

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

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

**Date: Monday, 21 April 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 7 April 2008 (copy herewith) (Pages 1 - 3)
5. Minutes of a Review of Guardianship meeting held on 7th April, 2008 (copy herewith) (Page 4)
6. Commissioning Strategy (report herewith) (Pages 5 - 53)
7. Capital Budget Monitoring Report 2007/08 (report herewith) (Pages 54 - 58)
8. Individual Budgets for Adults with Social Care Needs (report herewith) (Pages 59 - 71)
9. Naming of New Residential Homes (report herewith) (Pages 72 - 73)
10. Shifting the Balance - Update (report herewith) (Pages 74 - 81)

**The Chairman will be asked to consider the following as an extra item.**

11. Revenue Budget Monitoring 2007/08 (report herewith) (Pages 82 - 86)
12. EXCLUSION OF THE PRESS AND PUBLIC
13. Modernisation of Revenue and Payments (report herewith) (Pages 87 - 90)

14. Date and time of next meeting:- Monday 19 May 2008

**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH**  
**Monday, 7th April, 2008**

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

Apologies for absence were received from Councillors Doyle and Hodgkiss.

**115. SUPPORT TO PEOPLE WHO SELF FUND THEIR CARE**

Consideration was given to a report of the Business Finance and Commissioning Manager on a requirement to develop and enhance the information and advice available to people who self fund their care.

The Commission for Social Care Inspection included the following issue as an area for improvement in its 2006/07 Annual Performance Assessment of Social Care Services for Adult Services for Rotherham.

*'Completing the work to establish how many self funding people access services without an assessment to judge whether there is a need to further promote the availability of assessments'.*

The report gave an update of the progress to date and set out an Action Plan (Appendix 1) to improve support provided to self funders.

People who self fund their care are entitled to have an assessment of need. A range of support mechanisms are in place to assist people to make an informed decision. There is a requirement to develop and enhance the information and advice available to self funders.

The Joint Strategic Needs Assessment of residential and nursing care provision identified that there are 320 people in care homes who fund their own care. Of these, 118 (37%) accessed the service with a needs assessment, 202 (63%) people made their own arrangements.

The Directorate needs to do more to assist the majority of these self funders who take up residential care placements without having an assessment.

A more detailed survey of self funders is being undertaken to inform how the Directorate can improve the support it provides to self funders.

There are a number of initiatives in place to support self funders in Rotherham. These include:-

- ❖ Access to the Deferred Property Scheme
- ❖ An independent advocacy service specifically for people entering or living in residential care
- ❖ A Nursing and Residential Care Information Directory booklet
- ❖ Information on the Council's website

The impact of these initiatives and the implementation of the Action Plan will enhance the support already provided to people who self fund their care.

There is a risk that failure to improve support to self funders could impact on the Directorate's Performance rating and the Council's Comprehensive Performance Assessment (CPA) rating.

Members raised questions with regard to:-

- Out of Authority placements
- Independent advocacy service and rate of referrals
- Social Worker caseloads and role of In Care Team

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

(2) That the Action Plan (Appendix 1) be agreed.

#### **116. INTERMEDIATE CARE REVIEW**

Consideration was given to a report of the Director of Health and Wellbeing which set out progress on the implementation of the Intermediate Care Review.

The Adult Board endorsed the recommendations of The Intermediate Care Review on 11<sup>th</sup> October 2008. Subsequently the Joint Commissioning Team has developed an implementation plan, aimed at achieving the key objectives set out in the review.

Despite some delays due to the failure to appoint to the newly agreed Joint Service Manager post, remedial actions are now in place to bring the plan back on target.

The report summarised progress with regard to:-

- ❖ Establishment of pooled budget arrangements
- ❖ Joint Commissioning arrangements
- ❖ Service reconfiguration

Particular reference was made to the service reconfiguration and complete review of the Community Rehabilitation Team.

One Member referred to the need to progress the Sheltered Housing Review as a matter of urgency and to the role of Wardens and Home Carers in preventative work.

Resolved:- (1) That the implementation of the Intermediate Care Review be noted.

(2) That a report on pooled budget arrangements and percentage split between the Local Authority and Rotherham Primary Care Trust be reported to Members prior to acceptance.

(3) That the report be submitted to the Adult Services and Health Scrutiny Panel.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM IN ORDER TO KEEP MEMBERS FULLY INFORMED)**

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

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

**118. CURRENT INVESTIGATIONS**

The Director of Health and Wellbeing gave a verbal report on the current situation with regard to investigations into allegations of incidents at residential homes.

The meeting was informed of staffing issues and the timescale of the investigations.

Members raised a number of questions which were responded to by the Director of Health and Wellbeing.

Resolved:- That the verbal report be noted.

(Exempt under Paragraph 2 of the Act – information which could reveal the identity of an individual).

**REVIEW OF GUARDIANSHIP**  
**Monday, 7<sup>th</sup> April, 2008**

Present:- Councillor Kirk (in the Chair); Councillor Jack.

An apology for absence was submitted from Councillor Doyle.

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

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 1 and 2 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to an individual)

**2. REVIEW OF GUARDIANSHIP ORDER MADE UNDER SECTION 37 OF THE MENTAL HEALTH ACT 1983**

Pursuant to Minute No. D5 of July, 1999, the Guardianship Panel considered the need to review the Guardianship Order made under Section 37 of the Mental Health Act 1983 in respect of the client named in the report.

The Panel considered the contents of the reports submitted, those made on behalf of the Strategic Director for Neighbourhoods and Adult Services and by the Responsible Medical Officer. The report from the Consultant Psychiatrist supported the view of the Social Worker that the period of guardianship has proved to be effective and that a renewal of the order was recommended.

The client had been informed of the meeting but had elected not to attend.

Resolved:- That the Guardianship Order be renewed for a period of one year due to the mental impairment of the client now named and it being in his best interests to continue to receive support in the setting of guardianship.

**DRAFT**

**Commissioning Strategy  
for  
Adult Social Services  
in Rotherham**

**2008-2023**

**Foreword**

**Our Mission:**

‘Services are available in a way that enables people to exercise power and control over their own life.’

**Our Vision:**

To provide integrated local services so that:

- People can exercise choice, retain their independence, be offered protection and have equality of access.
- Communities are active and shape local services to meet their characteristics and needs.
- Neighbourhoods are safe, free from crime and places to be proud of.

In order to achieve this vision, services need to be designed to enable people to remain independent and continue to live in the community, to minimise admissions to hospital and long stay residential care whilst avoiding delayed discharges from hospital.

We are pleased to introduce this Strategic Commissioning Strategy for Adults for the Borough of Rotherham which has been developed by Neighbourhoods and Adult Services. The Directorate believe that this strategy is an important step in making sure that the needs, wants and aspirations of local people are central to the commissioning process.

Our goal is to empower people to lead as active and rewarding a life as possible by securing the necessary services to support them and by removing both any social and physical barriers to involvement

In order to meet the challenge of delivering the White Paper ‘Our Health, Our Care, Our Say: A New Direction for Community Services’ it is clear that we need to change the way in which services are commissioned and provided. We have to balance the need for a more personalised approach and better outcomes for people with the need to balance budgets and ensure value for money for the people of Rotherham.

This strategy sets out the vision for the future and gives a clear statement of intent to our partners and stakeholders.

**Signed on behalf of:**

Rotherham Neighbourhoods and Adult Services:

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Tom Cray, Strategic Director,  
Neighbourhoods and Adult Services, Rotherham Metropolitan Borough Council.



## Executive Summary

This is Rotherham's Adult Social Care Commissioning Strategy which covers a 15 year period (2008-2023). It details the commissioning activity that needs to take place to deliver our statutory responsibility and improve outcomes for customers.

The strategy has been developed as a result of the learning from the Joint Strategic Needs Analysis (JSNA) so that we meet the current and future social care needs of the borough.

This strategy will be delivered in a series of 3 year action plans. The first of these plans will deliver the following 7 strategic objectives;

- Helping people in Rotherham to adopt and maintain a health lifestyle, enjoy an improved quality of life and sense of well being
- Developing community based alternatives to residential care, including extra care housing so that we promote independence, improve health and emotional well being,
- Increasing the uptake of direct payments and individual budgets; and to give people choice and control,
- Developing preventative services such as assistive technology so that we keep people safe and in their own homes
- Placing users and carers at the heart of commissioning activity so that they are integrally involved in key commissioning decisions by 2011.
- Commission an improved range of support for carers in Rotherham so that they know that the Council is supporting them in their caring role.
- Put in place effective performance and financial management arrangements to support the delivery of the commissioning outcomes, quality, VFM and safeguarding by 2008.

This strategy sets out how we will improve the performance and value for money issues within Adult Social Care. The service is currently rated 'good' with 'promising prospects' under the Commission for Social Care Inspectorate's (CSCI) new regime in 2007.

In order to maintain and improve our judgment then we need to modernise the way we commission and provide services. Helping comparatively low numbers people to live at home and an over reliance on high cost in-house services and residential care are our main areas of weakness.

Good progress has been made this year to improve value for money. On 10th December 2007, Members approved our 'shifting the balance' plans to increase home care provision in the independent sector and we have substantially increased our commissioning capacity by freeing up resources created by the restructure. This responds to an Audit Commission Value for Money report (2006) which criticised our spending on strategy and commissioning.

Despite the Council providing considerable financial commitment to Adult Social Care in the last five years, helping people to live independently costs money and we do not possess the resources required to fulfill current and future need. Demographic factors continue to put pressure on budgets.

Adult Services and the PCT undertook the JSNA between March 2007 and January 2008. This outlines current and predicted health and wellbeing outcomes, an account of what people in the local community want from their services and a view of the future, predicting and anticipating potential new or unmet need.

The JSNA tells us that by 2015 the older people's population will have increased by 23% and that there will be additional social care needs associated with continence, falls and the prevalence of long term conditions such as coronary heart disease. This will place additional unsustainable pressures on the General Fund if we continue with our current configurations of un-modernised service provision.

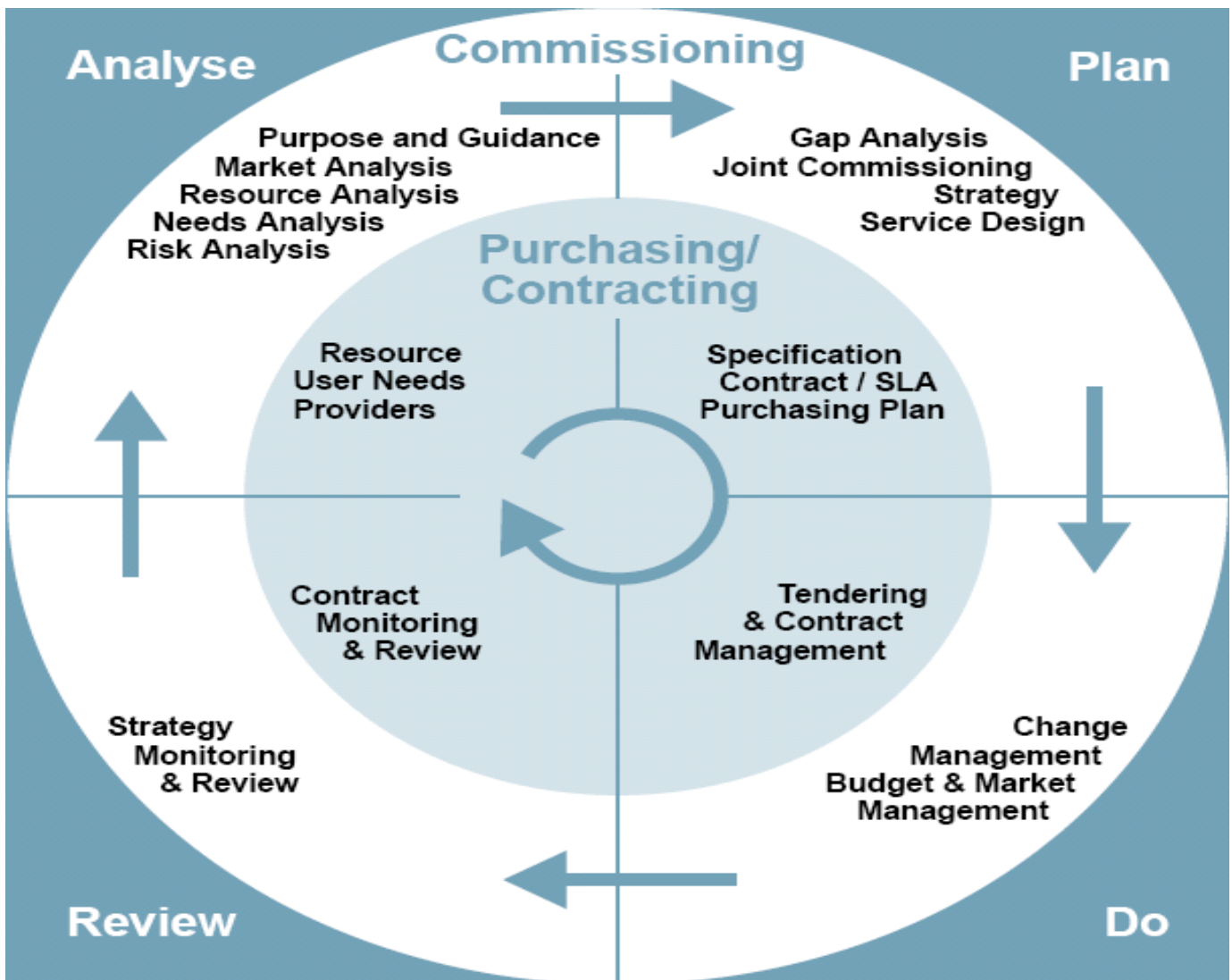
The JSNA has told us:

- People want to remain healthy and in their own homes,
- People want to do things for themselves,
- To improve value for money and better outcomes then we need to move away from direct provision to commissioning diverse services from a range of providers,
- People want to influence and be involved in our commissioning decisions, and
- People want access to a range of different services so they can make a personal choice about which care package will keep them independent.

Adult Services Commissioning Strategy sets out how we will respond to some of these issues so that we make investment in the right areas to meet need, continue to disinvest in services which do not provide value for money or meet people's expectations. By taking this strategic approach we will improve outcomes for customers, improve performance and use of resources.

**Introduction**

1. This strategy will deliver intelligent commissioning of person centred, outcome focused services that meet the needs, aspirations and life ambitions of people in Rotherham by 2023. This will be achieved through the process of strategic commissioning.
2. Strategic Commissioning is the process of specifying, securing and monitoring services at a strategic level, to meet people’s needs. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors (Audit Commission 2003). The Neighbourhoods and Adult Services Directorate has set out in its Service Plan the strategic objectives for the next three years. Strategic Objective 4: ‘Deliver quality, innovative, efficient, value for money services to our customers through Commissioning by the year 2010’ is the beginning of a process of change in the way services are commissioned and provided.
3. The Commissioning cycle is illustrated by the diagram below:



4. The strategy will set out how the Council will work with all its partners and stakeholders to shape and develop services and the care market over the next 15 years. It will enable providers from the statutory, independent and third sectors to maintain and develop a range of services which are flexible to meet current and future needs.
5. These services need to be designed to enable people to remain independent and continue to live in the community, to minimise admissions to hospital and long stay residential care whilst avoiding delayed discharges from hospital.
6. This is an overarching commissioning strategy. Separate more detailed commissioning and procurement plans will be developed for specific service user groups such as older people and people who are physically disabled.
7. This strategy will outline the strategic commissioning aims and objectives for the next 15 years. This will be supported by an annual implementation plan and a 3 yearly refresh of the strategy. The action plan attached to this strategy (Appendix 1) covers the period 2008-2011.
8. There will also be a separate strategy setting out how the Council will commission services with the Primary Care Trust. This is the Joint Commissioning Strategy. This will focus on 4 key areas of activity, namely;
  - The management of long term conditions,
  - Intermediate care,
  - Older people with mental health problems, and
  - Reducing hospital admissions from residential and nursing care.
9. The newly established Commissioning and Partnerships Department will be tasked with commissioning services to promote the health and wellbeing of the community working closely with partners in the commercial, statutory, independent and third sectors.
10. A programme of modernisation has already commenced to ensure that social care services will be fit for purpose in the future.
11. This strategy contains a needs analysis of Rotherham's population. A Joint Strategic Needs Analysis (JSNA) has been completed with the Primary Care Trust. This will be regularly updated and revised to give the most accurate reflections of demographic information gathered and used to inform future planning of services.
12. The information gathered as a result of the JSNA process will be used to create a *story of place* for the geographical area covered by each Area Assembly. This will be used to target resources to help those in most need and to tackle inequalities.

13. The Directorate currently spends around £80 million per year on purchasing social care. The emerging results from the JSNA indicate a potential 23% increase in demand for services by 2021. This is due to an ageing population, increased life expectancy, increased levels of dementia, increased falls and conditions associated with being older and living longer. Continuing on the current paths of investment, without a fundamental shift in our modernisation strategy, will require a 23% increase in funding, an additional £18.4 million per year by 2023.
  
14. This strategy provides the cornerstone of our commissioning programme into the future. It reaches beyond Adult Social Care in supporting the corporate objectives of the Council, creating the right environment to support community wellbeing.

## Section 1

### Strategic Commissioning in Rotherham

- 1.1 Strategic Commissioning provides a different approach and will require us to look at the needs of the whole population. We will need to work with a range of stakeholders and partners and look to forge links beyond those organisations normally associated with social care, such as the wider business community.
- 1.2 Such a change in the way services are commissioned cannot be achieved immediately. This strategy will look at the long term needs of the population and begin to reshape services to meet those needs. There may be some opportunities to change things quickly but in the longer term a radical shift in the current approach, for example, the use of block contracts to commission traditional services.
- 1.3 This commissioning strategy will encourage the involvement of people with care and support needs to develop and plan services for the future. We have commenced a process of consultation and involvement to make sure the hopes and aspirations of local people are reflected in the plans for the future.
- 1.4 The success of this strategy will be based on meeting the eight steps identified in the consultation document 'Commissioning framework for health and wellbeing' (DH 06.03.07) that will deliver improved health and wellbeing outcomes. Section 5 of this strategy outlines the way in which we will address these steps.
- 1.5 The strategy links closely to the Corporate Plan, Community Strategy and Local Area Agreement.
- 1.6 The development of more choice for users is at the heart of this strategy and the plans to extend the use of Direct Payments and Individual Budgets will help in achieving this.
- 1.7 There are a small but growing number of people in Rotherham who secure and pay for their own care services. We must make sure that a variety of services and information about those services is readily available.
- 1.8 This strategy sets out a vision for the future of the social care market in Rotherham. Based on a gap analysis and mapping of current provision, the market will need to develop to provide:
  - Predominately home based services including extra care and supported housing
  - Increased levels of self assessment and self directed care
  - Use of assistive technology
  - Emphasis on prevention
  - Responding to outcomes identified by users and carers
  - A flexible approach to meeting the needs and preferences of users and carers
  - The promotion of social inclusion
  - Shift in contracts to reflect an outcome based approach
  - A partnership approach from commissioners and providers

- Specialist services with the Primary Care Trust for those with complex health and social care needs

1.9 In order for this commissioning strategy to be effective, there will need to be a wide range of associated joint commissioning activities with partners and stakeholders. This will ensure that the best possible range of services is available to enhance individual and community wellbeing.

## Section 2

### Structure of the Strategy

- 2.1 The strategy provides a framework for the strategic commissioning of adult social care services for the next 15 years to 2023 and beyond. It relates to adults over the age of 18. There will be specific arrangements for the commissioning of services for adults with a learning disability and for adults with a mental health problem as these services are provided on an integrated basis with health partners.
- 2.2 A three year action plan detailing the Local Authorities commissioning objectives is attached as Appendix 1 of this strategy.
- 2.3 The strategy will provide guidance to reshape commissioning activity to best meet the needs of local people, encouraging innovation and good practice.
- 2.4 There will be a significant impact on the current arrangements for procurement and contracting with providers. The emphasis will be on securing the best possible outcomes for users and carers and contracts will need to reflect this shift.
- 2.5 Responsibility for the development and delivery of the strategy will rest with the Neighbourhoods and Adult Services Directorate, primarily within the Commissioning and Partnerships section.
- 2.6 Whilst this plan sets out the general direction of travel for the next 15 years, there will be a 3 yearly refresh of the strategy and yearly implementation plans.
- 2.7 The initial implementation plan will be produced alongside this strategy identifying the areas where there is a need for urgent action and reform.
- 2.8 The Council has a medium term financial strategy that is reviewed each year as part of the budget cycle. This will support the investment and disinvestment required to meet the changes required to ensure that the appropriate services are commissioned to meet need.



## Section 3

### The Way Forward

- 3.1 Neighbourhoods and Adult Services Service Plan Strategic Objective 4 is to 'Deliver quality, innovative, efficient, value for money services to our customers through Commissioning by the year 2011'. This strategy outlines the direction of travel required to meet this objective.
- 3.2 A move towards more inclusive commissioning and procurement has already begun. The recent home care contract tendering process was conducted in partnership with user and carer representatives. This is in line with the Government's social care regional grant. We need to make sure that people are much more involved in the design, commissioning and evaluation of services and how their needs are met.
- 3.3 The overall strategic direction is to strengthen the Council's commissioning function in line with the new National Commissioning Framework. The emphasis will be on enabling people to do things for themselves. There will also be a move from direct provision to commissioning from the independent and 3<sup>rd</sup> sectors. In addition there will be a continuation in the development of partnerships with all stakeholders to facilitate delivery of services.
- 3.4 This strategy is designed to embed a service user focus and make sure that people who use services and their carers have access to a choice of good quality services which are responsive to their needs and preferences. This will include the development of specialised support services to enable more people to stay closer to home rather than be placed in out of district specialist services.
- 3.5 From a service development perspective, there must be a true partnership with providers. This strategy builds on the existing liaison frameworks to involve and value providers' expertise and knowledge in developing commissioning strategies as well as service development.
- 3.6 The Council has reviewed its Medium Term Financial Plan and agreed a range of measures which commenced in April 2007. In addition to this, each element of the action plan will have a supporting financial plan to address de-commissioning and investment issues.
- 3.7 A purchasing plan (Appendix 2) has been developed and is designed to address the pressures identified by the Joint Strategic Needs Assessment and achieve the Directorate's vision for the future to ensure the following outcomes:-
  - Promotion of independence, improving health and emotional wellbeing
  - A focus on enabling and re-ablement.
  - A focus on increasing equality and giving all people the opportunity for an improved quality of life.
  - Commissioning for quality, efficiency and value where value is added at every point in the process.
  - A greater focus on prevention, early intervention, self assessment and self care.

- Wider range of providers offering innovative provision better tailored to people's needs.
- Seamless transition with service configured around need.
- Commissioning at an individual level through Direct Payments and Individualised budgets to give people choice and control.
- Commission outcome focused social care services
- Achieve an excellent rating in the Social Care Outcomes Framework

3.9 This is a fifteen year strategy and as such will provide a framework for the actions needed to achieve change. An annual implementation plan and three yearly refresh of the strategy will keep targets and objectives realistic and focused.

## Section 4

### Commissioning for Health and Wellbeing

4.1 The Commissioning framework for health and wellbeing (Appendix 3) is designed to enable commissioners to achieve:

- a shift towards services that are personal, sensitive to individual need and that maintain independence and dignity;
- a strategic reorientation towards promoting health and wellbeing, investing now to reduce future ill health costs;
- a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities.

(Commissioning Framework for Health & Wellbeing (DH 06.03.07).

This section outlines the commissioning objectives for health and wellbeing in Rotherham that have been identified as a result of applying the framework and links them to the outcomes framework for social care (A New Outcomes Framework for Performance Assessment of Adult Social Care, Commission for Social Care Inspection Consultation Document 2006).

4.2 **Step 1: Putting people at the centre of commissioning**

#### Commissioning Objectives

4.2.1	We will make sure that all citizens have access to good quality information about local health, social care and wellbeing services.
4.2.2	We will encourage users and carers to influence services and voice their concerns. In order to ensure that people's voices are heard a widespread consultation process on the future of Health and Social Care services has commenced and will be ongoing to support the development of the commissioning process to better meet the needs of local people. There will be a variety of methods of consultation including surveys, focus groups, large group events and more innovative approaches using the internet for discussion groups.
4.2.3	We will commission an improved range of services for carers to make sure that our commitment to them is demonstrated and we support their caring role.

**Contributing to Outcome 3: Making a positive contribution – Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people and 4. Increased choice and control - People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences.**

#### 4.3 Step 2: Understanding and Planning for the Needs of Individuals and of the Local Population

##### Commissioning Objectives

4.3.1	The Joint Strategic Needs Assessment has highlighted a number of key priorities for action. This needs to be maintained accurately and regularly and its profile raised in the Council and PCT.
4.3.2	In order to ensure that people are given the best possible chance of maintaining and improving their health and wellbeing, a detailed analysis will be made of local intelligence of those at risk. This information will be used to identify those at most risk of deterioration of their health and wellbeing and to enable resources to be targeted to those most in need. This will include preventative services that will be developed

**Contributing to Outcome 5: Freedom from Discrimination - Those who need social care have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm, 6: Economic Wellbeing - People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this and 9. Commissioning and use of Resources - Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.**

#### 4.4 Step 3: Sharing and Using Information More Effectively

##### Commissioning Objectives

4.4.1	The introduction of Person Held Records will assist in embedding the principles of the Single Assessment Process in the absence of an electronic solution.
4.4.2	By 2008 everyone with both long term health and social care needs will have a care plan if they want one and by 2010, everyone with a long term condition will be offered a personal care plan. In order to meet these requirements, more integrated assessment and care planning will be necessary.
4.4.3	The development of three new customer service centres at Maltby, Aston and Rawmarsh, and the introduction of Assessment direct, will streamline the assessment process for service users and their carers and with the co-location of teams, communication will be vastly improved.
4.4.4	Opportunities for joint commissioning will be explored with the PCT and the Joint Commissioning Strategy will be implemented and updated to reflect local need.

**Contributing to Outcome 1: Improving Health and Wellbeing - Services promote and facilitate the health and emotional wellbeing of people who use the services.**

## 4.5 Step 4: Assuring High Quality Providers for all Services

### Commissioning Objectives

4.5.1	Consultation has already commenced on the Joint Strategic Needs Assessment with providers locally.
4.5.2	We will be working with existing and new providers to support the development of services to meet the need of the local population.
4.5.3	The Sustainable Market Management Plan, set out in Appendix 3 will ensure that there are appropriate and adequate residential and domiciliary services available at the right price to meet need and deliver effective outcomes both now and in the future.
4.5.4	The key to this plan is to embed a service user focus and make sure that people who use services and their carers have access to a choice of good quality services which are responsive to their needs and preferences.
4.5.5	The plan sets out the Directorate's longer term view. In order for providers to develop appropriate services, there is a need to remove uncertainty and promote sustainability. The strategy therefore is to establish longer term contracts with a guaranteed level of business and to structure contracts more effectively by procuring services on a geographic basis.
4.5.6	Achieving value for money will require a shift in the balance of service provision. To do this, each sector should be assisted to utilise its strengths and skills. In house services should be used to deal with more complex cases and to focus on enabling and re-enablement due to the skills in this sector. The independent sector should focus on stable ongoing care packages. The voluntary sector should focus on prevention and self assessment. To improve control and consistency, all services will be procured through a brokerage approach. This will free up assessment time for social workers to deal with increasing demand in this area.
4.5.7	The market management plan also reflects the need to be firm but fair. The Directorate, as a commissioner, has duties of care for both the needs of vulnerable people and finance. The plan sets out mechanisms for monitoring service quality and evaluating service effectiveness using evidence based benchmarking criteria. The process will include the introduction of electronic monitoring and wider use of customers and focus groups in monitoring quality and performance. Performance against such criteria can be used to either commend excellent providers and improve, or ultimately terminate contracts with poor providers.
4.5.8	From a service development perspective, there must be a true partnership with providers. The plan builds on the existing liaison frameworks to involve and value providers' expertise and knowledge in developing commissioning strategies as well as service development.

4.5.9	The market management plan also recognises the need to give people greater choice and control by extending direct payments and introducing individualised budgets. As this will change and reshape the way services are delivered. Providers will be involved in workforce planning and development and this will be achieved through the establishment of Independent Sector Workforce Planning and Development Liaison Officer.
4.5.10	The development and implementation of the Market Management Plan will establish productive working arrangements between commissioners and providers and result in the development of a market that is effective and well managed.

**Contributing to Outcome 2: Improved Quality of Life - Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential and 9: Commissioning and use of Resources - Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.**

**4.6 Step 5: Recognising the Interdependence between Work, Health and Wellbeing**

**Commissioning Objectives**

4.6.1	We will work with statutory and voluntary organisations and the wider business community to encourage them to use workplaces as settings for health improvement.
4.6.2	For all those organisations that we contract with to provide care, we will expect as part of that contract that they will actively support and promote the health and wellbeing of their employees.

**Contributing to Outcome 2. Improved Quality of Life - Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential and 6. Economic Wellbeing - People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this**

#### 4.7 Step 6: Developing Incentives for Commissioning for Health and Wellbeing

##### Commissioning Objectives

4.7.1	Currently the pooled budget between Health and Social Care is used to purchase a variety of Intermediate Care services. The current arrangements have been reviewed to reflect the need for change to best meet the needs of people with health and social care needs.
4.7.2	From 2008/09 funding for all Intermediate Care services will be transferred to a pooled budget. The incorporation of services into one pooled budget will clarify the commissioning and financial arrangements for Intermediate Care. It will place the service in a position where it can be jointly commissioned. It will enable the development of co-ordinated care pathways from residential rehabilitation services to community and day care provision. Finally it will facilitate the delivery of integrated teams, case management and single assessment.
4.7.3	The co-location of health and social care staff will become a reality in when the first of three community resource centres will open at Maltby with further developments planned at Aston and Rawmarsh.
4.7.4	This will be the first step in a fully integrated assessment and care management approach which will streamline processes and ensure a speedier response to people in need.

**Contributing to Outcome 4: Increased choice and control - People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences**

#### 4.8 Step 7: Making it Happen – Local Accountability

##### Commissioning Objectives

4.8.1	The Local Involvement Network will be established and will provide an opportunity for local communities to challenge the way in which public money is spent. We will consider how we need to use the LINK as it develops in Rotherham.
4.8.2	There will be an annual consultation event and processes to ensure that the commissioning of services is meeting the needs, hopes and aspirations of the local community.
4.8.3	We will continue to refine and update the JSNA to support future planning.

**Contributing to Outcome 3: Making a positive contribution – Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people.**

#### 4.9 Step 8: Making it Happen – Capability and Leadership

##### Commissioning Objectives

4.9.1	The newly established Commissioning and Partnerships Directorate will support the development of the skills required to commission for health and wellbeing.
4.9.2	The team will work across the Council and with partner agencies to support social inclusion and wellbeing.
4.9.3	Services will be delivered in order to promote people's independence with an extension of the use of Direct Payments and Individual Budgets.
4.9.4	The local care market will be further developed to ensure a sufficient supply of a range of services to meet the needs of the local population
4.9.5	The development of quality standards for all services will be completed in partnership with users, carers and providers

**Contributing to Outcome 8: Leadership - The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services.**



## Section 5

### National and Local Context

5.1 This section will outline the key national and local policy drivers that affect the commissioning process for adults.

