

## ADULT SERVICES AND HEALTH SCRUTINY PANEL

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

**Date:** Thursday, 24 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 and Communications.  
Nominations for representatives to sit on the following bodies:  
  
Members Training Panel  
  
Churches Together Group  
  
Co-option of representative from the National Autism Society
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Speakability - Presentation
7. Complaints Annual Report (Pages 1 - 20)
8. YAS Comms move to Wakefield - update
9. PTS contract update (Pages 21 - 22)
10. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 26 June 2008 (herewith). (Pages 23 - 31)
11. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 19 May 2008 and 23 June 2008 (herewith) (Pages 32 - 43)

**Date of Next Meeting:-  
Thursday, 4 September 2008**

**Membership:-**

Chairman – Councillor Jack

Vice-Chairman – Barron

Councillors:- Blair, Clarke, Doyle, Hodgkiss, Hughes, St. John, Turner, Wootton and F. Wright

**Co-opted Members**

Mrs. I. Samuels, (PPI Forum Yorks Ambulance Serv), Taiba Yasseen, (REMA), Val Lindsay (Patient Public Involvement Forum), Sandra Bann (PPI Forum Rotherham PCT), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Jonathan Evans (Speak up), Mr. S. Hawkins, Kath Henderson, Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.), Chris Tomlinson and Lizzie Williams

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1. **Meeting:**                **Adult Social Care and Health Scrutiny Panel**
2. **Date:**                    **24<sup>th</sup> July, 2008**
3. **Title:**                    **Adult Services Complaints Annual Report**
4. **Directorate:**        **Neighbourhoods and Adult Services**
5. **Summary:**
  - 5.1 This report provides information about complaints made during the twelve months between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006.
6. **Recommendation**

**That members receive this report.**

## 7. Proposals and Details

### Performance 2007/08

- 7.1 This report provides information about complaints made between 1 April 2007 and 31 March 2008. Over the last 12 months the total number of complaints received has reduced from 425 to 228 (46%). A centralised system of recording complaints has been implemented to ensure that performance in handling complaints is consistent across all directorates. Details of each customer, each contact they make (interaction) and each complaint point are recorded. 125 (159 2006/07) customers submitted complaints.
- 7.2 Overall 94% of all complaints were responded to within the statutory timescales, compared to 88% (2006/07) and from 72% (2005/06). This is an improvement on last years figure with a significant improvement in responding to Stage 2 complaints, none of which were responded to out of timescales. This performance is the best in the Council for services who have received more than 10 complaints.
- 7.3 The merger of the Adult Social Services and Neighbourhoods was completed in April 2008. The complaints function is now fully integrated and works to an established customer defined service standard. This has led to significant progress being made in terms of improving performance in the following areas:
- Improving the timeliness of responses to customers
  - Improving the quality of responses
  - Learning from Complaints to identify service improvements, recognised nationally by the Cabinet Office.
  - Strengthening our performance management of complaints with monthly reports being presented to DMT.
  - Improving satisfaction of the complaint management process
  - Promoting and increasing accessibility of the complaints procedure through the development of the internet, information packs and campaigns in our reception areas.
  - Training in complaint handling which has been delivered to all M2 managers in Adult Services.
  - Meeting the new Government Customer Service Excellence Standard, one of the first organisations in the country.

**8. Finance**

8.1 There are additional ongoing costs attached to not delivering an effective complaints service for the Department, particularly not effectively resolving complaints at Stage 1.

Stage 2 Independent Investigating Officers	£10,777
Stage 3 Review Panellists	£649

**9. Risks and Uncertainties**

9.1 There are not risks and uncertainties associated with this report.

**10. Policy and Performance Agenda Implications**

10.1 This report provides information about complaints made between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006. The Complaints process primarily contributes to Outcome 4 (Increased Choice and Control) with links to Outcome 5 (Freedom from Discrimination and Harassment) of the new Outcomes Framework for Social Services.

**11. Background and Consultation**

11.1 The NHS and Community Care Act 1990 which requires local authorities to have complaints procedures in place.

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# Annual Report

April 2007 to March 2008

## Adult Services Complaints

Rotherham   
Metropolitan  
Borough Council  
Where Everyone Matters

## Executive Summary

This report provides information about complaints made between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006. The Complaints process primarily contributes to Outcome 4 (Increased Choice and Control) with links to Outcome 5 (Freedom from Discrimination and Harassment) of the new Outcomes Framework for Social Services. Details are given on the performance in responding within the deadlines contained in these to Complaints submitted under these procedures. Separate figures are kept for Adult Services because complaints regarding Community Care are covered by statutory regulations which are separate from the process covered by the corporate complaints process

Over the last 12 months the total number of complaints received has reduced from 425 to 228 (46%). A centralised system of recording complaints has been implemented to ensure that performance in handling complaints is consistent across all directorates. Details of each customer, each contact they make (interaction) and each complaint point are recorded. 125 (159 2006/07) customers submitted complaints.

Overall 94% of all complaints were responded to within the statutory timescales, compared to 88% (2006/07) and from 72% (2005/06). This is an improvement on last years figure with a significant improvement in responding to Stage 2 complaints, none of which were responded to out of timescales. This performance is the best in the Council for services who have received more than 10 complaints. The overall percentage was slightly reduced by delays in the setting up of the hearing of Stage 3 complaints within timescales due to a number of unavoidable factors detailed later in this report along with measures to be taken to improve this area.

The merger of the Adult Social Services and Neighbourhoods Programme Areas into the Neighbourhoods and Adult Services Directorate was completed in April 2008. The complaints function is now fully integrated and works to an established customer defined service standard. This has led to a number of significant progress being made in terms of improving performance in:-

- Improving the timeliness of responses to customers
- Improving the quality of responses
- Learning from Complaints to identify service improvements, recognised nationally by Cabinet Office.
- Strengthening our performance management of complaints with monthly reports being presented to DMT.
- Improving satisfaction of the complaint management process
- Promoting and increasing accessibility of the complaints procedure through the development of the internet, information packs and campaigns in our reception areas.
- Training in complaint handling which has been delivered to all M2 managers in Adult Services.
- Meeting the new Government Customer Service Excellence Standard, one of the first organisations in the country.

## Performance in 2007/08

### Stage 1

At Stage 1, 121 people made and received responses to 183 complaints compared to 144 people having 352 complaints considered the previous year.

100% of complaints were acknowledged within the standard of 5 working days.

94% of complainants received a response within the statutory timescales. This continues the annual trend of improvement in performance in 2005/06 when the number of Stage 1 Complaints responded to within timescale was 72%.

**Table 1 Services receiving the highest number of complaints**

Service Area	Percentage
Locality Team Older People	21%
Community Occupational Therapy	14%
Learning Disability	10%
Client Services / Interviewing Offices	7%
Business Unit	6%

The highest number of complaints relate to services provided by the Locality Teams (Older People) 21%, although this has significantly decreased by 10% over the last 12 months. Older people however make up the vast majority of people seeking or receiving services.

