

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH

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

Date: Monday, 7 July 2008

Time: 10.00 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 23 June 2008 (Pages 1 - 4)
5. Healthy Communities (report herewith) (Pages 5 - 9)
6. Revenue Monitoring (report herewith) (Pages 10 - 16)
7. Direct Payments (Kim Curry to report)
8. **EXCLUSION OF PUBLIC AND PRESS**
The following item is likely to be considered in the absence of the press and public as being exempt under paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006).
9. Laudsdale Action Plan (report herewith) (Pages 17 - 27)
10. Date and time of next meeting:- 21 July 2008

ADULT, SOCIAL CARE AND HEALTH
23rd June, 2008

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

An apology for absence was received from Councillors P. A. Russell.

12. MINUTES OF THE PREVIOUS MEETING HELD ON 19 MAY 2008

Resolved:- That the minutes of the meeting held on 19 May 2008 were approved as a correct record.

13. MINUTES OF THE GUARDIANSHIP MEETING HELD ON 12 JUNE 2008

Resolved:- That the minutes of the Review of Guardianship meeting held on 12 June 2008 be noted.

14. SCRUTINY REVIEW OF THE TRANSPORTATION OF VULNERABLE PEOPLE 2006

Shona McFarlane, Director of Health and Wellbeing, presented the submitted report which provided an update on the implementation of the Transport Scrutiny Action Plan.

The Scrutiny Review was initiated by the Performance and Overview Scrutiny Committee in October 2005 following the Older People's Conference. A range of issues were raised but the review group decided to focus on transport for vulnerable adults provided by the Council and contracted companies and also to look at transport for children within its remit.

It aimed to examine the current situation regarding transportation of vulnerable people by RMBC and to identify any potential areas for improvement. A desk top review was undertaken which included interviews with Council staff, consultation with voluntary organisations and day services and also collated good practice from other local authorities.

The review group found that service users across Adult Social Services (as it was then) and Children and Young People's services were generally satisfied and pleased with the quality of service, with only specific isolated areas identified for improvement.

An outline of the key areas of recommendation together with action that had been taken against them was appended to the report. Work was still underway to identify areas of improvement, and Internal Audit were undertaking a review of the resources and facilities that were currently allocated within NAs and CTU for the purposes of transport, to identify whether any further economies of scale could be created through further

integration. A review of depots was underway, which could also add further efficiencies within the overall transport budget.

The outcome of the review had been an improvement in quality of service through:

- An improvement in the type and level of training that was offered to all staff
- Improvements in the quality assurance systems that were in place
- Improvements to the procedures implemented by transport staff, ensuring that vulnerable people were transported safely.

One area of the review which had not yet been resolved was the commissioning of all transport through the CTU contract with Translinc. It was intended to review transport services internally, once the Internal Audit review of resources were concluded, and once service changes that were currently being examined were resolved.

Resolved:- That the actions undertaken to progress the Scrutiny review be noted.

15. OPENING OF OFFERS/TENDERS

Consideration was given to a report which confirmed the opening of offers/tenders by the Cabinet Member, Adult Social Care and Health on 19 May 2008, relating to Framework Agreement 1.

Resolved:- That the action of the Cabinet Member be recored.

16. HOME CARE SERVICES PETITION

Members considered two petitions in relation to the Council's decision to privatise 65% of its Home Care Service. The first was from Unison and contained 2382 signatures and the second from local residents which contained 89 signatures.

Resolved:- (1) That the petitions be received

(2) That they be referred to the Director of Service for investigation.

17. 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 3 of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

18. HOME CLOSURE LAUDSDALE

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in relation to the closure of Laudsdale Home.

The current permanent occupancy at Laudsdale was 13 service users and had been for the past 6 months. The unit was closed to new admissions following allegations which were made in October 2007 and it had not provided short stay or respite for the past 6 months.

As there were vacancies in other council run homes, which would be sufficient for the relocation of the Laudsdale residents prior to the opening of the new homes, the decision had been made to close Laudsdale in the next 2-6 weeks. Discussion had taken place with the trades unions, staff and residents and most were in favour of the decision.

Concerns were raised about the number of places available, and whether at some point this would be insufficient. It was confirmed that a review of all residents would be undertaken prior to moving them, which would more than likely show that there were some residents who would require EMI care and others who would need to move to nursing homes.

Resolved:- (1) That following completion and outcome of the Investigation that the home be closed earlier than provisionally planned

(2) That the closure of Laudsdale within the next 2 months be approved and the residential home be decommissioned

(3) That day services be transferred to alternative locations.