#### National Drivers

5.2 The White Paper 'Our Health, our care, our say: A New Direction for Community Services' (DH 2006) encompasses community health and social care delivery. Its key themes across health and social care include the shift to:

- Personal and responsive health and social care services that reflect people's needs and wishes
- Prevention, public health and wellbeing linking to Choosing Health the Public Health White Paper which requires co-delivery and if appropriate, joint commissioning, between local government and NHS in partnership with communities, business, and the third sector. The statutory functions of both the Director of Adult Social Services and the Director of Public Health will lead this process
- Tackling inequalities
- More focussed support for people with long term conditions
- More service outside of hospital, care closer to home
- More integrated services and working arrangements between the NHS and social services

5.3 Success will be measured against the new Social Care Outcomes framework that contains seven outcomes and two cross cutting themes. These are:

- Improved Health
- Freedom from Discrimination or Harassment
- Personal Dignity and Respect
- Improved Quality of Life
- Making a Positive Contribution
- Exercise of Choice and Control
- Economic wellbeing

Cross-cutting themes:

- Leadership
- Commissioning and use of resources

5.4 The final report of the Office of the Deputy Prime Minister's Social Exclusion Unit 'A Sure Start to Later Life – Ending Inequalities for Local People' highlights the need to bring services together to better provide for the needs of older people. This strategy will seek to develop such an approach.

- 5.5 Research undertaken by the University of York found that the following Outcomes were valued by Older People (Outcomes-focused Services for Older People [Glendinning, C., Clarke, S., Hare, P., Kotchetkova, I., Maddison, J. and Newbronner, L.](#) 2006 SCIE Knowledge Review, 13 Social Care Institute for Excellence, London): -
- **Change Outcomes** – Improvements in symptoms, physical functioning and morale.
  - **Maintenance and prevention outcomes** – meeting physical needs, ensuring personal safety, having a clean and tidy home, keeping alert and active, having social contact and company, having control over daily routines.
  - **Service process outcomes** – the ways that services are accessed and delivered, including feeling respected and treated as an individual, having a say and control over services, good value for money and compatibility with other sources of help, respect for religious and cultural preferences.
- 5.6 In 2006, the Kings Fund commissioned a year long review headed by Sir Derek Wanless to determine how much should be spent on social care for older people in England over the next 20 years. The review examined social and health care policy, services and spending as well as demographic, social and technological trends. When assessing the impact of the ageing population it is important to establish whether people are living longer because of later onset of disease or whether they are living longer after developing a long term condition. If longevity is due to late onset of disease then the burden on health & social care services correlates to population growth. However if people are living longer after they have developed a long-term condition there will be a disproportionate rise in the number of people with a disability compared to population profiles.
- 5.7 Wanless concludes that increases in healthy life expectancy are not keeping pace with improvements in life expectancy. As life expectancy increases a smaller proportion of that time will be disability-free. This is likely to lead to a greater reliance on community based health & social care services than would normally be extrapolated by population growth profiles.
- 5.8 Wanless predicts that by 2025 there will be a 54% increase in the number of older people who are unable to carry out one Activity of Daily Living (ADL). This increase takes account of any improvements in medical technology and moderate reductions in lifestyle conditions. This increase in the number of people with impairment and dependency will increase the demand for social care, putting pressure on available resources and funding.
- 5.9 The New Local Performance Framework builds on the commitment within *Our Health, Our Care, Our Say*, to develop a shared outcome based performance framework. It brings together national standards and priorities set by government with local priorities informed by the Local Strategic Partnership. The framework forms part of the Local Area Agreement, which is the vehicle through which partner organisations, led by the local authority, identify the steps required to improve local services.

- 5.10 The Local Area Agreement incorporates 35 local improvement targets, which have been selected from 198 national indicators. The national indicators will be the only indicators reported to Central Government. They are the only trigger for performance management by Central Government, other than concerns highlighted by the inspection activity.
- 5.11 'Putting People First' -A shared vision and commitment to the transformation of Adult Social Care (DH 10.12.07) is a ministerial concordat outlining the need for the development of a new adult care system. The protocol outlines the Government's commitment to independent living. The emphasis is on a collaborative approach between local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training. The emphasis will be on the redesign of local systems to meet the needs of citizens.
- 5.12 The Local Authority Circular 'Transforming Social Care' ( LAC(DH) (2008) 1) sets out the information required to support the transformation of social care as previously highlighted in the Department of Health's Green Paper, *Independence, Wellbeing and Choice* (2005) and reinforced in the White Paper, *Our Health, our care, our say: a new direction for community services* (2006). The direction of travel is clearly towards the personalisation of services with a strategic shift towards early intervention and prevention.

### Local Policy Context

- 5.13 The following statement is taken from Rotherham's Community Strategy and is one of 5 key themes describing its vision:-

*Rotherham will be a place where people feel good, are healthy and active, and enjoy life to the full. Health services will be accessible and of a high quality for those who require them. Rotherham will celebrate its history and heritage – building on the past, and creating and welcoming the new. People will be able to express themselves and have opportunities to be involved in a wide range of high quality cultural, social and sporting activities. The media, arts, literature and sport will flourish. As a society, we will invest in the next generation by focusing on children and young people.*

### 5.14 Rotherham's Vision and Core Values

Rotherham's vision is made up of *five strategic themes* which will direct the future work of the Rotherham Metropolitan Borough Council. They provide, underpinned by the cross-cutting themes, the strategic framework for the 2020 Vision.

Rotherham Metropolitan Borough Council will aim to be:-

- A **learning** council – which listens, learns and is progressive (*Rotherham Learning*).

- An **achieving** council – demonstrating leadership and ambition for Rotherham. We will be effective and will act and be regarded with confidence. Rotherham Metropolitan Borough Council will be a champion for the borough and its people, we will be a talented Council and provide inspiration to achieve the borough's goal. (*Rotherham Achieving*).
- A council which is **alive**, passionate and visionary. We will engage and seek to empower local people and partners. Our employees' wellbeing will be a key priority. We will be known as a fun and creative organisation. (*Rotherham Alive*).
- A **safe** council – demonstrating honesty and integrity in all that we do, we will be worthy of respect of local people and partners. (*Rotherham Safe*).
- A **proud** council – proud of the borough, our work and our staff. We will operate democratically, transparently and accountably, and be inclusive and fair. We will be responsive and accessible. Our contribution within the borough will be recognised and valued. (*Rotherham Proud*).
- The Commissioning Strategy is also consistent with the framework produced by Our Futures Group 2.

5.15 Neighbourhoods and Adult Services Service Plan sets out the Mission Statement 'Services are available in a way that enables people to exercise power and control over their own life' and the vision statement '.

To provide integrated local services so that:

- People can exercise choice, retain their independence, be offered protection and have equality of access.
- Communities are active and shape local services to meet their characteristics and needs.
- Neighbourhoods are safe, free from crime and places to be proud of.

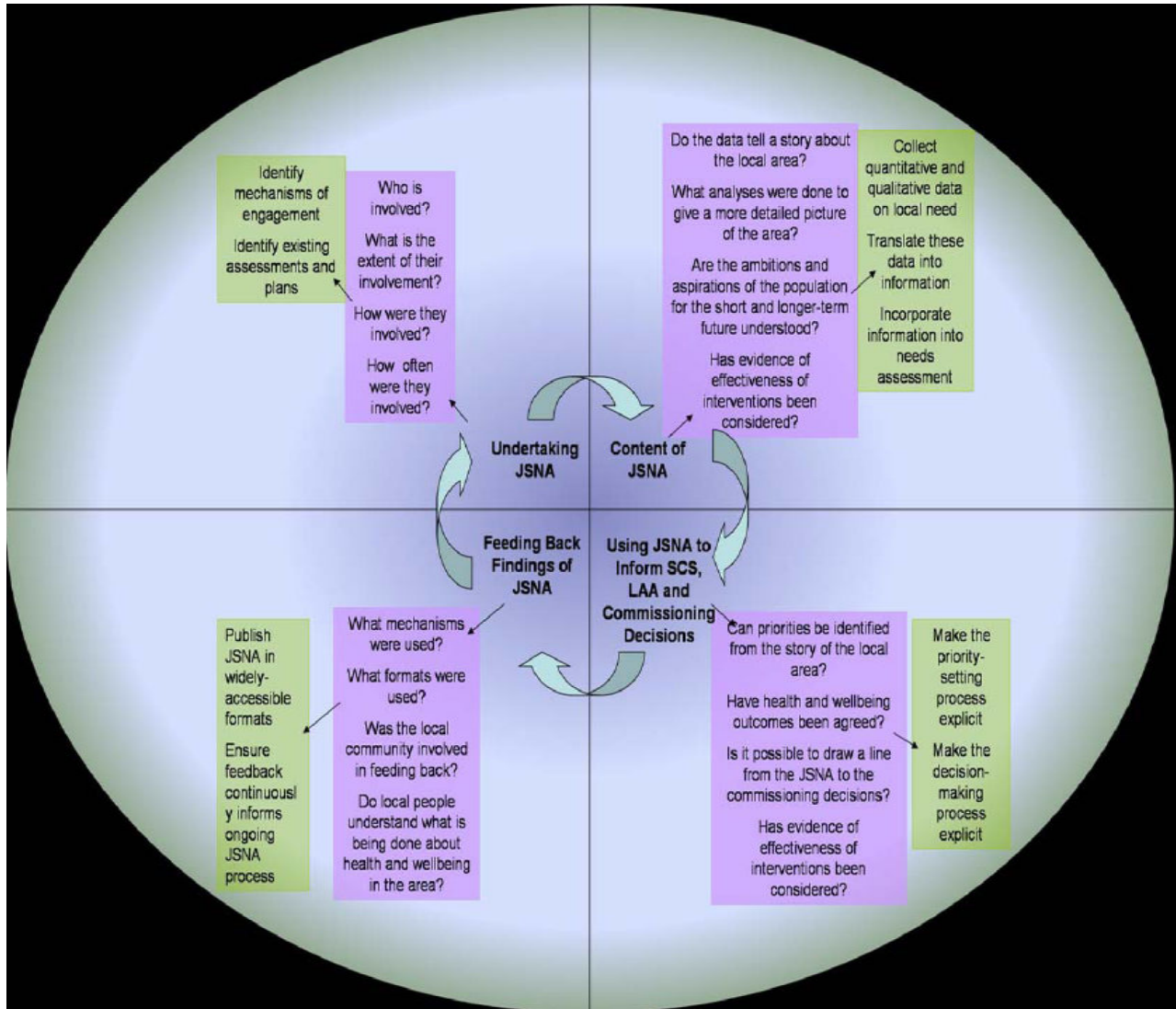
5.16 The Commissioning Strategy will assist in the achievement of the vision and core values by commissioning flexible, culturally appropriate services to support local people to remain independent for as long as possible .

5.17 The development of this strategy is one of the actions identified to meet Strategic Objective 4 of the Neighbourhoods and Adult Services Service Plan 2008-2011.

## Section 6

### Joint Strategic Needs Assessment

6.1 This section will examine the indications from the Joint Strategic Needs Assessment of the potential needs of service users and carers that will need to be addressed by this strategy. The following diagram illustrates the purpose of the JSNA:



6.2 Rotherham Borough comprises a diverse and vibrant blend of people, cultures and communities. It is made up of a mix of urban areas and villages all interspersed with large areas of open countryside. About 70% of the Borough is rural in nature, but it is well connected to all areas of the country by its proximity to the motorway and inter-city rail networks. In 2005, Robin Hood Doncaster/Sheffield Airport opened to bring international links to the Borough's doorstep.

- 6.3 Currently at 251,500 Rotherham's population is increasing steadily, as people are attracted to the borough to enjoy the good quality life and economic opportunities, a trend expected to continue for many years ahead. In common with the rest of the UK, Rotherham has an aging population with the number of people aged over 70 expected to grow by approximately 70% over the next 25 years. The borough's ethnic minority population is growing fast, but currently stands at 3.1% below the national average.
- 6.4 The Council is faced with a significant challenge of balancing the financial implications associated with the demographic pressures identified in the joint strategic needs assessment (JSNA), with its ambitions for achieving an excellent rating in the Social Care Outcomes Framework. Achieving an excellent rating will assist the Council to improve its overall performance rating within the Comprehensive Performance Assessment/Comprehensive Area Assessment.
- 6.5 The emerging JSNA shows us that the increasing numbers of dependent people will place severe pressure on our budgets in the short, medium and longer term. We will not be able to continue with our current pattern of purchasing and need to redesign and reconfigure services to meet the growing need.
- 6.6 The JSNA will be the main vehicle for our understanding of the population in years to come. Rotherham is cited as a model of good practice by the Care Services Improvement Partnership (CSIP) for the production of its JSNA. The document and analysis will become increasingly sophisticated in future years and give us improved data upon which to base future commissioning decisions.

## Section 7

### The Care Market in Rotherham

This section of the strategy looks at the care market in Rotherham. For the purpose of this strategy we are defining the market as available care provision and support (supply) and the joint strategic needs analysis (demand).

We recognise that the current service mapping and needs assessment will need further analysis and interpretation in order to make a meaningful change to commissioning activity

#### Structure of Market

- 7.1 There is a diverse range of social care providers in Rotherham ranging from sole providers to nationally quoted companies together with a mix of voluntary and private sector providers. However there is a growing presence of single national providers.
- 7.2 The independent residential sector is well established and consists of a good mix of new build and refurbished establishments. Standards are relatively high compared with the national picture. The share of the market is predominantly independent sector and will increase with the planned decommissioning and new build of two 60 bedded local authority homes including EMI provision by autumn 2008.
- 7.3 Whilst Rotherham currently places less than 10% of Adults outside the Borough there is a shortage in the provision of residential care for people who are physically disabled. Demographic analysis over the next five years has also identified a shortfall in places for older people with mental health problems.
- 7.4 The home care sector is made up of a small number of independent sector providers with the remainder of service being provided in house. There is an ongoing strategy to increase the sectors share of the market which is underpinned by a range of market management principles e.g. longer term contracts.
- 7.5 A diverse range of services are provided by the 3<sup>rd</sup> Sector covering such services as home care, day care, advocacy, information and interpretation.
- 7.6 The care sector has experienced significant pressures in recruitment and retention of staff mainly due to the local development of call centres and service industry. Joint monitoring and reporting arrangement have been introduced and will be evaluated as part of a workforce development strategy. Pay rates and house prices in Rotherham are reasonably comparable with neighbouring Councils.
- 7.7 The market analyser shows the mix in the market between In House and Independent Providers and makes comparison with other Local Authorities. Rotherham's aim is to maintain the level of Adults placed outside its boundaries below 10%. With regard to the percentage of people in residential care supported by the Council further work needs to be undertaken to identify who is funding the remaining 47%. It is possible that they are self funders who may be eligible for financial support from the Council when their savings drop below savings thresholds.

7.8 In terms of home care market development, it has been agreed that there will be an incremental shift in how these services are commissioned. This objective was endorsed by Elected Members on 10th December 2007 and is to be achieved by March 2009 through:

- Shifting the balance of home care from the in-house service to the independent sector from 60% to 35% (around 3,600 hours per week). This will result in the market share moving from 65% to 35% in favour of the independent sector.
- Reconfiguring in-house home care services to support people in greatest need. This will be achieved by developing in-house services as an enabling and reablement service to maximise the independence of individuals that we support in their own homes.
- This reconfiguration will also include a move towards providing an improved rapid response service and urgent care provision to meet the needs of individuals with complex long term conditions.