**Table 2 Category of Complaints**

Category	Percentage
Quality	31%
Action of Staff	25%
Delay	13%
Lack of Service	9%
Other	9%
Refusal	7%
Cost	4%
Lack of Information	3%

At 31% of the total, Quality of Service is the biggest single issue people complain about. However this is a 4% reduction compared to last year which equates to 66 less complaints about the quality of service. Of the complaints submitted regarding quality 38%, were upheld or partly upheld. Where this occurs it is clear that Service Quality Standards are not being met. Learning from complaints meetings will therefore continue to emphasise the importance of these and complaints staff will discuss with managers practical ways of implementing these. We feel that this reduction has been as a result of the work which began in March 2007, where



in conjunction with customers, we reviewed, revised and re-launched Service Standards across the Directorate. Our externally recognised 'Customer

Inspection Service' made up of service users, has been testing all our services against these standards and has examined the responses and proposed actions taken in relation to

complaints about quality. Complaints staff will continue to work with the customer Inspection Service and it is anticipated that the reduction in complaints regarding quality this year will continue over the next 12 months.

The other large cause for complaint is Actions of Staff at 25%. Once again this has reduced by 58 over the last 12 months. We believe that this has been achieved as a result of strengthening of customer focus through training and communication, with outcome of this being the achievement of the Customer Service Excellence Standard for all our Adult Social Care Service, the first in the country. Of these 45% were upheld or partly upheld. 7 (33%) of the complaints upheld were from 1 customer and related to a single incident. Appropriate action has now been taken in respect of the staff responsible for the issues giving rise to this complaint.

Closer analysis of the complaints received showed it is common for people to complain about specific people when being given unfavourable information. In over half the interactions concerning the actions of staff, other issues have also been complained about. It is however important to ensure that staff promote a positive image and issues regarding how staff handle difficult situations will be raised at Learning from Complaints discussions. Agreed actions include ensuring full explanations are given to customers in cases where we are unable to meet a request. During the next 12 months complaints training will also be amended to include actions that can prevent issues escalating into complaints. Emphasising the importance of apologising to customers in cases where we are unable to meet their demands and ensuring expectations are not unrealistically raised will be an element of this training.

The area which has seen the most significant reduction is delay from 20% last year to 7%. Over the past 12 months we have improved performance in a number of areas – we have doubled the number of assessments carried out and improved waiting times with an average time now being 1 week and as a result have removed all backlogs. We have also trebled the number of annual reviews carried out. These actions and improvements have had a major impact on reducing the number of complaints.

6 of the 11 stage 1 complaints not responded to within time scales were submitted by 3 people. In one case a key member of staff who needed to be interviewed as part of the investigation was off sick for 1 month and this delayed the response to 3 complaints.

1 investigation was suspended pending an Adult Protection Strategy meeting which in accordance with the statutory complaints process takes precedence. The resulting delay was however a cause for concern and was raised with the Safeguarding Officer. Subsequently managers have been instructed that Adult Protection Strategy Meetings must take place at the first opportunity in order to reduce the risk to vulnerable people and minimise the disruption to other support the customer has a right to expect.

2007/08 is the first year where details of whether or not Stage 1 complaints about Adult Services have been upheld are recorded

**Table 3 – Complaint Decisions**

<b>Team</b>	<b>Upheld or Part Upheld</b>	<b>Percentage</b>
Learning Disability	13	72%
Disability Community Support	2	67%
Intermediate Care Fast Response Team	9	60%
Disability COT	15	58%
Business Unit	8	57%
Other	6	55%
Client Services Blue Badge	6	50%
Hospital Team	4	36%
Locality Elderly	11	30%
Elderly Residential	3	25%
<b>Total</b>	<b>77</b>	<b>42%</b>

The high level of upheld complaints in Learning Disability services relate to one incident. Community Occupational Therapy was the other area where a large number of complaints was upheld. This was due to delays in allocating staff to complete assessments. It is anticipated the establishment of Assessment Direct and the joint work being undertaken with the PCT should alleviate this problem over the next 12 months.

## **Stage 2**

Between 1 April 2007 and 31 March 2008, 7 customers escalated 45 complaints to Stage 2. This compares to 11 customers escalating 70 complaints in 2006/07. These Stage 2 complaints were investigated by external investigating officers.

The average number of complaint points raised by each customer decreased from 10 to 5. The reduced number of complaints points has also coincided with a dramatic improvement in response times with 100% of complaints being responded to within timescales compared to 73% last year.

Improving the quality of Stage 1 complaint responses has been given a high priority this year and appears to be benefiting the authority by dramatically reducing the volume of complaints investigated at Stage 2. Customer Satisfaction information told us that the majority of people who progressed to Stage 2 felt that we had not answered the issues that they had raised at Stage 1. Our QA process, which was put in place in July 2007, has addressed this.

The number of complaints responded to within statutory timescales was 100%. This compares to 73% last year, 56% in 2005/06 and 16% in 2004/05. This dramatic improvement has coincided with the increasing (and now exclusive) use of external Investigating Officers. We have reviewed the way we commission external investigations to ensure that it is in line with Council Standing Orders and that there is clear service level agreement in place to ensure that timeliness and quality is being achieved.

The average response time for the period was 50 working days which is well within the 65 working days statutory timescale.

**Table 4 Outcomes of Stage 2 Complaints**

Team	Total	%	Upheld/Part Upheld	% of Total Number of Complaints
Action Of Staff	25	56%	13	29%
Quality	15	33%	11	25%
Other	3	7%	2	4%
Lack of Service	1	2%	2	4%
Delay	1	2%	1	2%
Total	45	100%	29	64%

27 of the complaints considered at Stage 2 were submitted by one person and related to services provided by the Independent Homecare service. 21 of these related to actions of staff and 10 were upheld. While one issue in particular seems to have given rise to a large number of complaints, significant learning issues were identified resulting from the investigation.

In all complaints (Stage 1, 2 and 3 customers receive an apology for the issues that gave rise to their feeling the need to complain.

At Stage 2, 64% of the complaints were either upheld or part upheld, a reduction of 1% compared to last year. The total number of complaints progressing to Stage 2 has decreased significantly and 27 (60%) of the complaints came from one customer. Of these 19 were upheld or part upheld and the issues related to this complaint have been outlined above. Of the remaining 18 complaints 7 (39%) were upheld or part upheld. A total of 29 complaints were upheld or partly upheld this year compared to 45 complaints last year. This represents a significant reduction (36%) compared to last year's figure.

Under statutory regulations Social Care complaints need to be investigated by a person independent of the service being complained about. In Rotherham, external consultants are used because it has been found to be more cost effective. They produce a report considered by a senior manager (the Adjudicating Officer) who sends a response with a copy of the Investigating Officer's report to the complainant.

### Stage 3

3 people had 7 complaints considered at Stage 3. Under the Statutory guidelines Panels are supposed to be convened within 30 days of the Complaints Manager receiving a request to go to Stage 3. A further 5 working days are then allowed for the Panel to inform the complainant of their decision. A further 15 working days are then allowed for a final response to be sent from the Strategic Director. Therefore a total of 57 calendar days is allowed from receipt of the request to go to Stage 3 to the final response being sent from the authority

Under statutory regulations, the panel must consist of two people not employed by the authority, the Investigating Officer and the Adjudicating Officer. Unfortunately setting up the hearing for Stage 3 complaints was the only area to deteriorate during the last 12 months. In all 3 cases external factors caused delays in arranging the Panel meetings and therefore deadlines were not met. Reasons for delays included:-

- A customer being unavailable during the 30 day period. It was agreed with the customer to identify a later date
- The Adjudicating Officer was absent due to ill health when the original meeting was arranged. The Panel was therefore delayed by two months while awaiting his return
- The Investigating Officer was out of the country and could not be contacted for 5 weeks when the customer requested the complaint to be considered at Stage 3.

