

## **CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH**

**Venue: Town Hall, Moorgate  
Street, Rotherham.**

**Date: Monday, 11 February 2008**

**Time: 9.30 a.m.**

### **A G E N D A**

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence.
4. Minutes of the previous meeting held on 28th January, 2008 (copy herewith). (Pages 1 - 4)
5. Local Improvement Networks (LINKs) (Julie Slatter, Head of Policy and Performance) (report herewith). (Pages 5 - 14)  
(This report is referred from Cabinet on 9<sup>th</sup> January, 2008)
6. Capital Expenditure on new Residential Homes Accounts (Brian Barrett, Principal Project Manager to report)
7. Date and time of next meeting:-  
Monday, 25<sup>th</sup> February, 2008 at 9.30 a.m.

**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH**  
**Monday, 28th January, 2008**

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

**84. MINUTES OF THE PREVIOUS MEETING HELD ON 14TH JANUARY, 2008**

Resolved:- That the minutes of the previous meeting held on 14<sup>th</sup> January, 2008 be approved as a correct record.

**85. REVENUE BUDGET MONITORING REPORT 2007/08**

The Service Accountant (Adult Social Services) submitted a revenue budget monitoring report which gave a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2008, based on actual income and expenditure to the end of December, 2007.

During the year there had been a number of budget pressures within the service, mainly in respect of the non-achievement of a number of savings proposals, built into the 2007/08 budget, for reducing service level agreements with voluntary and community sector providers, in addition to pressures on domiciliary and residential care budgets. These had been reported throughout the year in previous budget monitoring reports. A number of management actions to reduce these pressures were also identified. However, subsequent to implementing these actions, a number of underlying budget pressures remained. These related to independent sector Domiciliary Care services, including a shortfall in income from charges against the approved budget, plus pressures within Physical and Sensory Disabilities mainly within residential care due to increased demand and an increase in the average cost of care packages.

These pressures are being reduced by:-

- projected underspends in independent residential care and extra care housing within Older People's Services
- slippage in developing supported living schemes within Learning Disability services and additional income from continuing health care funding
- management actions identified from budget performance clinics

As part of the Revised Estimates process the Cabinet had approved an additional one-off budget allocation of £974k to reduce the projected overspend in 2007/08. The forecast position for the year, assuming the remaining management actions were fully implemented, was now a balanced budget.

As part of the management actions to mitigate financial pressures within the service, recruitment to all vacancies continued to require the approval of the Directorate Management Team. Financial performance clinics continued to operate to review areas where financial performance was projected to exceed the approved budget.

All care packages continued to be reviewed against the eligibility criteria and funding pursued with the Primary Care Trust in respect of continuing health care. Further reviews were also currently taking place on the provision of meals on wheels and transport, to ascertain whether any savings may be achieved in these services.

The report and appendices set out a summary of the overall financial projection for each main client group.

Members present raised questions with regard to:-

- Health Care funding
- Meals on Wheels entitlement
- Domiciliary Care – Market split in provision

Resolved:- That the latest financial projection against budget for the year, based on actual income and expenditure to the end of December 2007 for Adult Social Services, be noted.

## **86. CAPITAL MONITORING REPORT 2007/08**

The Service Accountant (Adult Social Services) presented the submitted report, together with two appendices, which informed of the latest projections and commitments against the approved Adult Services capital programme for the 2007/08 financial year.

The report provided details of the approved capital programme for Adult Services, actual expenditure for the period April to mid December 2007, and the projected expenditure for each scheme to the end of March 2008.

The approved 2007/08 capital budget for Adult Services was £15.6m. Actual expenditure to mid-December 2007 was £5.1m. The approved schemes were funded from a variety of different funding sources including unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding.

The report provided a brief summary of the latest position on the main projects within each client group, as follows:-

- Older People
- Learning Disabilities
- Mental Health
- Management Information

The Director of Health and Wellbeing further reported a potential overall overspend with regard to the two new residential homes currently being built.