<b>LOCAL AUTHORITY MARKET ANALYSER – ROTHERHAM MBC</b>				
Source CSCI Survey Results				
<b>LOCAL PROVIDER CHARACTERISTICS</b>				
<b>Percentage of Adults Placed in Residential Care outside Authority Boundaries</b>				
	Rotherham	IPF	Met Districts	England
31-Mar-03	9.4%	15.4%	17.1%	17.1%
31-Mar-04	9.9%	15.6%	16.8%	18.0%
31-Mar-05	9.8%	15.2%	17.5%	18.6%
31-Mar-06	9.2%	16.5%	17.1%	18.9%
<b>Percentage of Adult Residential Care Market with Council Supported Residents</b>				
	Rotherham	IPF	Met Districts	England
31-Mar-03	68.6%	61.0%	60.0%	45.3%
31-Mar-04	55.6%	59.3%	58.9%	49.9%
31-Mar-05	55.4%	58.1%	56.6%	48.3%
31-Mar-06	54.1%	56.0%	60.1%	47.4%
Around 50% of people in homes in Rotherham are self-funders or placed by other Local Authorities. There is potential for increased public funding when their assets run out.				
<b>Percentage of Total Hours of Home Care Provided in House</b>				
	Rotherham	IPF	Met Districts	England
September 2003	40.0%	47.4%	45.7%	33.5%
September 2004	41.4%	44.6%	41.6%	30.7%
September 2005	40.4%	40.5%	35.3%	26.6%
IPF Institute of Public Finance – Local Authority similar to Rotherham socio-economic				



## **Local Costs and Charges**

- 7.9 Rotherham is a low wage economy and land prices are comparable with South Yorkshire Neighbours.
- 7.10 The Council operates charging policies for residential and non residential services based on statutory financial assessment frameworks. Flat rate charges are only applied to the provision of meals i.e. meals on wheels, meals at day centres and luncheon club meals. Full details of the charges and charging policies are set out in the Council's website.
- 7.11 The Commission for Social Care Inspection's (CSCI) recent performance assessment commented on the high levels of expensive in house services when compared with similar Councils. The proportion of in house home care service is around 60% compared with the comparator group average of 30%. Whilst the quality of services is fairly consistent across the sectors the cost of in house services is double that of the independent sector.
- 7.12 The Audit Commission Value for Money Profile Report 2006/07 for Rotherham Adult Social Care indicates that services are high cost and medium quality. Unit costs are significantly higher than the comparator group average. Rotherham is ranked 13 out of 14 for the costs of intensive social care and ranked 12 out of 14 for the unit cost of home care. The aim of this strategy will be to set out objectives to incrementally achieve a low cost high quality service by commissioning more services from the independent sector. This will provide opportunities for future investment in the 3<sup>rd</sup> Sector in Rotherham to meet the preventative agenda.

## **Contracting Arrangements**

- 7.13 There is a diverse range of social care providers in Rotherham ranging from sole traders through to nationally quoted companies. The mixed economy of care principle has been fully embraced by Rotherham resulting in a healthy mix of statutory, voluntary and private sector providers. The aim of the commissioning strategy is for the Council to continue and extend its purchasing influence in ways that stimulate and support providers to invest in services and increase standards within a sustainable economy.
- 7.14 In the residential sector there is minimal use of block contracts, this is particularly resulting from the Choice of Accommodation Directive. Here service users identify a home of their choice which can meet their assessed need, the Council then spot contracts with that home. However, to underpin this, the Council sets a guide price based on a fair cost of care; this guide price was established by Consultants jointly commissioned by the South Yorkshire Local Authorities together with Independent Sector providers. The Council is planning to introduce an inflationary formula taking account of pay and non pay factors to uplift this annually.
- 7.15 Intermediate Care in a residential setting is currently procured on a block and spot basis.

- 7.16 The Council applies normal tendering arrangements for purchasing home care; contracts have a block and spot element and cover a three year term. A formula based on inflation indicators is applied annually. The latest home care contracts have been awarded on a zoned basis aligned to area assembly boundaries.
- 7.17 A range of procurement mechanisms are used to purchase services from the Third Sector, these Service Level Agreements are for a term of three years and are inflated using a pay and non pay formula. These arrangements are underpinned by the local Compact.
- 7.18 The Council has a variety of arrangements in operation for paying for services, Residential and Domiciliary Care services are paid for using a 'self billing system' which reduces the infrastructure costs for providers. For other services traditional billing arrangements apply.

### **Contracting Options**

- 7.19 A range of options are currently being considered to change the focus of contracting, these include; payment of quality premiums, setting a price based on costs of providing home care and in accordance with 'Our Health Our Care Our say' principles, outcome based commissioning.
- 7.20 We are also working with the Primary Care Trust to formalise Joint Commissioning arrangements whilst also consulting with colleagues in South Yorkshire to examine the potential for regional commissioning of residential care.

### **Market Performance**

- 7.21 Existing systems for collection of data

Maintaining standards and continuous improvement is a key objective in Rotherham's commissioning plans. Contracts and service level agreements contain quality assurance requirements. Various methods have been established to manage quality assurance and include:-

- Establishment of a central team of contracting and quality assurance officers
- Announced and unannounced visits to Providers offices, care homes and service users homes
- Service user opinion surveys.
- Care management and operational management feedback
- Computerised recording and matching of comments and complaints
- Range of group and individual meetings with providers
- Reference to the Commission for Social Care Inspection reports and Local Market Analysis.
- Benchmarking with other similar Local Authorities
- National and Local Performance indicators
- A future development is the introduction of electronic monitoring

Evidence of the success of the local quality assurance mechanisms is demonstrated in the table below which shows how well Rotherham compares with other Councils. However Rotherham's strategy is to seek continuous improvement and a further range of options are being considered to deliver this e.g. tendering on the basis of quality outcomes by setting a price for home care, electronic recording of visits.

## 7.22 Assessment of Effectiveness and Quality of Existing Services

The analysis below is taken from CSCI Inspection result in 2007 and demonstrates how standards in Rotherham compare with other local authorities. Whilst standards are consistently higher the Council will strive within its commissioning framework to raise standards further.

### Review of Market Performance – Commission for Social Care inspection Local Market Analysis Survey March 2007

#### Residential and Nursing Care

Table 1.1 Percentage of all standards met by Older Peoples Residential care homes				
Local Authority	Private	Voluntary	Rotherham Av	England av
84.9%	78.9%	61.9%	80.0%	78.1%

Table 1.2 Percentage of all standards met by Older peoples Nursing care homes				
Local Authority	Private	Voluntary	Rotherham Av	England av
N/A	86.7%	N/A	86.7%	77.1%

Table 1.3 Percentage of all standards met by Younger Adults Residential care homes				
Local Authority	Private	Voluntary	Rotherham Av	England av
95.5%	85.3%	97.7%	88.0%	82.0%

Table 1.4 Percentage of all standards met by Younger Adults Nursing care homes				
Local Authority	Private	Voluntary	Rotherham Av	England av
N/A	87.1%	92.4%	88.9%	79.9%

#### Domiciliary care

Table 1.5 Percentage of all standards met by Domiciliary Care Agencies				
Local Authority	Private	Voluntary	Rotherham Av	England av
68.2%	74.2%	100%	75.8%	77,2%

#### Other

Table 1.6 Percentage of all standards met by Adult placement Schemes				
Local Authority	Private	Voluntary	Rotherham Av	England av
100%	N/A	N/A	100%	75.9%

- 7.23 Along with other Councils, Rotherham carries out a Home Care Service User Experience Survey. The latest survey was completed in February 2006. The overall satisfaction level was 94.6% which places Rotherham in the top banding. Likewise a question around whether care workers do the things that the user wants was 88.3% again placing Rotherham in the top performance band.
- 7.24 In addition Best Value reviews have been completed for residential care and domiciliary care. Quality is generally good; action plans are being implemented to address gaps.
- 7.25 The Council will use its purchasing influence in ways that will stimulate and support providers to invest in services and increase standards.
- 7.26 We have reviewed our contracting and commissioning arrangements to underpin the provision of outcome focused services and have already achieved:-
- the mix between block and spot contracts within domiciliary care to ensure a sustainable independent sector.
  - the establishment of geographical 'zones' to improve efficiency, reduce travelling times and improving continuity in staff – user relationships.
  - the evaluation of quality premium payments to recognise quality and enable continuous improvement in standards.
- 7.27 A range of measures are being developed to improve monitoring systems and communication arrangements:-
- Electronic monitoring for domiciliary care services is being developed.
  - Evidenced based random sampling is being introduced to reconcile services charged for with services delivered.
  - In order to improve the Council's commitment to providers, a provider satisfaction survey will be undertaken on a bi annual basis.
  - Contract terms and conditions will be revised in consultation with providers to extend the collation of service related management information, including outcome based commissioning.

## Section 8

### References

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- 8.4 A Sure Start to Later Life – Ending Inequalities for Older People. Social Exclusion Unit, Office of the Deputy Prime Minister, January 2006.
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- 8.6 Rotherham Neighbourhoods and Adult Services Service Plan 1007 – 2010.
- 8.7 Putting People First – A Shared Vision & Commitment to the Transformation of Adult Social Care (DH 10.12.07).
- 8.8 The Local Authority Circular ‘Transforming Social Care’ (LAC(DH) (2008).
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- 8.14 Paying for Long-Term Care: Moving Forward. Joseph Rowntree Foundation 2006.
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- 8.17 ‘Building Bridges’, the Health and Social Care Change Agent Team – Spencer P, Padgham M, January 2005.
- 8.18 Local Government White Paper: Strong and Prosperous Communities. November 2006, Department of Communities and Local Government.

- 8.19 All Our Tomorrows: Inverting the Triangle of Care. Joint paper by the Local Government Association (LGA) and the Association of Directors of Social Services (ADSS) – (October 2003).
- 8.20 Outcomes-focused Services for Older People Glendinning, C., Clarke, S., Hare, P., Kotchetkova, I., Maddison, J. and Newbronner, L. 2006 SCIE Knowledge Review, 13 (Social Care Institute for Excellence, London):

## Section 9

### Glossary of Terms Used in this Document

- 9.1 **Advocacy**  
Help given to people to enable them to express their opinions, e.g. about what community care services they require, and/or rights to which they or their advocates believe them to be entitled. An advocate can be a friend or relative authorized to speak or act on behalf of a person.
- 9.2 **Assessment**  
The collection and interpretation of data to determine an individual's need for health, personal and social care and support services, undertaken with the individual, his/her relatives or representatives, and relevant professionals.
- 9.3 **Audit Commission**  
An independent body responsible for ensuring that public money is spent economically, efficiently and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services.
- 9.4 **Block Contract**  
A contract which guarantees a given volume of business with the service provider, usually enabling the contractor to obtain a reduction in the unit cost of service provided.
- 9.5 **Care Package**  
A collective name for the service(s) a person can expect to receive following assessment.
- 9.6 **Carer**  
A person providing care who is not employed to do so by an agency or organisation. A carer is often a relative or friend looking after someone at home who is frail or ill; the carer can be of any age.
- 9.7 **Care Management**  
The process of meeting needs at an individual level, which is sometimes known as micro-commissioning.
- 9.8 **Care Services Improvement Partnership (CSIP)**  
The Care Services Improvement Partnership (CSIP), part of the Care Services Directorate at the Department of Health, was set up on 1 April 2005 to support positive changes in services and in the wellbeing of people with mental health problems, people with learning disabilities, people with physical disabilities, older people with health and social care needs, children and families with health and social care needs and people in the criminal justice system with health and social care needs.
- 9.9 **Commissioning**  
The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by a local authority, NHS, other public agencies or by the private or voluntary sectors.
- 9.10 **Commission for Social Care Inspection (CSCI)**  
The single independent inspectorate for all social care services in England.
- 9.11 **Community Care**  
Care or support provided by social services departments and/or the NHS to assist people in their day-to-day living.
- 9.12 **Community strategies**  
Plans that promote the economic, environmental and social wellbeing of local areas by local authorities as required by the Local Government Act 2000.
- 9.13 **Contract**  
A mutual agreement enforceable by law.

- 9.14 **Contracting**  
Putting the purchasing of services in a legally binding agreement.
- 9.15 **Decommissioning**  
The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning outcomes.
- 9.16 **Day Care**  
Day-time care usually provided in a centre away from a person's home, covering a wide range of services from social and educational activities to training, therapy and personal care.
- 9.17 **Direct Payments**  
Payments giving recipients the means of controlling their own care at home, allowing more choice and flexibility. They are regular monthly payments from social services enabling people to employ their own personal assistants for care, instead of receiving help arranged by social services.
- 9.18 **Director of Adult Social Services (DASS)**  
A statutory post in local government with responsibility for securing provision of social services to adults within the area.
- 9.19 **Directors of Public Health (DPHs)**  
A chief officer post in the NHS responsible for public health, they monitor the health status of the community, identify health needs, develop programmes to reduce risk and screen for early disease, control communicable disease and promote health.
- 9.20 **Domiciliary Care**  
Services provided to people at home to assist them in living independently within the community, e.g. meals on wheels, community nursing and home helps.
- 9.21 **Extra Care Housing**  
Also known as very sheltered housing, it is a style of housing and care for older people that falls between traditional sheltered housing and residential care homes.
- 9.22 **Fair Access to Care (FACS)**  
Guidance issued by the Department of Health to Services/Local Authorities about eligibility criteria for adult social care.
- 9.23 **Green Paper**  
A preliminary discussion or consultation document often issued by the government in advance of the formulation of policy.
- 9.24 **Independence Wellbeing and Choice**  
Independence, Wellbeing and Choice: Our Vision for the Future of Social Care for Adults in England is a Green Paper setting out the government's proposals for the future direction of social care for adults of all ages in England.
- 9.25 **Independent sector**  
An umbrella term for all non-statutory organisations delivering public care, including a wide range of private companies and voluntary organisations.
- 9.26 **Individual budgets**  
Individual budgets bring together a variety of income streams from different public care agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her care needs.
- 9.27 **Intermediate Care Services**  
Care which bridges hospital and home care and is often rehabilitative.
- 9.28 **Joint Commissioning**  
The process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action.



- 9.29 **Local Area Agreement (LAA)**  
A Local Area Agreement is a three-year agreement that sets out the priorities for a local area in certain policy fields as agreed between central government, the local authority and Local Strategic Partnership (LSP). The agreement is made up of outcomes, indicators and targets aimed at delivering a better quality of life for people through improving performance on a range of national and local priorities.
- 9.30 **Local Strategic Partnerships (LSPs)**  
LSPs bring together representatives of all the different sectors (public, private, voluntary and community) and thematic partnerships. They have responsibility for developing and delivering the sustainable Community strategy and Local Area Agreement.
- 9.31 **Long-term conditions**  
Those conditions (for example, diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.
- 9.32 **Our health, Our care, Our say**  
Government White Paper setting out details of its future policy on health and social care services.
- 9.33 **Performance Indicators (PIs)**  
Measures used to judge whether objectives have been met. Various PIs exist including Best Value, Supporting People, Audit Commissioning, NHS and locally set PIs.
- 9.34 **Primary Care Trusts (PCTs)**  
Local managed free-standing primary care NHS bodies, responsible for delivering health care and health improvements to local residents. They commission or directly provide a range of community health services as part of their functions.
- 9.35 **Providers**  
Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.
- 9.36 **Public Service Agreement (PSA)**  
An agreement negotiated between central government and a local authority to deliver improved outcomes in return for greater freedom in the means of delivery, and financial incentives. It specifies how public funds will be used to ensure value for money.
- 9.37 **Respite Care**  
Help to carers to give them a temporary break from the care they provide, which may be for very short periods of a few hours or for longer periods of time.
- 9.38 **Single assessment process (SAP)**  
An overarching assessment of older people's care needs to which the different agencies providing care contribute.
- 9.39 **Social exclusion**  
Social exclusion occurs when people or areas suffer from a combination of linked problems including unemployment, poor skills, low incomes, poor housing, high-crime environment, bad health and family breakdown. It involves exclusion from essential services or aspects of everyday life that most others take for granted.
- 9.40 **Spot purchasing**  
A method of purchasing services for individuals to achieve the most flexible responses to an individual's needs.
- 9.41 **Statutory body**  
An organisation set up as required by an Act of Parliament or other legislative body. The statutory duties of these organisations are laid out in legislation.

9.42 **Third Sector**

Includes the full range of non-public, non-private organisations which are non-governmental and 'value-driven'; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit. This includes voluntary, community, faith organisations and social enterprises.

9.43 **Voluntary and community sector**

An 'umbrella term', referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, which operate on a non profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national and they may employ staff or depend entirely on volunteers. Also known as, and referred to in this document as the **third sector**.

9.44 **Wanless report**

'Securing good care for older people – Taking a long term view' – a report providing a comprehensive analysis of the demand for social care with estimates for spending requirements over the next 20 years based on a detailed examination of the factors affecting demand and how improvement in outcomes can be achieved cost-effectively. Importantly, the review also considered whether there is a fairer and more cost-effective way of funding social care than the current means-tested system.

9.45 **White Paper**

Documents produced by the government setting out details of future policy on a particular subject.

9.46 **Your Health, Your Care, Your Say**

The listening exercise with the public about what their priorities are for future health and social care services. It comprised four regional events, a range of local events and other activities including questionnaires. The process culminated in a national Citizens' Summit. The events were deliberative, with a Citizens' guide given to participants beforehand to introduce the key issues.

**APPENDIX 1**

**Rotherham Adult Services Commissioning Strategy Action Plan – 2008/2011**

Strategic Objective	Actions	Lead	Links to JSNA	Risks
<p>1. Helping people in Rotherham to adopt and maintain a health lifestyle, enjoy an improved quality of life and sense of well being.</p>	<p>Contribute towards improving and evidencing the impact of health initiatives with the PCT (June 2008)</p> <p>Through the revision of contracting arrangements, embed the promotion of a healthy lifestyle through all commissioned / contracted services (September 2008)</p> <p>Contribute towards the Corporate Obesity Strategy (December 2008)</p> <p>Development of a strategy to assist people to work where it is their aspiration (December 2008)</p> <p>Development of the third sector to provide opportunities for appropriate physical activities to maintain health through commissioning (April 2009)</p> <p>Evidence improved access to leisure activities through work with corporate colleagues and participation in corporate initiatives supporting this action (March 2011)</p>	<p>Vicky Brown</p> <p>Andy Hare</p> <p>Vicky Brown</p> <p>Vicky Brown Shona McFarlane</p> <p>David Stevenson</p> <p>Vicky Brown</p>	<p>JSNA Key Challenge 1</p> <p>Evidence shows that people want to remain healthy</p>	<p>Failure to work effectively with the PCT to secure outcomes for customers that will benefit both organisations</p> <p>Failure to properly predict and commission for the current and future health and well being needs of the borough.</p> <p>Inability to demonstrate 'excellence' in 'making a positive contribution' outcome.</p> <p>Increased financial burden upon the Council in successive years.</p>

Strategic Objective	Actions	Lead	Links to JSNA	Risks
<p>2. Develop community based, culturally appropriate alternatives to residential care so that we promote independence; improve health and emotional well being by 2011.</p>	<p>Deliver action to improve access and information for people about the funding of services, particularly when they are funding their own (May 2008)</p>	<p>Doug Parkes</p>	<p>JSNA Key Challenge 4</p>	<p>Inability to show improved choice, quality and standards for self funders.</p>
	<p>Develop additional residential care capacity to provide places for older people with mental health problems (September 2008).</p>	<p>David Stevenson</p>	<p>Evidence shows that more people want to remain in their own homes rather than go into residential care.</p>	<p>Resistance to 'shifting the balance'.</p>
	<p>Review current day care provision to develop a model of commissioning and provision for the future (September 2008).</p>	<p>Kath Rogers</p>	<p>JSNA Key Challenge 3 and 'In Control' Pilot success in Mental Health</p>	<p>Financial sustainability of residential care market and potential legal challenge.</p>
	<p>Review existing and develop additional extra care housing options/arrangements (SP Target).</p>	<p>Kim Curry</p>	<p>Evidence shows that self directed alternative, flexible and affordable services will need to be developed.</p>	<p>Independent sector unable to develop sufficient capacity to take on additional service transfer.</p>
	<p>Develop an accommodation strategy for older people to meet the demographic challenges for future years (December 2008).</p>	<p>Kim Curry</p>		<p>Robustness of contracting and performance/quality management arrangements.</p>
	<p>Shift the balance of home care provision to 65/35 split in favour of the independent sector (December 2008).</p>	<p>David Stevenson</p>		<p>CVS being sufficiently market aware to respond to commissioning requirements for day care services.</p>
	<p>Improve market capacity to increase the number of high level home care packages that help people remain independent to above the national average of 28% by 2011 (December 2008).</p>	<p>David Stevenson</p>		

Strategic Objective	Actions	Lead	Links to JSNA	Risks
<p>3. Increase the uptake of direct payments and individual budgets to give people choice and control by 2011.</p>	<p>Reconfigure current resource arrangements and appoint Project Manager (September 2008).</p> <p>Develop implementation plan for self directed support (December 2008).</p> <p>Implementation of transformation model to provide self directed support as the first option for meeting needs (March 2011).</p>	<p>David Stevenson</p> <p>Project Manager (David Stevenson)</p> <p>Project Manager (David Stevenson)</p>	<p>JSNA Key Challenge 6</p> <p>Evidence shows there will be more people living longer with complex needs</p>	<p>Failure to shift resources from traditional service provision leading to budget over spends.</p> <p>Failure to put in place effective support infrastructure for users.</p> <p>Culture and practice change for Members and staff.</p>
<p>4. Developing preventative services such as assistive technology so that we keep people safe and in their own homes by 2011.</p>	<p>Evaluate the impact of changing the current FACs criteria in conjunction with service users to inform the commissioning of preventative services and financial profiling (June 2008).</p> <p>Develop commissioning approach for assistive technology (September 2008).</p> <p>Develop preventative strategy with commissioning plan, to include the use of Supporting People funding to support the preventative agenda (September 2008).</p>	<p>Dave Roddis</p> <p>Andy Hare</p> <p>Vicky Brown Tim Gollins</p>	<p>JSNA Key Challenge 6</p> <p>Evidence shows there will be more people living longer with complex needs</p>	<p>Increasing pressures on budgets from people presenting with more complex needs at a later stage.</p> <p>Not being able to finance lowering of FACs.</p> <p>Deteriorating performance on National Indicator (helped to live independently at home) and LAA.</p> <p>Inability to achieve culture shift (reablement).</p>

Strategic Objective	Actions	Lead	Links to JSNA	Risks
<p>5. Put users and carers at the heart of commissioning activity so that they are integrally involved in key commissioning decisions by 2011.</p>	<p>Identify through current networks, those users and carers who have an interest and willingness to be involved in commissioning (June 2008).</p> <p>Put in place training and support to increase number of users and carers involved in high level commissioning decisions (December 2008).</p> <p>Explore the opportunities to utilise the Local Involvement Network (LINK) (September 2008).</p> <p>Undertaking an annual consultation event on the future of health and social care services (March 2009).</p>	<p>David Stevenson</p> <p>Nigel Mitchell</p> <p>David Stevenson</p> <p>Dave Roddis</p>	<p>JSNA</p> <p>Evidence from 'Learning from Customers' shows that users and carers want to get more involved in commissioning activity.</p>	<p>Failure to properly predict and commission for the current and future health and well being needs of the borough.</p> <p>Inability to demonstrate 'excellence' in 'making a positive contribution' outcome.</p>
<p>6. Commission an improved range of support for carers in Rotherham so that they know that the Council is supporting them in their caring role by 2011.</p>	<p>Extend Carers Emergency Support Service (March 2008)</p> <p>Extend current carers training programme and develop training passports (May 2008)</p> <p>Develop implementation plan to extend Carers Support Service to all service areas (June 2008)</p> <p>Leadership and stakeholder event to develop proposals</p> <p>Update website and information (August 2008)</p>	<p>Vicky Brown</p> <p>Vicky Brown</p> <p>Vicky Brown</p> <p>Dave Roddis</p> <p>Dave Roddis</p>	<p>JSNA Key Challenge 2 – the number of carers will increase as the population ages.</p>	<p>Increase financial burden on the Council when people are no longer able to care.</p> <p>Financial and social exclusion for carers.</p> <p>Performance on services for carers deteriorates.</p>

Strategic Objective	Actions	Lead	Links to JSNA	Risks
	<p>Undertake on going consultation with carers on service development (September 2008).</p> <p>Significantly increase the support available to Carers in Rotherham, through the development of the Carers Strategy with the PCT (October 2008).</p>	Vicky Brown		
<p>7. Put in place effective performance and financial management arrangements to support the delivery of the commissioning outcomes, quality, VFM and safeguarding by 2008.</p>	<p>Put in place adequate risk management arrangements (April 2008).</p> <p>Develop and deliver against the Quality Standards Framework for all contracted providers (May 2008).</p> <p>Monitor the implementation of the Commissioning Strategy Action Plan and associated commissioning/de-commissioning activity (June 2008).</p> <p>Publish information on the cost and quality of services ( June 2008)</p> <p>Deliver the plan to update the JSNA on a 6 monthly basis (September 2008).</p>	<p>John Mansergh</p> <p>David Stevenson</p> <p>John Mansergh</p> <p>John Mansergh</p> <p>David Stevenson</p>	<p>JSNA / CMT Risk Register</p> <p>Evidence shows that we must invest and improve value for money.</p>	<p>Not working with PCT to maximise joint commissioning activities and shift resources from acute services to community based and preventative services.</p> <p>Failure to agree SAP model and implementation plan.</p> <p>Failure to encourage market diversification and improvement;</p> <p>Failure to improve standard and value for money.</p>

Strategic Objective	Actions	Lead	Links to JSNA	Risks
	<p>Undertake an annual review of contracts (September 2008).</p> <p>Implement the sustainable market management plan (December 2008).</p> <p>Improve information sharing with PCT through SAP, to maximise the impact for customers and carers (December 2008)</p> <p>Link commissioning actions through MTFS showing investment/dis-investment plans to evidence efficiency savings (TBC)</p>	<p>Andy Hare</p> <p>David Stevenson</p> <p>Kath Rogers</p> <p>Doug Parkes</p>		<p>Inability to re-invest savings (NI 179) and demonstrate a track record of managing finances.</p>



Service Type	Purchasing Objective	Outcome
General	<ul style="list-style-type: none"> <li>• The main thrust of the purchasing plan is to modernise services, improve value for money and choice by reshaping in house services to provide more effective responses to people in the most need and shifting the balance of service provision to the independent sector over a three year period.</li> <li>• Develop the 3<sup>rd</sup> Sector to take a broader role in the provision of social care to focus on prevention, early intervention, self assessment and self care.</li> <li>• Commission outcomes focused social care services.</li> <li>• Development of more culturally sensitive services</li> </ul>	<ul style="list-style-type: none"> <li>• Increased choice and control for users</li> <li>• Reduced unit costs resulting in improved performance into top band unit cost performance indicators.</li> <li>• Modern services</li> <li>• Improved Value for money</li> <li>• Reduced reliance on residential care</li> <li>• More focused residential care provision.</li> </ul>
Residential Care - General	<ul style="list-style-type: none"> <li>• Reduce the number of admissions to residential care by 3% per year.</li> <li>• Review joint commissioning arrangements with the PCT for purchase of residential placements for adults of working age with mental health problems to provide step-down arrangements for people in out of area hospital placements and with s117 aftercare needs.</li> </ul>	
Residential Care – In House	<ul style="list-style-type: none"> <li>• Modernise residential care and continue the shift in the balance of residential care to the independent sector by reducing the overall number of beds to 120</li> <li>• Reshape existing residential care provision to provide additional places for older people with mental health problems.</li> </ul>	

Service Type	Purchasing Objective	Outcome
Residential care – Independent Sector	<ul style="list-style-type: none"> <li>Reshape existing residential care provision to provide additional places for older people with mental health problems.</li> </ul>	
Care in people's homes - General	<ul style="list-style-type: none"> <li>Shift service provision from traditional, service -led support packages to self-directed and brokered support using individual budgets.</li> <li>Develop community based alternatives to residential care for older people with mental health needs.</li> <li>Continued development and implementation of assistive technology</li> </ul>	<ul style="list-style-type: none"> <li>Reduced unit costs resulting in improved performance into top band unit cost performance indicators.</li> <li>Modern services</li> <li>Improved Value for money</li> <li>Increased choice and control for users</li> </ul>
Care in people's homes – In house	<ul style="list-style-type: none"> <li>Shift the balance of home care from the in house service to the independent sector from 60% to 35% by March 2009. (around 3,600 hours per week)</li> <li>Reconfigure in house home care services to ;- <ul style="list-style-type: none"> <li>support people in the greatest need</li> <li>develop an enabling and reablement approach to maximise independence</li> <li>provide rapid response, urgent care and meet complex needs</li> </ul> </li> <li>Reshape the provision of community/meals on wheels</li> </ul>	<ul style="list-style-type: none"> <li>Provides investment opportunities for expanding the number of people in receipt of direct payments and individualised budgets.</li> <li>Reinvest efficiency savings to increase the number of older people helped to live at home. Increases performance from band 2 to 4 in the Performance assessment framework.</li> </ul>
Care in people's homes – Independent Sector	<ul style="list-style-type: none"> <li>Increase the balance of home care purchased from the independent sector from 40% to 65% by March 2009 (around 3,600 hours per week)</li> <li>Commission the independent sector to provide stable ongoing packages of care</li> </ul>	<ul style="list-style-type: none"> <li>Frees up resources to address adult protection issues.</li> <li>Improves poorly performing services</li> <li>Frees up resources to provide a greater focus on prevention, early intervention, self assessment and self care.</li> </ul>

Service Type	Purchasing Objective	Outcome
	<ul style="list-style-type: none"> <li>Develop 'sign posted' services to provide low cost equipment and minor adaptations.</li> <li>Increase the provision of supported living places for adults with a learning disability.</li> </ul>	<ul style="list-style-type: none"> <li>Reduces waiting lists for minor adaptations.</li> </ul>
Day Care – General		
Day Care – In House	<ul style="list-style-type: none"> <li>Gradually shift the balance of day care from the in house service to the 3<sup>rd</sup> Sector.</li> </ul>	<ul style="list-style-type: none"> <li>Improved value for money</li> <li>Reshape services to reduce unit costs.</li> <li>Frees up resources to reinvest into helping more people to live at home.</li> <li>Provides more choice to service users</li> </ul>
Day Care – Independent Sector	<ul style="list-style-type: none"> <li>In 2008/9 implement individualised budget arrangements for all people with problematic substance misuse using day support services.</li> <li>Develop innovative and community based day activities for people with learning disabilities.</li> </ul>	
Direct Payments/Individual ised budgets	<ul style="list-style-type: none"> <li>Before April 2011 implement access to individual budgets across all service user groups for people who are being helped to live at home and increase the number of people assisted to live in the community with support.</li> <li>Increase in the number of people and their carers in receipt of direct payments by 5% per year.</li> </ul>	<ul style="list-style-type: none"> <li>Disinvest in traditional high cost services</li> <li>Give people choice and control</li> <li>Reduction in unit costs</li> <li>Increase number of people helped to live at home</li> <li>Improved key performance indicator</li> <li>A greater focus on prevention, early intervention, self assessment and self care.</li> </ul>

Service Type	Purchasing Objective	Outcome
Advice Information and Carer Support	<ul style="list-style-type: none"> <li>• Increase the number of carer's assessments and the number of carers receiving services. Mainstream the provision of emergency response to carers.</li> <li>• Improve the accessibility and consistency of information.</li> <li>• Ensure adequate local provision of professional advocacy to meet needs arising from new MHA, MCA, and DOLS legislation.</li> <li>• Support third sector and user-led organisations to further develop the skills required to develop user-led organisations such as LINKs</li> </ul>	<ul style="list-style-type: none"> <li>• To achieve the top banding in the Performance Assessment Framework by 2010 at the latest. Based on current performance this would mean that services would be provided to an additional 300 carers.</li> </ul>
Transport	<ul style="list-style-type: none"> <li>• Review and reshape the provision of transport to residential and day care centres.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage independence and normalisation</li> <li>• Improved value for money</li> </ul>

## Appendix 3

### Commissioning Framework for Health and Wellbeing

#### Step 1: Putting people at the centre of commissioning

- This step is about giving people more choice and control over services including self care. They will need access to good information to support them in making those choices. There will need to be involvement of the public in shaping services with the use of advocacy for those who have difficulty expressing their views.
- There needs to be a move towards person-centred care with more emphasis on health and wellbeing and people being enabled to have more control over their own health.

#### Step 2: Understanding and Planning for the Needs of Individuals and of the Local Population

- This step relates to the assessment and understanding of the needs of the whole population. There is a need for local partners to identify common priorities and decide how to work together to meet the needs identified.
- The Joint Strategic Needs Assessment provides a starting point for this work. There is still work to be done in identifying the needs of local communities and getting to the heart of each Area Assembly and its unique profile and what will be needed to best support people in each area.
- More emphasis is needed to look at joint investment from a range of partners to meet specified outcomes.

#### Step 3: Sharing and Using Information More Effectively

- This step identifies that commissioners can be more effective when information and analysis is pooled when providing integrated care.
- Commissioners do not always share information and there is a lack of clarity around what is legally allowed to be shared.
- There is a need to join up the IT systems of local commissioners and to share information across the community.

**Step 4: Assuring High Quality Providers for all Services**

- The vision is that there will be a wider range of more innovative providers to work with individuals and commissioners to provide more individualised care. The emphasis will be on prevention and early intervention.
- The Joint Strategic Needs Assessment will provide the evidence for identifying the needs of the local community and will inform the commissioning of future services.
- Commissioners should work in partnership with service providers to support transparent, fair procurement.

**Step 5: Recognising the Interdependence between Work, Health and Wellbeing**

- Work is recognised as being beneficial to health, helping to reduce health inequalities, improving social inclusion and offering individuals improved opportunities.
- Commissioners should work through the Local Strategic Partnership and directly with providers to deliver the vision set out in the report from the Department of Health, Department for Work and Pensions and the Health and Safety Executive (2005) Health, work and wellbeing – Caring for our future: a strategy for the health and wellbeing of working age people. The report identifies three key themes :
  - Helping people manage minor health problems in work
  - Helping people return to health following an absence from work because of illness
  - Helping people avoid work-related health problems

**Step 6: Developing Incentives for Commissioning for Health and Wellbeing**

- Commissioners need to work together to deliver better health and wellbeing outcomes for populations.
- In the past, planning, contracting and financial structures have focused on services not outcomes and this has made integrated working difficult.
- There should be better joint arrangements for assessment of health and social care needs and associated care planning.

**Step 7: Making it Happen – Local Accountability**

- The rationalisation of health and social care inspection into one new inspection body will assist in streamlining local accountability.
- The establishment of the Local Involvement Network (LINKs) will support the involvement of communities in engaging with health and social care organisations.
- The Local Strategic Partnership will agree joint targets for the Local Area Agreement.
- The Joint Strategic Needs Assessment will support the development of local priorities for action.

**Step 8: Making it Happen – Capability and Leadership**

- There is a need to develop the skills required to commission well for populations and individuals.
- It is imperative that local commissioners have the skills to commission for health and wellbeing.

**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
<b>2.</b>	<b>Date:</b>	<b>Monday 21 April 2008</b>
<b>3.</b>	<b>Title:</b>	<b>Capital Budget Monitoring Report 2007/08</b> - All Wards affected
<b>4.</b>	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

**5. Summary**

To inform members of the anticipated outturn against the approved Adult Services capital programme for the 2007/08 financial year.

**6. Recommendations**

**Members receive and note the Adult Services forecast capital outturn for 2007/08.**



## **7. Proposals and Details**

This capital monitoring report provides detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to the 31 March 2008 and the projected final outturn position for each scheme.

The approved 2007/08 capital budget for Adult Services has been revised to take account of slippage in a number of schemes reducing from £12.5m to £11.7m since the last report. The main revision being in respect of the two new residential care homes which are experiencing some delays on completion. Actual expenditure to the end of March 2008 was £9.2m with a number of invoices pending payment for actual work completed as at 31 March 2008. The approved schemes are funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding. Appendix 1 shows actual expenditure to date against the approved budget together with the projected outturn position.

## **8. Finance**

The following information provides a brief summary of the latest position on the main projects within each client group.

### Older People

The construction of the two new residential care homes commenced early this year with an estimated completion date of July/August 2008. EDS are project managing the scheme and have again revised the estimated total expenditure for 2007/08 from £11.5m to £10.75m to take account of additional slippage on the scheme. A report was submitted to The Cabinet on 13 February 2008 requesting additional funding in respect of the settlement for the land transaction at the Dinnington site, which was approved. EDS have also indicated potential pressures on the construction project which are being reviewed with the aim to be contained within the approved budget.

The Assistive Technology Grant (which includes funding from the PCT) is being managed jointly and is being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. The spending profile has been revised with the Primary Care Trust and a balance will be carried forward into 2008/09 to meet future commitments.

A new specific grant was allocated by the Department of Health to improve the environment within residential care provision. The grant has been allocated mainly across the independent sector and in accordance with the grant conditions. The Department of Health have confirmed that any underspend on this grant can be carried forward into 2008/09.

### Learning Disabilities

The balance of funding available from the refurbishment of Addison Day Centre and Parkhill Lodge has been used to meet the shortfall in funding phase 1 of alterations at Oaks Day Centre, which has now been completed.

Phase 2 developments at Oaks Day Centre have also been completed and the refurbishment of Addison Day Centre, funded from the Council's Strategic Maintenance Investment fund, commenced in March 2008, the profiled budget has therefore been revised to take account of expenditure to be incurred in 2008/09.

### Mental Health

The final costs for the refurbishment of Cedar House have been fully charged. A large proportion of the Supported Capital Expenditure (SCE) allocation has been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes. Suitable properties have been identified and spending plans are being developed. Also, expenditure on equipment purchased for direct payments is to be charged to the SCE budget to reduce the pressures on revenue budgets. SCE funding is not time limited and at this stage £357k has been identified to be carried forward into 2008/09 to meet future commitments. Further options are being considered to provide more intensive supported living schemes with a range of providers.

### Management Information

The Specific Capital Grant of £146,000 has been earmarked to further develop Electronic Social Care Records within Health and Social Care working with the Council's strategic partner RBT and Children & Young People's Services. A recent circular from the Department of Health has advised that as this is the last year of the grant any underspend can be carried forward into 2008/09. Therefore based on current spending profiles £111,000 will be carried forward into 2008/09. A bid for £760,000 additional funding has also been secured from the Council's IT Development Budget to meet the balance of the cost of the whole project. This element of funding is accounted for as part of the Chief Executive's Capital programme.

## **9. Risks and Uncertainties**

The main risk relates to the potential budget pressures on the two new residential care homes including delays in completion. Also projects funded through Supported Capital Expenditure or capital grants where spending must be in accordance with certain conditions. Any shortfall in capital funding will delay implementation and may result in the Directorate not meeting national agendas and targets.

Projects funded through the Council's capital programme can carry any remaining balances over into the following financial year until the project is fully completed.

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

The approved capital budget for 2007/08 allows Adult Services to invest and develop its assets to improve and maintain existing levels of service to support the most vulnerable people and continues to contribute to meeting the Council's key priorities.

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

Department of Health Local Authority Circular (2007)7– Mental Health Supported Capital Expenditure (revenue) 2007/08.  
Department of Health Local Authority Circular (2006) 1 – Supported Capital Expenditure (Capital Grant) for Improving Management Information 2007/08.  
Personal Social Services (PSS) Funding 2007-08

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services and the Strategic Director of Finance.

**Contact Name** : Mark Scarrott, Service Accountant (Adult Services), Extension 2007, mark.scarrott@rotherham.gov.uk

**CAPITAL EXPENDITURE MONITORING 2007-8**

Directorate Adult Services

Monitoring Period : 1 April to 31 March 2008

Expenditure Code	Scheme description	Approved Capital PROGRAMME 2007/08 £	Actual Expenditure 01/04/07 - 31/03/08 £	Projected Expenditure to 31/03/2008 £	Supported Capital Expenditure (SCE) £	Scheme 2007/08 Funding Profile				RAG Status	Comment Note number	Check total	
						Specific Grant		Other Contributions					Unsupported Borrowing/Capital Receipts £
						£	Detail	£	Detail				
	<b><u>Older People</u></b>												
UXB149	Adult's Older Peoples Modernisation Strategy	10,750,000	8,501,636	10,750,000					10,750,000	A	1	0	
UXB150	Assistive Technology	250,000	235,898	250,000			250,000	PCT		A	2	0	
UXB151	Residential Care - Improving the Environment	400,000	343,975	400,000		400,000	DoH Grant			G	3	0	
	<b><u>Learning Disabilities</u></b>											0	
UXL128	Addison Day Centre/Parkhill Lodge	4,561	0	0					4,561	G	4	0	
UXL135	LDDF for Supported Living	0	0	0				0	PCT	A	5	0	
	<b><u>Strategic Maintenance Investment Programme</u></b>											0	
UXZ001	Oaks Day Centre Alterations	486	3,152	5,047					486	G	6	0	
UXZ004	Addison Day Centre - Alterations	50,000	1,246	50,000					50,000	G	7	0	
UXZ005	Oaks Day Centre Alterations - Phase 2	100,000	95,824	100,000					100,000	G	8	0	
	<b><u>Mental Health</u></b>											0	
UXH098	Cedar House	10,000	7,825	10,000					10,000	A	9	0	
UXH101	Supported Capital Expenditure	75,000	23,987	75,000	60,887				14,113	G	10	0	
	<b><u>Management Information</u></b>											0	
UXT002	Improving Information Management Grant	35,000	500	35,000		35,000	DoH Grant			G	11	0	
TOTALS		11,675,047	9,214,043	11,675,047	60,887	435,000		250,000	0			10,929,160	

**Comments**

- 1 Spending profile from external consultants who project managing the scheme now confirm £10.750m spend in 2007/08
- 2 Review of spending profile in respect of Telehealth and Telecare equipment confirm balance to be carried forward into 2008/09.
- 3 Department of Health Capital Grant allocated in 2007/08
- 4 Funding from PCT will be vired to fund the budget deficit on UXZ001 - Oaks Day centre
- 5 Funding is earmarked for equipment within supported living schemes in 2008/09.
- 6 Final costs on scheme - see note 4 above.
- 7 New approved scheme commenced March 2008.
- 8 New approved scheme now completed.
- 9 Committed expenditure on providing support for early interventions and crisis move on.
- 10 Committed funding on developing new supported living schemes plus Individual Budgets and direct payments
- 11 Department of Health Capital Grant - balance can be carried forward into 2008/09

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
<b>2.</b>	<b>Date:</b>	<b>21<sup>st</sup> April, 2008</b>
<b>3.</b>	<b>Title:</b>	<b>Individual Budgets for Adults with Social Care Needs</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Neighbourhoods and Adult Services</b>

## **5. Summary**

- 5.1 This report sets out proposed changes to the delivery of social care through individual budgets. Individual budgets will promote a much greater choice in services for people with social care needs. The move to individualised support will empower customers to take decisions affecting their lives and give them greater choice and flexibility in how their needs are met.
- 5.2 To achieve this fundamental shift there needs to be a change in the way in which the Council commissions and provides services. The current arrangements need to be reconfigured and a clear action plan put in place to achieve the transformation over time.

## **6. Recommendations**

- 6.1 That Cabinet Member receive this report and endorse the direction of travel.**

## 7. Proposals and Details

7.1 Central Government is committed to rolling out individual budgets following thirteen national pilots which ended in December 2007. Commitment to individual budgets can be seen in a number of policy reports/directives;

- Improving the Life Chances of Disabled People (Strategy Unit, January 2005),
- Opportunity Age (Department of Work and Pensions, March 2005),
- Independence, Well-being and Choice (Department of Health, March 2005),
- Our Health, Our Care, Our Say (Department of Health, January 2006), and
- Putting People First (Department of Health, December 2007)

7.2 The initiative brought together a number of funding streams to deliver Individual budgets. They include local authority social care funding, direct payments, disability benefits (Independent Living Fund) and the Supporting People Grant.

7.3 Individual budgets are, therefore, a relatively new concept and require considerable preparation prior to being implemented. This will include ensuring that service users, carers, staff, partner and provider organisations are signed up to and championing this approach. The ultimate outcome of this approach is the total transformation of the way services are provided and delivered, with users having the opportunity to purchase their own care or, in the event that they choose not to, understanding fully what their needs are and how much money is available to meet those needs.

7.4 There are further challenges to implementing this approach fully, including the way that services are managed, provided and organised. Assessment and care management procedures and social work activity will need to be radically changed to make sure that everyone who is eligible for an individual budget is offered the opportunity to use one. Different types of services, different from those traditionally provided, will have to be available for individuals to purchase. The Assessment Direct initiative will be crucial to the delivery of individual budgets and the intake and access teams will have to be integrally involved in the development work.

7.5 At a local level a pilot scheme called "In Control" has been implemented for Mental Health service users to manage their care through the use of an individual budget. The pilot project has proved very successful with 93 service users moving from a direct payment to an individual budget. Its success demonstrates the potential for other

individuals living in Rotherham to benefit from this approach to meeting their social care needs and this now needs to be the approach we adopt for all service users.

- 7.4 For individual budgets to be implemented across all customer groups, new management arrangements are required. Based on the outcome of the thirteen national pilots and good practice achieved by the Local Authorities involved in the pilots it is proposed to establish an Individual Budgets Project Manager post. This post will be primarily responsible for the development of the implementation plan and the move to total transformation. Details of this post are attached at Appendix 1.
- 7.5 It is also proposed to reconfigure the existing staffing and support arrangements so that roll out can be achieved with minimal impact on our customers. An action plan for this is attached at appendix 2.
- 7.6 In developing the plan to move to individual budgets, it has been identified that there is a requirement to work in partnership with stakeholders. Some priority areas for action include:
- Making strong links to Directorate team plans;
  - Developing a detailed work plan that is consistent with and fits within the NAS Service Plan;
  - Identifying “easy wins” including using the learning from NAS mental health services to ‘convert’ people currently on Direct Payments to Individualised Budgets, and identifying young people in transition from Children’s Services as ideal candidates;
  - Raising awareness with all stakeholders through a series of visioning events, user, staff and member seminars and consultation sessions.; and
  - Recruiting and involving people in the change process to become champions.

## 8. Finance

- 8.1 Financial resources have been identified from within the Commissioning and Partnerships staffing budget. This will enable the reconfiguration of staffing arrangements that is required to meet this change agenda. Financial efficiencies will also be achieved **with a saving of £1,922** as a result of this reconfiguration.

## 9. Risks and Uncertainties

- 9.1 Failure to implement the proposals detailed in Appendices 1 and 2 of this report will result in delays in achieving the full implementation of individual budgets.

## 10. Policy and Performance Agenda Implications

10.1 The implementation of individualised budgets will assist the Council to meet key objectives set out in the Outcomes Framework:-

- **Improved Quality of Life**

Services promote independence and support people to live a fulfilled life making the most of their capacity and potential.

- **Economic Well-Being**

People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.

10.2 Self directed support is a new national indicator (NI 130) in the revised LAA suite and it is being considered for inclusion as one of the 35 key indicators in the refreshed LAA for Rotherham. Direct Payments remains a stretch target until 2009 in the current LAA suite. Rotherham has performed well on direct payments, currently maintaining top band status.

## 11. Background Papers and Consultation

11.1 See Appendix 1 and 2.

11.2 'Putting People First', Department of Health 2007

**Contact Name:** Kim Curry, Director of Commissioning and Partnerships  
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**ROTHERHAM METROPOLITAN BOROUGH COUNCIL**

NEIGHBOURHOODS AND ADULT SERVICES

**Job Description**

Post Title: Individual Budgets Manager Date Compiled: 26.3.08  
Hours: 37 Grade: Band J (SCP 38-41)

Responsible To: Strategic Commissioning Manager Location:

Responsible For: Individual Budgets Team

**Main Purpose of Job**

Manage the introduction and wider implementation of Individual budgets including the direct line management of the team.

**Duties and Responsibilities**

1. To assist with the development of an Individual budgets Strategy and Implementation Plan, to include the development of an appropriate Resource Allocation System and opportunities for support brokerage (ensuring alignment with the Assessment & Care Management Procedures).
2. Have a lead role in all matters concerning policy, service development, operational procedures and performance review for Individual budgets.
3. To develop stakeholder engagement mechanisms, including to organise and lead workshops with senior managers, politicians, partner organisations and staff regarding the development of the Individual Budget project.
4. Respond to national initiatives, legislation and guidance, making recommendations for action and implementation.
5. Work with operational managers to bring a policy and performance review perspective to the strategic commissioning of services.
6. To respond to national and local initiatives, legislation, guidance, best practice and innovation in order to develop new policy, practice and approaches to Individual budgets.
7. Develop joint planning mechanisms with health colleagues and other stakeholders and support the joint planning process.

### **Service Specific**

1. To have and maintain a thorough understanding of Individual budgets/self-directed support and the overall personalisation agenda in social care.
2. Develop new policy and practice in co-ordination with Assessment and Care Management staff and other operational managers.
3. To deliver, design and promote up to date training and development and to ensure continued professional support and development of the workforce in this regard.
4. To set up and manage an Individual budgets working group.
5. Maintain an overview of best practice, innovation and new approaches nationally.
6. Prepare Business Plans in co-ordination with management teams and operational managers.
7. Provide evidence-based information to identify community needs and the range of services to meet them.
8. Map current resources and activity, identify gaps and translate these into strategic plans.
9. Monitor and contribute to departmental-wide quality assurance arrangements.
10. To ensure the involvement of service users, carers and other stakeholders in service planning.
11. Ensure that the Investors in People standards are maintained and developed.
12. Preparation of reports to DMT on the implementation of Individual budgets and highlight service achievements.
13. Assist as required in implementing the Department's Emergency Plan in the event of a major incident, which will include responding and providing a home telephone number.

### **Service Management**

To be responsible for the following issues arising from above sections:-

All aspects of:-

- Performance management
- Appropriate levels of administrative support;
- Appropriate budgetary control with direct responsibility for financial resources.

- Effective communications strategies and processes; service standards and quality; service planning,
- Working to Best Value principles and continuous improvement.
- Working effectively with the appropriate information management systems to provide accurate data.
- Contribute to the Corporate Planning and management processes.
- Contribute to the pursuit of best practice and best value within the Service through the effective systems of target setting and performance management that encourage an innovative and creative approach to service delivery.
- Provide full and detailed information to elected Members and the Authority as required in relation to the activities covered by the Service.
- Effectively contribute to the management of change within the Service, including assessment of options, appropriate consultation and implementation.
- Contribute to the development of a customer-focussed service that is responsive and flexible with regard to customer need.
- To be committed to safeguarding and promoting the welfare of children, young people and/or vulnerable adults.

### **Team Supervision**

To be responsible for all aspects of development and supervision of personnel. This will include:-

High direct responsibility for the supervision and/or management, direction, co-ordination, training and development of employees, including, recruitment and selection, resourcing, mentoring and staff welfare (including personal development), individual and team discipline (up to and including First Written Warning) target setting and performance management (including Personal Development Reviews), work prioritisation, staff and resource deployment, equal opportunities in terms of employment and service delivery, health and safety.

### **Additional Requirements**

1. Undertake other duties and responsibilities required from time to time commensurate with the grade and level of the post.
2. To be familiar and comply with all relevant Health and Safety, Management of Risk, Operational, Personnel, Data Protection and Financial Regulations, policies and procedures
3. Comply with the legislation relating to Information Technology, specifically:-
  - The Data Protection Act, 1998

- The Copyright, Designs and Patents Act, 1988
  - The Computer Misuse Act, 1990
4. To ensure equality of opportunity is afforded to all persons both internal and external to the Authority, actively seeking to eliminate any direct or indirect discriminatory practices/behaviour.
  5. Attend training courses relevant to the post as required.

## Person Specification

Post: Individual Budgets Manager Service: Commissioning and Partnerships

Personal Skills Characteristics	Essential	Desirable	Method of Assessment (List Code Below)	Shortlisting Criteria (Tick Below)
<b>1. Experience</b>				
(a) Substantial experience within an Adult Services Department or related organisation.	✓		AF	✓
(b) Experience of policy analysis, service planning and producing strategic plans.	✓		I / P	✓
(c) Experience of managing people effectively within a customer focused, service delivery organisation.	✓		I / R / AF / WE	✓
(d) Demonstrate understanding of the principles of operating a business in a competitive environment and within a public sector context.		✓	I	
(e) Demonstrate understanding of the principles of managing change in a large complex organisation.	✓		I / R	
(f) Demonstrate understanding of current Local Government democratic processes and understanding of the political context.		✓	I / P / WE	
(g) Demonstrate experience of contributing to partnership and multi-agency working.		✓	I / R	
(h) Demonstrate clear understanding of customer care issues.	✓		I	
(i) Demonstrate knowledge of leadership and project management.	✓		I	
(j) Demonstrate clear understanding of the aims and objectives of Neighbourhood Management.		✓	I / P	

Personal Skills Characteristics	Essential	Desirable	Method of Assessment (List Code Below)	Shortlisting Criteria (Tick Below)
<b>2. Qualifications and Training</b>  (a) Graduate or professional qualification or equivalent or substantial experience in a related setting.  (b) Evidence of commitment to continuous professional development.	✓  ✓		AF  AF / I	✓  ✓
<b>3. Special Skills and Knowledge</b>  (a) Knowledge of and ability to contribute to identifying and managing risks in relation to operational objectives.  (b) To be committed to safeguarding and promoting the welfare of children, young people and / or vulnerable adults.  (c) Organisational skills in terms of service planning, prioritising work, effective use of resources and performance management and evaluation.  (d) Ability to establish and develop positive relationships with Council Members, Government, partner organisations and the local community.  (e) Excellent leadership and people management skills, including motivation, team building and staff development.  (f) Analytical / judgemental / creative / development skills to analyse and interpret varied and complex information with many aspects and the ability to produce solutions / strategies over the long term.	✓  ✓  ✓  ✓  ✓  ✓		AF / I  AF / I  I / R / WE  I / R / P  I / R  I / WE	

Personal Skills Characteristics	Essential	Desirable	Method of Assessment (List Code Below)	Shortlisting Criteria (Tick Below)
(g) Demonstrate effective communication, interpersonal, negotiating and presentation skills.	✓		I / P	✓ (written)
(h) Demonstrate success in project management and in delivering services to set standards.	✓		I	
(i) Demonstrate ability to deliver and improve services to set standards.	✓		I / R	
(k) Ability to undertake responsibility for financial resources.	✓		AF / I	
(l) Demonstrate the ability to make frequent decisions and exercise initiative with minimal supervision in accordance with recognised policy and procedure.	✓		AF / I	
<b>4. Personal Qualities</b>				
(a) An understanding of and commitment to equal opportunities issues both within the workplace and the community in general.	✓		I	
(b) Ability to work effectively under pressure and to tight deadlines.	✓		I / R	
(c) Conscientious, honest and reliable.	✓		I / R	
<b>5. Personal Circumstances</b>				
(a) Willingness to work occasional unsocial hours.	✓		AF	
(b) Holds a full driving licence.		✓	AF	
<b>6. Physical Requirements</b>				
(a) No serious health problem which is likely to impact upon job performance (that is, one that cannot be accommodated by reasonable adjustments).	✓		I / R	

Personal Skills Characteristics	Essential	Desirable	Method of Assessment (List Code Below)	Shortlisting Criteria (Tick Below)
(b) Good sickness/attendance record in current/previous employment, college or school as appropriate (not including absences resulting from disability).	✓		R	

**Key** AF = Application Form      I = Interview      CQ = Certificate of Qualification  
R = References      P = Presentation      CRB = Criminal Records Bureau Check  
AC = Assessment Centre

This specification has been prepared in accordance with the requirements of the Council's Equal Opportunities in Employment Policy.

We undertake to make any 'reasonable adjustments' to a job or workplace to counteract any disadvantages a disabled person may have.

Disabled applicants who meet the essential shortlisting criteria will be guaranteed an interview.

Specification completed by: David Stevenson

Designation: Strategic Commissioning Manager

Date: 26<sup>th</sup> March, 2008



Objective	Actions	Responsibility	Risks
<p>The Human Resource Manager and Strategic Commissioning Manager to ensure effective engagement with Trade Unions in relation to individual jobs within the Direct payments Team that will be affected by these proposals.</p>	<p>Proposals to be raised at the Strategic Consultative Forum with Trade Unions week commencing 4<sup>th</sup> April, 2007.</p> <p>Follow up meetings to be held during April 2009 with trade union representatives as required.</p>	<p>Human Resources Manager Strategic Commissioning Manager</p>	<p>Potential HR difficulties In ability to implement proposals.</p>
<p>Advise individuals affected by these proposals.</p>	<p>One to One meetings to be held with individual staff members 4<sup>th</sup> April, 2008.</p>	<p>Human Resources Manager Strategic Commissioning Manager</p>	<p>Potential HR difficulties In ability to implement proposals.</p>
<p>Appointment to posts.</p>	<p>Ring fence to be applied and staff to be interviewed week commencing 21<sup>st</sup> April, 2008.</p>	<p>Human Resources Manager Strategic Commissioning Manager</p>	<p>In-ability to appoint delaying the implementation of the new structure.</p>
<p>Implement new staffing structure.</p>	<p>Posts to be filled and new structure in place by week commencing 5<sup>th</sup> May, 2008.</p>	<p>Human Resources Manager Strategic Commissioning Manager</p>	<p>In-ability to appoint delaying the implementation of the new structure.</p>

**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

<b>1. Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
<b>2. Date:</b>	<b>21<sup>st</sup> April 2008</b>
<b>3. Title:</b>	<b>Naming of New Residential Homes</b>
<b>4. Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

**5. Summary**

Two new residential homes are being built to replace our existing outdated homes. They are in Rawmarsh and Dinnington, and require new names to be agreed to allow the development to be provided with new addresses and postcodes, and to provide the new homes with an identity that is meaningful in the locality. The report outlines the proposed new names.

**6. Recommendations**

- **Approve the recommended names for the new homes**

## 7. Proposals and Details

The two new homes are being built in Dinnington and Rawmarsh. They each require a name, to provide them with an official postal address, to enable a post code to be allocated and to provide them with an identity in the locality.

Consultation has been undertaken with Cabinet Member, Ward members and the Dinnington St John's Town Council. They were asked to consider names that had a meaning and resonance in the locality, and the following names have been suggested:

- Lord Hardy Court, Rawmarsh – in recognition of Peter Hardy, long standing MP in the Wentworth area
- Davies Court , Dinnington – in recognition of David Davies, Town Council leader.

Responses have been received from Ward members and from the Dinnington St John's Town Council Clerk, and both suggestions have been fully approved by all concerned.

## 8. Finance

There are no financial implications of this report.

## 9. Risks and Uncertainties

Failure to agree names for the new homes will prevent the proper allocation of addresses and postal codes. It will also prevent the development of a distinct identity in the locality for these new services.

## 10. Policy and Performance Agenda Implications

The development of these new homes will increase the quality of residential care services within the Rotherham area.

## 11. Background Papers and Consultation

- Discussions with Cabinet Member
- Letters to Ward Members, Rawmarsh, Hooper and Dinnington and to Town Council

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<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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1.	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care &amp; Health</b>
2.	<b>Date:</b>	<b>21<sup>st</sup> April 2008</b>
3.	<b>Title:</b>	<b>Shifting the Balance – update and plan</b>
4.	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

## 5. Summary

- 5.1 Shifting the Balance describes the changes taking place in domiciliary care services, to significantly change and reshape domiciliary care services from a service which provides 60% of home care service in-house to one which provides 35% of services in-house and which takes an enabling approach, aiming to increase the independence and consequently, the quality of life of older people in Rotherham. This report outlines the plans that are in place to make this change in a coherent way, seeking to maintain the quality of services while significantly reorganising the allocation of resources to create greater capacity within NAS to provide support to people to help them to live at home for as long as possible.

## 6. Recommendations

- **Note the content of this report**
- **Receive a further report outlining detailed plans**

## 7. Proposals and Details

The decision to shift the balance in home care provision was taken at Cabinet Member meeting on 10<sup>th</sup> December 2007 and requires significant steps to be taken including:-

- Increase in capacity in independent sector home care
- Reduce service provision in house
- Reorient in-house service towards reablement/first contact
- Support significant staffing and culture change
- Implement significant systems , IT and other back office changes to support the new service

This report outlines the systems and processes that have been set up to meet the significant challenge of shifting the balance to improve services for our customers. A number of activities are underway, involving staff from across Neighbourhoods and Adult Services.

As part of this process, trades unions have been consulted with, through the monthly Strategic Consultative Committee, and through separate meetings arranged to update and outline plans. Trades unions have been invited to take part as active partners in the process. This involvement has been encouraged, however there have been some problems in getting Trades Unions engaged. While we have tried to organise meetings to suit all representative availability, representation at meetings has been patchy and inconsistent, resulting in some messages not being fed through or being misinterpreted. This has required follow up meetings to provide explanation.

### **Shifting the Balance Steering Group**

The Steering Group was set up in January 2008 and meets fortnightly. The role of this group is to coordinate the various activities that are underway, to provide a challenge to the sub-groups, to performance manage the groups and to ensure that our objective is achieved. This group also makes decisions based on the information available from the various groups and activities about how to make the change in service.

The group has met fortnightly since February and has coordinated the work of the sub groups.

The group has a number of sub-groups and their form and function is described below:

#### **Weekly Impact Group**

Chaired by Doug Parkes, this group reports weekly with an analysis of the number of staff hours provided in-house and in the independent sector. This group will be able to track progress towards the goal of 35% provided in-house. The group also provides financial analysis and hours of care provided

across the sector. This group is able to model existing trends and predict outcomes based on data provided.

The group has developed tracking and monitoring sheets and a database.

#### Commissioning Group

Chaired by David Stevenson, this group is responsible for working with the independent sector and ensuring that they will be ready to take on the work load that is expected to be directed towards them this year. This group will be responsible for increasing the capacity within the independent sector and developing a plan to ensure that brokerage service are up to speed with developments.

#### Reablement Team

Chaired by Howard Osborne, with support from Vicky Brown, this team is developing the information, background and resources that we will need to develop the new reablement service. They are benchmarking with other local authorities, looking at best practice and the different models that can be applied to the reablement principle. They are to make good links with CSED (Care Services Efficiency Delivery Programme) and explore the effective use of IT in delivering the new service. They will also use the information they acquire to develop proposed job descriptions and training plans to support our workforce development plan.

Based on their deeper understanding of the model and how it can be delivered they will develop proposals for the Rotherham approach to reablement in order to answer the question – what does reablement mean in Rotherham, and to create a service that is right for the citizens of Rotherham.

#### Communication Plan

Led by Dave Roddis, this plan ensures that staff within home care services and staff within NAS, our partners, stakeholders and trades unions, and elected members are fully informed of the progress we are making. They ensure that there are regular updates in As One, and will have a role to play in developing and communicating information about the new service with carers, users and other relevant staff. A regular Bulletin for home care staff has been developed to ensure that everyone is kept involved and a Question and Answer sheet has been developed so that people's questions can be answered quickly.

#### Turnaround Team

Led by Howard Osborne, with support from Carol Grice, this group is looking at the immediate changes that will have to be made. They will undertake a Business Process Reengineering (BPR) analysis of the service and explore how the work could be organised more efficiently. They will review the roles of the staff in place, including Domiciliary Care Officers, Domiciliary Care

Administrators, and front line staff. They will also develop a better understanding of the patches and rotas that are in operation and identify quick wins. They will also undertake a detailed examination of how work can be transferred to the independent sector. Part of this process will be to engage with staff, service users, and trades unions in developing a better understanding of the service and how it can be transformed. Once this phase of the group is complete, and all have a good understanding of the service then a clear map will be developed to indicate how these changes will be made. At this stage the following activities have been agreed:

- Some staff are being asked to work unacceptable levels of overtime which risks the health and safety of staff and service users alike. This overtime will be reduced through the transfer of existing work to the independent sector. This is a high priority task.
- Travel time is being examined to establish whether there are more efficient ways to allocate the work.