In each case the complainant was kept informed of progress and raised no objections to the delay. However, we believe that this performance remains unacceptable. Over the next 12 months urgent attention will be taken to improve this situation. In particular attention will be given to reducing the risk of external factors delaying the arrangement of a Panel meeting. These will include:-

- Ensuring that complaints staff are aware of dates that Investigating Officers may not be available for panels for 6 months following their agreement to take on an investigation.
- A formal agreement is being drafted which will include an obligation on the part of Investigating Officers to ensure they are not absent for unreasonable periods of time following the completion of a Stage 2 Investigation.
- Exploring the possibility of appointing delegates in cases where a panel may be postponed due to unplanned sickness of a key member.

The Panel supported the Adjudicating Officers responses on 6 cases and upgraded 1 decision from part upheld to fully upheld. Of the 6 cases supported, 2 complaints upheld, 1 part upheld and 3 not upheld.

In cases where complainants asked for upheld complaints to be considered, they were appealing against the outcome. In one case the customer wanted a decision to refuse an extension overturned and in another financial compensation was requested. In neither case did the Panel overturn these decisions.

In each case the Panel supported the views of the Adjudication Officer with none of the complaints being considered being upheld.

### **Local Government Ombudsman**

People submitted complaints to the Local Government Ombudsman and in one case a local settlement was agreed. 2 cases are still being considered by the Ombudsman

The case where a local settlement was agreed, was responded to within the statutory deadlines

One response took 59 days. A response was sent to the Ombudsman within the timescale stating that the Directorate thought the complaints were new and should therefore be registered at Stage 1. The Ombudsman responded 32 days after the original query stating that because the relationship between the council and customer had deteriorated, the Ombudsman was going to deal with the complaint. Subsequent requests for further information have been received from the Ombudsman in this case and all responded to within the requested

timescales. A final decision is awaited from the Ombudsman but it is unlikely that the original delay will affect the overall view.

One response was 2 days late. The draft response was sent to the Chief Executives Office 2 days before the deadline and not sent to the Ombudsman for 4 days. This is disappointing and a number of actions will be taken to improve this. These include:

- Checking with the Ombudsman's Office that the reply sent is accepted as a response in terms of meeting deadlines.
- Draft responses will now be sent to the Chief Executives Office 7 calendar days before the final response is due

## Customer Satisfaction of Complaint Handling

Over the past 12 months we have tested satisfaction on with every person who has made a complaint. All customers receive a satisfaction questionnaire within 6 weeks of receiving a response to their complaint. The results are collated. 25% of customers responded to the questionnaire and 75% of these were satisfied with the outcome of their complaint with 87% expressing satisfaction with how their complaint was handled.

This has tested whether the improvements that we have made to the way we handle and manage complaints are having a positive impact to customers. Satisfaction has improved in a number of areas:

- Satisfaction with overall complaint outcome has improved from 57% to 66%,
- Increased to 90% the percentage of people who would use the procedure again.
- Satisfaction with keeping people informed of progress 64% to 80%
- Satisfaction with the length of time it took to complete the investigation from 62% to 79%

We have put in place a system (REACT) which returns to the people who have expressed dissatisfaction to understand the reasons behind this. This has informed the Team Plan for the Service Quality Team for the next 12 months identifying a number of actions around the development of clearer service standards, access channels and improving information that is sent out to customer during and after investigations.

## Learning from Complaints

Learning from Complaints discussions with accountable manager to promptly identify service improvements and changes in current practice now take place in respect of all complaints responded to. This approach has been recognised nationally and is part of the Cabinet Office Front Office Shared Service (FOSS) Developing Customer Insight report – May 2008 as best practice. We are also corporately leading the way in ensuring complaints lead to real improvements in services for customers.

**Table 5 A Sample of Learning from complaints**

Issue	Recommendation	Improvement	Outcome
Staff member telling a customer they did not have the information to deal with an enquiry	Staff to explain that they do not currently have the required information and to promise to get back in touch with customer when they do.	Customers can now expect to have all enquiries answered in full.	Instruction issued to staff. Staff now ensure that note is made to make further contact with customer once further information has been obtained. Staff responsible for ensuring that all queries receive an answer
Customer left without service for several weeks following a re tendering exercise.	Customers to be informed immediately in future so that agreement on interim support can be agreed with the customer	Ensures that customer is fully involved with planning of their services when unavoidable changes take place	Commissioning process now specifies that all customers at risk of losing service (even temporarily) are informed immediately and are involved in agreeing contingency plans
Arrears for payments for home care allowed to build up in the case of a service user who had difficulty managing her finances	Follow up of debtors to be improved	Arrears not allowed mounting up. This improves cash flow for the authority and avoids undue distress to customers who accidentally overlook payments	A new computer installed which ensures reminders are sent to all customers with outstanding bills
Family members not included in care planning meetings when this had been done in the past. They were therefore not alerted to issues re the backlog of payments for care	Case notes to be fully consulted to check role of family in service user's care planning	Maintains contact with families who are important partners in enabling the authority to maintain vulnerable people in the community for as long as possible	1-1 Supervision will now be more robust. This links in with PDR process and is an intrinsic element of service quality standards which is part of all team plans

Issue	Recommendation	Improvement	Outcome
A customer's Carers did not turn up as planned on several occasions. This led to her missing two meals	Purchase of an electronic monitoring system to improve QA. Programmes need to be addressed.	Managers will be aware immediately if there is a missed call as opposed to waiting for a report from the customer after the event	Reallocated programmes across 2 areas of the borough and put in place QA protocols – no complaints since September 2007
Staff had assumed that a family member would act as interpreter for his mother. This meant her needs were not adequately assessed	On all assessments where English is not the first language of the service user Interpreter support will be offered in all contacts and family members will only be used if the service user explicitly states it.	This measure will ensure that people from ethnic minorities are not discriminated against in terms of being placed at the centre Person Centred Planning Process	The services standard for Assessments has been amended, in conjunction with our Learning from Customers forum, to reflect this change
14 Complaints regarding waiting times for assessment have been received during the year	Establish a single enquiry number for all Adult Services Contacts	Qualified Social Workers will receive fewer requests for assessments from people who can be signposted to other support in the community. This should lessen the waiting time for assessments and ensure that Social Workers have the capacity to ensure all people receiving Community Care Services receive a timely annual review	As a result we embarked on business process re-engineering in conjunction with CSED to put in place 'Assessment Direct' – which has streamlined the way the customer accesses the service through all channels, dealing with the right person at first point of contact. Average waiting times now down to 1 week and backlogs have reduced.
8 Complaints have been received regarding the refusal of Blue Badge applications without reasons being given on the criteria	Customers to be directed to information clarifying eligibility criteria	Clearer information will discourage people	Guidance that the council works to be included in all responses where an application has been declined.