19. ADULT SERVICES MODERNISATION STRATEGY DEVELOPMENT OF NEW RESIDENTIAL CARE HOMES FOR THE ELDERLY

Ian Smith, Director of Asset Management presented the submitted report which briefed members on the projected additional costs for provision of the 2 new care homes at Dinnington and Rawmarsh.

There were a number of previously unforeseen cost pressures which had developed indicating that the final cost would exceed the amounts approved in 2007. These pressures were related to:

- Delays and associated additional costs
- Sprinklers and Smoke Vents
- Drainage and Storm Water Attenuation
- 'Revolutionary Pods'
- Retaining walls
- Chemical dosing pots
- Natural ventilation and air conditioning
- Utilities
- Building construction items

- Elderly and Mentally Infirm (EMI) provision

The items that had been instructed were essential to provide fully functioning Care Homes compliant with legislation and operating requirements. Some savings had been made in the design of the landscaping, but as the provision of a suitable outdoor environment was a requirement of the Commission for Social Care (CSCI) this could not be reduced further.

All parties were working to minimise any cost over-run and time delay to completion.

The Director of Asset Management and the Projects and Partnerships Manager would hold direct negotiations with the contractors regarding the delays and additional costs.

Concern was raised about the escalating costs and how much would be required to complete the homes. The question was raised as to how so many costs could have occurred since the original estimates were submitted, as it was felt that most of the issues which had been raised should have been picked up at the outset, and included in the initial estimates.

Resolved:- (1) That the request for additional funding for the completion of the Dinnington and Rawmarsh residential care homes be supported and that a bid be submitted to the Capital Programme

(2) That the Director of Asset Management worked with the contractors concerned to reduce the out-turn costs as far as practicable.

20. DATE AND TIME OF NEXT MEETING:- 7 JULY 2008

Resolved:- That the next meeting be held on Monday 7 July 2008 commencing at 10.00 am.

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1.	Meeting:	CABINET MEMBER: ADULT SOCIAL CARE AND HEALTH
2.	Date:	7TH July 2008
3.	Title:	Healthy Communities Challenge Fund
4.	Programme Area:	Chief Executive's

5. Summary

The Department of Health have recently announced a national scheme to support local areas to develop Healthy Towns and to support the prevention of obesity. The Department of Health have a £30 million budget for this initiative and local areas can bid for up to £5million.

This paper outlines the nature of the initiative, the bidding process and early work to develop an innovative bid for Rotherham.

6. Recommendations

It is recommended that Cabinet Member

1. Endorse the joint PCT / RMBC bid for funding under the Healthy Communities Challenge Fund.

7. Proposals and Details

The Healthy Communities Challenge Fund enables every town in England to bid for up to £5 million revenue funding (over 3 years) to make their inhabitants more healthy and active. Successful applications will be designated as 'Healthy Towns', to acknowledge their commitment and aspiration to promoting health in their communities.

This initiative was outlined in the 'Healthy Weight, Healthy Lives' government strategy on obesity. The broad aim of the initiative is to support local areas to develop and test innovative approaches to promote healthy food choices and increased physical activity within their communities. The focus is very much on the prevention of overweight and obesity.

Bid Criteria

Bids must meet the following criteria:

- Bids must be joint bids between local authorities and PCTs.
- Local areas will be required to at least match the grant from the programme
- Match funding can be revenue, capital or both but should not be from other Government ring fenced grants.
- Evidence that achieving a healthy weight gain for all is a shared local priority
- Evidence of a commitment to creating a healthy town
- Senior level commitment across the PCT and Local Authority (political and officer) with a proven record of partnership working. Endorsement of other partners is welcomed.
- Clear demonstration of the links between obesity and other policy priorities

Selection Process

The selection process is a two-stage process.

1. First Stage: Expression of Interest

A short form explaining what we would do with extra resources to prevent and reduce overweight and obesity rates in the population.

This will need to be submitted to the Department of Health by **11th July 2008**.

2. Second Stage: Full Bids

The DH will inform successful first stage applicants by the end of July and will provide more details of the second stage process and criteria.

The second stage deadline is 30th September 2008. Final decisions will be announced in October 2008.

Coordination of the Rotherham bid

The Head of Public Health, RMBC will coordinate the submission of the Rotherham bid for Healthy Town status and will be supported by officers from the PCT and from RMBC Chief Executives.

The first stage deadline is tight and precludes the formation of a formal group to steer the bid. However, it is necessary to involve a wide range of officers, members and partners and it is intended to have a series of one to one and small group discussions on aspects of the bid.

Nature of the bid

Early discussions have been held and a wide range of ideas have been floated. A balance will need to be struck. The guidance clearly points the way for innovative and radical suggestions that will help to build the evidence base for future initiatives and yet we do need to ensure that the application is focused and targeted specifically on maintaining and reducing rates of obesity in the population.

