

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH

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

Date: Monday, 3 November 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 20 October 2008 (Pages 1 - 3)
5. Electronic Social Care Records (ESCR) (Pages 4 - 8)
6. Rotherham Safeguarding Adults Annual Report 2007/08 (Pages 9 - 35)
7. Adult Services Revenue Budget Monitoring Report 2008/09 (Pages 36 - 40)
8. Date and time of next meeting:- 17 November 2008
9. Exclusion of Public and Press
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 2 of Schedule 12A to the Local Government Act 1972, as amended.
10. Community Meals Provision - Review (herewith) (Pages 41 - 45)

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 20th October, 2008

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

50. MINUTES OF THE PREVIOUS MEETING HELD ON 6 OCTOBER 2008

Resolved:- That the minutes of the meeting held on 6 October 2008 be approved as a correct record.

51. MATTERS ARISING

Revenue Budget Monitoring 2008/09

Reference was made to the analysis of the position in relation to direct payments and a request was made that a regular update report be brought to every meeting.

52. CAPITAL BUDGET MONITORING REPORT 2008/09

Mark Scarrott, Service Accountant (Adult Services) presented the submitted report which informed members of the anticipated outturn against the approved Adult Services capital programme for the 2008/09 financial year.

The report provided detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to 15 September 2008 and the projected final outturn position for each scheme.

Actual expenditure to mid September 2008 was £6.1m against an approved programme of £7.8m. The approved schemes were funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, supported capital expenditure and specific capital grant funding.

The report provided a brief summary of the latest position on the main projects within each client.

Older People

The construction of the two new residential homes was estimated to be completed by mid-October with full decommissioning of existing homes by the end of December. EDS were project managing the scheme and had forecast an overall overspend on the project. A report was submitted to the Corporate Management Team on 8 September requesting additional funding for completion of both homes and support was given for the proposed funding options. The report was now going to the Regeneration and Asset Board on 22 October and then to Cabinet for a final decision.

The Assistive Technology Grant (which included funding from NHS Rotherham) was being managed jointly and was being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. The recent appointment of a project manager had resulted in a review being carried out together with NHS Rotherham and an agreement in principle that the funding would be used to procure lifeline connect alarms, low temperature sensors and fall detectors in peoples homes.

A small element of the Department of Health specific grant (£20k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2008/09. The balance of grant was to be allocated mainly across the independent residential care sector in accordance with the grant conditions.

Learning Disabilities

The small balances of funding carried forward from 2007/08 were to be used for the equipment for Parkhill Lodge and within supported living schemes.

The refurbishment at Addison Day Centre, funded from the Council's Strategic Maintenance Investment fund was now complete. There had been delays at the start of the refurbishment of the REACH Day centre due to insufficient funding. Further funding options were being explored together with a review of the contract specification.

Mental Health

A small balance remained on the Cedar House capital budget and would be used for the purchase of additional equipment. A large proportion of the Supported Capital Expenditure (SCE) allocation had been carried forward from previous years due to difficulties in finding suitable accommodation fro the development of supported living schemes. Suitable properties were being identified and spending plans were being developed. The possibility of funding equipment purchased for direct payments was being considered to reduce the current pressures on the revenue budgets. Further options were also being considered to provide more intensive supported living schemes with a range of providers.

Management Information

The final year of the specific capital grant for Improving Management Information was 2007/08 and a balance of £120k was carried forward into 2008/09. The funding had been earmarked to further develop Electronic Social Care Records within Health and Social Care working with the Council's strategic partner RBT and Children and Young People's Services. At the end of August the Department of Health announced a new capital grant for Adult Social Care IT infrastructure over the next three years of £276k. Spending plans were currently being developed to

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 20/10/08

integrate social care information across both health and social care.

A discussion took place around the future of residential homes which were to be closed down and whether they would be best used as resource centres. The Strategic Director for Neighbourhoods and Adult Services confirmed that a review was being undertaken of the current modernisation programme and that a report would be brought back to a future meeting to update the Cabinet Member.

Resolved:- (1) That the forecast capital outturn for 2008/09 be noted and received.

(2) That an update report in relation to the review of the modernisation programme be brought to a future meeting.

53. 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 2 of Schedule 12A to the Local Government Act 1972, as amended.

54. MODERNISING LUNCH CLUBS

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in relation to modernising Lunch Clubs.

The report demonstrated how a previously overspending service had been reviewed, and now provided the potential to develop further as a no-cost, inclusive, sustainable and community based model which could be used proactively across the borough. The new model could be seen as a small but potentially significant contribution to the emerging approach to prevention and had the potential to be delivered by staff based in the community across the borough, to reduce social isolation and provide support to older people in the community.

Resolved:- (1) That the successful outcome of the review be noted.

(2) That approval be given to the further use of this option across the Directorate.

55. DATE AND TIME OF NEXT MEETING:- 3 NOVEMBER 2008

Resolved:- That the next meeting be held on Monday 3 November 2008 commencing at 10.00 am.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:-	Adult Social Care and Health Cabinet Member
2.	Date:-	3rd November 2008
3.	Title:-	Electronic Social Care Records (ESCR)
4.	Directorate:-	Neighbourhoods and Adult Services

5. Summary

- 5.1 This report provides a final update on the implementation of Electronic Social Care Records in Adult Social Care Services.
- 5.2 The project was formally closed at the Project Board on the 2nd October as the system is now being used by Social Workers and Occupational Therapists in fifteen teams. The system went live in the first teams on 7th July, 2008 following a comprehensive training and on-site support programme during the summer which enabled the system to become embedded quickly and realise the benefits from the start.
- 5.3 The ESCR system is already providing real benefits, both in terms of case file security and ease of access to information by staff, enabling more effective case working. The project was delivered on budget but some delays were encountered requiring a number of revisions to the project plan and go live date.
- 5.4 Regular reviews of the new system are in place with a programme of development work to ensure that it meets current and future business requirements.

6. Recommendations

- a) **That the Cabinet Member receives this report.**

7. Proposals and Details

- 7.1 The implementation of Electronic Social Care Records was a 2003 Department of Health requirement for former Social Services Departments. The solution required an electronic records and document management system to be seamlessly integrated with the SWIFT case management system to provide one single electronic case file for a customer.
- 7.2 As the requirement was for Children's and Adult Social Care files, the ESCR project has been a collaborative effort across Children and Young People's Services and Neighbourhoods and Adults Services. The final solution includes scanners that are deployed across sites to capture incoming correspondence which are scanned directly into the system at source and workers and managers notified electronically.
- 7.3 Approximately 200 members of staff within Neighbourhoods and Adult Services received training during July and August. The implementation of phase two is now complete with the system being used by Social Workers and Occupational Therapists in fifteen teams. Implementation will continue over the next few months to enable specialist teams including residential homes and day care establishments to have access to the electronic files.
- 7.4 Benefits include having one integrated social care file for a customer which is held in a secure environment allowing instant access from any office and PC on the Council network. It enables improved information sharing and case working across teams and services. Case file recording and quality is easier to audit and monitor whilst also reducing paper file storage requirements and the need for courier services.
- 7.5 During the course of the project a number of lessons were learnt, including the need for dedicated testing and training resources which proved a real benefit in terms of identifying problems early and training large numbers of staff efficiently. Project Plans also need to be more realistic in terms of deliverable and timescales where there are competing priorities for resources across all suppliers and stakeholders.
- 7.6 The ESCR system has a programme of future developments to ensure it continues to be fit for purpose and meet business requirements. In the future, the system will lend itself to direct, multi-professional contribution to a customer's electronic case file and in the longer term will be a key enabler to the Agile Working and Worksmart agendas for staff in Neighbourhoods and Adult Services.

8. Finance

- 8.1 The funding for the project has been from a combination of the Department of Health Information Management Grant and the Council's Capital Allocation of £761,000. Please refer to Appendix A for a summary of implementation costs.

9. Risk and Uncertainties

- 9.1 The main risks to the project have been monitored and managed through the corporate Risgen, risk management system.

- 9.2 As social care files are now being held and accessed electronically, this increases the risks to Business Continuity due to system failure or any other downtime of the live system. A series of further testing of the system is to be undertaken with RBT to ensure that disaster recovery is sufficiently robust and proven.
- 9.3 RBT have underperformed a number of times during the project both in terms of quality and timeliness and escalation protocols had to be invoked on a number of occasions to ensure effective remedial action was taken.
- 9.4 There is audit risk in relation to the implementation of ESCR. Essentially PAF indicators will be based on a dual system of manual and electronic records. To mitigate the risk on a negative impact on the councils data quality scores the performance team have scheduled electronic and manual sampling into their data quality action plan where progress and issues will be reported to DMT through the monthly performance reports.