Issue	Recommendation	Improvement	Outcome
on which applications are judged		applying for badges if they do not meet the criteria. Customer expectations therefore less likely to be frustrated	
Customer complained that mother was placed in elderly residential care because she was over 65 and her real needs (physical disability ) were not accounted for	This policy to be reviewed	Services to be more responsive to specific assessed needs	Service users no longer automatically referred to elderly services on the grounds of age alone. Policy has been revised to offer choice.
Customer complained that staff would not attend a case conference in Wigan	Social Workers now always inform customers if they do not intend to attend out of authority case conferences	Early indication form customer if new issues need to be considered by Social Workers in Rotherham.	The final decision on whether or not someone attends now made in consultation with customer
Customer told that the work with her mother had been suspended pending the resolution of a dispute re funding	Needs of customers to always take precedence	Needs of customers will always be met. Reduced risk of authority breaching its duty to vulnerable people	Team Managers reminded of this duty by memo and in team meetings
Complaints regarding staff conduct including: <ul style="list-style-type: none"> <li>• Inadequate washing</li> <li>• Not following guidance in using equipment</li> <li>• Customer being spoken to inappropriately</li> <li>• Handling of the Stage 1 complaint by first line manager</li> <li>• Reaction of staff to customer once they knew a complaint had been raised</li> <li>• Customers role as carer not acknowledged</li> <li>• Staff wearing inappropriate footwear</li> </ul>	The Investigating Officer identified that the issues arose because the complaints had not been promptly dealt with at Stage 1. The manager had tried to make contact with the complainant but the complainant refused to meet. The manager attempted to deal with the issue through letter but this resulted in a breakdown in the relationship with the customer. The following recommendations were accepted and implemented by the Adjudicating Officer.	Early warning of situations likely to escalate  Issues relating to potential breakdown in customer relations identified early  The prospect of taking successful formal action with staff is higher if issues are responded to immediately	Remedial action taken sooner rather than later  Action taken to ensure that positive relationship with customers is maintained  Robust implementation of formal procedures facilitated  Prevention of situation giving rise to these complaints being repeated  Staff management process linked to ensuring high quality customer care

Issue	Recommendation	Improvement	Outcome
	<p>The team manager to ensure that all staff are made aware of the staff code of conduct and the potential consequences of not complying with this</p> <p>A team meeting to be organised to emphasise the importance of following the staff code of conduct</p> <p>Team Manager to be reminded of importance of enforcing code of conduct</p>	<p>Culture of team recognising importance of maintaining high standards</p> <p>PDR and Supervision process linked to ensuring staff promote positive image of service</p>	
The Revenue and Charging Team failed to send out reminders to customer regarding	More robust checking and follow up of payments required	Computer system implemented to review outstanding debts. This allows reminders to be sent before debts mount up	Improved cash flow for Directorate. Less risk of customer accidentally amassing large debt in respect of services
Customer had a review leading to service being reduced without the involvement of her daughter who had been involved in all previous reviews	<p>All Social Workers and Social Services Officers are reminded of this and compliance checked as part of Supervision agenda</p> <p>All Social Workers and Social Services Officers are reminded of the need to familiarise themselves with the key issues about a service user before visiting to carry out a review or reassessment. Again this to be reinforced through Supervision process</p>	<p>Keeps family members involved in process</p> <p>Potential areas of friction identified and should inform the approach staff take with customer</p>	<p>improves likelihood of person being maintained in the community</p> <p>Reduce the instances of where one area of dispute leads to a more general breakdown of service to the customer</p>
Neither the Customers role as a carer or her own needs adequately acknowledged or accounted for. The customer has cerebral palsy and was caring for her	Improve quality of carers assessments		Ensuring Carers Assessments are done has been incorporated into Directorate Plan as a priority

Issue	Recommendation	Improvement	Outcome
<p>mother and learning disabled sister.</p> <p>Customer not informed of outcome of meeting to discuss a missed call she had raised as a Stage 1 complaint</p>	<p>Improve monitoring of responses to Stage 1 complaints</p>	<p>Improve the quality of complaints responses to ensure that complainants get full responses</p>	<p>Responses to Stage 1 complaints to be checked by complaints staff before being sent. Complaints staff to monitor time taken to respond to complainants</p>
<p>Customer complained that CRAG guidance had not been followed in response a financial assessment of their mother's requirement to pay for care. This led to them placing her in care while a dispute was ongoing and placement was done privately and without Social Work Assessment</p>	<p>Teams to be reminded of obligation to offer assessments and ensure needs of vulnerable people are met as their primary priority</p>	<p>People have good access to services that maximise the quality of their live</p>	<p>Action to be agreed with Director of Care and Assessment</p>
<p>Complaints concerning policy of placing people over 65 in provision based on their age as opposed to other difficulties including disability</p>	<p>This policy be changed</p>	<p>A more flexible approach to meeting assessed needs</p>	<p>Decision made that assessments and care plans no longer restrict choices of provision on the basis of age.</p>
<p>Information a carer wanted keeping confidential was shared within the team</p>	<p>Staff training and supervision to ensure that staff ensure customers understand where information may go.</p>	<p>Strengthening of trust between Customer and Social Work Staff</p>	<p>Repeat of complaints resulting form Misunderstandings to be prevented</p>

## Finance

### Expenditure

There are additional ongoing costs attached to not delivering an effective complaints service for the Department, particularly not effectively resolving complaints at Stage 1.

**Table 6**

Stage 2 Independent Investigating Officers	£10,777
Stage 3 Review Panellists	£649

The reduction in the number of complaints being considered at Stage 2 has led to a reduction in expenditure on external Investigating Officers of approximately £5,000 over the year.

<b>Compensation</b>
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Agreement to waive fees was agreed in one case on the recommendation of the Ombudsman (local settlement).

## 2008/09 Improvement Actions

The merger of the former Neighbourhood and Adult Social Services Programme Areas has already led to improvements to performance in handling complaints and ensure feedback is

used to improve the quality of service that customers receive. During the next 12 months we will put in place:

- More robust performance management of complaints across the entire strategic Directorate. Improving performance in responding to Stage 3 complaints and Ombudsman enquiries will be prioritised. While a request from a customer to delay a Stage 3 panel meeting will be treated sympathetically (within reason) a target of ensuring that no panel is delayed due to lack of availability of professionals will be set at 100%.
- Complaints staff will continue to be robust in ensuring that recommendations resulting from complaint responses are incorporated into action plans and subsequently implemented
- Tracking performance in complaint handling across the whole Directorate will continue to further improve performance.
- Performance clinics aimed at areas where complaint performance is poor will take place.
- Continue to work with the PCT to develop a joined up approach to dealing with complaints, creating a seamless service for service users.
- The Corporate complaints database is now fully operational. This will be used to enable the Directorate make meaningful comparisons on performance in complaint handling across all Directorates. The development of the Corporate database will ensure outcomes from all complaints will be recorded.
- The successful training in complaint handling to first line managers in Adult Services will be rolled out to include all staff responsible for handling complaints across the Directorate. The course will be amended to ensure it is relevant to all service areas and will continue to emphasise the importance of achieving a local resolution and ensure lessons are learnt to minimise the risk of the complaint being repeated.
- Overall there has been an improvement in handling complaints with significant progress made at Stage 1 and Stage 2 which account for 96% of the complaints dealt with. A key priority for next year will be to improve the performance in respect of Stage 3 complaints and Ombudsman enquiries while continuing to improve the performance at Stages 1 and 2.

