health and Wellbeing Board, to be held on Wednesday, 16th October, 2013.

S27. COMMUNICATIONS

The Health and Wellbeing Board discussed the following issues:-

(1) Rotherham Borough Council Cabinet Member responsibilities – Councillor Wyatt referred to recent changes to the Council's Cabinet Member responsibilities, which would be in place temporarily; as a consequence, Councillor John Doyle would act as Chair of the Health and Wellbeing Board during that period of time.

(2) Making Every Contact Count : Applying the Prevention and Lifestyle Behaviour Change Competence Framework – a workshop is taking place at the Town Hall, Rotherham on Monday 16th September, 2013, with contributions from Leeds City Council and from the North Derbyshire Community Council (a report about this workshop will be submitted to the next meeting of the Health and Wellbeing Board).

(3) The first meeting of the South Yorkshire Joint Health and Wellbeing Board will take place on Thursday, 19th September 2013 at the Council's Riverside House building.

(4) 'Think Pharmacy' – this event will take place on Thursday 26th September 2013, at the New York football stadium, Main Street, Rotherham.

(5) The Regional Parliamentary Health and Well Being event – this event will take place on Friday, 25th October at the NHS Rotherham building, Oak House, Moorhead Way, Bramley.

(6) Self-Assessment of the Health and Wellbeing Board – the self-assessment is a part of the work plan for the Health and Wellbeing Board; all Members are encouraged to complete and return the evaluation document. A report containing an evaluation of the self-assessment will be submitted to a future meeting of the Health and Wellbeing Board.

(7) NHS Sustainable Development Unit – assessment of environmental performance – the document would be issued to Members of the Health and Wellbeing Board so that they may submit the appropriate returns giving evidence of their organisations' environmental performance. It was noted that the Borough Council has submitted its Environment and Climate Change Strategy document, as part of this assessment process.

S28. HEALTHWATCH ROTHERHAM

Further to Minute No. 76 of the meeting of the Health and Wellbeing Board held on 10th April, 2013, Mr. Naveen Judah attended the meeting and gave a presentation about the recently established Healthwatch organisation in the Rotherham Borough. The presentation included the following salient issues:-

: Mr. Naveen Judah had been appointed as the Chair of Healthwatch Rotherham with effect from September 2013;

: it was intended that there should be a partnership approach in respect of the role of Healthwatch and the Health and Wellbeing Board;

: Healthwatch, as a successor organisation to the LINk (Local Involvement Network), is to be a consumer champion for health and social care (a role whose importance was reinforced by the Francis Report, the independent inquiry into care provided by the mid-Staffordshire NHS Foundation Trust);

: ensuring the patient's voice is influential in the planning and improvement of health care provision (to be the 'eyes and ears' of the community);

: the implications of the Winterbourne View Joint Improvement Programme and the commitments made nationally that individuals should receive personalised care and support in appropriate community settings;

: the NHS England Call to Action – with neighbourhoods and communities stating the type of services they need from the NHS;

: endeavouring to establish good practice in the provision of health care services;

: the importance of what happens at a local level eg: working in accordance with the priorities of Rotherham's Joint Health and Wellbeing Strategy 2012 – 2015;

: establishing the appropriate structure for Healthwatch Rotherham, because different structures are being put in place for Healthwatch organisations around the country;

: details of the Healthwatch Rotherham business model and staffing structure were displayed (Healthwatch has only a finite resources); the organisation will also utilise a number of volunteers;

: engaging with the community in many forms; benchmarking with similar communities; identifying local issues and priorities; asking for issues to be investigated, for later consideration by the Health and Wellbeing Board;

: Healthwatch Rotherham is now based in premises at High Street, Rotherham, which helps with raising the profile of this new organisation.

The Health and Wellbeing Board discussed the level of assistance which could be provided for Healthwatch Rotherham, especially with regard to specific project work. Information (such as newsletters and posters) about Healthwatch Rotherham could be displayed in GP surgeries and other areas so as to attract the attention of the public. It was noted that effective day-to-day contact had already been established between Healthwatch Rotherham and public health service providers, in order that all

organisations may contribute to and benefit from the Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board thanked Naveen Judah for his informative presentation.

S29. WORKSTREAM PROGRESS PRESENTATION - POVERTY

Consideration was given to a report presented by the Director of Housing and Neighbourhood Services describing progress with the Poverty theme of the Health and Wellbeing strategy. The report included the work plan outlining the activity being undertaken in respect of the strategy's priority to "make an overarching commitment to reducing health inequalities, particularly in areas suffering from a concentration of disadvantage".

The Director of Housing and Neighbourhood Services gave a presentation about the strategy's Poverty theme, which included the following salient issues:-

: the locally determined priorities and strategic outcomes;

: details of the lead Member and lead Officer contacts for each of Rotherham's deprived neighbourhoods;

: indices of multiple deprivation – showing a worsening of deprivation in these eleven areas of the Borough : Canklow; East Herringthorpe; Rotherham town centre; Dinnington; Eastwood; Ferham and Masbrough; Rawmarsh East; Aston North; East Dene; Maltby South East; Dalton and Thrybergh;

: examples of progress being made in each of the deprived areas – priority one (health inequalities) : the establishment of Community Alcohol Partnerships; the Community First Funded Wellgate Wellness Project; events focusing on health and employment;

: priority two : considering new ways of assisting those disengaged from the labour market to improve their skills and readiness for work; eg: job clubs funded by Community First; community development and the Community Organisers Programme; employment opportunities at the Rotherham's new Tesco store;

: priority three : ensure strategies to tackle poverty don't just focus on the most disadvantaged, but there is action across the Borough; the work of the Council's Officer group; mapping exercises being undertaken; research of other local authorities' anti-poverty strategies;

: priority four - consider how we can actively work with every household in deprived areas to maximise benefit take-up of every person; provision of benefits and debt management sessions; establishment of temporary posts of Money Advice Officer;

: other work in the eleven areas of deprivation – crime and anti-social behaviour; environmental issues (examples in Dinnington and in Maltby); community engagement (Canklow Community Connections; Adopt-a-Street campaign);

: challenges - getting all organisations to put a deprived neighbourhoods philosophy at the heart of their service planning and doing so without unduly impacting on appropriate service levels elsewhere;

: request to the Health and Wellbeing Board – to take back into all organisations and consider how this can shape service planning; especially, support for long-term unemployed people.

Discussion took place on the work already taking place to try and reduce the level of poverty in the Rotherham Borough area. A suggestion was made that a draft strategy should be formulated for further consideration by the Health and Wellbeing Board. Reference was made to the public service expenditure reductions, the Governments welfare reforms and the economic recession, all of which are factors having a continuing profound effect upon levels of deprivation and poverty.

Resolved:- (1) That the report be received and its contents noted.

(2) That the work plan for the Poverty theme of the Health and Wellbeing strategy, as now submitted, be endorsed.

(3) That partners take into account the deprived neighbourhoods work when service planning.

(4) That a report be submitted to a future meeting of the Health and Wellbeing Board providing a further update on progress with the Poverty theme work plan.