10. Policy and Performance Agenda Implications

- 10.1 The implementation of ESCR contributes to the Commission for Social Care Inspection's Annual Performance Assessment. It is also incorporated in the RMBC Year Ahead Statement and the Service Plan.
- 10.2 The system will promote improved joint working within and across services through better information sharing and more timely access to information. This will specifically contribute to the "Improved Health" and "Improved Quality of Life" outcomes as a result of more efficient decision making and timely provision of services.
- 10.3 As part of the Councils ICT Strategy, the introduction of an electronic document and record management system is one of the key work streams. In this respect, the implementation of ESCR across Neighbourhoods and Adults Services and Children and Young People's Service will form the pilot and platform for the rest of the Council.

11. Background and Consultation

- 11.1 The Electronic Social Care Record is a Department of Health initiative and part of the modernising social services agenda. The consultation, guidance and specification for ESCR were developed by the DoH, Information for Social Care Policy Unit.

References:

Defining the Electronic Social Care Record: DoH 2003
Social Services Cabinet Paper, 26th November 2004
Social Services Cabinet Member, 18th March 2006
Adult Social Care & Health Cabinet Member, 24th October 2005
Adult Social Care & Health Cabinet Member, 12th December 2005
Adult Social Care & Health Cabinet Member, 23rd October 2006
Adult Social Care & Health Cabinet Member, 15th January 2007
RMBC Cabinet, 2nd May 2007
Adult Social Care & Health Cabinet Member, 11th June 2007
Adult Social Care & Health Cabinet Member, 31st March 2008

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ESCR Project Close - Budget Update - September 2008

Appendix A

Item	ESCR Capital (761k)	CYPS ICT Capital	Revenue (former BIPs) NAS & CYPS	Previous ESCR (DoH Capital Grant)
Stage 2 CR Sol Arch - preferred supplier	25,200			
Hardware OS Scanners x2	65,679			
Wisdom Software Licence	318,750			
Procurement & Install Morse PS	68,475			
Hardware install Balance	15,163			
RBT PS Procurement & install	14,403			
Anite Integration (SWIFT ICS AIS)	*50,000			
Implementation Morse PS	98,563			
Implementation RBT PS	4,343			
Phase 1 Scanners x 30	37,629			
Phase 2 Scanners x 16	<i>approx 20,000</i>			
Additional environment and enhancements.	<i>approx 27,792</i>			
ICT work. AD, Servers, Adobe, Maltby Pilot.	1,332			
Workshops, Testing and Training Costs	5,345			
Systems Administrator (Temp 12 months)		35,000		
Systems Admin set up – PC software etc	1,576			
Maintenance & Supp YR1 2007/08		69,531		
Maintenance & Supp YR2 2008/09		71,711		
Maintenance & Supp YR3 2009/10			78,979	
Maintenance & Supp YR4 2010/11			81,537	
Maintenance & Supp YR5 2011/12			84,197	
CR0294 Solutions Architect and BPR Options 2005				24,260
CR0377 2TB SAN (Storage Area Network) 2005				99,961
CR0396 Statement of Requirements 2005				7,350
CR0406 Stage 1 of Preferred Supplier 2006				16,800
Total	£754,250	£176,242	£244,713	£148,371
Total Capital & Revenue 2005 – 2012	£1,323,576			

* No payment at this stage due to delay in ICS / AIS integration requirements.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:-	Cabinet Member
2.	Date:-	3rd November 2008
3.	Title:-	Rotherham Safeguarding Adults Annual Report 2007/08
4.	Directorate:-	Neighbourhood and Adult Services

5. Summary

The Safeguarding Adults Annual Report provides an overview of all adult protection issues reported in Rotherham during 2007/2008 and gives the opportunity to compare our safeguarding performance both historically and nationally.

Encouraging performance results for 2007/08 include:

- ✓ an increase in the number of referrals which is now closer to the national average to 251 compared to 201 in 2006/2007 following tremendous steps taken to considerably raise the profile of safeguarding adults over the past 12 months.
- ✓ an increase in the percentage of safeguarding cases completed in the year which is much higher than the national average to 98% compared to 84% in 2006/2007
- ✓ an increase in training both of in-house and independent sector staff which is ahead of the national average.

The content of the Safeguarding Adults Annual Report was agreed by the Rotherham Safeguarding Adults Committee on 12th September 2008.

6. Recommendations

It is recommended that members receive and endorse the attached Report with a view to its circulation within partner agencies and in public forums.

7. Proposals and Details

All partners of the Rotherham Partnership have a role to play in the identification/reporting of abuse and in the implementation of the joint safeguarding adults preventative and enforcement procedures. The issuing/implementation of the new South Yorkshire Safeguarding Adults Procedures alongside increased training and awareness raising, are assisting in on-going work to strengthen the safeguarding of vulnerable adults in Rotherham.

This year, with our partners, we have strengthened safeguarding processes making sure that adult protection is embedded within the full range of universal services, regardless of which agency provides them.

Together we have delivered a number of significant improvements within the last 12 months. These include:

- ✓ The publication of a South Yorkshire wide safeguarding procedure in September 2007 and its subsequent launch at a series of events in November, December 2007 and January 2008.
- ✓ The implementation of an agreed multi agency information sharing protocol and a serious case review process.
- ✓ The appointment of a dedicated Case Conference Support Officer in March 2008.
- ✓ Allocation of NHS Rotherham funding to support the Safeguarding Committee.
- ✓ The appointment of a dedicated safeguarding adult's officer within the Police service who engages in the multi agency investigative process.

Our safeguarding processes were reviewed in 2007/08 using a self assessment against the CSCI (Commission for Social Care Inspectorate) Key Lines of Enquiry. As part of our commitment in our Service Plan 2008/2011, strategic objective 7, "To strengthen our approach to safeguarding adults in a way which contributes to reducing cases of abuse and increases the perception of our service delivering personal dignity and respect by 2011", new actions were developed to improve experience and outcomes for customers. These included:

- ✓ New service standards and a commitment have been put in place,
- ✓ A poster campaign and a page on the Council's website, have encouraged reporting,
- ✓ A golden number is in place to access 'Assessment Direct', with a 24 / 7 hour reporting line,
- ✓ The launch of 'Every Contact Counts' initiative driven by the Safer Rotherham Partnership (CDRP) will lead to a further rise in reports particularly from services with traditionally low referral rates such as housing,
- ✓ The development of a quality assurance framework to improve standards in residential care so that we learn lessons from our own experience in 2007/08.

- ✓ Raised the profile of safeguarding adults in the strategic partnership arena as a standard agenda item and through performance management arrangements for the Safer Rotherham Partnership

In 2007/2008 there was an increase in safeguarding strategy meetings held, this increased to 192 compared to 171 in the previous year, there was also a significant increase in case conferences held from 38 (06/07) to 51 resulting in 33 substantiated cases of abuse. By far the highest category of victims is older people, 64% of the substantiated abuse last year was against Older People, 19% was against someone with a Learning Disability, the remaining 17% was against people with a Physical Disability or Mental Health. The highest category of abuse in 2007/2008 was that of physical abuse making up 34% of all substantiated abuse.

As part of our continued commitment to safeguarding adults we have priority actions for 2008/2009, which have been shaped by an analysis of the above and other statistics. This has prompted for example, an action to raise standards in residential care homes (36% of alleged perpetrators are residential care workers).

We continue to develop action plans to improve customer care, case management and performance and to develop the skills of the workforce.

The Rotherham Safeguarding Adults Annual Report 2007/08 will be available to professionals within all partner agencies and will be available to the public via the internet, publication and distribution.

8. Finance

Production costs will be met within the Safeguarding Adults budget

9. Risks and Uncertainties

Not Applicable.

10. Policy and Performance Agenda Implications:

Safeguarding adults is set within the context of 'No Secrets' (DH 2000) and the standards contained within 'Safeguarding Adults' (ADSS 2005)

Circulation of the Report will:

- Inform on our progress towards achievement of Strategic Objective 7 "To strengthen our approach to safeguarding adults in a way which contributes to reducing cases of abuse and increases the perception of our service delivering personal dignity and respect by 2011"
- Reinforce the safeguarding adults agenda amongst Neighbourhoods & Adult Services staff, our partner agencies and the people of Rotherham.

Safeguarding Adults contributes to delivering against the new Outcomes Framework for Social Care.

Improved Quality of Life

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

Freedom from Discrimination or Harassment

Those who need social care have equal access to services without hindrance from discrimination or prejudice; people feel safe and are safeguarded from harm.