## Appendix A – Stages of the Complaints Procedure

- A complaint may be generally defined as “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority’s adult’s social services provision which requires a response”.
- A person is eligible to make a complaint where the local authority has a power or a duty to provide, or to secure the provision of, a service for him, and his need or possible need for such a service has (by whatever means) come to the attention of the local authority. This also applies to a person acting on behalf of someone else.
- **Stage 1 Local Resolution:** This is the most important stage of the complaints procedure. The Department’s teams and external contractors providing services on our behalf are expected to resolve as many complaints as possible at this initial point.

The Social Services Statutory complaints procedures requires complaints at stage 1 to be responded to within 10 working days (with an automatic extension to a further ten days where necessary).

- **Stage 2 Formal Investigation:** This stage is usually implemented where the complainant is dissatisfied with the findings of Stage 1. Stage 2 is an investigation conducted by either an internal manager or an external Investigating Officer. An Assistant Director (or person in a similar position of authority) adjudicates on the findings.

Stage 2 complaints falling within the Social Services Statutory Complaints procedures should, wherever possible be responded to in 25 working days. This can be extended to 65 working days provided the complainant has been consulted and is kept informed of progress.

- **Stage 3 Panel Review:** Where complainants remain dissatisfied with the response to their complaints about statutory social services functions, the Council is required to establish a complaints Review Panel. The panel makes recommendations to the Director who then makes a decision on the complaint and any action to be taken. Complaints Review Panels are made up of two independent people and one Councillor. There are various timescales relating to stage 3 complaints. These include:
  - setting up the Panel within 30 days;
  - producing the Panel’s report within a further 5 days; and
  - producing the local authority’s response within 15 days.

A further option for complainants is the Local Government Ombudsman (LGO) who is empowered to investigate where it appears that a Council’s own investigations have not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the Ombudsman normally refers the complaint back to the Council if it has not been considered under our procedure first.

**Update Report for Adult Health Scrutiny Panel**  
**Non-Emergency Patient Transport Services April 2007 – March 2008**

<b>1. PURPOSE</b>																																																																																																																																																																																																
<p>To provide an update on the contract performance for Patient Transport Services to Rotherham NHS Foundation Hospitals Trust (RFT) for the period 1<sup>st</sup> April 2007 to 31<sup>st</sup> March 2008.</p>																																																																																																																																																																																																
<b>2.1 Contract Activity:</b>																																																																																																																																																																																																
<p>The table below illustrates the activity undertaken by YAS on behalf of Rotherham NHS Foundation Trust. The contract allows for a threshold of +/- 5% in activity overall. Throughout the year, the activity variance has ranged from -5.1% to +9.8%. The activity levels for The Rotherham NHS Foundation Trust shows an overall performance 2893 journey above plan (3.8%). Table 1 illustrates the activity by category.</p>																																																																																																																																																																																																
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<p>TTO Medication taken to patients home following discharge</p> <p>NPM Non-patient movement, eg. Equipment, patient belongings etc</p>																																																																																																																																																																																																

## 2.2 Performance Standards: April 2007 – March 2008

The performance standards for the contract are as follows. As is illustrated in Table 2, the performance standards have not been achieved.

**Table 2**  
**The Rotherham NHS Foundation Trust PTS performance standards**  
**April 2007 – March 2008.**

Quality Standards	%age
SLA 1 - 100% of patients shall be collected	99.7
SLA 2 - 100% of patients shall arrive no earlier than 60minutes in advance of their appointment time.	67.4
SLA 3 - 75% of patients shall arrive within 30 minutes or less of their appointment time	44.9
SLA 4 - 100% of pre booked patients will be taken home	99.6
SLA 5 - 100% of pre-booked patients shall not wait longer than 60 mins to depart from the hospital from the time the Liaison Desk is advised they are ready to go home.	88.6
being booked ready.	67.4
SLA 7 - 100% of A&E patients shall be picked up within a timescale that does not Breach the 4 hour A&E wait target.	No data
Note - 30 mins notice required.	
SLA 8 - the journey time for patients living within 5 miles shall not exceed 45 minutes.	95
SLA 9 - the journey time for patients living between 5 and 10 miles shall not exceed 60 minutes.	94.8

## 2.3 Financial Deductions

The contract specification allows for financial deductions to be made against underachievement of the performance standards. These calculations and discussions are ongoing with YAS.

## 2.4 Next Steps and proposed actions

- Contract negotiations have resulted in revised contract activity and performance standards for 2008/09.
- To work with YAS on improving their performance standards in the forthcoming months.

**Rachel Gillott, Divisional General Manager – Operational Services**  
**July 2008**



**ADULT SERVICES AND HEALTH SCRUTINY PANEL**  
**Thursday, 26th June, 2008**

Present:- Councillor Jack (in the Chair); Councillors Barron, Billington, Blair, Doyle, Hodgkiss, Hughes, St. John, Turner and Wootton.

Also in attendance were Mrs. I. Samuels, (PPI Forum Yorks Ambulance Serv), Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and Lizzie Williams.

Apologies for absence were received from Councillors F. Wright, Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up) and Evans.

**154.       DECLARATIONS OF INTEREST.**

Janet Mullins expressed a personal interest in item 158 (Scrutiny Review of the Transportation of Vulnerable People October 2006)

**155.       QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

There were no members of the public and press present.

**156.       NOMINATION OF REPRESENTATIVE TO SERVE ON MEMBERS SUSTAINABLE ADVISORY GROUP**

Resolved:- That Councillor John Doyle be appointed as the representative to serve on the Members Sustainable Advisory Group for 2008/09.

**157.       ADULT SERVICES PRIORITIES - VERBAL PRESENTATION BY CLLR MAURICE KIRK, CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH**

Councillor Kirk gave a presentation on the Adult Services Priorities. The presentation outlined the priorities as follows:

- Shifting the balance from in-house domiciliary care to the independent sector
- Modernising the OT Service
- Helping people to live at home
- Investment in assistive technology
- To increase annual reviews
- Personalisation – giving choice and control
- Improve services for carers
- Strengthening our approach to Safeguarding

A question and answer session followed and the following points were made:

- Why there seemed to be no services available for people aged

between 25-60 that focused on enabling

- There was a need for elected members to undertake training in relation to adult protection. It was confirmed that basic awareness training had been run in the past and that this would be offered to members.
- In what areas did the Council feel they had the capacity to improve? Councillor Kirk confirmed that the main concern at the present time was related to OT Equipment and Adaptations
- What was being done to modernise the OT service?
- How many care home were still under the ownership of the local authority?

Members thanked Councillor Kirk for his presentation.

**158. SCRUTINY REVIEW OF THE TRANSPORTATION OF VULNERABLE PEOPLE OCTOBER 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 was concluded, and once service changes that were currently being examined were resolved.