S30. LOCALLY DETERMINED PRIORITY - PRESENTATIONS

The Health and Wellbeing Board considered the following reports and presentations:-

(A) Fuel Poverty

Further to Minute No. 20 of the meeting of the Health and Wellbeing Board held on 10th July, 2013, the Board noted that Fuel Poverty and Excess Winter Deaths remain key national priorities and are both indicators contained in the Public Health Outcomes Framework. Fuel poverty levels in Rotherham are higher than the national average and occurs throughout the Borough area, not only in areas of high deprivation.

Catherine Homer, Health Improvement Specialist, gave a presentation about fuel poverty:-

Why is Fuel Poverty a priority?

- Current definition – when householders need to spend more than 10% of their income to heat their home adequately
- Causes of fuel poverty: energy efficiency of the property; fuel costs; behaviours and knowledge, characteristics and household income
- Fuel poverty is a serious problem from three main perspectives – poverty, health and wellbeing and carbon reduction
- Heat or Eat
- Cold weather kills – living in a cold home has significant implications on the health and wellbeing of residents across our Borough particularly the most vulnerable
- People with an existing chronic health condition or disability, the very young or older people are more at risk from the negative impacts of living in a cold home
- Children living in cold homes are likely to have poorer attendance and attainment in school

The private and social cost of Premature Death and Illness related to Cold Homes

- Source of evidence
  English Housing Conditions Survey
  Mental Health and Housing Conditions in England, National Centre for Housing Research 2010
  Housing Health and Safety Rating System
- Economic model mapping cold, damp and mould to probability of harm
- Probability of harm further mapped to economic and NHS cost
- Probable this is an underestimate of effect since the model assumes only one person per dwelling

Rotherham

- Fuel poverty levels above national average (16% of households in Rotherham, compared to 14% nationally)
- The rise in fuel prices – energy costs have risen 96% since 2004 or an average of £700 over the same period
- Average of 144 Excess Winter Deaths per year 1990-2010
- 17,800 Council properties have been supported through Carbon Energy Reduction Target (CERT)
- 400 Council properties have received solid wall insulation through CERT
- 1,049 private sector properties have received solid wall simulation through the Community Energy Saving Program (CESP)
- 1,649 non-traditional build properties in the Borough
- Green Deal including Energy Company Obligation

Strategic Objectives

- Reduce levels of fuel poverty across the Borough
- Significantly reduce levels of cold-related illness and excess winter deaths
- All of Rotherham's occupied private rented housing stock has an Energy Performance rating of E and above
- Target all Council stock not improved under Decent Homes because of resident choice
- Raise awareness of fuel poverty and associated interventions amongst Council staff, partner organisations and householders
- Meet vision and ambitions set in the Rotherham Warmer Homes Strategy
- Creation of electoral Ward profiles

What do we need to do?

- Continue to engage new and existing stakeholders through the Rotherham Warmer Homes Strategy
- Set up and deliver the Green Deal/Energy Company Obligation Framework
- Continue to utilise existing intelligence and support development of new research
- Raise awareness of links between health and fuel poverty
- Use 'Make Every Contact Count' (MECC) as a tool to ensure more departments/staff raise issues of fuel poverty
- Maximise personal assets, capability and behaviour
- Adopt a whole system approach to reduce levels of fuel poverty

Challenges

- Causes of fuel poverty
- Structural and organisational change (dealing with competing priorities)
- Reliance of new Policy as main vehicle
- Lack of engagement and understanding
- Most vulnerable and hard to reach populations most likely to be in fuel poverty
- Welfare Reform
- Climate impacts

What can the Health and Wellbeing Board do?

- Professionals consider the effect of cold on patients/clients and use the principles of MECC to signpost and advise eg: Willmott Dixon
- Support the use of the Winter Warmth England toolkit www.winterwarmthengland.co.uk
- Support Green Deal as a Council priority – eg: ensure that householders properly understand how to use the heating controls
- Support and attend the 'Warm Well Families Feedback' event and 'Abacus' workshop

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

: the connection between 'heat or eat' – eg: demands for food;

: voluntary sector work – 'warm homes – healthy people";

: the Warm Well Families feedback event takes place on Wednesday 2nd October, 2013 at the Town Hall, Rotherham.

Catherine was thanked for her informative presentation.

(B) Dementia

Further to Minute No. 17 of the meeting of the Health and Wellbeing Board held on 10th July, 2013, the Health and Wellbeing Board considered a report about the cross-cutting theme of Dementia, which has been identified as a key priority for the future provision of services. The expectation is that there will be an increasing demand, within the next three years, for services both for people suffering dementia and also for their carers. Kate Tufnell, Head of Contracts and Service Improvement, NHS Rotherham Clinical Commissioning Group, gave a presentation about the Dementia priority:-

Overview
- Overseen by Older People's Mental Health Group
- 4 ways you can support the Programme

What is the Problem ?
- Dementia was now the greatest health concern for people over 55 and the economic cost of Dementia was more than Cancer, Heart Disease or Stroke
- Rotherham – 1,688 people on the GP Dementia Register (3,034)
- By 2025 the number of people in Rotherham with Dementia could rise to 4,397 (Joint Strategic Needs Assessment 2011)

The Cost of Dementia
- Dementia was an expensive condition with a considerable cost to both public and private finances
- a large proportion of the cost of caring for a person with Dementia was borne by the carer
- In the UK = £23 billions per year

Symptoms of Dementia (examples)
- Memory loss
- Difficulties of completing familiar tasks
- Confusion of time and/or place
- Trouble with visual images – eg: colours and contrasts
- Language difficulties – unable to follow conversations

- Misplacing items
- Changes of mood and personality – eg: depression; aggressiveness
- Withdrawal from hobbies and leisure activities
- Self-care problems
- Difficulties posed for carers of people with dementia

Dementia Programme
- The Programme incorporates four workstreams:-
  Dementia - Prevention Group
  Dementia – Early Diagnosis Group
  Living Well with Dementia Group
  Dementia and End of Life Care Group (eg: care planning)

Six Priority Outcomes
- Prevention and early intervention (RMBC bronze to platinum programme, for the care of people with dementia)
- Expectations and aspirations
- Dependence to independence
- Healthy lifestyles
- Long term conditions
- Poverty

Four ways in which the Board can support the Programme
- Continue the Dementia Workforce Development Programme
- Strong leadership to break down barriers on joint working
- Continue to support the further development of the Dementia Pathway
- Support the development of a Dementia Friendly Community and Dementia Alliance in Rotherham
- Partnership work with the Yorkshire Dementia Alliance and with the business community

Challenges
- This is everyone's business
- Increase demand on Service to be delivered within same resources
- Complexity of Pathway and independencies
- Variation across the system and potential inequalities

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

: the priority given to the issue of dementia, by the Prime Minister;

: the likelihood of a significant increase in the number of people suffering dementia, with consequential pressure upon resources and services;

: Alzheimer and dementia champions in Rotherham and in Doncaster (National Alzheimer's Programme) – provision of training.

Kate was thanked for her informative presentation.

S31. CCG ANNUAL COMMISSIONING PLAN 'PLAN FOR A PLAN'

Consideration was given to the ‘plan for a plan’ document, presented by Chris Edwards, Chief Operating Officer, Rotherham Clinical Commissioning Group, outlining the necessary consultation and approvals process and timescale for the Rotherham Clinical Commissioning Group’s Annual Commissioning Plan 2014/2015. The Board noted that there would be consultation about the contents of the Annual Commissioning Plan, prior to its approval during March, 2014.