11. Background Papers and Consultation

The Annual Report has been agreed by the partner agencies who make up the Rotherham Safeguarding Adults Committee:

Neighbourhood and Adult Services
South Yorkshire Fire and Rescue
Rotherham, Doncaster and South Humber NHS trust
Rotherham General Hospital NHS Foundation Trust
NHS Rotherham
Voluntary Sector
South Yorkshire Probation Service
South Yorkshire Police
South Yorkshire Ambulance Service

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Annual Report

April 2007 to March 2008

Report Abuse now:

Assessment Direct Tel. (01709) 822330
Out of Hours. 01709 373503

Rotherham
Safeguarding Adults
Committee

Rotherham
Metropolitan
Borough Council 
Where Everyone Matters

*Produced by Tom Cray May 2008
Strategic Director
Neighbourhoods and Adult Services
Rotherham MBC*

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Executive Summary

Welcome to our annual Safeguarding Adults report. I am sure that you will notice the tremendous steps that we have taken to considerably raise the profile of safeguarding adults this year.

Abuse of adults, in all its forms, happens in Rotherham. This takes a variety of forms; some are visible but other forms can take decades to come out or are kept hidden. Abuse may be physiological, physical, financial, sexual, neglect, discriminatory or institutional.

There are lessons arising from the adult protection issues reported in Rotherham that are contained in this report. The main points to highlight are that;

- There has been an increase in training and awareness that has resulted in improved access and performance, but
- There has been a 25% increase in reports of adult abuse in the last 12 months,
- The numbers of cases of adult abuse is on the increase (from 39% in 2007 to 47% in 2008),
- Abuse is more likely to take place in the victim's own home (48%) or in a care home (45%).

All partners of the Rotherham Partnership have a role to play in identifying abuse, reporting abuse and implementing joint preventative and enforcement actions.

This year, with our partners, we have strengthened safeguarding processes making sure that adult protection is embedded within the full range of universal services, regardless of which agency provides them. I am also pleased to report that people who fund their own care can now access professional support, information and advice.

Together we have delivered a number of significant improvements within the last 12 months. These include:

- The publication of a South Yorkshire wide safeguarding procedure in September 2007 and its subsequent launch at a series of events in November, December 2007 and January 2008,
- The implementation of an agreed multi agency information sharing protocol and a serious case review process,
- The appointment of a dedicated Case Conference Support Officer in March 2008,
- Allocation of PCT funding to support the Safeguarding Committee, and

- The appointment of a dedicated safeguarding adult's officer within the Police service who engages in the multi agency investigative process.

As a partnership, we are clear about what we need to do to raise awareness for staff and within communities to prevent abuse. We will send out a clear message about what we will do to stamp out abuse. We have defined this commitment with our customers.

The Commission for Social Care Inspectorate (CSCI) will rate the quality of our safeguarding services when they announce our performance rating in November 2008. Our developments, performance results and achievements illustrate that we are on track to improve our rating on the 'Personal Dignity and Respect' outcome within the Social Care Outcomes Framework.

The actions that we will take in the next 12 months will make sure that adults who are vulnerable are not abused, neglected or, embarrassed through poor care whether using care managed and none care managed services. I will also make sure that my staff and those in external organisations know how to identify vulnerable adults and how to respond appropriately to concerns. This will lead to a discernible, sustainable increase in the reporting of incidences of abuse and neglect and a satisfactory closure to almost all of the cases.

May I remind every reader that we all take responsibility for making Rotherham safer. Safeguarding vulnerable adults is everyone's responsibility, doing nothing is not an option.

Don't let abuse go unnoticed. If you, or someone you know, is being abused, don't ignore it, REPORT IT!

A handwritten signature in black ink, appearing to read 'Tom Cray', with a stylized flourish at the end.

Tom Cray
Strategic Director for Neighbourhoods and Adult Service, Rotherham MBC

Performance in 2007/08

Adult protection has been our priority for a number of years and strong and effective performance is a priority for the partnership in the context of heightened awareness of adult abuse nationally and locally. This report details performance against a range of performance indicators. The performance results below are matching our investment priorities and shows;

- An increase in the number of referrals over the last 3 years which is now closer to the national average,
- An increase in the percentage of cases completed in the year which is much higher than the national average, and
- An increase in training both in-house and independent sector staff which is ahead of the national average.

Performance Indicator	2005/06 Outturn	2005/06 England Average	2006/07 Outturn	2006/07 England Average	2007/08 Outturn	Direction of travel
Number of safeguarding referrals	112	459	201	276	251	↑
Number of completed cases	93 (83%)	330 (72%)	169 (84%)	208 (75%)	245 (98%)	↑
Proportion of social care staff trained in safeguarding	43%	51%	16%	71%	93%	↑
% of staff employed by the independent sector trained in adult protection	n/a	n/a	23%	31%	41%	↑
Availability of single rooms	100%	95%	100	96%	100	↑

This year's improvement in performance is the result of new policies and procedures implemented in the year, improved awareness raising activity associated with extra publicity material and an increase in training. In 2007/08, we ran 48 courses which were attended by 669 staff. Of these, 265 staff were

from independent sector organisations. This compares to 41 courses attended by 619 staff of which 164 were independent sector staff in 2006/07.

Achievements in 2007/08

Our safeguarding processes were reviewed in 2007/08 using a self assessment against the CSCI (Commission for Social Care Inspectorate) Key Lines of Enquiry. As a result, new actions were developed to improve experience and outcomes for customers.

Our additional achievements include;

1. New South Yorkshire Safeguarding Adults Procedures,
2. New service standards and a commitment have been put in place,
3. Safeguarding services also now available for those who fund their own care,
4. A Tissue Viability nurse has proactively increased awareness and reporting in residential and nursing homes,
5. Posters and a page on the Council's website, based on benchmarking with Bradford City Council, have encouraged reporting,
6. A golden number is in place to access 'Assessment Direct', with a 24 / 7 hour reporting line,
7. The launch of 'Every Contact Counts' initiative driven by the Safer Rotherham Partnership (CDRP) will lead to a further rise in reports particularly from services with traditionally low referral rates such as housing,
8. The development of a quality assurance framework to improve standards in residential care so that we learn lessons from our own experience in 2007/08,
9. An Increase in adult protection plans from 29 in 2006/07 to 40 in 2007/08.
10. The achievement of the Cabinet Office's 'Customer Service Excellence' accreditation in June 2008 for the Neighbourhoods and Adult Services Directorate.

Statistical Analysis

Review of referrals and Investigations

April 2007 - March 2008

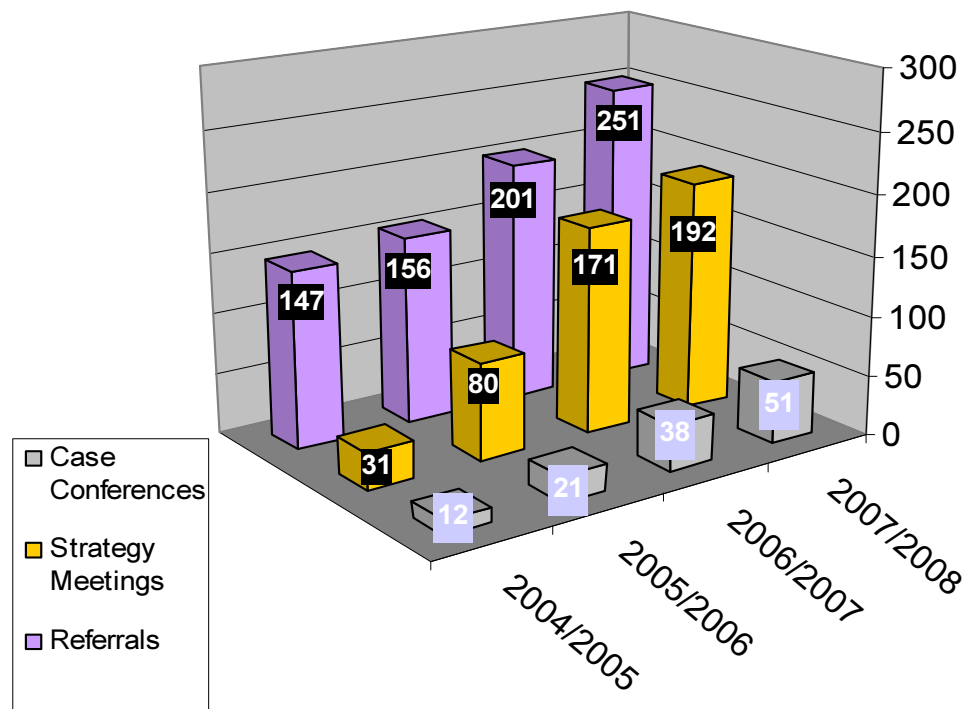
Between April 2007 and March 2008; a total of 251 referrals were reported to Rotherham *Safeguarding Adults* Office via the established safeguarding adult monitoring procedures.