We also need to be mindful of our existing actions and whatever we put forward will need to build on what we already have in place.

The guidance notes frequently refer not only to 'Healthy Weight, Healthy Lives' but also to the 'Foresight report on obesity'. This report provides a map of the influences on obesity. It is a complex picture. It does, however, provide a framework in which to structure our bid. We are also keen to ensure that our bid has a strong local flavour and is tied into the themes of our Community Strategy – we therefore are looking to structure the bid along the familiar themes of Alive, Learning, Achieving, Proud, Safe, Fairness and Sustainable Development.

Early thinking also suggests that we have at least two ongoing initiatives which both demonstrate our intent and commitment and our ability to be bold and innovative. These initiatives are:

1. Rotherham Renaissance: The redevelopment of the Town Centre provides an almost unparalleled opportunity to improve quality of life and aspiration for Rotherham residents. In doing so we will be creating the basis for a Healthy Town. The bid can help to take this vision forward by preparing residents for the future and maximising the amount of incidental physical activity that takes place on a day to day basis.
2. Ministry of Food: the developments brought forward by Jamie Oliver's presence in the Borough will ensure that the healthy eating agenda is high on the local agenda. We will need to build and build on this momentum.

These two opportunities have at their heart a single premise – the need for a changed relationship.

On the one hand, a changed relationship with our physical environment – one in which individuals feel proud, safe and able to interact – encouraging physical activity on a day to day basis. There is good evidence that shows the health gains to be made from low level frequent activity but little evidence as to how to improve such physical activity rates.

On the other hand we have a changed relationship with food. The focus needs to move away from food as a source of energy, of comfort or of inconvenient necessity to one focused on enjoyment, pride and social interaction.

There are other ideas that have been raised that will need to be considered:

- Air quality improvements and link to smoking and physical activity
- Promotion and provision of alternative forms of physical activity, e.g. green spaces, walking, dance, play including older people, street sports
- Prevention Plus – a targeted approach to identifying and supporting people and families who are at risk

There are other dimensions that we will need to cover in the bid, e.g. ensuring that we tackle not contribute to health inequalities and equalities and diversity issues.

An update on progress and a copy of the draft proposal will be tabled at the meeting.

8. Finance

Whilst this application may bring in up to £5million in revenue funding over three years it does need to be matched.

At present, the guidance of what can be counted as match funding has not been confirmed in detail, i.e. pre-existing funding, in-kind funding etc. This detail is being pursued and as the nature of the bid unfolds specific financial implications will need to be highlighted.

9. Risks and Uncertainties

The applications for Healthy Town status are likely to be of high quality and it is certain that competition for this fund will be fierce. There is therefore a risk that we dedicate resources to an application that is ultimately unsuccessful. Assuming we are shortlisted for the second stage then it will be necessary to ensure that we provide a contingency plan in order that we can take forward elements of the application without central government funding.

The very nature of the fund invites innovation and radical approaches. As such, even a successful application may not necessarily produce the performance that we desire. The DH have made it clear that they will provide support to successful Healthy Town applicants to ensure robust evaluations for future initiatives.

10. Policy and Performance Agenda Implications

A successful Healthy Town application will support delivery of the Alive themes within the Community Strategy and the maintenance of the LAA targets on Childhood Obesity.

11. Background Papers and Consultation

Healthy Weight, Healthy Lives
Foresight report on Obesity

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care and Health
2	Date:	Monday 7 July 2008
3	Title:	Adult Services Revenue Budget Monitoring Report 2008/09.
4	Directorate :	Neighbourhoods and Adult Services

5 Summary

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2009 based on actual income and expenditure to the end of May 2008.

The forecast for the financial year 2008/09 is an overall net projected overspend of £133,623, prior to the service identifying any management actions. Management Actions to minimise this forecast overspend are being identified and quantified and will be included in the next revenue monitoring report.

6 Recommendations

Members are asked to note:

The latest financial projection against budget for the year based on actual income and expenditure to the end of May 2008 for Adult Services.