The Health and Wellbeing Board acknowledged the various budget pressures affecting the Council and partner organisations and the Annual Commissioning Plan. Emphasis was placed upon the need for the priorities of the Plan to be aligned with other service plans utilised by the Council and partner organisations.

During discussion, Michael Morgan (Acting Chief Executive, Rotherham Foundation Trust) outlined the progress of the current re-structuring of the NHS Rotherham Foundation Trust.

Members of the Health and Wellbeing Board were requested to provide feedback on the Annual Commissioning Plan, during the consultation process.

It was noted that the Health and Wellbeing Board will be having discussions about finance and budgets at the meeting to be held on Wednesday 27th November 2013. In the interim, an issue concerning the funding for adults and children, young people and families’ social care, in accordance with the provisions of Section 256 of the National Health Service Act 2006, would have to be considered at this Board’s next meeting.

Resolved:- That the contents of the ‘plan for a plan’ document and the timescale for preparation and approval of the Annual Commissioning Plan 2014/2015 be noted.

S32. RIGHT CARE, FIRST TIME CONSULTATION UPDATE

Consideration was given to a report presented by Chris Edwards, Chief Operating Officer, Rotherham Clinical Commissioning Group, stating that the formal public consultation on the proposals for Urgent Care had concluded on 26th July, 2013, after 18 months of engagement which had taken the form of a series of discussions, focus groups, market research and briefings. Work with local stakeholders, including patient and community groups, had initially helped the Rotherham Clinical Commissioning Group to understand the use and perceptions of NHS services and how they could be improved and developed to meet patient needs. The formal consultation had sought views on the proposal to bring

together services for patients who required urgent care into one place, at a new Urgent Care Centre.

The consultations results were now being analysed. There had been 98 responses from individuals/groups with an equal division between those who either agreed/strongly agreed with the proposals and those who disagreed/strongly disagreed. 11% of responders were neutral. The main issues raised included:-

- Car parking at the hospital (availability, convenience, cost, proximity to Urgent Care Centre)
- Quality of care (i.e. the desire to see quality at least maintained or improved overall as well as the opportunities closer working with Accident and Emergency would bring)
- Convenience of the Walk-in Centre location (this included both its physical location and the convenience of the services it offered)

Comments had also been received about the physical accessibility of the proposed building and how the design and planning of the new service could improve the patient and carer experience.

The Board noted that the Governing Body of the Rotherham Clinical Commissioning Group would also be considering this issue during November 2013.

Resolved:- That the report be received and its contents noted.

S33. WINTERBOURNE VIEW JOINT IMPROVEMENT PROGRAMME: LOCAL STOCKTAKE

The Director of Health and Wellbeing submitted a reported about the Winterbourne Stocktake of the progress made in Rotherham against the key commitments required by the Winterbourne Joint Improvement Programme established in 2012 following the emergence of the scandal of sustained ill treatment of people with a learning disability at the Winterbourne View Hospital.

Contained within the Stocktake document were specific questions asked in each of the eleven specific areas under consideration and reported upon accordingly. Issues included partnership working, co-ordinated financial management, case management of individuals, reviews, safeguarding, commissioning, local team working, crisis management, understanding future needs, transition planning from Children's Services into Adult Services and understanding future requirements.

The Stocktake document for Rotherham was able to demonstrate excellent partnership working arrangements across Health and Social Care which were meeting the overall requirements in all the areas of the Joint Improvement Programme.

Reference was also made to (i) the Joint Self-Assessment on Learning Disabilities and (ii) the Autism Self Assessment, both of which will be reported to future meetings of this Health and Wellbeing Board.

It was noted that the report would also be submitted to the Rotherham Local Safeguarding Children Board.

Resolved:- That the Winterbourne Stocktake report, as now submitted, be noted and its contents endorsed.

S34. ROTHERHAM SMOKEFREE CHARTER

Further to Minute No. 90 of the meeting of the Health and Wellbeing Board held on 8th May, 2013, the Director of Public Health presented a report stating that consultation on the Rotherham Smokefree Charter had been carried out during a period of six weeks and included a range of individuals and groups including Elected Members, the Rotherham Health and Wellbeing Board, the Council's Health Select Commission and the Rotherham Partnership Board. Feedback from the consultation had been wholly positive, with all responders indicating a willingness to adopt the Charter's principles.

The Charter (a copy of which was included with the submitted report) would be formally launched in October, 2013, as part of the Stoptober campaign which this year included a focus on employers.

Resolved:- (1) That the Rotherham Smokefree Charter be adopted.

(2) That commissioned services be required to adopt the Rotherham Smokefree Charter.

(3) That the Rotherham Smokefree Charter be promoted through professional networks.

S35. CARING FOR OUR FUTURE: IMPLEMENTING SOCIAL CARE FUNDING REFORM

The Chairman referred to the submitted correspondence from the Department of Health (letter dated 18 July 2013) concerning the consultation on the implementation of care and support funding reform. The period of consultation would end on 25th October, 2013. Plans to help people better prepare for the cost of their future care needs had been published alongside details of how the new fairer funding system would protect homes and savings.

From 2016, the Government's reforms would deliver a new cap of £72,000 on eligible care costs, additional financial help for people of modest wealth with less than £118,000 in assets including their home and, from 2015, a scheme to prevent anyone having to sell their home in their lifetime.

Views were being sought on how the changes to the funding system should happen and be organised locally.

Resolved:- That the contents of the letter dated 18 July 2013, from the Department of Health, be noted.

S36. BETTER HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE PLEDGE

The Chairman reported receipt of a letter dated 20th July, 2013, issued jointly by the Department of Health, the Local Government Association, the Royal College of Paediatrics and Child Health and by Public Health England. Contained within the letter was an invitation for Health and Wellbeing Boards to sign up to the "Better Health Outcomes for Children and Young People Pledge" which was part of the February 2013 system-wide response to the Children and Young People's Health Outcomes Forum Report (2012). A copy of the Pledge was appended to the letter.

It was hoped that signing up to the Pledge would demonstrate a commitment to giving children the best start in life. Local authorities and other organisations were being encouraged to share good practice so that learning could be promoted nationally.

During discussion, the Board requested the submission of a further report about the Disabled Children's Charter (previous Minutes of the Health and Wellbeing Board refer: Minute No. 86(1) of the meeting held on 8th May 2013 and Minute No. 2 of the meeting held on 12th June, 2013).

Resolved:- (1) That the contents of the letter dated 20th July, 2013, be noted.

(2) That the Rotherham Health and Wellbeing Board agrees to sign up to the "Better Health Outcomes for Children and Young People Pledge".

S37. PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health presented a report stating that the Health and Social Care Act 2012 conferred responsibility for developing and updating the Pharmaceutical Needs Assessment to Health and Wellbeing Boards. The report stated that the Pharmaceutical Needs Assessment was designed to inform commissioners about the services which were or could be provided by community pharmacies to meet local need. This assessment would contribute to the overall Joint Strategic Needs Assessment.