Resolved:- (1) That the report be received and the latest capital expenditure monitoring report for 2007/08 be noted.

(2) That the Principal Project Manager (Rotherham Construction Partnership) be asked to attend the next meeting to report further on the potential projected overspend for Adult Social Services with regard to the building of two new residential homes.

(3) That the suggestion of a Members' visit to the two new residential care homes currently being constructed in Rawmarsh and Dinnington, be explored.

**87. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended (information relating to financial affairs).

**88. REVIEW OF NON-RESIDENTIAL CHARGES 2008/2009**

Consideration was given to the submitted report presented by the Director of Commissioning and Partnerships concerning the annual review of charges for non-residential services in accordance with the budget setting process to take account of inflation, and as a measure considered to achieve the Directorate's cash limited budget target.

The report set out in detail the current and proposed charges to be effective from April 2008, including their financial implications.

The report summarised the proposals, which were to:-

(a) reduce the disposable income allowance used within the home care financial assessment scheme by a further 10% i.e. from 50% to 40%

(b) increase day care meals charges by an average of 20%

(c) increase luncheon club meals charges by 14% to keep them in line with the economical cost of providing these meals

(d) to freeze Rothercare charges at current levels in accordance with Supporting People commissioning strategy proposals

Particular comments were made by Members in respect of:-

- Changes to ILF threshold
- Luncheon Club charges
- Rother Care charges
- Review of the Meals on Wheels Service

Resolved:- That the revised charges, as set out in the report now submitted, be approved and implemented with effect from Monday, 7<sup>th</sup> April 2008.

**89. FEE SETTING - INDEPENDENT SECTOR RESIDENTIAL AND NURSING CARE 2008/2009**

Consideration was given to the submitted report presented by the Director of Commissioning and Partnerships which contained a number of proposals to increase fees to Independent Sector Residential and Nursing Care Providers for 2008/2009 in accordance with the established inflation formula.

The funding for these fee increases was available within the Directorate's allocated budget for 2008/09.

The establishment of an inflation index linked formula agreed by Members in February, 2007 consisted of weighted average of pay and non-pay inflation indicators. The pay indicator was the minimum wage increase applicable in October 2007. The non-pay indicator is the RPI index reported by the Office of National Statistics for the month of September 2007.

The proposed increase in fees would continue to demonstrate the Council's strategic objective to secure the long term sustainability and viability of the Independent Sector Care Market in Rotherham.

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

(2) That the fee increases for Residential and Nursing Care Homes, as set out in the report now submitted, be approved with effect from Sunday, 6<sup>th</sup> April, 2008.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member and Advisors, Adult Social Care and Health</b>
<b>2.</b>	<b>Date:</b>	<b>11th February, 2008</b>
<b>3.</b>	<b>Title:</b>	<b>Local Involvement Networks (LINKs)</b>
<b>4.</b>	<b>Directorate:</b>	<b>Chief Executives</b>

### **5. Summary**

This paper provides background information on the new ways for patients and the public to be involved in decisions about the operation of health and social care services through the establishment of Local Involvement Networks (LINKs) The Local Government and Public Involvement in Health Act sets out a duty for all social services authorities to make arrangements for LINK activities to take place, through a contract with a host organisation. The report provides an update on progress to date and sets out the timetable for the procurement of the 'Host' organisation.

### **6. Recommendations**

**That the report be noted.**

**That Cabinet Member and Advisors approve proposals for use of the free consultancy advice provided by the Centre for Public Scrutiny (CfPS) Expert Advisory Team.**

**That this report be referred to the Cabinet Member for Communities and Involvement Delegated Powers Meeting; Scrutiny and relevant Rotherham Partnership structures.**

**That the response to the LINKs Regulations consultation given at Appendix 2 be noted.**

## **7. Proposals and Details**

The Local Government and Public Involvement in Health Act 2007 creates new ways for patients and the public to be involved in decisions about the planning and operation of health and care services. Instead of involvement mechanisms based on NHS organisations and institutions, Local Involvement Networks (LINKs) will be established for each social services authority area. LINKs will have powers in relation to health and social care services. Previous patient and public involvement mechanisms tended to rely on a few dedicated individuals but LINKs will be wide networks of local people, groups and organizations that will actively seek out the views of all sections of the community, particularly focusing on those people who have been traditionally 'hard to hear'.

The LINK will replace all the patient and Public Involvement (PPI) Forums in Rotherham. In Rotherham there are currently four PPI Forums, for the PCT, Rotherham Hospitals, Yorkshire Ambulance Service and the mental health trust. PPIs will cease to exist after March 2008 and the Commission for Patient and Public Involvement in Health will close.

Under the Act, social services authorities will have a duty from 1 April 2008 to make arrangements for LINK activities to take place. These arrangements will be made through a contract with another body (commonly termed a 'host' organisation). Local authorities will be under a statutory duty to establish LINKs, with guidance to ensure a consistent approach. The Department of Health have plans to publish full guidance on LINKs now that the legislation has Royal Assent and have consulted on draft regulations for LINKs, more detail on this is set out below.

The Government has announced that, over the next three years (April 2008 – March 2011), they will make £84 million available to support the national and local running of LINKs. The funding allocated to Rotherham is £160,000 per year, this will be paid as part of the Area Based Grant. Funding of £10,000 was given in August to each authority with a social services remit to help kick-start LINK planning and the procurement of a 'host'

### **How LINKs will Work**

The Act sets out the role of LINKs as follows:

LINKs will

- promote, and support, the involvement of people in the commissioning, provision and scrutiny of local care services;
- enable people to monitor, and review, the commissioning and provision of local care services;
- obtain the views of people about their needs for, and their experiences of, local care services; and
- make these views known and make reports and recommendations about how local care services might be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

The LINK will be made up of members and participants, including, groups, individuals and organisations with an interest in their local care services. Members and participants will be volunteers and LINKs should be established in a way that is inclusive and enables involvement from all sections of the community. The diagram at Appendix 1 illustrates potential membership of a LINK.

### **Role of the Host**

The host organisation is contracted to provide support to the LINK. Each host will be contracted for an initial period of three years. The role of the host is to establish, maintain and support the LINK. It will:

- Undertake the initial set up of the Link.
- Work with participants to establish the LINK's arrangements for managing and deciding on its activities, include terms of reference for the LINK's governance arrangements.
- Hold the finances of the LINK.
- Facilitate communications and correspondence e.g. producing bulletins and ensuring a local web presence.
- Ensure data management and record keeping.
- Provide advice and support for the Link.
- Have a strong commitment to forming strategic partnerships and effective working relationships and to support the LINK in developing such partnerships for example with Overview and Scrutiny and health and social care providers.
- Support the LINK in the development and promotion of its priorities and workplan.
- Build on and develop local networks to support recruitment.
- Provide a service appropriate to people's needs and not discriminate either in terms of participation or in obtaining and presenting views and experiences.
- Operate within agreed performance frameworks.
- Report back to the council on LINK/ host activity in accordance with contractual terms and report annually to DoH.

### **Role of the Council**

The council has a number of roles in relation to the establishment, implementation and ongoing development of LINKs and will need to develop a working relationship with the LINK. In particular, we need to consider the following points.

- Prior to their establishment, local authority officers and councillors should undertake work to stimulate interest in LINKs, with both potential members and participants and with potential host organisations.
- The council is responsible for contracting with a host organisation, initially for three years, for effective support for the LINK within the budget allocated. This will involve developing a contract specification, tendering and letting the contract, and performance managing the contract against the specification.
- Overview and scrutiny has a role in scrutinising how the contracting process was undertaken, and ensuring that best value is achieved.
- Scrutiny may commission a LINK to undertake work on its behalf, for



example to consult people on their views on an issue that it plans to scrutinise and review in the future.

- The council or its Directorates and the LINK may agree to pool information or work together to gather the views and experiences of local people and groups regarding particular health and social care services.

### **Progress in Rotherham to date**

Early guidance provided by the DoH “Planning your Local Involvement Network” recommends that local authorities begin to engage with local groups and interested individuals and to begin to identify working model for the LINK at the same time as undertaking and preparing for the procurement process. The outcomes of this work to be handed over to the host once in place.

A working Group has been established led by the Head of Policy and Performance in Chief Executives and is developing an action plan to progress both the procurement and the communications plan and engagement to identify a potential model for the LINK. RBT are providing support to the working group in the procurement process.

The working group now needs to be broadened to include a broader range of interested stakeholders for example from health, the voluntary and community sector and patient forums. The remit of the group being to identify existing engagement activity and inform development of the LINK and the specification for the host.

A number of local networks and groups, including the existing PPI forums and the Rotherham Health Network have contacted the council requesting information on progress in establishing the LINK in Rotherham. A presentation has been prepared and members of the working group are now attending a range of meetings to provide further information re the background for LINKs and broad timescales for Rotherham. These events have also been used as an opportunity to engage in wider consultation on what the LINK should look like in Rotherham and to seek broader engagement in the working group. Further meetings are planned throughout December.

In addition the group have sought to identify and make contact with as many local organisations as possible both those who may be interested in tendering for the ‘host’ and those with a potential interest in involvement in the LINK.

Public consultation is also being carried out alongside the Joint Strategic Needs Assessment consultation events currently being conducted by Neighbourhoods and Adult Services.

### **Next Steps**

A range of support is offered by DoH including free consultancy advice provided by the Centre for Public Scrutiny (CfPS) Expert Advisory Team to help authorities get ready for LINKs. Under the scheme, the council can receive up to three days free support until March 2008. The support can be used to:

- Develop an understanding of the rationale for LINKs and their impact
- Begin discussions with local people and groups about how to develop the local LINK

- Understand the skills required from 'host' organizations and the timescales for contracting with a suitable 'host'
- Establish good relationships between the executive, overview and scrutiny committees, the 'host' and the LINK.

Applications for support had to be made by 31<sup>st</sup> December. The working group has submitted a proposal and aims to use the support to facilitate two events with individuals and groups locally who may be interested in participating in the LINK and / or who are currently involved in PPIs. The first event to consult on how the LINK should develop locally, and the second to provide feedback to participants. Cabinet are asked to approve this proposal for use of the free consultancy support.

The Cabinet Member for Communities and Involvement has agreed to take the lead Member role in the process. It is also proposed that this report should be referred to Performance and Scrutiny Overview Committee, Adult Social Services and Health and Communities and Involvement Delegated Powers Meetings and to relevant Rotherham Partnership meetings.

Following approval from CMT an OJEU notice was issued on 11th December. The advert was also publicised locally for example through the Chamber and through Voluntary Action Rotherham.

Further reports will be made to Cabinet as work progresses both to inform about progress on procurement, and to propose a potential model and governance arrangements for the LINK.

### **Consultation on the regulations for Local Involvement Networks (LINKs)**

The DoH have issued consultation on draft regulations for LINKs. The consultation ran until 21<sup>st</sup> December 2007, and covered the following areas:

- Responding to requests for information made by a LINK – The Government does not propose to make specific regulations at this time as LINKs will be able to access information using Freedom of Information Powers.
- Responding to reports and recommendations made by a LINK – under the proposals commissioners will have 20 working days to respond to LINK recommendations or reports (This will not apply to reports or recommendations relating to children's social care activities.)
- Duty of service providers to allow entry by LINKs - The draft regulations impose a duty on health and social care service providers to allow authorised representatives to enter premises that pown or control to observe the nature and quality of services. There are a number of exceptions to this for example entry does not have to be allowed if this would compromise provision of a service or the privacy or dignity of a person. LINKs will not have the right to enter premises occupied as a persons home or non-communal areas of care homes. Children's services are also exempted. Only authorised representatives will be able to exercise the power to enter services.
- LINK referral to an overview and scrutiny committee (OSC) – The OSC has an obligation under the Act to consider referrals from the LINK, and decide whether it should, on the basis of the information provided, review and

scrutinise the social care services being detailed in the referral. Whether or not it does review and scrutinise, it must keep the referring LINK informed of its actions in relation to the referrals. The draft regulations propose that an OSC should acknowledge receipt of referrals within 20 working days.

Appendix 2 lists the consultation questions set out in the document. These were discussed at the Adult Services and Health Scrutiny Panel on 29 November. the council's response to each question is given in italics.

## **8. Finance**

Funding for LINKs will be made available via an annual targeted non-ring fenced area-based grant to local authorities under section 31 of the Local Government Act 2003. This arrangement allows councils to set-up a separate budget for LINKs activities. Each authority will receive a base-line amount of £60,000, plus an additional amount based on the Relative Needs Formula (RNF). It has now been confirmed that this will be £160,000, per year for the next three years.

The total funding package will contain three strands, the council's contract management costs, host organisation support function costs and LINK expenditure costs. The Council will therefore need to develop a detailed costing for the contract and performance management activity that will be required.

The procurement process is being supported by RBT at a cost which is capped at £7,000. This may reduce dependent on the volume of tenders received. The balance of the initial £10,000 grant, £3,000 will be used to support communications and consultation activity and to pay expenses associated with the EAT consultancy.

## **9. Risks and Uncertainties**

The development of the LINK offers a positive opportunity for local people to have a greater say in health and social care service provision. It will however be important for the council, its partners and the host organisation to ensure that the LINK is representative and diverse and is successful in engaging hard to reach groups and individuals.

There is a risk that any delay in carrying out the procurement which delays the contract issue date beyond April 2008 may require the Council to establish transitional arrangements which could incur additional expense.

As the grant will be part of the area based grant and non ring fenced it is proposed that reports are made to the Rotherham Partnership to advise of the requirement to procure a host and the role and remit of the LINK, and to secure partnership agreement on the use of grant to support the LINK.

## **10. Policy and Performance Agenda Implications**

LINKs are intended to strengthen the ability of local communities to influence what health and social care services are provided and how they are run. In the future they should provide a resource to support and inform commissioning of health and social care services. It will be important to establish effective working relationships with the

LINK and scrutiny and with the council's commissioners if the LINK is to deliver on this aim locally.

The council will need to ensure robust and effective arrangements are in place to manage the contract with the host its financial performance in relation to its support costs. It is proposed that the host should report at least six monthly on its activities and finances, however we may consider quarterly reporting to be more appropriate. These meetings should also take into account feedback from LINK governance arrangements and will require the council to ensure that the LINK is able to input into performance management of the host.

## **11. Background Papers and Consultation**

Getting ready for LINKs - Planning your Local Involvement Network – DoH

Getting ready for LINKs - Contracting a host organisation for your Local Involvement Network, DoH

Website - [www.dh.gov.uk/patientpublicinvolvement](http://www.dh.gov.uk/patientpublicinvolvement)

Have Your say consultation on the regulations for Local Involvement Networks, DoH

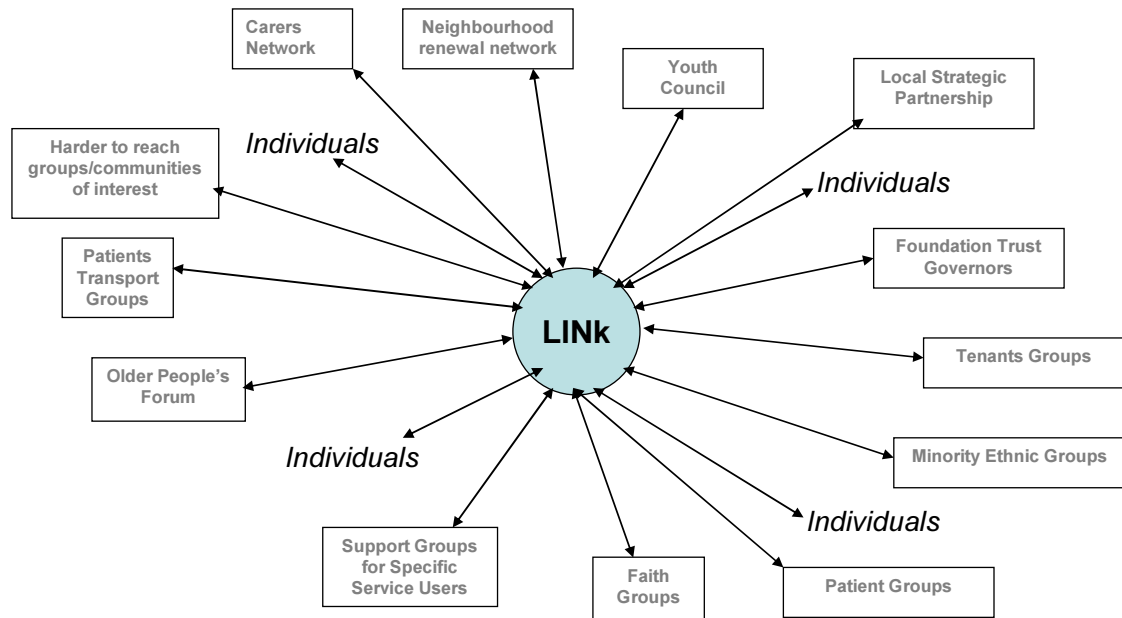
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## Appendix 1

### Membership of a LINK



## **Appendix 2 - Draft Response to LINKs Consultation questions**

*(Suggested comments are given in italics below each question)*

### **Questions relating to 'Responding to requests for information made by a LINK'**

- Do you think that services-providers should have duties to provide information to LINKs that go beyond the obligations imposed in the FOI Act 2000? If so, what should they be and why are the duties needed?

*It is difficult to assess whether or not the FOI Act 2000 will give LINKs sufficient access to information and in a timely manner until LINKs are up and running. We therefore support the inclusion of a regulation-making power in the Local Government and Public involvement in Health Act 2007, so that there is scope for extending LINKs' access to information in the future, should it be required.*

### **Questions relating to 'Responding to reports and recommendations made by a LINK'**

- Do you have any comments on these proposals?

*It would be helpful to have some specific guidance for LINKs on the scope they will have in looking at services for children. Given that the proposals are for children's social care providers to be exempt from a duty to respond, and that there will be no power of inspection of these premises, we would appreciate some clarity on whether and how LINKs will look at health services for children.*

- Is the timescale of responding within 20 days appropriate?

*Given that the draft regulations require not only an acknowledgement of reports/recommendations, but also an explanation of any action it intends to take, a 30 working day target would be more realistic. This would allow for the working up of proposals by officers and for decisions on whether they should be implemented to be made by elected members.*

### **Questions relating to 'Duty of services-providers to allow entry by LINKs'**

- Do you have any comments on these proposals?

*We support LINKs being able to conduct 'spot checks' on service-providers' premises and feel that it is an important aspect of their inspection powers.*

- Are the premises that are exempted from the duty to allow entry appropriate?

*Whilst it seems reasonable to exempt children's services from inspection by LINKs representatives, it would be helpful to have guidance on how LINKs could work with Ofsted when looking at children's services.*

- Are there any further premises that should be exempted?
- Do you feel the safeguards in place are proportionate? If not, why not? What do you think should be altered and why?

*We believe that it is vital that LINKs representatives undertaking inspections have the right skills and have received the right training. However, the level at which LINKs are funded may limit the Host's capacity to provide the training required.*

**Questions relating to 'LINK referral to an overview and scrutiny committee'**

- Do you have any comments on these proposals?
- Is the timescale of responding within 20 days appropriate?

*The 20 day timescale for acknowledging receipt of reports and recommendations is reasonable. However, given that OSC's will already be committed to their own work programmes, a detailed response will necessarily take longer.*