7 Proposals and Details

7.1 The Current Position

- 7.1.1 The approved net revenue budget for Adult Services for 2008/09 is £68.5m. Included in the approved budget was funding for demographic and existing budget pressures together with a number of efficiency savings identified through the 200809 budget setting process. However, based on current forecasts there remains a number of underlying pressures, mainly around increased expenditure on Direct Payments.
- 7.1.2 The first budget monitoring report for Adult Services shows a projected overspend of £133,623 to the year end, however this is excluding any potential management actions still to be identified to mitigate this forecast overspend.
- 7.1.3 The latest year end projections show there are underlying budget pressures on Direct Payments, within Physical and Sensory Disabilities and Mental Health services. Other projected overspends include additional unforeseen placements in to residential care for clients with Physical and Sensory Disabilities (4 new placements were made in April) and overspends within Domiciliary Care management and administration teams over and above budget due to forecast non achievement of vacancy factor and shortfall in budget. Budget pressures have also been identified in respect of increased energy costs within residential and day centres.
- 7.1.4 The above pressures are being partially offset by additional income from continuing health care for placements within Learning Disability services.

7.2 Current Action

- 7.2.1 To mitigate the financial pressures within the service all vacancies continue to require the approval of the Service Directors. Budget meetings with Service Directors and managers have been arranged on a monthly basis to monitor financial performance against approved budget and consider potential options for managing expenditure within budget.

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

There are a number of underlying pressures within the service which continue to be reviewed and monitored. Uncertainties in respect of timing of the opening of the two new homes may impact on budget performance. Plans for the closure of existing homes and the opening of the two new homes is being finalised and any further impact on budget will be reported as soon as identified. Also, the report assumes the achievement of the savings associated with shifting the balance of home care from in-house provision to independent sector provision, agreed as part of the budget setting process.

Management Action Plans are being developed to address the budget pressures including the consideration of the impact of any decisions on the Key Performance Indicators. Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets.

10. Policy and Performance Agenda Implications

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

11. Background Papers and Consultation

- Report to Cabinet on 20 February 2008 –Proposed Revenue Budget and Council Tax for 2008/09.
- The Council's Medium Term Financial Strategy (MTFS) 2008-2011.

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

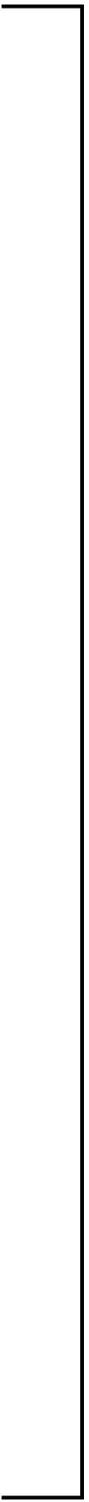
Contact Name: Mark Scarrott – Service Accountant (Adult Services), *Financial Services x 2007*, email Mark.Scarrott@rotherham.gov.uk.

**ADULT SOCIAL SERVICES
REVENUE BUDGET MONITORING SUMMARY**

DRAFT

Last Net Projected Variance £	Directorate/Service Area	EXPENDITURE/INCOME TO DATE (As at 31 May 2008)						PROJECTED OUT-TURN						Revised Financial RAG Status			
		Expenditure			Income			Net			Net						
		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
0	Commissioning and Partnerships	520,696	524,981	4,285	(167,759)	(232,332)	(64,573)	352,937	292,649	(60,288)	4,570,629	4,641,201	70,572	Red	0	70,572	Red
	Assessment and Care Management :																
0	- Physical & Sensory Disabilities	298,690	450,922	152,232	(104,437)	(82,138)	22,299	194,253	368,784	174,531	4,748,519	4,859,149	110,630	Red	0	110,630	Red
0	- Older Peoples Services (Indep)	4,786,862	4,800,492	13,630	(945,625)	(992,430)	(46,805)	3,841,237	3,808,062	(33,175)	23,693,286	23,613,034	(80,252)	Green	0	(80,252)	Green
0	Independent Living	230,243	232,547	2,304	(15,765)	(15,765)	0	214,478	216,782	2,304	1,601,640	1,581,465	(20,175)	Green	0	(20,175)	Green
	Health and Well Being :																
0	- Older Peoples Services (In House)	3,131,610	3,179,075	47,465	28,258	1,772	(26,486)	3,159,868	3,180,847	20,979	15,082,328	15,441,514	359,186	Red	0	359,186	Red
0	- Learning Disabilities	3,085,637	3,099,687	14,050	(926,729)	(937,970)	(11,241)	2,158,908	2,161,717	2,809	14,882,479	14,654,714	(227,765)	Green	0	(227,765)	Green
0	- Mental Health	617,457	599,332	(18,125)	37,673	37,673	0	655,130	637,005	(18,125)	3,953,238	3,874,665	(78,573)	Green	0	(78,573)	Green
0	Total Adult Social Services	12,671,195	12,887,036	215,841	(2,094,384)	(2,221,190)	(126,806)	10,576,811	10,665,846	89,035	68,532,119	68,665,742	133,623		0	133,623	

* Note
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By virtue of paragraph(s) 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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