A question and answer session ensued and the following points were raised:

- Concern relating to the transportation of vulnerable people with learning difficulties not being properly looked after by the driver of the vehicle. Clients were being given forms to complete when they boarded instead of the driver making a note of their attendance on the vehicle. It was agreed that this would be looked into.
- How the action plan would be monitored and how user satisfaction would be assessed
- Whether the same security checks were undertaken in relation to temporary staff as permanent staff. It was confirmed that they were.
- How often the review group had met – initially it had been on a monthly basis, but once established it had moved to 6 weekly.
- When would the performance indicators be produced
- In relation to the transport policy for children and young people it had stated that the service did not include escort services. Concern was raised in respect of this but assurances were given that this was due to carers/parents meeting them.

**(Janet Mullins declared an interest in this item as members of her family were in receipt of services in respect of transport and home care).**

#### **159. SHIFTING THE BALANCE**

Shona McFarlane, Director of Health and Wellbeing, presented the submitted report, outlined the plans to reshape domiciliary care services from a service which provided 60% of home care service in-house to one which provided 35% of services in-house. The plans would seek to maintain the quality of services while significantly reorganising the allocation of resources to create greater capacity with Neighbourhoods and Adult Services to provide support to people to help them live at home for as long as possible.

As part of the process, trades unions had been consulted with, through

both the Strategic Consultative Committee and separate meetings which had been arranged to update and outline plans. Some problems had been experienced in getting the trades unions engaged, and whilst every effort had been made to arrange meetings to suit all representative availability, representation at meetings had been patchy and inconsistent. This had resulted in some messages not being fed through or messages being misinterpreted and had required follow up meetings to provide explanation. However, it was confirmed that this situation was now much improved and there was now regular representation at meetings.

The Shifting the Balance Steering Group was set up in January 2008 and met fortnightly. They co-ordinated the work of the sub groups detailed below:

- Weekly Impact Group
- Commissioning Group
- Re-ablement Team
- Communication Plan
- Turnaround Team
- Staffing Change Group

The Director of Health and Wellbeing outlined to members the purpose of each of the groups and their objectives.

A question and answer session ensued and the following points were raised:

- Why there had not been any involvement with the service users from the outset.
- It was felt that there was a gap in relation to services offered to people between the ages of 25 and 65 and that this should be addressed
- Whether there were any communication systems in place for keeping members informed
- concerns expressed about safety of jobs as a result of the shift – it was confirmed that it was not anticipated that any staff would be moving to the private sector

Resolved:- That the content of the report be noted.

## **160. 2008/09 WORK PROGRAMME**

Delia Watts, Scrutiny Adviser presented the submitted report which gave an outline work programme for the Panel for the 2008/09 municipal year.

The Panel had a remit that covered two wide-ranging areas, which were Adult Social Services and all aspects of adults' health. With such a breadth of issues which it could scrutinise, it was important that the work programme focused on a realistic number of key issues.

The report outlined eight clinical pathways which had been identified by the review of the NHS. These were:

- Staying Healthy
- Maternity and Newborn
- Long Term Conditions
- Children's
- Planned Care
- Acute Episode
- Mental Health
- End of Life

The Maternity and Newborn and Children's would fall within the Children and Young People's Scrutiny Panel, but the remaining six would fall within the Adult Services and Health's terms of reference.

It was suggested that the Panel held themed meetings to focus on three of them during this municipal year:

- Staying Healthy
- Long Term Conditions
- Mental Health

The relevant health trusts would be asked to give an overview of their response to the SHA's recommendations to improve that pathway and specific issues could form the basis of separate reports and presentations. The issue of adult access to dental services, which was originally planned for the 2007/08 municipal year would be incorporated into the Staying Healthy themed meeting.

The panel had already identified, supporting people on incapacity benefit back into work as an issue and by holding a themed meeting on the broader subject of employment, scooping for this review could begin.

It was also proposed to monitor performance of services within the remit of the Panel's terms of reference during the year, and two meetings were allocated for this purpose.

As many services required co-operation between the Council and the PCT, it was suggested that some of these services be scrutinised at a themed meeting focusing on joint working.

The Panel were also committed to reviewing two health issues during the year, and it was suggested that these would be to look at how Rotherham could increase breastfeeding rates with the other to be agreed later in the year.

In September 2007, the Chair and Vice Chair attended a capacity building day, organised by the regional health authority, which focused on local

health structures, health finance, commissioning and health inequalities. It was suggested and agreed that a half day session be arranged for all members of the Panel during July, which would focus on the work of our local health trusts and service commissioning.

Lizzie Williams, read out two emails for and on behalf of the representatives from Speak Up, to request that consideration be given to producing future minutes in a more accessible way to would make it easier for people with learning disabilities to understand.

Resolved: (1) That the thematic approach suggested in Appendix 2 be approved

(2) That the panel begin a scrutiny review of support for Breastfeeding in Rotherham

(3) That the support available to people on Incapacity Benefit who wish to return to work be reviewed

(4) That a half day session be arranged for 29 July 2008 focusing on the work of local health trusts and service commissioning.

(5) That the Head of Scrutiny Service be asked to look into the matter of easy readable minutes with PSOC.

#### **161. NOMINATIONS TO BREAST FEEDING REVIEW GROUP**

Resolved:- (1) That the following members of the Panel be nominated to sit on the Breastfeeding Review Group:

- Councillor John Doyle
- Councillor Beryl Billington
- Councillor Hilda Jack
- Mrs Irene Samuels

(2) That the Children and Young People's Scrutiny Panel be asked to nominate 1-2 members to join the review group.

#### **162. ROTHERHAM HEALTH PROFILE 2008 (PRESENTATION BY STEVE TURNBULL)**

Steve Turnbull, gave a presentation in relation to the Rotherham Health Profile 2008.

The presentation drew specific attention to:

- What health profiles were
- Key findings
- Local Inequalities
- Heart Disease

- Eligibility for free school meals
- Our communities
- Children and Young People Health
- LAA Indicators
- Breastfeeding
- Obesity
- Smoking in Pregnancy
- Teenage pregnancy
- Adult Health and Lifestyle
- Diseases and Poor Health
- Life expectancy and causes of death

A question and answer session ensued and the following points were raised:

- A request for a breakdown of categories in relation to cancer for future meetings
- A request for a further breakdown in relation to smoking for future meetings
- Whether there was any work being undertaken with fast food outlets to reduce the size of portions

Members thanked Steve for his informative presentation.

**163. HEALTHY COMMUNITIES CHALLENGE FUND (PRESENTATION BY STEVE TURNBULL)**

Steve Turnbull, gave presentation in relation to the Health Communities Challenge Fund.

The presentation drew specific attention to:

- What the Healthy Community Challenge Fund was
- What it was for
- How do we bid for it
- Why obesity?
- Themes
- How did we get here?
- Changing relationships
- Social aspects of food
- Physical environment
- Prevention plus

A question and answer session ensued and the following issues were raised:

- Many Local Community Centres were being underused. There was a need to organise more activities
- Need to make playgrounds more user friendly for disabled children

- Encourage schools to introduce extra cookery lessons and demonstrations to encourage children to cook and eat more healthily

Members thanked Steve for his presentation.

#### **164. PRIMARY CARE IN ROTHERHAM**

Kevin Gallacher, Head of Strategic Projects presented the submitted report for the Panel to consider the proposals to develop and improve primary care services in Rotherham.