Safeguarding Adults Activity

A chronological comparison

The graph below illustrates how all elements of safeguarding adults' activity, from the initial alert to the convening of a case conference, have increased since 2004. During 2007/2008 there has been a continued public and professional awareness raising campaign with new leaflets and posters.

Figure 1: Safeguarding Adults Activity



Learning and evaluation: New process, procedures and awareness has led to a discernible rise in reports. In 2008/09, the appointment of an Elected Member champion, a public statement and an out of hours should increase reporting (see page 18).

Review of referrals and Investigations

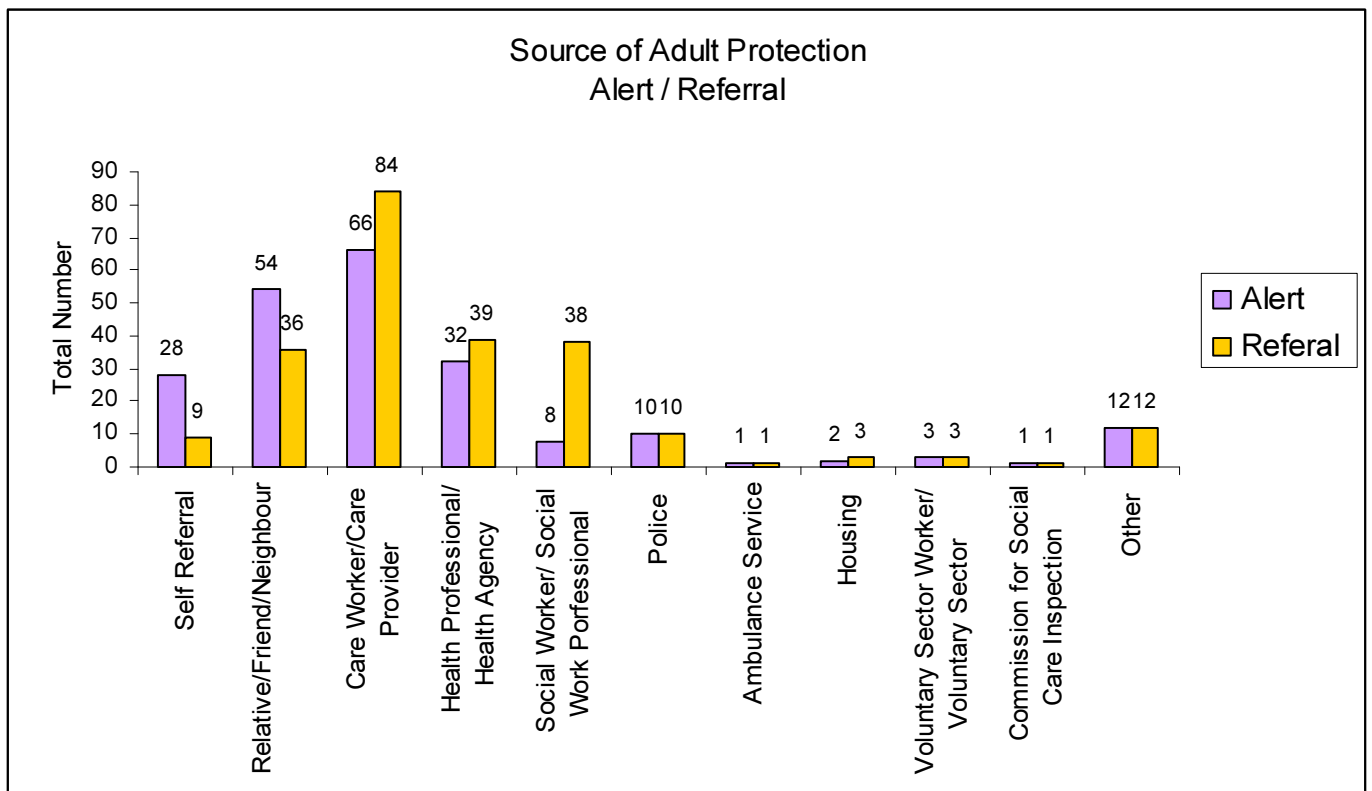
April 2007 - March 2008

Who alerted? And who referred?

A direct comparison

It is important to note that the **alerter** and the **referrer** may or may not be the same person and may or may not be the victim themselves. The **alerter** is the person who first recognises, becomes aware of, or suspects that abuse has taken place, or may take place in the future. The **referrer** is the person who refers the safeguarding adult concern or suspicion to a statutory organisation for possible investigation.

Figure 2: Comparison of the Source of Safeguarding Adults Alerts and Referrals



Learning and evaluation: New process, procedures and awareness has led to a discernible rise in reports from social care and health professionals. In 2008/09, targeting training for carers and implementing 'Every Contact Counts' for all public servants should increase awareness and reporting (see page 18).

Review of referrals and investigations

April 2007 - March 2008

Who was referred?

Alleged victim and alleged perpetrator profiles

Figure 3: Gender of Alleged Victim and Alleged Perpetrator

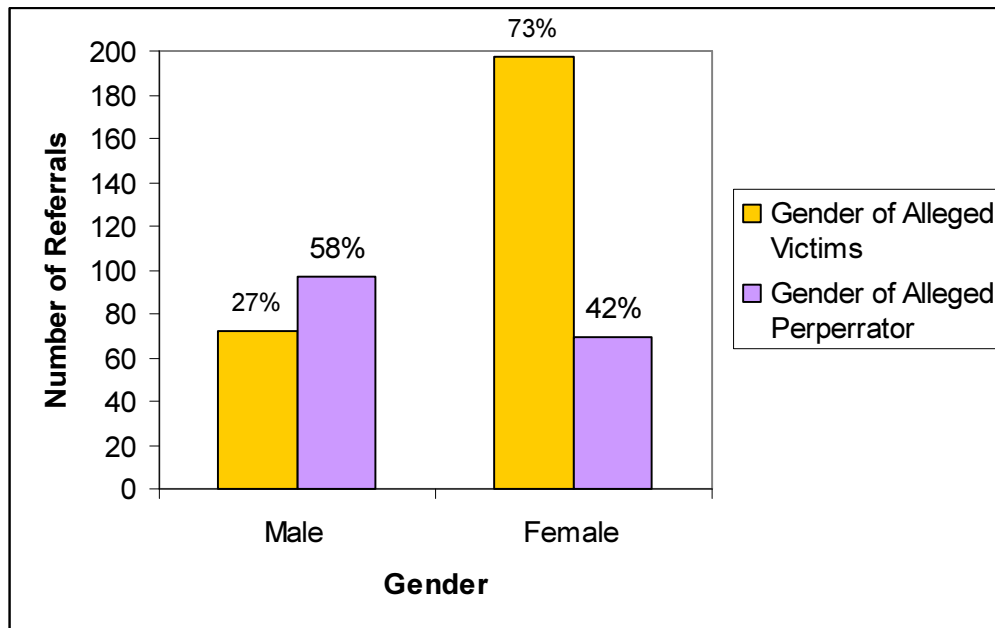


Figure 3 demonstrates that there is a greater differential in the percentages of male and female alleged victims than the corresponding figures for alleged perpetrators.

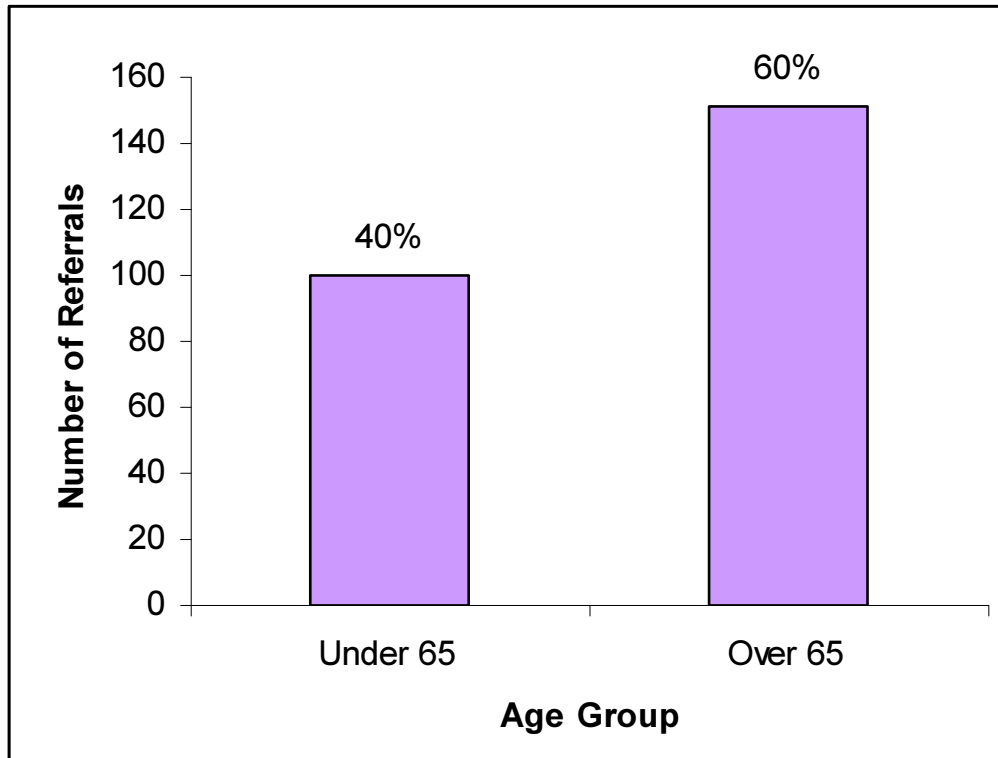
Approximately two thirds of all alleged subjects of safeguarding concerns which were referred to the Rotherham Safeguarding Adults Office in 2007/2008 were female.