NHS England would rely upon the Pharmaceutical Needs Assessment when making decisions on market entry for applications to open new pharmacy and dispensing appliance contractor premises. Such decisions

were appealable and decisions made on appeal could be challenged through the Courts.

The Health and Wellbeing Board was required to issue a Pharmaceutical Needs Assessment for its area by 1st April, 2015 and to publish a revised assessment as soon as was reasonably practicable after identifying significant changes to the availability of pharmaceutical services since the publication, unless it was satisfied that making a revised assessment would be a disproportionate response to the changes. Health and Wellbeing Boards were required to publish a revised assessment within three years of publication of their first assessment. Rotherham would be working with neighbouring Boards to consider cross-border commissioning of Services and impact within the Pharmaceutical Needs Assessment.

Resolved:- (1) That the report be received and its contents noted.

(2) That the requirement for the publication of the Pharmaceutical Needs Assessment by 1st April, 2015 and the proposed timetable for delivery be noted.

S38. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 16th October, 2013, commencing at 1.00 p.m., at the Town Hall, Rotherham.

Agenda Item 7

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1	**Meeting:**	**Cabinet Member for Adult Social Care**
2	**Date:**	**18th November, 2013**
3	**Title:**	**Response to Scrutiny Review of Hospital Discharges**
4	**Directorate:**	**Neighbourhoods and Adult Services**

5 Summary

Rotherham as a health and social care community admits more patients into hospital with long-term conditions at any one time, above the national average. Patients are admitted into acute hospital beds that do not necessarily require that acute level of care.

The number of emergency admissions continues to rise year on year, and this year there is to date a 7.6% increase in emergency admissions compared to last year. There is a significant increase in the number of frail elderly people being admitted to hospital.

Following concerns based on anecdotal evidence, that there was a problem with out of hours discharges (late at night or weekend) and patients being discharged without adequate support arrangements in place. Elected Members requested a spotlight review to be undertaken to look into these concerns.

A spotlight review took place between May and August 2013 and a report with a number of recommendations was presented to the Health Select Commission. This report provides a response and an action plan in response to those recommendations.

6 Recommendations

- **Cabinet Member receives this paper and supports the response to the Scrutiny recommendations, outlined in the attached action plan.**

- **This response is taken, with the outcome of the Business Process re-engineering review to Urgent Care Management Committee of the Clinical Commissioning Group on 13.11.13 for endorsement of those actions relating to NHS Services.**

7 Proposals and Details

7.1 The recommendations of the Spotlight review have been welcomed, and have been addressed through effective joint work between NHS Rotherham and RMBC. Good progress has been made in addressing the recommendations, as can be seen from the attached plan, which has been agreed by the Clinical Commissioning Group, and the Rotherham Foundation Trust.

7.2 The potential for unsafe discharges will continue to be monitored by the recently re-activated multi-agency Operational Discharges Group; a progress report will be presented to Health Select Commission in 6 months, as outlined in the attached plan.

7.3 The Spotlight Review was informed of and welcomed the initiation of a Business Process Re-engineering Review which had been commissioned by the Urgent Care Management Committee, a sub-group of the Clinical Commission Group which has multi-agency membership, including senior management from Health and Wellbeing. A project was initiated and a steering group set up to analysis the admission-to -discharge process of both the acute and community hospital. Outcomes of the business process re-engineering analysis will be presented to NAS Directorate Leadership Team and thereafter to the Urgent Care Management Committee for agreement and action.

8 Finance

The recommendations being forwarded can be implemented without any additional resources being required.

9 Risks and Uncertainties

The recommendations in this report have been taken forward by strategic leads within NHS/RMBC to minimise risk and improve outcomes for patients.

Communication – effective communication is the key to ensure proposed recommendations are implemented and to avoid unnecessary misconceptions about discharges.

Monthly meetings are held by the Operational Discharges Group to monitor recurring themes, address day to day issues and identify any training needs. This Operational Group will ensure that standards are set and maintained and that any customer issues are addressed.

10 Background Papers and Consultation

- Scrutiny Review of Hospital Discharges (September 2013)
- Community Care Delayed Discharge Act 2003

Contact Name: Michaela Cox, Service Manager
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Cabinet's Response to Scrutiny Review of Hospital Discharges

Recommendation	Cabinet Decision *(Accepted/ Rejected/ Deferred)*	Cabinet Response *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	Officer Responsible	Action by *(Date)*
1. That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.	Accepted	A Business Process Review is underway. It is looking at how Community Services can be better engaged with admission & discharge processes. Report will be presented to Urgent Care Management Committee	Michaela Cox	13.11.13
2. The perception of problems relating to discharge is not supported by factual information therefore; feeding this back to elected Members should be a priority. Methods to achieve this should be explored. Any individual issues raised with an Elected Member need to be fed in by the most appropriate route.	Accepted	Factual information in relation to complaints, concerns raised relating to discharges needs to be checked and validated by managers prior to feeding back to Members to ensure accuracy. The Scrutiny Report contains information which should reassure Elected Members.	Michaela Cox Maxine Dennis Complete	Ongoing Complete
3. Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.	Accepted	A leaflet and information on website to be developed. Learning from customer's forum to review. Review the scope to improve communications with staff and patients regarding discharge processes.	Maxine Dennis Maxine Dennis	31.12.13 31.12.13
4. The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.	Accepted	Progress report to be provided on Care co-ordination Centre in 6-12 months.	Maxine Dennis	April 2014

5. Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go to the Health Select Commission.	Accepted	Progress report to be provided on the Operational Discharges Group in 6-12 months.	Maxine Dennis	April 2014
6. Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission.	Accepted	Outcomes of business process re-engineering will be presented to the Health Select Commission in a report by January 2014	Michaela Cox	31 January 2014
7. The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.	Accepted	The policy on delayed discharges due to patient choice will be reviewed and completed.	Maxine Dennis	April 2014
8. Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this.	Accepted	Current 7 day operation is considered to be adequate. Requirements in future grant conditions will result in a service review.	Michaela Cox	Complete

Agenda Item 8

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	**Meeting:**	**Cabinet Member for Adult Social Care**
2	**Date:**	**Monday 18 November 2013**
3	**Title:**	**Adult Services Revenue Budget Monitoring Report 2013/14**
4	**Directorate :**	**Neighbourhoods and Adult Social Services**

5 Summary

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2014 based on actual income and expenditure for the period ending September 2013.

The forecast for the financial year 2013/14 at this stage is an overall overspend of £1.418m, against an approved net revenue budget of £72.807m, a reduction in the overspend of £400k since the last report. The main budget pressure areas relate to slippage on a number of budget savings targets including continuing health care funding and implementing the review of in-house residential care.
Management actions continue to be developed by budget managers to bring the forecast overspend in line with the approved cash limited budget.

6 Recommendations

That the Cabinet Member receives and notes the latest financial projection against budget for 2013/14.