Rotherham PCT commissions primary medical services from 38 GP practices and the PCT providers. The strategy for these services was last reviewed in 2004. Since that time that had been significant changes in the NHS and more recently the Government had instructed PCTs to place a much greater priority to issues of choice and access in primary care. In light of this the decision was made to review the PCTs approach to commissioning primary care.

Primary Care services in Rotherham were generally of a high standard. All residents were able to register with a GP, mainly within a mile of their home. The PCT had a responsibility to ensure that the public across Rotherham was able to access good quality primary care services 24 hours a day.

Primary Care services were important as they were a first port of call at times of illness and played a key role in helping to prevent long term ill health.

The strategy for the future would focus on ensuring consistent high standards of delivery and access for the public across an extended working week and would address the following five key principles:

- Quality
- Access
- Range of Services
- Premises
- Choice

Public input to this process so far had been by way of consultation on specific issues, but a wider consultation was also being undertaken with stakeholders.

A mapping exercise was underway to enable the PCT to identify the capacity gaps in the provision of primary care, and to invest for improved service in the areas of greatest need.

There was a significant variation in the cost of primary care. Whilst some of this was explained by differing need and differing levels of service



provided, it was important to ensure the PCT obtained value for money for the public purse. Primary Care capacity was not currently linked to deprivation and/or health needs and the PCT would be taking positive action to address the situation.

A question and answer session ensued and the following points were raised:

- Local practices had petitions opposing the idea - why were doctors against it?
- Concerns about the consultation document not being provided with an envelope, which could leave people open to identity theft
- The lack of attendance by GP's at Patient Forums.

**165. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 29 MAY 2008**

Resolved:- That the minutes of the meeting of the Panel held on 29 May 2008 be approved as a correct record for signature by the Chair.

**166. ANY OTHER BUSINESS**

**ADULT, SOCIAL CARE AND HEALTH**  
**19th May, 2008**

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

An apology for absence was received from Councillor Hodgkiss.

**1. MINUTES OF THE PREVIOUS MEETING HELD ON 21 APRIL 2008**

The minutes of the meeting held on 21 April 2008 were approved as a correct record.

**2. DECENT HOMES**

This item was deferred until the next meeting on 9 June 2008.

**3. OUTCOME OF TENDER FOR DOMICILIARY CARE SERVICES**

Kim Curry, Director of Commissioning and Partnerships presented the submitted report in relation to the outcome of the tender for Domiciliary Care Services.

The contract structure for Domiciliary Care (independent Sector) was reviewed in 2007, in order to improve efficiency and capacity. Arrangements had been made to tender for 7 block contracts based within the Area Assembly boundaries, for a 3 year period with an option to extend for up to 2 more years. The split was made based around activity in each area as follows:

- Wentworth North                      900 hours per week
- Rotherham North                      900 hours per week
- Wentworth South                      800 hours per week
- Rotherham South                      800 hours per week
- Wentworth Valley                      700 hours per week
- Rother Valley West                      500 hours per week
- Rother Valley South                      600 hours per week

It was agreed that no single provider should be awarded more than 3 contracts to maintain a healthy market which could deliver the quantity and quality of services required now and in the future.

There was interest expressed by 21 companies, 16 of whom submitted full tenders. An assessment process, assigning 50% of the score to price and 50% to quality, was applied and a shortlist of 6 was produced. These companies were invited to attend a selection panel consisting of 3 Commissioning and Contracting Officers, a senior Operational Officer and 2 members of the public invited to act as "Independent Advisors".

The panel agreed to the contracts being offered to the following providers

and appropriate checks had been completed regarding financial viability, Health and Safety and operational references.

- Wentworth North Nestor Healthcare (Medico)
- Rotherham North Careforce Group
- Wentworth South Careforce Group
- Rotherham South Careforce Group
- Wentworth Valley Allied Healthcare
- Rother Valley West Claimar Care Group PLC
- Rother Valley South Claimar Care Group PLC

A beneficial outcome of the review and tender process was that the independent sector domiciliary care market would be in a better position following this tender to accommodate the move towards a 65% (independent sector) 35% (in-house sector) split for the provision of home care which was approved by Elected Members in December 2007. Some of the unsuccessful bidders for contracts had decided to continue to work within Rotherham on a spot contract basis and these were CSCI registered and would be monitored continually to ensure quality standards were continually improved. A fixed price for the financial year had been agreed with these providers and an annual uplift formula written into the contract to offer flexibility whilst minimising risk.

The percentage of work with the independent sector would increase as a result of the tender process and this would assist market stability by offering more guaranteed work to successful contractors. Rotherham MBC would retain flexibility by keeping 25% or more work under spot contracts to facilitate the development of a competitive and sustainable market by utilising a number of providers on a variety of contractual arrangements. This was recognised by CSCI as good practice.

The increased number of providers would improve prospects by attracting new workers into the sector. This combined with the efficiencies gained through zoning of the block contracts, would bring the home care market in Rotherham into a position to deal effectively with future demand for the increased volume of business as modernisation and re-ablement progressed.

Concerns were raised in relation to staffing and whether continuity of care might become an issue if staff were made redundant. The Director of Commissioning and Partnership confirmed that nobody's care would be affected.

The Director of Health and Wellbeing informed Members that it was the intention of the Council to reduce the number of staff by not replacing staff who leave and through offering voluntary early retirement. She confirmed that there was no intention to make any redundancies.

Resolved:- (1) that the report be received

(2) that the report be approved.

#### **4. EXCLUDED ADULTS EMPLOYMENT PLAN**

Shona McFarlane, Director of Health and Wellbeing, presented the submitted report in relation to the Excluded Adults Employment Plan.

The Service Plan 2007-10 had given a commitment to developing a Welfare to Work Strategy within Neighbourhoods and Adult Services in 2007/8. This had now been updated and revised to come in line with corporate and more modern terminology, which would now be known as an Excluded Adults Employment Plan. She outlined the developments and actions that had been taken during the year and the approach for the further and ongoing development of supporting disadvantaged and excluded individuals into employment.

Each of the services within Adult Services had a plan or strategy that identified employment as a key development activity. The Joint Learning Disability Service had in place a developed and recently revised Employment Strategy. In the case of older people and people with physical disabilities, their actions in relation to employment were embedded in the Opening Doors and Older People "Wellbeing in later Life".

The plans had been revised and brought together to form one plan for Neighbourhoods and Adult Services (NAS), and this would be developed further over the next year, with the Head of Learning Disability Services taking a lead on its development and delivery across the whole of NAS, with the intention of persuading and influencing employers to recruit from excluded groups.

Members welcomed the report but expressed concerns that Rotherham MBC should be leading by example. It was felt that this issue had been raised on a number of occasions and that no progress had been made. A request was made that the report be presented to the next meeting of CMT to remind them of their commitment to this.

Resolved:- (1) that the content of the report be agreed

(2) that commitment be made to the employment of people from excluded groups within NAS

(3) that an update report on achievement be brought to meeting in March 2009

(4) that this report be presented to the next meeting of CMT.

**5. REPRESENTATION ON OUTSIDE BODIES**

Resolved:- (1) That representation by Members on outside bodies for 2008/9 be as follows:

Monthly Visits of Inspection to Adult Services Establishments

- All Members of the Adult Services and Health Scrutiny Panel
- Senior Advisor, Adult Social Care and Health
- Advisor, Adult Social Care and Health
- Chair, Performance and Scrutiny Overview Committee
- All Cabinet Members
- All other Members of the Council

Renewal or Discharge of Guardianship Order Panel

- Councillor Kirk, Cabinet Member for Adult Social Care and Health
- Chair, Adult Services and Health Scrutiny Panel
- Vice-Chair, Adult Services and Health Scrutiny Panel

Contracting for Care Forum

- Councillor Kirk, Cabinet Member for Adult Social Care and Health
- Senior Advisor, Adult Social Care and Health
- Chair, Adult Services and Health Scrutiny Panel

Champion for Older People, Adult Protection and Vulnerable Adults  
Councillor Hodgkiss

Champion for Carers  
Councillor R S Russell

Champion for Learning Disabilities  
Councillor P A Russell

Community Liaison Group for Wath Wood Hospital  
Councillor Gosling

Learning Disabilities Partnership Board  
Councillor P A Russell

Regional Forums of the National Executive of the Homecare Council  
Councillor Doyle

Rotherham Advice and Information Network – Board of Management  
Councillor Jack

Rotherham Alcohol Advisory Service

Councillor Burton and Service Manager, Mental Health

(2) Representation on the Domestic Violence Forum and Rotherham Women's Refuge be considered at the next Adult Services and Health Scrutiny Panel.

THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING 2 ITEMS IN ORDER TO PROCESS THE MATTERS REFERRED TO WITHOUT FURTHER DELAY

**6. ADULT SERVICES REVENUE OUTTURN REPORT 2007/08**

Mark Scarrott, Service Accountant (Adult Services) presented the submitted report to inform Members of the Revenue Outturn position for the Adult Social Services within the Neighbourhoods and Adult Services Directorate for the financial year 2007/08.

The 2007/08 approved cash limited budget of £63,255,905 included an additional one-off budget allocation approved by Cabinet of £974,000 to address service pressures report earlier in the financial year. Budget adjustments had also been made to take account of the additional cost of Job Evaluation/Single Status during 2007/08.

The net Outturn for the service for 2007/08 was £63,046,206 which resulted in an overall net underspend of £209,699 (-0.33%). The underspend had increased by £102,415 since the previous budget monitoring report, but this was largely due to a reduction in the overspend on older people's residential care and independent home care budgets and a further underspend on extra care housing.

The revenue outturn position for Adult Social Services were listed within the report and the main variations within each service were summarised as follows:

Older People

The main pressures during the year were an increase in demand for Domiciliary Services over and above budget due to demographic pressures and a shortfall against budget in income from charges due to a reduction in the number of clients paying towards the cost of the service. There were also pressures experienced in relation to achieving a number of voluntary and community sector savings which had been agreed as part of the budget setting process for 2007/08. There were also underspends on independent sector residential care due to a net reduction in placements.

### Learning Disabilities

The underspend within the service was mainly due to delays in planned transition placements from children's services, increased income from Continuing Health Care funding and delays in the start up of new supporting living schemes.

### Physical and Sensory Disabilities

The main pressures were due to the increase of both number and cost of residential placements and increased demand for home care and direct payments. The pressures in relation to achieving a number of voluntary and community sector savings were reduced by the additional one-off budget allocation made as part of the revised estimates process.

### Mental Health Services

An increase in demand and cost of independent residential care placements and Direct Payments during the year had resulted in an overspend within the service. However this had been reduced by a number of efficiency savings being made, which included non recruitment to vacant posts and reviews on a number of service level agreements with providers.

### Commissioning, Quality and Performance

Slippage on employee costs throughout the service and a one-off RBT ICT affordability charges had resulted in an underspend on this area.

Members referred to the amount of £42k which was 20% of the underspend which could be carried forward into 2008/09 as agreed at The Cabinet meeting on 9 April 2008. They asked whether it would be possible to allocate these monies to reintroduce the talking newspapers and talking books. The Director of Commissioning and Partnerships suggested that an impact assessment be done and a report be brought to the next meeting in order that an informed decision be made.

Members queried the reason for direct payments constantly showing as an overspend, as it was felt that this should be saving money. The Director of Commissioning and Partnerships agreed to look into this and report back to the next meeting.

Resolved:- (1) That the 2007/08 Revenue Outturn report for Adult Social Services, including the request for carry forward be received.

(2) That a report be submitted to the next meeting with details on how the underspend could be used.

(3) That a report be submitted to the next meeting in relation to direct payments.

**7. ADULT SERVICES CAPITAL EXPENDITURE OUTTURN REPORT 2007/08**

Mark Scarrott, Service Accountant (Adult Services), presented the submitted report to inform Members of the Capital Outturn against approved budget for Adult Services for the 2007/08 financial year.

The capital outturn for Adult Services for the financial year 2007/08 was £11,217,415 against an approved budget of £11,675,047, resulting in an overall underspend of £457,632. The underspend related to know commitments in 2008/09 for the further development of the two new residential homes at Rawmarsh and Dinnington.

Mark provided a brief summary of the Outturn position for each of the following projects:

- Adult Services – Older People
- Adult Services – Learning Disabilities
- Adult Services – Mental Health
- Management Information

The Chair expressed concern about the relocation of Rothercare. The Director of Commissioning and Partnerships suggested that an update report be produced for Members and submitted to the next meeting on 9 June 2008.

Resolved:- (1) That the 2007/08 Capital Outturn report for Adult Services be received.

(2) That an update report in relation to the relocation of Rothercare be submitted to the meeting on 9 June 2008.

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

**9. TURNING POINT/DAY PROGRAMME - PETITION**

Members considered a petition which was submitted from users of the Turning Point Day Programme at Sherwood House.

Janine Parkin, NAS Commissioning Manager, reported that though



Sherwood House was owned by Rotherham MBC, it was leased out by Turning Point, and had previously been a residential rehabilitation unit for people with alcohol problems. Until the end of March 2008 the PCT had commissioned a Structured Day Programme for people with drug and alcohol problems with Turning Point and RDASH, and this had operated out of Sherwood House.

In December 2007 the PCT gave three months notice on the contract for service, as it had not met the expectations in the service specification. The Joint Turning Point/RDASH Day Programme was terminated in March 2008. Rotherham MBC did not contribute to the costs and have therefore not been formally involved in decommissioning the programme.

The PCT and Rotherham MBC would continue to meet the needs of all the individuals affected by the closure of the programme, and the Drug Treatment Joint Commissioning Group would agree a new service specification and a new tender process in the next few months to commission improved "wrap around" services.

Resolved:- That the petition be noted.

THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM IN ORDER TO PROCESS THE MATTER REFERRED TO WITHOUT FURTHER DELAY

**10. TURNING POINT BUILDING FUTURES - PROPOSED ROTHERHAM SERVICE DEVELOPMENT**

Kim Curry, Director of Commissioning and Partnerships, presented the submitted report to the Cabinet Member on a proposed service development by a not for profit organisation, which may affect Rotherham Services.

Resolved:- That the concerns of Officers be noted.

**11. DATE AND TIME OF NEXT MEETING:- 9 JUNE 2008**

Resolved:- That the next meeting be held on Monday 9 June 2008 commencing at 10.00 am.

**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH**  
**Monday, 23rd June, 2008**

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

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

**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.