Learning and evaluation: These are similar gender inequalities found last year. In 2008/09, we will learn from individual cases and improve awareness of male safeguarding issues (see page 18).

Review of referrals and investigations

April 2007 - March 2008

Figure 4: Age of Alleged Victims



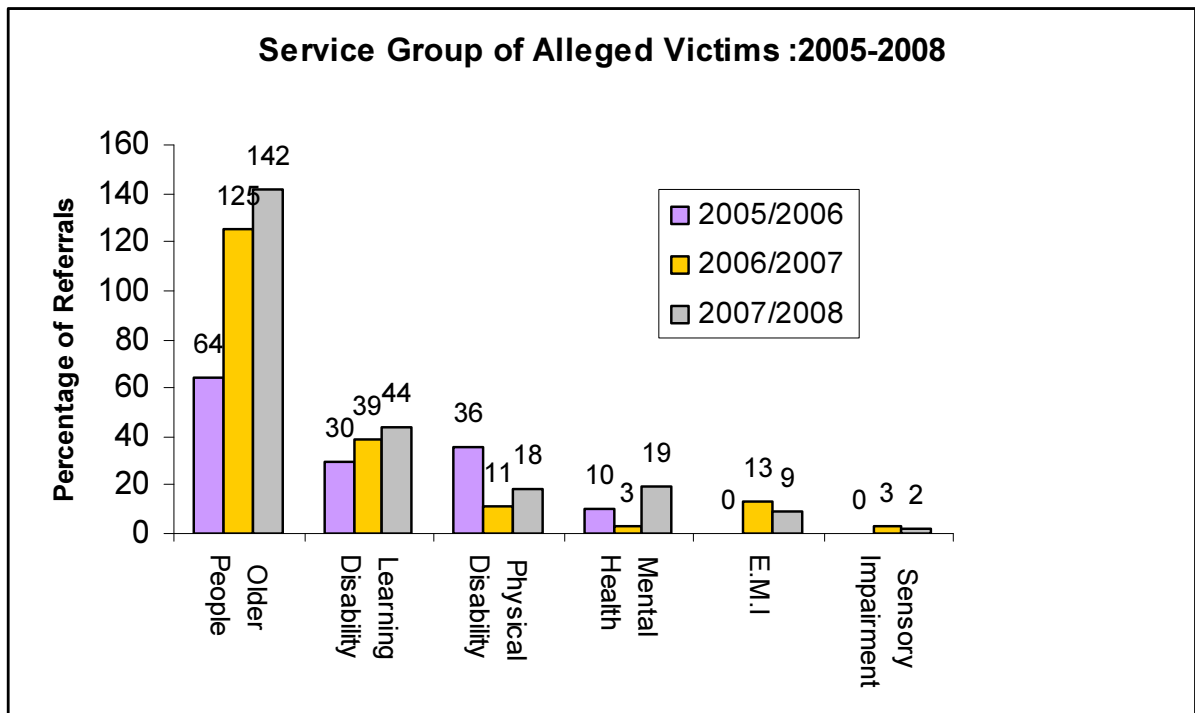
Learning and evaluation: For the fourth consecutive year the percentage of referrals where the subject was an older person has increased. In 2008/09, an action to improve standards in all residential homes and through 'every contact counts' should increase reporting for all age groups (see page 18).

Review of referrals and investigations

April 2007 - March 2008

Who was referred? Alleged victim profile

Figure 5: Analysis of Alleged Victims of Safeguarding Adults Concerns



Learning and evaluation: New process, procedures and awareness has led to a discernible rise in reports in most user groups. In 2008/09, an action to increase awareness and improved access to services for carers, mental health, younger adults and those with a sensory impairment should increase reporting (see page 18).

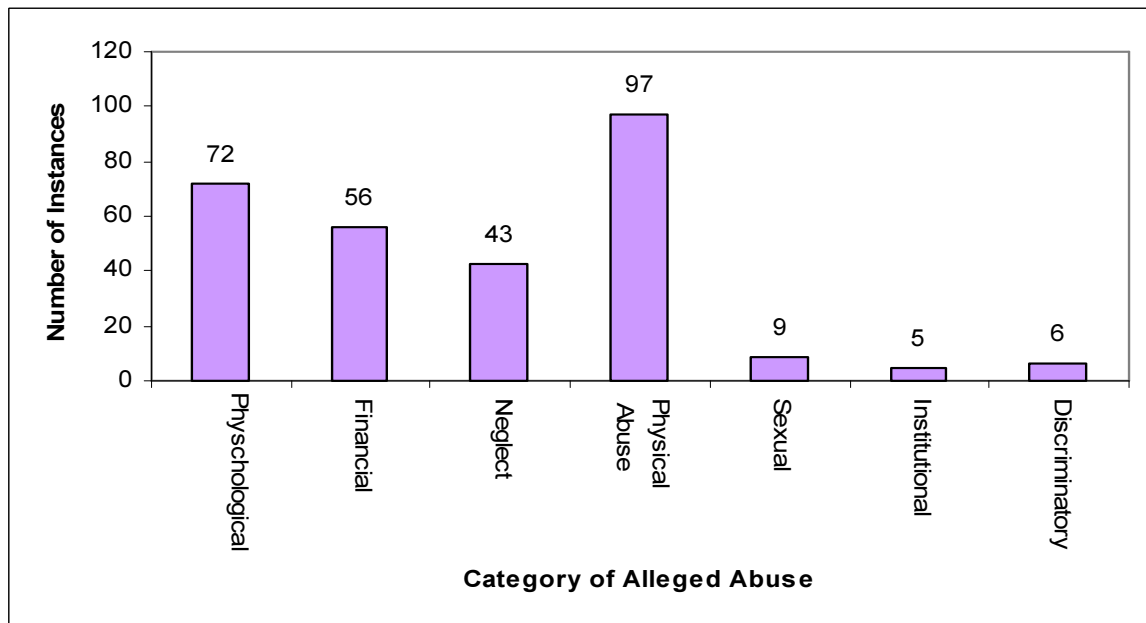
Review of referrals and investigations

April 2007 - March 2008

What was referred?

What were the categories of alleged abuse?

Figure 6: Categories and Identified Components of Abuse



Learning and evaluation: It is important to note when considering the information presented in Figure 6 that 25% of all safeguarding adult referrals contained components of more than one category of abuse. Within the 251 safeguarding adults referrals received in 2007/2008; there were 288 identified components of abuse. In 2008/09 we will raise awareness amongst all public servants visiting homes through 'every contact counts' to proactively manage abuse (see page 18).

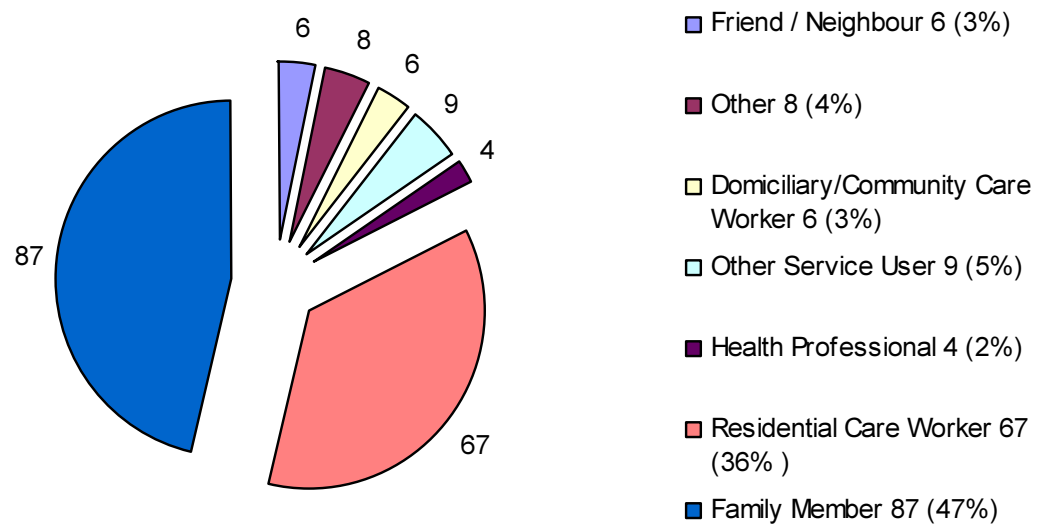
Review of referrals and investigations

April 2007 - March 2008

What was referred?