7 Proposals and Details

7.1 The Current Position

The approved net revenue budget for Adult Services for 2013/14 is £72.807m. 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:-

Division of Service	Net Budget	Forecast Outturn	Variation	Variation
	£000	£000	£000	%
Adults General	1,782	1,753	-29	-1.62
Older People	29,454	30,111	+657	+2.23
Learning Disabilities	23,527	24,001	+474	+2.01
Mental Health	5,004	4,812	-192	-3.84
Physical & Sensory Disabilities	5,270	5,847	+577	+10.95
Safeguarding	729	743	+14	+1.92
Supporting People	7,041	6,958	-83	-1.18
Total Adult Services	**72,807**	**74,225**	**+1,418**	**+1.95**

7.1.2 The latest year end forecast shows there are a number of underlying budget pressures mainly in respect of an increase in demand for Direct Payments across all client groups plus pressures on external transport provision within Learning Disability services, increased demand in year for independent sector residential and home care and slippage on budget savings within in house residential care and additional continuing health care contributions. These pressures are being reduced by a number of forecast non recurrent under spends and management actions to enable spend to be contained within the approved budget by the end of the financial year.

The main variations against approved budget for each service area can be summarised as follows:

Adults General (-£29k)

This area includes the cross cutting budgets (Workforce planning and training, and corporate charges) are forecasting an overall slight under spend based on estimated charges.

Older People (+£657k)

- Overspend on In-House Residential Care due to delays on implementation of budget savings target due to extended consultation (+£262k) and recurrent budget pressure on residential care income (+£63k).
- Recurrent budget pressure in Direct Payments over budget (+£568k). However, client numbers have reduced (-25) since April together with a reduction in the average cost of packages.
- Under spend on In House Transport (-£40k) due to forecast additional income.
- Forecast under spend on Enabling Care and sitting service (-£239k) based on current level of service. However, there is an over spend on Independent sector home care (+£821k), which has experienced an increase in demand since April (+43 clients).
- An over spend on independent residential and nursing care (+£512k) due to an additional 23 clients receiving a service than forecast. Additional income from property charges is reducing the overall overspend.
- Forecast under spend in respect of Community Mental Health budgets due to planned delay's in developing dementia services in order to reduce the overall Directorate overspend (-£249k).
- Under spend on carers services due to vacancies and reduced take up in carers breaks (-£183k).
- Planned delay's on recruitment to vacant posts within Assessment & Care Management and Community Support plus additional income from Health (-£618k).
- Forecast saving on in-house day care (-£67k) due to vacant posts and the moratorium on non-pay budgets.
- Overall under spend on Rothercare (-£130k) due to slippage in service review including options for replacement of alarms together with additional income.
- Other minor under spends in other non pay budgets due to the moratorium on non essential spend (-£43k).

Learning Disabilities (+£474k)

- Overspend on independent sector residential care budgets due to 3 new admissions in July and shortfall on CHC income (+£155k). Work is ongoing regarding CHC applications and an internal review of all high cost placements.
- Forecast overspend on Day Care (+£239k) due to a delay on the implementation of day care review including increase in fees and charges, plus recurrent budget pressure on the provision of external transport.
- Overspend in independent sector home care (+£98k) due to increase in demand and slippage in meeting budget savings.
- High cost placements in independent day care is resulting in a forecast overspend of +£74k. 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 £90k.
- A delay in developing Supported Living schemes plus additional funding from health is resulting in a forecast under spend (-£83k).
- Efficiency savings on SLA's for advice and information and client support services (-£60k).
- Lower than expected increase in demand for direct payments (-£50k).
- Additional staffing costs and essential repairs with In house Residential care reduced by planned delays in recruiting to vacant posts within Assessment & Care Management (+£11k).

Mental Health (-£192k)

- Projected over spend on residential care budget (+£119k) due to slippage on budget savings target plan to move clients into community support services. This pressure is offset by an under spend in community support budget (-£369k).
- Budget pressure on Direct Payments (+£16k), additional income recovery is reducing the overall pressure on budget.
- Overspends on employees budgets due to lower than expected staff turnover, additional overtime and agency cover (+£42k).

Physical & Sensory Disabilities (+£577k)

- Continued Pressure on Independent Sector domiciliary care (+£248k) due to a continued increase in demand for service.
- Further increase in demand for Direct Payments (+ 12 clients), forecast overspend (+£634k).
- Under spend on community support (-£52k) as clients move to a direct payment.
- Forecast under spend on Residential and Nursing care due to planned slippage in developing alternatives to respite provision (-£122k).
- Reduction in contract with independent sector day care provider (-£70k).
- Under spend on equipment and minor adaptations budgets (-£35k).
- Forecast efficiency savings on contracts with Voluntary Sector providers (-£26k).

Safeguarding (+£14k)

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

Supporting People (-£83k)

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

7.1.3 Agency and Consultancy

Actual spend on agency costs to end September 2013 was £230,867 (no off contract), this is a significant increase compared with actual expenditure of £125,560 (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 September 2013 was £198,280 compared with £171,351 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.*

Agenda Item 9

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	**Meeting:**	**Cabinet Member for Adult Social Care**
2	**Date:**	**18 November 2013**
3	**Title:**	**Paper 1 - Contracting For Care Forum** **Community and Home Care Quality and Activity Report Quarter 1 2013**
4	**Directorate:**	**Neighbourhoods and Adult Services**

5 Summary

This report provides information on Community and Home Care Service activity and quality for the period 1st April 2013 to 30th June 2013. It will be presented to the Adult Social Care Contracting for Care Forum on 10th of December 2013.

This report has been appropriately anonymised to protect the commercial interests of independent providers.

6 Recommendations

- **That this report be received by Members for onward reporting to The 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 1 of the financial year 2013-2014.

7.2 The brokerage team currently refer care packages to providers appointed to the CHCS framework. They implement an allocation protocol according to the service specification. The brokerage function provides an essential role in sustaining the framework by ensuring that the allocation of work is fair which gives balance and stability to the framework and ensures adequate capacity is secured. As a result the providers on the framework remain competitive and quality is stimulated.

Framework Activity Q 1 2013

7.4 1238 people were receiving Community and Home Care Services at the end of March 2013.

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

7.6 New Starters by Quarter:

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

7.7 Leavers by Quarter:

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

8 Monitoring of Quality

8.1 Concerns, Defaults and embargos

	Q3 2012-13	Q4 2012-13	Q1 2013-14	Total
Closed Contracting Concerns (substantiated only)	34	32	24	90
Safeguarding investigations			2	2
Default with embargo	0	0	0	
Voluntary suspension of placements	0	**1**	0	
Default without embargo	0	0	0	

8.2 Overview of Concerns for Q1 2013/14:

76 concerns about domiciliary care providers were added to the database in the period. In the period 41 were investigated and closed. 24 of these were substantiated. Remaining concerns are still open pending monitored action by the provider, or the outcome of safeguarding/police investigation.

Of the 24 substantiated concerns 16 (65%) have been around missed calls, (eighteen in total). The remaining concerns were equally split around quality of care, care practice, management and medication.

Two providers were involved in safeguarding investigations in the period. A case of substantiated neglect and institutional abuse against one provider led to a review and update of training for a number of staff. The second was a substantiated case of neglect by a care worker from a different provider which lead to the dismissal of the care worker and a referral to the disclosure and barring service.

8.3 Examples of key learning and service improvements from compliance monitoring with the sector in Q1:

As a result of a number of missed calls:

A provider re-issued mobile telephones to care workers.

A provider installed an answer machine to ensure telephone calls are not missed during on call duty. Five staff based in the office are available throughout the day. A communication book is used to record all calls taken.