### Staffing Change Group

Once the Turnaround Team has delivered its report, the Staffing Change group will undertake to define the exact staffing requirements of the new service. It will look at current levels of overtime, contracts, sickness and other HR issues and will also develop new job descriptions, and develop a change proposal for the staff. This will be with the intention of moving to a more flexible and efficient service in the future. This group will also undertake consultation with trades unions and staff and will undertake the HR role in relation to redeployment, etc once we have a fuller picture of the changes required. There are some issues related to the way in which Single Status has been resolved and how people's working hours have been defined. This will need to be resolved through the work of this group.

Please see attached list of groups and members.

These groups provide the project with excellent representation across NAS. However, it is clear that leadership of this project is with Shona McFarlane, Director of Health and Wellbeing, Howard Osborne, Agency Manager, David Stevenson and Dave Roddis.

## **8. Finance**

The shift to achieve a balance of 35/65 has the potential to achieve full year savings of £1.440m. The proposed savings are indicative at this stage and exclude the impact of TUPE and Job Evaluation. Further work is underway to examine potential savings in respect of travel time and other overheads, how the service is structured and overtime costs.

## **9. Risks and Uncertainties**

This is a significant and challenging change which requires the support, not only of staff from across NAS, but also support across the wider council. The

aims and objectives of the challenge are to produce a service that is fit for the future and which delivers positive outcomes for service users. It is acknowledged that there will be some difficult decisions to make, and that everyone involved will need to support the process. Failure to provide this support would risk achievement of the savings target and result in fewer resources to invest in service provision for vulnerable adults and older people.

There is potential failure of the independent sector to develop the capacity to take up work. New contracts have been let which enable the independent sector to stabilise and recruit staff on better contracts than previously. In addition, existing providers are being approached to establish whether they will take on spot contracts where needed. Support is being provided to providers through provider forums and contracts officers, and there are discussions underway about supporting providers with a recruitment fair or similar recruitment methods.

Consultation has been identified as a key issue. As can be seen, trades union representation has been built into the 3 key work streams. Effort has been put in to ensuring trades unions are involved, informed and consulted. This has not always proved easy with difficulties in arranging meetings to suit diaries of some representatives and an apparent issue with communication between representatives. It has now been agreed that consultation will be through the various work streams and a formal briefing after each Steering Group meeting to inform about decisions made.

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

Shifting the balance will result in more **choice and control** for service users, through developing a richer mix of providers. It will also contribute to an **improved use of resources** and modernised services, through more effective commissioning. Existing resources will be used more effectively to support more older people to live at home.

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

Commissioning Strategy - Sustainable Market Management Plan –  
Cabinet Member, 10.12.07

Commissioning Strategy - Outline Purchasing Plan - Cabinet Member,  
10.12.07

Budget Pressures Report - Cabinet Member, 10.12.07

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ROTHERHAM METROPOLITAN BOROUGH COUNCIL  
NEIGHBOURHOODS & ADULT SERVICES DIRECTORATE

Health & Well Being

**SHIFTING THE BALANCE**

Group	Membership	Tasks/Purpose
<p><b>Steering Group</b></p>	<p>Shona McFarlane Doug Parkes Vicky Brown David Stevenson Service Manager (A &amp; C) Tom Sweetman Human Resources Modernisation Manager Dave Roddis Odette Stringwell Mark Scarrott</p>	<ul style="list-style-type: none"> <li>• Develop action plan.</li> <li>• Monitor work of groups</li> <li>• Regular reports to CMT/Cabinet Member</li> <li>• Solutions.</li> <li>• Resource Management</li> <li>• Sign off/approval</li> </ul>
<p><b>Weekly Impact Group</b></p>	<p><b>Workstream lead:</b> <b>Doug Parkes</b> Brokerage Representative Janice Newbery or Janice Morris David Stevenson Terry Shaw Carol Grice Steve Lightfoot Mike Guyler</p>	<ul style="list-style-type: none"> <li>• Monitor use of staff hours</li> <li>• Identify and monitor transfer of existing work to independent sector.</li> <li>• Monitor allocation of new work</li> <li>• Identify and report hot spots</li> <li>• Monthly report to DMT (DP)</li> <li>• Monitor budget</li> <li>• Monitor impact on unit costs (DP)</li> </ul>

<p style="text-align: center;"><b>Staffing Strategy Group</b></p>	<p><b>Workstream Lead:</b> <b>Carol Grice (phase one) or</b> <b>Modernisation Manager</b> Human Resources Operational staff/managers Trade Unions Kath Amies</p>	<ul style="list-style-type: none"> <li>• Analysis of current workload and staffing</li> <li>• Vacancies, overtime, sickness</li> <li>• Identification of actions needed to reduce to 35/65.</li> <li>• Communication with staff <ul style="list-style-type: none"> <li>➤ Ongoing meetings with unions</li> <li>➤ 1:1 interviews with staff</li> <li>➤ Develop new model and role</li> <li>➤ Implement training plan</li> </ul> </li> </ul>
<p style="text-align: center;"><b>Turnaround Team</b></p>	<p><b>Workstream lead:</b> <b>Tom Sweetman</b> Innovation Team Members BPR Home care staff Service users Jane Thompson Operational Managers Trade Unions Carol Grice</p>	<ul style="list-style-type: none"> <li>• BPR analysis of existing work systems</li> <li>• Review staff roles</li> <li>• Review areas/patches</li> <li>• Identify quick wins</li> <li>• Proposals for new management structure and use of IT</li> <li>• Identification of work that can be transferred</li> <li>• IT system</li> </ul>
<p style="text-align: center;"><b>Commissioning Group</b></p>	<p><b>Workstream lead:</b> <b>David Stevenson</b> Doug Parkes Assessment &amp; Care Management Rep Andy Hare Angela Rouse</p>	<ul style="list-style-type: none"> <li>• Increase capacity in independent sector</li> <li>• Day to day links with independent sector to ensure work transfers smoothly</li> <li>• Develop understanding of reablement and their role in future vision</li> <li>• Understand sector and ensure intelligent commissioning of new work</li> <li>• IT System</li> </ul>

<p><b>Reablement Team</b></p>	<p><b>Workstream lead: Modernisation Manager or Vicky Brown</b> Service Quality Independent Sector Providers Jayne Dickson Nigel Mitchell Gary Haigh</p>	<ul style="list-style-type: none"> <li>• Develop a detailed understanding of the service model (benchmark, model, report)</li> <li>• Make links with CSIP/CSED</li> <li>• Use of IT to assist new model</li> <li>• Influence/develop training plan</li> <li>• Develop job descriptions and person specification (link to staffing group)</li> </ul>
<p><b>Communication Plan</b></p>	<p><b>Workstream lead: Dave Roddis</b> Operational Managers Doug Parkes</p>	<ul style="list-style-type: none"> <li>• Briefing notes to go out to all staff and stakeholders</li> <li>• Regular updates (feed into AS One)</li> <li>• Regular communication with independent sector, voluntary sector and elected members</li> <li>• Information to users, carers</li> <li>• Customer views – baseline survey, outcome analysis (over time)</li> </ul>

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
<b>2</b>	<b>Date:</b>	<b>Monday 21 April 2008</b>
<b>3</b>	<b>Title:</b>	<b>Adult Services Revenue Budget Monitoring Report 2007/08.</b>
<b>4</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Services</b>

## **5 Summary**

**This Budget Monitoring Report provides the anticipated outturn position for the Adult Services Department within the Neighbourhoods and Adult Services Directorate for the financial year 2007/08 based on actual income and expenditure to the end of March 2008.**

**The forecast position for the year is now an anticipated underspend of £107,000.**

## **6 Recommendations**

**Members receive and note the Adult Services forecast revenue outturn for 2007/08.**

## **7 Proposals and Details**

### **7.1 The Current Position**

7.1.1 The approved revenue budget for Adult Services for 2007/08 was £60.55m. Additional funding was approved for 2007/08 as part of the MTFs to fund a number of demographic and existing budget pressures including the additional costs of job evaluation, however, a number of underlying pressures remained. A range of management actions have been determined through budget performance clinics together with the additional one off budget allocation for 2007/08 of £974k agreed by Cabinet on 12 December 2007 to offset these budget pressures.

7.1.2 The latest budget monitoring report for Adult Services shows a projected underspend of £107,000 for the financial year. All management actions have now been incorporated into the financial projections and additional underspends have been identified within Learning Disability services since the last report, mainly in respect of further delays in residential placements and additional income received.

7.1.3 There still remains underlying budget pressures within 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.

7.1.4 However, these pressures have been reduced by:-

- underspends in independent residential care and extra care housing within Older Peoples services,
- slippage in developing supported living schemes within Learning Disability services and further additional income from continuing health care funding and
- achievement of management actions identified from budget performance clinics

### **7.2 Current Action**

To mitigate the financial pressures within the service recruitment to all vacancies has required the approval from each Service Director. Financial performance has been in operation to review areas where financial performance is projected to exceed the approved budget. It is the intention for this good practice to continue.

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

## 8. Finance

Finance details are included in section 7 above and the attached appendix shows a summary of the overall financial projection for each main client group.

## 9. Risks and Uncertainties

Any unexpected additional expenditure or income identified as part of the closing the accounts will impact on the final outturn for Adult Services. Careful scrutiny of expenditure and income and close budget monitoring on a recurrent basis remains essential to ensure equity of service provision for adults across the Borough within existing budgets.

## 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 28 February 2007 –Proposed Revenue Budget and Council Tax for 2007/08.
- The Council's Medium Term Financial Strategy (MTFS) 2007-2010.
- Revised Estimates Report to Cabinet – 12 December 2007.

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services and the Strategic Director of Finance.

**Contact Name:** Mark Scarrott – Service Accountant (Adult Social Services),  
*Financial Services x 2007, email Mark.Scarrott@rotherham.gov.uk.*

**ADULT SOCIAL SERVICES  
REVENUE BUDGET MONITORING SUMMARY**

EXPENDITURE/INCOME TO DATE (As at 31 March 2008)											PROJECTED OUT-TURN							
Last Net Projected Variance £	Directorate/Service Area	Expenditure			Income			Net			Net						Revised Financial RAG Status	* Note
		Profiled Budget £000	Actual Spend to date £000	Variance (Over (+) / Under (-) Spend) £000	Profiled Budget £000	Actual Income to date £000	Variance (Over (+) / Under (-) Recovered) £000	Profiled Budget £000	Actual Net Expenditure to date £000	Variance (Over (+) / Under (-) Spend) £000	Annual Budget £000	Proj'd out turn £000	Variance (Over (+) / Under (-) Spend) £000	Current Financial RAG Status	Financial Impact of Management Action £000	Revised Projected Year end Variance Over(+)/Under(-) spend £000		
	<b>Adult Services</b>																	
355	Older People's Services	50,177	56,874	6,697	(13,009)	(19,374)	(6,365)	37,168	37,500	332	37,168	37,506	338	Red	0	338	Red	1
(530)	Learning Disabilities	24,975	21,488	-3,487	(12,541)	(9,629)	2,912	12,434	11,859	-575	12,434	11,777	(657)	Green	0	(657)	Green	2
99	Physical & Sensory Disabilities	5,998	6,449	451	(842)	(1,145)	(303)	5,156	5,304	148	5,156	5,269	113	Red	0	113	Red	3
151	Mental Health	4,755	5,056	301	(1,340)	(1,417)	(77)	3,415	3,639	224	3,415	3,607	192	Red	0	192	Red	4
19	Head of Services & Policy & Development	339	376	37	(61)	(65)	(4)	278	311	33	278	299	21	Red	0	21	Red	5
0	Supporting People	7,878	7,630	-248	(7,784)	(7,536)	248	94	94	0	94	94	0	Green	0	0	Green	
	<b>Commissioning, Quality &amp; Performance</b>																	
2	Adult Services Business Unit	2,969	2,876	-93	(89)	(26)	63	2,880	2,850	-30	2,881	2,894	13	Red	0	13	Red	6
(63)	CQP Management	289	176	-113	(27)	0	27	262	176	-86	262	198	(64)	Green	0	(64)	Green	
(33)	Planning Workforce & Compliance	1,603	1,585	-18	(642)	(677)	(35)	961	908	-53	961	914	(47)	Green	0	(47)	Green	
0	Performance Information & Quality	617	569	-48	(9)	(4)	5	608	565	-43	607	591	(16)	Green	0	(16)	Green	
0	<b>Total Adult Social Services</b>	99,600	103,079	3,479	(36,344)	(39,873)	(3,529)	63,256	63,206	-50	63,256	63,149	(107)		0	(107)		

**Reason for Variance(s), Actions Proposed and Intended Impact on Performance**

**NOTES** **Reasons for Variance(s) and Proposed Actions**

Indicate reasons for variance (e.g. increased costs or client numbers or under performance against income targets) and actions proposed to address the

**Main Reasons for Variance**

**1 Older People**

Continued increase in demand for Domiciliary Care services over and above budget due to demographic pressures including a shortfall against budget in income from Charges (£700k). Pressure on in-house residential care due to increase in cost of cover plus (£456k) pressures on in-house day care (£30k) and overspend on Domiciliary care management and admin teams (£100k). Pressures being reduced by additional income from property charges (-£761k) and underspend on intermediate care beds (-£54k). Slippage in the start up of Extra Care Housing at Potteries Court (-£180k).

**2 Learning Disabilities**

Recurrent overspend on day care transport (£105k) offset by slippage on the start up of new Supported Living Schemes (-£396k) and further underspend on residential care placements (-£337k) due to additional income from Continuing Health Care.

**3 Physical and Sensory Disabilities**

Increases in admissions to residential care over and above budget - net 5 additional placements this year plus cost of full year effect of an additional 4 placements made in March 2007 (£76k), being reduced by additional income from Independent Living Fund (£-58k). Increase in cost of care packages for clients receiving Home Care (£22k) plus overspend on Direct Payments (£132k) being reduced by underspend on Assessment and Care Management employee costs (-£70k).

**4 Mental Health**

Overspend on residential care due to additional placements (£147k) and direct payments (£45k).

**5 Head of Services & Policy & Development**

Cost of Absence Officer post unbudgeted (£21k), savings from reduced sickness absence across all other client groups.

**6 Commissioning, Quality and Performance**

Non achievement of Business Unit vacancy factor (£14k), increased costs of recruitment (£58k) offset by underspend on vacant posts and RBT affordability charge (-£185k)

**Proposed Actions to Address Variance**

**1 Older People**

Review of provision of high cost Direct Payments and continuation of the review of placements at Senior Managers Panel. Reviews on a number of services including Meals on Wheels and Transport to all client groups in order to identify potential savings.

**3 Physical and Sensory Disabilities**

Review of the cost of care packages for Residential care and Home Care plus Direct payments.

**4 Mental Health**

Efficiency savings being agreed with providers, examination of other funding streams including the use of capital resources.

**6 Commissioning, Quality and Performance**

All vacancies continue to be vetted and approved by each Service Director. Monitor and challenge all corporate charges.

**Management actions continue to be developed to ensure expenditure is contained within the approved cash limited budget, including the operation of regular finance performance clinics and the continuation of the Senior Officer Panel to review all care packages.**

**Performance**

(List key targets and RAG status- highlight impact of actions intended to address budget)

**Residential/Nursing Care**

Performance indicator C72 - national target to reduce admissions (Target 95) - currently predicted (94.6).

**Home care**

Any reduction in the numbers of intensive home care packages (i.e. more than 10 hours and 5 visits of care per week) would have a negative impact on performance indicator C28, which is currently off target (Target 16, performance 13.94).

**Direct Payments**

The increasing numbers is improving performance on key performance indicator C51. Reducing expenditure in line with budget would have an adverse effect on performance and may impact on Star ratings. Target 150 - current score 161)



By virtue of paragraph(s) 4 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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