Who was the alleged perpetrator?

Figure 7: Relationship of Alleged Perpetrator to Alleged Victim



Learning and evaluation: The majority of alleged abuse takes place in the home (48%) or in a residential home (45%) and is undertaken by a family member (47%) or a residential care worker (36%). In 2008/09 we have identified actions to raise standards and unannounced visits to residential homes and the multi-agency 'Every Contact Counts' initiative should increase reporting. Every contact counts is an initiative identified by the Safer Rotherham Partnership (Police, Council, youth offending, drug teams, housing, probation, voluntary sector etc) whereby all public servants are expected to proactively seek out safety issues and refer to other professionals contact counts' (see page 18).

Review of referrals and investigations

April 2007 - March 2008

Residential and Nursing Care issues

In 2007/8 there were 51 investigations into allegations of abuse in 21 residential and nursing homes. These 51 cases covered homes owned and run by the Council and homes owned and run by independent sector providers.

The categories of abuse and the outcomes of the investigation are detailed in the table below.

Type of abuse reported	Numbers of cases	Substantiated	Not substantiated
Physical abuse	20	11	9
Emotional abuse	9	7	2
Discriminatory abuse	3	0*	0*
Institutional abuse	1	1	0
Neglect	18	11	7
TOTALS	51	30	18

* awaiting outcome of these investigations

Learning and evaluation: Given that 45% of reported abuse takes place in a residential setting and 36% of alleged perpetrators are residential care workers, the action in 2008/9 will be to extend training and support to all residential establishments to make sure that staff are confident in their understanding of what constitutes good practice, maintaining dignity and respect and how to identify and report abuse (see page 18).

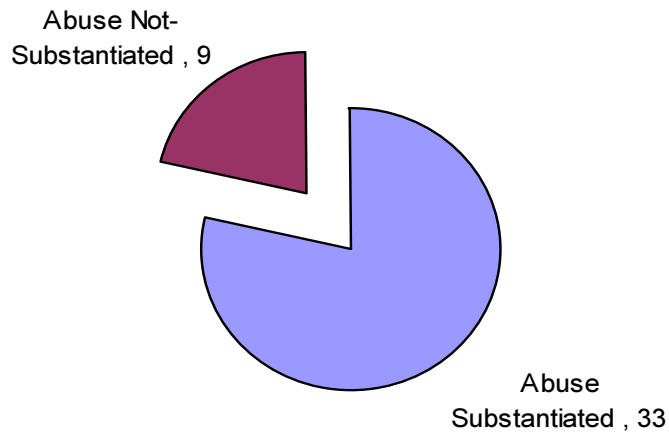
Review of referrals and investigations

April 2007 - March 2008

What were the outcomes?

The conclusion of the safeguarding adults case conferences

Figure 9: Outcomes of Safeguarding Adults Case Conferences



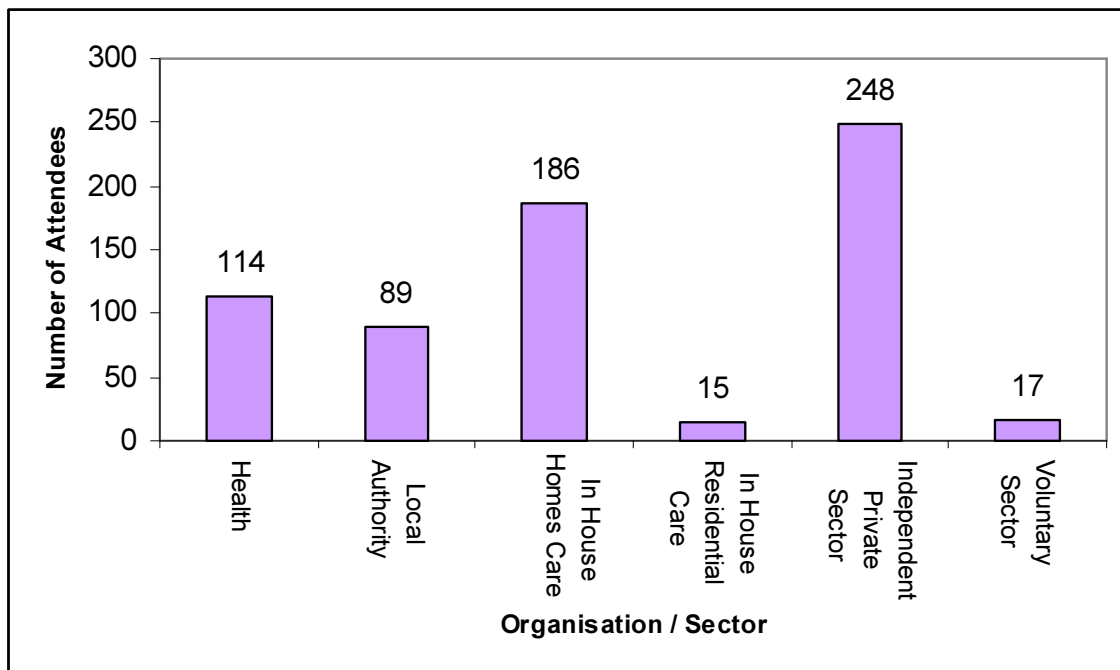
Learning and evaluation: It is notable that of the 251 safeguarding adults referrals made to the safeguarding adult office in 2007/2008, only 51 individuals were considered by a safeguarding adults case conference. In 2008/09 an action to improve the quality of case management should lead to an increase in case conferences (see page 18).

Training and Awareness

April 2007 - March 2008

Adult Protection Basic Awareness Training

Figure 10: Attendance on Safeguarding Adult Basic Awareness Training



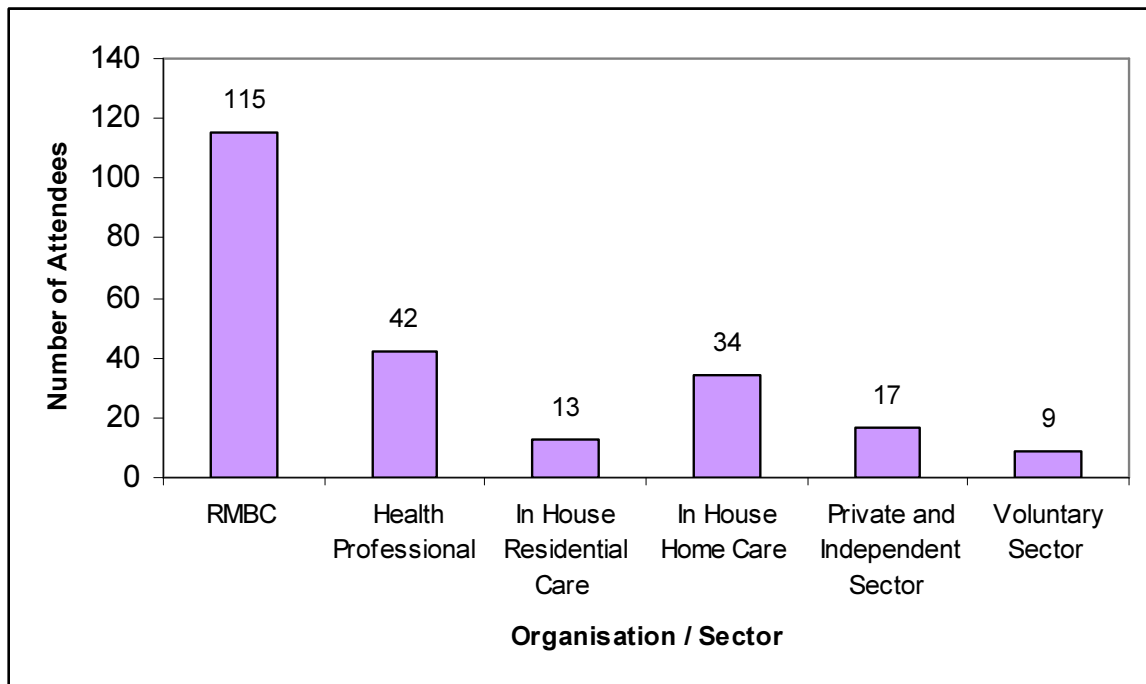
Learning and evaluation: There has been an increase in referrals from residential care homes. A lot of these have been referred by the Tissue Viability nurse employed this year and through increase family, social services investigations and local awareness. In 2008/09 an action to train residential care staff and raise standards and care in residential homes through incentives should lead to more referrals (see page 18).