To ensure compliance with medication policy:

A provider added RMBC's medication policy into the induction training and medication refresher training for staff

Bespoke training to address concerns raised by providers is agreed and implemented following the CHCS Forums. In Q1 this included training on continence products and on the medication policy..

8.4 Risk Matrix

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. This is being further developed by the NAS IT Systems Team and will create a system which will raise automatic timely alerts when contracted and in house services deviate from accepted standards.

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.

A ‘mock up’ system will be in place by October 2013 and it is expected that the system will be fully functional early 2014.

8.4 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 Q1, 3 meetings with CQC have been undertaken to share intelligence and collaborate to resolve the issues mentioned above.

8.6 Home Matters Review

The Home Matters Review includes completion of self assessment by the provider followed by an audit at the provider's premises undertaken by a Contract Compliance Officer, one to one interviews with service users using the Adult Social Care Outcomes Toolkit (ASCOT) and online staff surveys.

All providers will be assessed against the framework between October 2013 and March 2014. The reviews inform the work programme for the Compliance Officers and the provider risk rating.

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.

10 Risks and Uncertainties

10.1 During Quarter 1 there were no issues regarding lack of capacity in the independent sector.

10.2 There are changes to the Brokerage Team planned in November 2013, approved through Cabinet Member. The service will be provided by dedicated Team Administration staff in future. There will be consultation and guidance to providers but it is expected that there may be some transitional issues as the new delivery method is introduced. It is important that the allocation guidelines continue to be followed to avoid problems with stability of the CHCS Framework. A risk assessment has been undertaken and actions recommended to mitigate risks associated with the change.

10.3 Regular meetings take place with providers on care standards, referral levels and capacity, financial sustainability, management/ leadership, training and development needs, and recruitment and staffing issues.

10.4 In September 2013 RMBC completed and returned a national survey by the Equalities and Human Rights Commission. The survey related to action /due regard by Councils to the recommendations contained in the EHRC report: 'Close to Home'. The report considers the impact of home care practices on the human rights of vulnerable people using commissioned services. The return found RMBC compliant with the majority of EHRC recommendations and working towards compliance in all other areas. We expect to receive formal feedback and further guidance from EHRC in November 2013.

10.5 The Unison 'Time to Care' national survey was undertaken in June/July 2012 and the consequent report published in October 2012.

Unison are seeking a dialogue with commissioners to establish a baseline of safety, quality and dignity of care through assurance around employment conditions within the care sector. They are calling for Councils to commit to becoming Ethical Care Councils by only commissioning home care services which adhere to the Unison Ethical Care Charter.

Rotherham MBC can demonstrate that contracted care providers agree with the majority of the principles outlined in the Ethical Care Charter, and our principles mirror current legislation/policy.

Our contracted services are continuously monitored in line with standards set out in our service specification and Framework Agreement terms and conditions. Deviation from this standard will result in intervention that is supportive of the organisation to improve. Where it is found that improvement is not achieved the default notices will be served to protect service users.

We will take the opportunity presented by the expiration of the contract in April 2015 to make sure that current guidance and principles apply to any new commissioned services.

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
- **Priority 2** - Expectations and aspirations
- **Priority 3** - Dependence to independence
- **Priority 4** – Healthy Lifestyles
- **Priority 5** – Long Term Conditions

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Agenda Item 10

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet Member for Adult Social Care**
2.	**Date:**	**18 November 2013**
3.	**Title:**	**Paper 2 - Contracting For Care Forum** **Residential and Nursing Care Quality and Activity Report for the period 1st April to 30th June 2013**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5 Summary

This report provides information on Residential and Nursing Care activity and quality for the period 1st April 2013 to 30th June 2013. It will be presented to the Adult Social Care Contracting for Care Forum on the 10th of December 2013.

This report is appropriately anonymised to protect the commercial interests of independent providers.

6 Recommendations

- **This report be received by Members for onward reporting to The Contracting for Care Forum.**

5. Details

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

7.1 Independent Sector Care

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

The figures below relate to residential care occupancy levels as at the 10th June 2013.

Care Type	Total Beds	Occupied Beds end of Q1 2013-14	Vacancies end of Q1 2013-14	Q3 % Occupancy 2012-13	Q4 % Occupancy 2012-13	Q1% Occupancy 2013-14
Residential	567	474	93	88.03	85	83
Nursing	240	201	39	87.09	86	84
Dual Registered (Nursing/Residential)	282	252	30	70.77	67	89
Residential Dementia Care (EMI)*	345	295	51	88.24	80	85
Nursing Dementia Care (EMI)*	106	89	17	86.18	96	84
Dual Registered Dementia Care (EMI)*	186	162	24	80.38	73	87
Totals	**1726**	**1475**	**251**	**85**	**82**	**85**

*The term ‘Dementia Care’ will be used in preference to ‘EMI’ to describe the category of registration in future reports.

7.1.2 In total there are currently 251 vacant beds available. There has been an overall increase of 3% in occupancy between Q4 2012-13 and Q1 2013-14. This indicates a slight increase in residential care placement activity. There were no issues of lack of capacity in the care home sector in Q1 of 2013-14.

7.1.3 The Council, NHS partners, with CQC are committed to working jointly to ensure that the care provided in registered settings is safe and of good quality. The base fee is calculated to reflect optimum operating levels above 90%. Occupancy affects financial viability, and the ability of homes to continue to invest. It is of particular concern to commissioners that occupancy rates are below optimum, but new providers are currently seeking registration within the Borough, bringing additional capacity. This further reduces the ability of existing homes to recover.

7.1.4 Rotherham Commissioners are clear that there is no current need in the Borough for new, incoming residential provision.

7.2 There are currently 40 independent residential and nursing homes for people who have mental health, physical disability or learning disability needs in Rotherham.

They provide 439 long stay beds for these service users and Rotherham spot purchase 195 placements. There are 4 large providers who provide 160 beds and a further 13 smaller providers who provide the remainder.

The contract price for a specialist placement in mental health, physical disability and learning disability is based on an individually negotiated spot fee determined by an assessment of needs.

An exercise is currently underway with the Learning Disability Service to review all residential and nursing provision, to challenge placement fees, where indicated, to indicate where supported living would be a preferred option for people living in a registered care setting, and to work towards best quality arrangements for everyone supported by the service.

7.2 Local Authority Settings:

7.2.1 Residential Care – Older People Service

There are a total of 90 LA beds available for Older People requiring Residential Care and Residential (Dementia Care). There are 45 beds at Lord Hardy Court and 45 beds at Davies Court.

Occupancy Levels Quarter 1 2013-14

Care Type	Total Beds	Occupied Beds	Vacant Beds	Q3 % 2012-13	Q4 % 2012-13	Q1 % 2013-14
Residential	35	28	7	94.59	97	80
Residential EMI	55	55	0	93.22	98	100
Totals	**90**	**83**	**7**	**93.75**	**97**	**92**

There has been a reduction of occupancy in Local Authority Care Homes between quarters 4 of 2012-13 and Q1 2013-14, and this reflects the variation expected following the introduction of ‘Step Up’ services delivered in conjunction with Rotherham CCG.

7.2.2 Residential Care – Learning Disability Service

There are 46 LA beds available for people with learning disabilities requiring residential care to meet their respite/short term support needs, located at Park Hill (22 longer stay placements), Maltby; Quarry Hill Road (12 short stay and respite placements), Wath-upon-Dearne; and Treefields (12 short stay and respite placements), Wath-upon-Dearne. These services are well utilised and do not have a significant vacancy factor.

8. Independent Sector - Quality Monitoring

8.1 Compliance Actions

	Q3 (12/13)	Q4 (12/13)	Q1 (13/14)	Total
Closed Contracting Concerns (substantiated only)	49	21	24	94
Safeguarding investigations				6
Default with embargo on placements	3	4	2	
Contract Default without embargo	0	0	4	

8.2 Overview of concerns for Q1

80 new concerns were added to the database in Quarter 1. 53 were investigated and closed within the period. 24 of these were substantiated.

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

The majority of the substantiated concerns (10 concerns - 42%) were around the quality of the day to day care provided and this included personal hygiene, pressure area care, continence management, lack of stimulation, moving and handling, weight loss and diet and fluid intake.

25% (6) related to staffing levels and actions including leaving service users unattended. Another 25% (6) concerned medication errors or omissions. The remaining 8% (2) related to record keeping and management.

One independent sector residential and nursing care home - applied for de-registration in April 2013 following a number of significant safeguarding concerns and enforcement actions by CQC. The home closed within a short timescale. The closure affected 24 residents. The Council engaged with residents and families, offered them a broad choice of new care settings, and everyone was resettled safely. This was an example of a home that had ongoing compliance issues, despite intensive work by health and social care

partners, and which was unable to provide good quality care to people living there.

8.3 Examples of key learning and service improvements from compliance monitoring within the sector in Quarter 1:

- Following a concern regarding staffing levels a provider introduced the use of a dependency tool.

- One provider introduced new systems for recording details of resident's property after concerns about missing items. They also invoked disciplinary procedures, carried out medication audits and retrained staff after a concern over a covert medication incident.

One provider undertook a comprehensive refurbishment of bathrooms and public areas following an assessment by Public Health which required action in relation to infection control.

The whole sector benefited from training commissioned by RMBC, and information and fact sheets produced by RMBC to support change in policy and practice.

8.4 **Risk Matrix**

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. This is being further developed by the NAS IT Systems Team and will create a system which will raise automatic timely alerts when contracted and in house services deviate from accepted standards.

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.

A 'mock up' system will be in place by October 2013 and it is expected that the system will be fully functional early 2014.

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 Q1, 3 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 in the final process of completion and will be available on the Council Website by the end of November 2013.

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

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

10.1 During June and July of this year, the first of a comprehensive round of face to face meetings were held by the Commissioning and Contracts Team with Older Peoples Care Home proprietors. The purpose of the meetings was to obtain views from those with first hand knowledge as operators in the Rotherham market and scope any anxieties they have especially those linked to their sustainability. The requirement to hold these conversations was identified in view of:

- the general reduction in occupancy levels in Care Homes causing potential instability in the market,
- reports over general concerns over the condition of current residential care stock in terms of suitable environments
- the variable quality of service provision across the sector.

The conversations allow an opportunity to discuss market requirements and to understand how commissioners can work with the current market to respond to emerging demands, changing strategy, and deliver against high standards expected.

A report is currently being compiled which will be shared with DLT/Cabinet Member contracted Care Home Providers in December 2013 and will inform the Market Position Statement.

11. Policy and Performance Agenda Implications

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

- **Priority 2** - Expectations and aspirations
- **Priority 5 -** Long-term conditions

11.2 The principles by which residential and nursing care in Rotherham is delivered are set out in the Adult Social Care Outcomes Framework (ASCOF). Rotherham MBC expects that all Service Providers operate within these principles to promotes 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

1.	**Meeting:**	**Cabinet Member for Adult Social Care**
2.	**Date:**	**18 November 2013**
3.	**Title:**	**Paper 3 - Contracting for Care Forum Community and Home Care Services Framework Agreement - Update on 2012-13**
4.	**Programme Area:**	**Neighbourhoods and Adults Services**

5. Summary:

The following report serves to update Cabinet Member on the performance of the commissioned Community and Home Care Services Framework and the activity and delivery in Year One of the contract. This report will be presented to the Adult Social Care Contracting for Care Forum on 10th of December 2013.

This report is appropriately anonymised to protect the commercial interests of independent providers.

6. Recommendations:

- **That this report be received by Members for onward reporting to The Contracting for Care Forum.**

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7. Background and Details

7.1 A tender exercise took place in 2011 (details of the tender award were reported to DLT in December 2011), which resulted in 14 independent sector Domiciliary Care providers being appointed to the Community and Home Care Services (CHCS) Framework Agreement for a period of 3 years to April 2015. There is an option to extend for a further year. The providers appointed to the framework commenced service on the 2nd of April 2012.

7.2 Activity of CHCS

From January 2012 to 31st March 2012 a period of transition took place with the establishment of CHCS branch offices and introduction of service users to new providers. When the CHCS commenced in April 2012, 1,293 Service Users were receiving service.

Around 180 customers requested to be considered for a Direct Payment in order to purchase care from their incumbent provider.

At the close of the first year there has been a 12% reduction in the total number of customers on contracted independent sector home care compared to the previous year.

In 2011-12 there was an average weekly care package duration of 10 hours, which increased to 11 hours/week in 2012-13.

The approximate hours commissioned from the independent sector per week in 2011-12 = 13,700, and in 2012-13 = 12,400/hrs per week representing around a 10% decrease on the previous year.

There has been an overall 5% reduction of customers leaving contracted home care compared to the previous year. It likely that this corresponds with reduced numbers of people with long term needs being admitted to residential care.

Data available shows a correlation between numbers leaving the RMBC Enabling Service and increased use of the CHCS Framework. This indicates that people are being signposted from enabling services to maintenance packages.

To assist Framework providers to manage changes in demand, accurate Enabling Service performance information is necessary.

There was a large variation in the number of people leaving RMBC Enabling Services in 2012-13, and the independent sector experienced difficulty in judging the level of demand. The sector needs to have some level of confidence in the volumes of work transferring, in order to recruit, train, and allocate staff resources appropriately. This links to the Equalities and Human Rights Commission Report (The Cost Of Care) and the work from Unison to agree an Ethical Care Charter, and will be explored when we are looking to go to the market for providers in 2014/15.

In the 4th quarter 2012-13 a combination of a surge of customers leaving the Enabling Service and Intermediate Care, and discharge from acute hospital beds, meant referrals to the Framework were at a peak (27% increase on quarter 2). The increased activity occurred over a few days leading up to Christmas. The sector was also under pressure to support the Enabling Service, which had similar problems with capacity. As a result a number of care packages had to be referred on to the emergency/ stand by service contracted, under separate arrangements, with an independent sector provider.

7.3 Responsiveness of the providers:

Providers were monitored regards their response to care packages being offered. Providers refused a total of 299 times to accept offered packages. This number is inflated as complex care packages, with a combination of higher staffing ratios and less predictable demand, are likely to be refused by a number of providers. Incidents of refusals to accommodate care packages increased in the 4th quarter. This is aligned to the expected and unexpected increase in demand mentioned in paragraph 7.2.

7.4 Direct Payments:

The services appointed to the CHCS Framework are mainly commissioned on behalf of service users by assessment staff via the brokerage team, but they may be purchased via a Direct Payment (DP), if the provider offers this arrangement. Over 2012/13, 22 care packages were purchased from agencies on the Framework using a Direct Payment.

Examination of trends in uptake of DP and the impact on activity of the Framework, shows that the rise in take up of DPs for domiciliary care packages is attributed mainly to the transition period in April 2012. Take up since this point returned to its previous trend of approximately 20 each quarter.

7.8 Quality:

In the first year of activity 5 (35%) of the 14 CHCS were judged to have met the Rotherham MBC Outcome Monitoring Framework rating of ‘Exceeded Outcomes’ and the remaining 9 (75%) where judged to have met the rating of ‘Outcomes Met’.

All of the providers which were inspected by CQC in the first year of activity were found to be compliant with the ESoQS with the exception of 1 provider. Problems leading to the compliance actions concerned the Sheffield service, and did not impact directly on the Rotherham service. Action is being taken to ensure a separate identity for the Rotherham Branch.

Contract Concerns:

Table showing the number of contract concerns over the period April 2012 to March 2013

Period (Quarter)	No. of substantiated Contract Concerns Closed	No. of providers involved (N=14)	Context – No.of care hours delivered in the quarter (approximate)
Q 1	64	11	155,000
Q 2	49	05	149,000
Q 3	05	02	150,000
Q 4	32	11	154,000

A sharp rise in the number of closed substantiated contract concerns during quarter 1 was attributed to:

- A period of relative instability caused by the introduction of new provider organisations
- A large volume transfer of customers to new provider organisations
- Increase in enforcement action taken as a result of newly developed, and robust quality assurance monitoring systems.

7.9 Contract Enforcement:

In quarter 1 two CHCS providers were placed in contract default and 1 provider was working to an action plan, with a voluntary suspension of new packages:

The first contract default was issued to a provider who worked to a Special Measures Improvement Plan. The Provider implemented a number of new operational systems and quality checks and the contract default was lifted after 4 weeks and resulted in a dramatic reduction in concerns raised about this provider.

The second default was issued in June 2012 and was in place for an extended period. The majority of the objectives on the Special Measures Improvement Plan were achieved in a reasonable time but contract default remained in place to enable the provider to evidence a period of stability and to resolve some ongoing staffing issues. This provider operates in an area where recruitment is difficult.

A voluntary suspension of new packages was undertaken by one provider as a result of problems experienced with managers at their branch which resulted in an action plan being invoked. The issue was quickly rectified and the suspension lifted.

In quarter 4, 1 provider underwent an enforced suspension of new care packages as a result of issues with training and recruitment and selection. The provider complied with an action plan and the suspension of placements was shortly lifted.

In quarters 2 and 3 no contract defaults, embargos or contract terminations were served.

8. Financial Implications

8.1 Analysis of efficiency outcomes at the tender award stage indicated that the average hourly rate of £12.96 (2011-12) was reduced to £12.06 (2012-13) as a result of the tender exercise.

8.2 Gross Expenditure on contracted independent sector home care 2012-13 was £7.4m.

Table showing CHCS gross expenditure breakdown by client group:

Client Group	**Gross Expenditure 2012-13**
Older People	£6,219,885
Physical Disability	£1,122,885
Learning Disability	£89,634
Total	**£7,432,404**

9. Risks and Uncertainties

9.1 There are changes to the Brokerage Team planned in November 2013, approved through Cabinet Member. The service will be provided by dedicated Team Administration staff in future. There will be consultation and guidance to providers but it is expected that there may be some transitional issues as the new delivery method is introduced. It is important that the allocation guidelines continue to be followed to avoid problems with stability of the CHCS Framework. A risk assessment has been undertaken and actions recommended to mitigate risks associated with the change.

9.2 Regular meetings take place with providers on care standards, referral levels and capacity, financial sustainability, management/ leadership, training and development needs, and recruitment and staffing issues.

9.3 In September 2013 RMBC completed and returned a national survey by the Equalities and Human Rights Commission. The survey related to action /due regard by Councils to the recommendations contained in the EHRC report: 'Close to Home'. The report considers the impact of home care practices on the human rights of vulnerable people using commissioned services. The return found RMBC compliant with the majority of EHRC recommendations and working towards compliance

in all other areas. We expect to receive formal feedback and further guidance from EHRC in November 2013.

10.4 The Unison 'Time to Care' national survey was undertaken in June/July 2012 and the consequent report published in October 2012.

Unison are seeking a dialogue with commissioners to establish a baseline of safety, quality and dignity of care through assurance around employment conditions within the care sector. They are calling for Councils to commit to becoming Ethical Care Councils by only commissioning home care services which adhere to the Unison Ethical Care Charter.

Rotherham MBC can demonstrate that contracted care providers agree with the majority of the principles outlined in the Ethical Care Charter, and our principles mirror current legislation/policy.

Our contracted services are continuously monitored in line with standards set out in our service specification and Framework Agreement terms and conditions. Deviation from this standard will result in intervention that is supportive of the organisation to improve. Where it is found that improvement is not achieved the default notices will be served to protect service users.

We will take the opportunity presented by the expiration of the contract in April 2015 to make sure that current guidance and principles apply to any new commissioned services.

11. Policy and Performance Agenda Implications

Performance expectations for the first year of the CHCS Framework have been achieved:

- Adequate capacity has been secured in both rural and urban areas.
- The introduction of the Framework has reduced waiting times for new packages, and streamlined allocation.
- Quality has been maintained of a relatively high standard with the Commissioning and Contracting function robustly enforcing the contract terms and conditions to eliminate small pockets of poor practice.
- There are indications that people are remaining at home as opposed to going into residential care and that service users are purchasing care from the Framework using Direct Payments.
- There are high levels of satisfaction with services as measured by the Social Care Users Survey, and the ASCOF toolkit:

  'Outcomes for 8 service users who engaged in a face to face survey:

  - All felt that the care workers helped them to maintain control of their life
  - The majority felt the carers helped them to feel better about themselves and to feel safe.
  - Half said that they felt receiving care gave them some additional social contact'

- ‘Coordinators were observed in their working environment and there were clear examples of liaison with other professionals and information sharing for the benefit of the service user’
- ‘The involvement of an Independent Mental Capacity Advocate was evidenced and this was utilised to formulate a very detailed and person centred care plan. Staff had also received training on dementia and the mental capacity act alongside their mandatory training’
- ‘Information recorded on care plans indicated that emphasis was placed on service users remaining in control, precautions being taken to maintain dignity and the requirement to meet personal/cultural preferences’

11. Background Papers and Consultation

1. Community and Home Care Services Service Specification and Framework Agreement.
2. DH Care Networks: Market Facilitation – Transforming the Market for Social Care :August 2009 http://www.dhcarenetworks.org.uk/BetterCommissioning/Whatsnewonsite/?parent=2612&child=5957
3. DH Putting People First Commissioning for Personalisation : A Framework for Local Authority Commissioners.
4. Close to Home: An inquiry into older people and human rights in home care carried out in 2010 by the Equalities and Human Rights Commission

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