Training and Awareness

April 2007 - March 2008

Adult Protection Basic Awareness Training

Figure 11: Attendance on Safeguarding Adult Refresher Training



The following Safeguarding Adults Training has also been available:

- Investigating safeguarding Adults Concerns (Attendance 75)
- Chairing Safeguarding Adults Case Conference (Attendance 9)
- Joint Investigation with the SY Police/working Together (Attendance 9)

Learning and evaluation: Training and awareness has led to an increase in reports. In 2008/09 we will improve access to training for all public sector and independent sector workers (see page 18).

2008/09 Priority Actions

Our priority actions have been shaped by;

- An analysis of statistics has led to an action to raise standards in residential care homes because 36% of alleged perpetrators are residential care workers;
- The self assessment against the Safeguarding CSCI's Key Lines of Enquiry has led to reporting into the Safer Rotherham Partnership, and
- A Neighbourhoods and Adult Services Directorate leadership day on the 20th March 2008 led to the development of the role of an Elected Member safeguarding champion.

We have developed an action plan to improve customer care, case management and performance and to develop the skills of the workforce.

1	Demonstrate a clear commitment to display in public access areas.
2	Improve access arrangements for reporting safeguarding referrals for public services that have low referral rates and from carers.
3	Putting in place an 'out of hours' response service.
4	Establish the post of safeguarding champion to lead on all cases.
5	Improve the timeliness and quality of case management by learning from customers.
6	Put in place a Home from Home, quality assurance framework, for improving standards within residential homes.
7	Establish an Elected Member champion.
8	Improve access to training for public and independent sector workers.
9	Increase the amount of referrals as a result of the 'every contact counts' initiative.

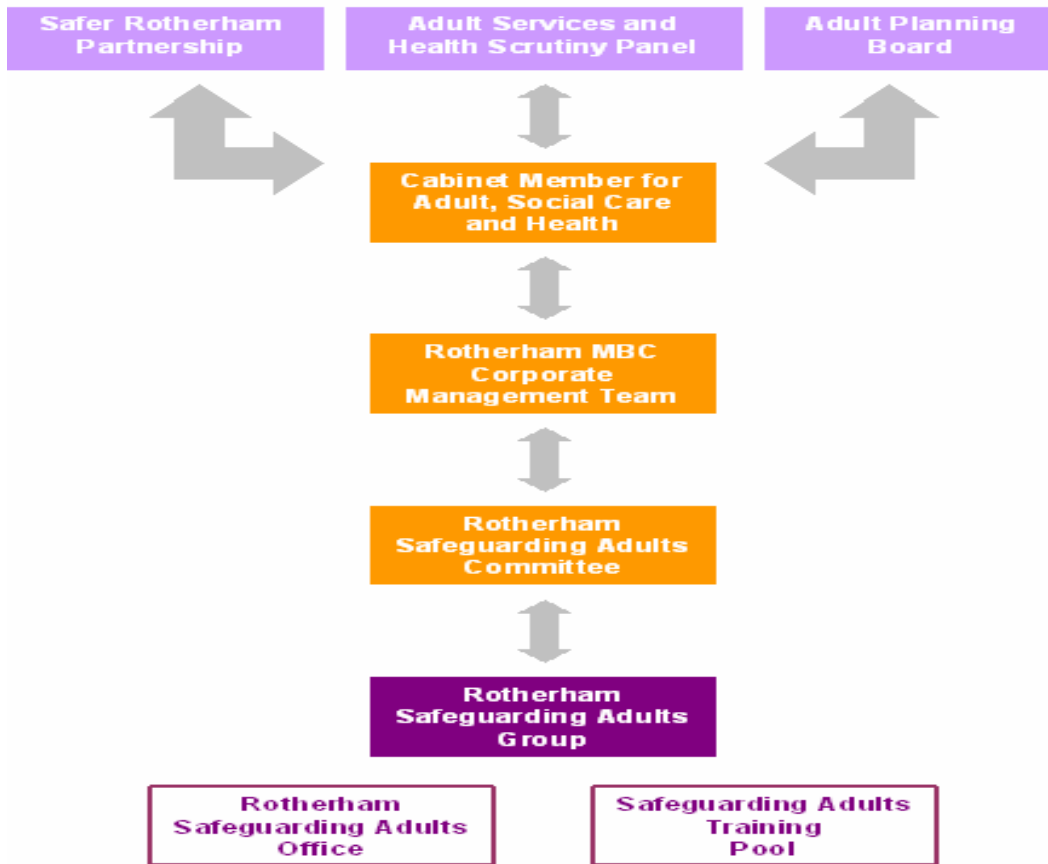
- | |
|---|
| <p>10 Report performance on safeguarding to the Safer Rotherham Partnership.</p> |
|---|

Appendix 1: The Safeguarding Adults Structure in Rotherham

Our multi-agency procedures comply with the Department of Health 'No Secrets' guidance and have been enhanced this year to incorporate reporting to the CDRP (the Safer Rotherham Partnership). The Director with Adult Social Services responsibilities within Rotherham MBC jointly chairs the Safer Rotherham Partnership with the Chief Superintendent of South Yorkshire Police. This enables high quality leadership on both prevention and enforcement activity to improve quality of life for vulnerable adults.

The *Rotherham Safeguarding Adults Office* operates under the **Assessment and Care Management** department *within the Neighbourhoods and Adult Services Directorate*.

Figure 1: Enhanced Safeguarding Adults Structure



Appendix 2: Membership

Rotherham Safeguarding Adults Committee

The purpose of the Rotherham Safeguarding Adult Committee (RSAC) is to provide a multi-agency forum for the development and monitoring of safeguarding adults policy and practice.

Membership

- **Sam Newton (Chair)**
Neighbourhoods and Adult Services
RMBC
- **Val Allen**
Voluntary Sector representative
Scope Day Service
- Rotherham
- **Sue Butler**
South Yorkshire Fire and Rescue
- **Jack Clarkson**
Victim Support South Yorkshire
- **Mark Easter Training**
Neighbourhoods and Adult Services
RMBC
- **Tracey Goodall**

Rotherham, Doncaster and
South Humber NHS Trust

■ **Cheryle Cartwright**

Neighbourhoods and Adult
Services
RMBC

■ **Gillian Hallas / Sue Inman**

(Joint Representatives)
Neighbourhoods and Adult
Services
RMBC

■ **Moira Hardy**

Rotherham General Hospital
NHS Foundation Trust

■ **Ruth Holmes**

South Yorkshire Probation
Service

■ **Sandra McNeill**

Neighbourhoods and Adult
Services RMBC

■ **Gill Mennell**

Rotherham Primary Care
Trust

■ **Tim Staniforth**

Public Protection Unit
South Yorkshire Police

■ **Sandra Tolley**

Neighbourhoods and Adult
Services
RMBC

■ **John Williams**

Neighbourhoods and Adult
Services
RMBC/PCT

■ **Sharon Witton**

South Yorkshire Ambulance
Service

Rotherham Safeguarding Adults Group

The purpose of the Rotherham Safeguarding Adults Group (RSAG) is to provide a multi-agency forum for the development and monitoring of safeguarding adults policy and practice in response to direction from the Rotherham Safeguarding Adults Committee.

Membership

■ **Gillian Hallas** (Chair)
Neighbourhoods and Adult
Services
RMBC

■ **Sue Inman** (Joint Chair)
Neighbourhoods and Adult
Services
RMBC

■ **Martin Beck**
Neighbourhoods and Adult
Services
RMBC/PCT

■ **Esra Bennett**
Rotherham, Doncaster and
South Humber-
NHS Trust

■ **Siobhan Doran**
Crime Prosecution Service

■ **Cath Duffield**
Neighbourhoods and Adult
Services
RMBC

■ **Diane Garner**
Public Protection Unit
South Yorkshire Police

■ **Mark Easter**
Neighbourhoods and Adult
Services
RMBC

■ **Lyn Loftus**
Rotherham Primary Care
Trust

■ **Sandra Wardle**
Neighbourhoods and Adult
Services RMBC

■ **Deborah Senior**
Neighbourhoods and Adult
Services
RMBC

■ **Helen South**
Neighbourhoods and Adult
Services
RMBC

■ **Diane Swanson**
Carers Forum

■ **Hayley Walker**
Rotherham Hospital Trust

■ **Diane Williams**
Rotherham, Doncaster
and South Humber NHS
Trust

Rotherham Safeguarding Adults Training Pool

The purpose of the Rotherham Safeguarding Adults Training Pool is to provide multi-agency basic awareness training.

□ **Janice Armstrong**
Neighbourhoods and Adult
Services
RMBC

□ **Sarah Blake** Contracts
Officer
Neighbourhoods and Adult
Services
RMBC

□ **Frieda Durham** Learning
disability Services
Neighbourhoods and Adult
Services
RMBC/PCT

□ **Mark Easter** Training
Officer
Neighbourhoods and Adult
Services
RMBC

□ **Andy Hare**
Neighbourhoods and Adult
Services RMBC

□ **Bev Hughes** Learning
Disability services
Rotherham Primary Care
Trust

□ **Deborah Knowles**
Neighbourhoods and Adult
Services
RMBC

□ **Angie Lindsay**
Neighbourhoods and Adult
Services
RMBC

□ **Lyn Loftus**
Rotherham Primary Care
Trust

□ **Mohammad Nawaz**
Neighbourhoods and Adult

Services
RMBC

□ **Liz Nelson-Brown** Hospital
Social work Team
Neighbourhoods and Adult
Services
RMBC

□ **Alison Platt** Contracts
Officer
Neighbourhoods and Adult
Services
RMBC

□ **Hayley Walker**
Rotherham General Hospital
NHS Foundation Trust

□ **Ann Woodhouse** Hospital
Social work Team
Neighbourhoods and Adult
Services
RMBC

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care and Health
2	Date:	Monday 3 November 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 September 2008.

The current forecast for the financial year 2008/09 is an overall net projected overspend of £168,000 with Management Actions to minimise this forecast overspend continuing to be identified with the aim of containing expenditure within approved budget.

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 September 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 2008/09 budget setting process. However, based on current forecasts there are a number of pressures in 2008/09.

7.1.2 This budget monitoring report for Adult Services shows that there are budget pressures, with a projected net overspend of £168,000, to the year end, after factoring in a number of management actions to mitigate these pressures.

7.1.3 The latest year end projections show there are the following budget pressures:-

- Direct Payments (£178k), within Physical and Sensory Disabilities and Mental Health services. However, performance is on track to exceed the target which if achieved will lever £360k in Local Area Agreement (LAA) reward grant funding for the Council in March 2009.
- Additional unforeseen placements into residential care for clients with Physical and Sensory Disabilities (£146k a net increase of 9 placements)
- Overspends within employees budgets (£210k) including increased use of in-house residential care bank staff and an overspend within domiciliary care management and administration teams over and above budget.
- Pressures have also been identified in respect of increased energy costs (£194k) within residential and day centres. The increase in energy costs is being monitored across all directorates within the Council.

7.1.4 The above pressures are being reduced by additional income from continuing health care placements and delays in start up of supported living schemes within Learning Disability services (£550k).

7.2 Current Action

7.2.1 Budget clinics with Service Directors and managers are now taking place on a monthly basis to monitor financial performance against approved budget and consider further 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. The report assumes full decommissioning of the five residential care homes into the two new homes by the end of December in accordance with the planned timetable. Any delays will impact on current financial projections and any further impact on budget will be reported as soon as identified.

Also, the report assumes the achievement of the full 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. Any delays in implementing the new working arrangements within in-house services will impact on the ability to achieve the agreed savings by the end of the financial year and therefore increase the current forecasted overspend.

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**

Last Net Projected Variance £000	Directorate/Service Area	EXPENDITURE/INCOME TO DATE (As at 30 September 2008)									PROJECTED OUT-TURN					Revised Financial RAG Status	* Note	
		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
14	Commissioning and Partnerships	5,649	5,648	(1)	(5,236)	(4,925)	311	412	723	311	4,501	4,477	(24)	Green	0	(24)	Red	1
	Assessment and Care Management :																	
213	- Physical & Sensory Disabilities	2,400	2,680	280	(332)	(483)	(151)	2,069	2,197	128	4,671	4,755	84	Red	0	84	Red	2
(95)	- Older Peoples Services (Indep)	15,790	16,062	272	(4,844)	(5,536)	(692)	10,946	10,526	(420)	23,685	23,506	(179)	Green	0	(179)	Green	3
21	Independent Living	455	460	5	(72)	(104)	(31)	383	356	(27)	1,723	1,745	22	Red	0	22	Green	4
	Health and Well Being :																	
613	- Older Peoples Services (In House)	10,603	10,877	274	(2,185)	(2,247)	(62)	8,418	8,630	212	15,159	15,956	797	Red	0	797	Red	5
(421)	- Learning Disabilities	10,589	10,591	2	(3,461)	(3,609)	(148)	7,128	6,982	(146)	14,882	14,390	(492)	Green	0	(492)	Green	6
(62)	- Mental Health	2,650	2,764	114	(148)	(235)	(87)	2,502	2,530	28	3,953	3,913	(40)	Green	0	(40)	Green	7
283	Total Adult Social Services	48,136	49,082	946	(16,278)	(17,139)	(860)	31,858	31,943	85	68,574	68,742	168		0	168		

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

NOTES

Reasons for Variance(s) and Proposed Actions

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

Main Reasons for Variance

Commissioning & Partnerships

Vacant post frozen to facilitate programme area restructure, Management actions implemented to reduce the forecasted pressures on corporate costs.

Assessment and Care Management

Physical & Sensory Disabilities

Additional admissions to residential care - additional 9 placements since April 2008 (£146k). Continuing care funding forecast from HA (-£100K)
Projected overspend on Direct Payments (£88k), Utilisation of grant funding (-£55k), Slippage on vacant posts within Physical Disabilities Team (-£24k)
Additional maintenance costs at Kirk House (£31k)

Older Peoples Services (Independent)

Projected overspend on independent sector residential care due to additional placements (£13k). Underspend on funding for clients with Preserved rights (-£62k). Current forecast underspend on Direct Payments (-£50k), EMI day care (-£23k) and car mileage (-£15k) initial cost of single assessment (£30k).
overspend on OT service (£109k), additional HA income (-£157k), Inter authority assessments (-£20k), additional cost at manvers (£25K)

Independent Living

Projected overspend on staffing costs at St. Ann's. (£19K)

Health and Well Being

Older Peoples Services (In House)

Assumed shifting the balance savings will be achieved at this stage.
Forecast net shortfall in income from residential care charges due to lower occupancy levels (£276k).
Budget shortfall on Laundry Service (service subject to review) £82K and decision to continue the bathing service beyond the end of July (£101k).
Increase energy costs within Residential and Day Care establishments (£194k).
Projected recurrent overspend on domiciliary care management and admin operational teams (£127k).
Consultancy cost for home care review (£45k), reduction in leasing costs of vehicles (-£67K), Review of Scope contract (-£69K).

Learning Disabilities

Additional cost following health & Safety/CSCI review (£30k), additional staffing costs for reducing backlogs (£23k), reduction in cover (-£9k)
Additional continuing health care income from Health (-£527k), underspend on funding clients with Preserved Rights (-£29k)
Recurrent overspend on day care transport (£142k), 2 additional clients into specialist day care since last report (£55k)
Slippage on start up of Supported Living schemes (-£140k), underspend on direct payments (-£31k)

Mental Health

Projected underspend on residential care due to planned drugs & alcohol placements not been taken up (-£31k) .
Section 28a funding now agreed with the PCT (-£90k).
Projected overspend on Direct Payments due to increasing demand (£93k)

Proposed Actions to Address Variance

Budget performance clinics now established for the full financial year to monitor financial performance against approved budget.
Further Management Actions to reduce the forecast overspend are currently being identified by budget holders.

Performance

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

Physical Disabilities

CSCI proposing service inspection
Performance indicator C29 - deteriorating position for physical disability users helped to live at home, subject to corporate performance clinics
(Target 4.2 , Current performance 2.73)

Residential/Nursing Care

Performance indicator C72 - national target to reduce admissions (Target 91), year end prediction remains off target at 102.74.

Performance indicator C73 - target to reduce admissions for under 65s currently off target as 5 additional placements have been made compared to same stage last year (Target 1.49, current performance 1.38).

Home care

Performance indicator C28 - currently on track to increase performance compared to last year with additional and costly care packages.
(Target 16, current performance 16)

Assessment and Care Management

Performance indicator NI 132 - indicator causing concern and subject to a performance clinic
(Target 90%, current forecast 79%)

Direct Payments

Performance indicator NI 130/C51 - currently on track to deliver target for direct payments which will lever £360k in LAA performance reward grant in March 2009. (Target 165, forecast 197).

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted