

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH

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

Date: Monday, 23 March 2009

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 9th March 2009 (Pages 1 - 4)
5. Personalisation and the Resource Allocation System - Presentation by Tom Cray, Strategic Director for Neighbourhoods and Adult Services
6. Independent Living Centres - Presentation by Kirsty Everson, Director of Independent Living
7. Assistive Technology Project - Implementation (Pages 5 - 9)
8. Joint Strategic Needs Assessment (Pages 10 - 13)
9. Adult Services Capital Budget Monitoring Report 2008-09 (Pages 14 - 18)
10. Transforming Community Services (herewith) (Pages 19 - 21)
11. Exclusion of the Press and Public

The following items are likely to be considered in the absence of the press and public as being exempt under paragraph 4 of Part 1 of Schedule 12A to the Local Government Act 1972
12. Warden Service and Care Enablers Service (herewith) (Pages 22 - 30)
13. Date and time of next meeting:- 6th April 2009

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 9th March, 2009

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

Apologies were received from Councillors P. A. Russell and Barron.

111. MINUTES OF THE PREVIOUS MEETING HELD ON 23 FEBRUARY 2009

Resolved:- That the minutes of the meeting held on 23rd February, 2009 be approved as a correct record.

112. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2008/09

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided 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 January 2009 and forecast costs and income to 31st March 2009.

The approved net revenue budget for Adult Services for 2008/09 was £68.5m and included funding for demographic and existing budget pressures together with a number of efficiency savings identified through the 2008/09 budget setting process.

During the year there had been a number of budget pressures within the service, mainly in respect of the delays in the implementation of shifting the balance of home care in-house to the independent sector. This was due to the decisions taken by the Council to undertake a further round of consultation with Trade Unions and employees. On 21st January, 2009 Cabinet approved a revised estimate for the service of £1m and the latest report now showed a projected balanced budget by the end of the financial year assuming the completion of shifting the balance to 65%/35% split was achieved.

There still remained underlying budget pressures within residential care within physical and sensory disabilities due to an increase in demand and the average cost of care packages, increased demand and cost of direct payments and increased energy costs.

These pressures were being offset by additional income from continuing health care funding, slippage on developing supported schemes within learning disabilities and management actions identified from budget performance clinics.

The overall forecast outturn also included the impact of the delays in finalising the construction and opening of the two new residential care

homes. The decommissioning of the five residential care homes was now complete.

Budget clinics with Service Directors and managers continued to take place on a monthly basis to monitor financial performance against approved budget and consider further options for managing expenditure within budget.

A discussion took place around direct payments and why there was still an increased cost attached to them and when this would cease to be the case. It was confirmed that this was due to some services continuing to be provided via block contracts and the services being provided were currently very limited. It was agreed that a presentation would be given at the Cabinet Member meeting to be held on 6th April 2009 to help members understand direct payments more.

Resolved:- (1) That the forecast balanced outturn against the revised budget for 2008/09 be noted.

(2) That a presentation be made at the meeting to be held on 6th April 2009 in relation to Direct Payments.

113. PETITION - PROPOSED CHANGES TO CARE SYSTEM AT POTTERIES COURT

Consideration was given to a petition which had been submitted in respect of the proposed changes to the care system at Potteries Court.

The Director of Health and Wellbeing confirmed that this was similar to a petition which had been reported at the Cabinet Member meeting on 9th February 2009 in respect of Oak Trees

She agreed that correspondence to the petitioners to clarify that the proposed changes would not affect their current level of care and support.

Resolved:- (1) That the petition be noted.

(2) That a response be sent to residents confirming that the level of care and support received by residents would remain unaffected.

114. 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 those paragraphs indicated below of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 09/03/09

115. LEARNING DISABILITY FUNDING TRANSFER REPORT

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in relation to the Learning Disability Funding Transfer.

The draft paper 'Valuing People Now' published in early 2008 signalled a planned transfer of commissioning responsibility and associated funding for social care services provided by Primary Care Trusts to Local Authorities as the lead commissioners for Learning Disability services. The final amount for transfer was expected to be agreed between the NHS and local authorities by 28th February 2009 for submission to the Strategic Health Authority. The final return to the Department of Health had to be made by the 31st March 2009. This timetable was in line with the contracting timetable for the NHS.

Rotherham submitted the proforma in December 2008 with a baseline amount agreed for transfer (£5.3m). Further discussions had taken place to resolve the outstanding £1.2m and these had now been concluded.

Resolved:- (1) That the Cabinet Member approve the transfer of the full amount of funding for submission to the Strategic Health Authority (SHA) by 28th February 2009, subject to Cabinet/Board agreement and Chief Officer sign off by the 31st March 2009. This would take the transfer amount to £6.4m in 2009/2010.

(2) That the Cabinet Member notes the risks inherent in the process and a plan to mitigate these be agreed as part of the process.

(3) That Cabinet Member notes the proposals to review the provision at the three SYHA homes, and endorse further work to develop the project plan into a detailed proposal for agreement at a future meeting.

(4) That a final report in relation to redirection of funds from pooled budgets be presented to a future meeting.

116. STROKE CARE SERVICES IN THE COMMUNITY

Dominic Blaydon, Strategic Planning and Commissioning Manager presented the submitted report which put forward proposals for the use of new funding which the Department of Health allocated to Rotherham MBC to assist with the delivery of effective stroke care. Rotherham had received an allocation which equated to £144,000 for the next two years which was ring-fenced for the purpose of providing support services to stroke survivors and their carers. The report sought an exemption from Standing Order 48.1 in tendering for contracts over £50,000 due to the specialist nature of the social care provision and the limited number of service providers.

Resolved:- (1) That the Cabinet Member for Adult Social Care and Health approve the exemption from Standing Order 48.1 and award the contract

for the provision of Family Carer and Support Service and Community Integration Service to the Stroke Association for a two year period commencing April 2009.

(2) That the report be presented to the next Adult Services and Health Scrutiny Panel on 2nd April 2009.

117. ADULT SOCIAL SERVICES (COMPLAINTS) REVIEW PANEL - CLIENT 1/2009

Consideration was given to a report in respect of the decision and recommendations made by the Adult Social Services (Complaints) Review Panel for Client 1/2009.

Resolved:- That the decisions of the Complaints Panel and the reasons for the decisions, outlined in the letter of response dated 28th January 2009 to the complainant be received.

118. ACTION PLAN ARISING FROM ADULT SOCIAL CARE AND HEALTH (COMPLAINTS) SUB-COMMITTEE MEETING HELD ON JANUARY 26TH 2009 IN RESPECT OF COMPLAINTS MADE BY CLIENT 1/2009

Consideration was given to the Action Plan arising from Adult Social Services (Complaints) Review Panel held on 26th January 2009 in respect of complaints made by Mr M.

Resolved:- That the Action Plan be noted.

119. ADULT SOCIAL SERVICES (COMPLAINTS) REVIEW PANEL – CLIENT 2/2009

Consideration was given to a report in respect of the decision and recommendations made by the Adult Social Services (Complaints) Review Panel for Client 2/2009.

Resolved:- That the decisions of the Complaints Panel and the reasons for the decisions, outlined in the letter of response dated 18th February 2009 to the complainant be rejected as it did not meet the blue badge criteria.

120. DATE AND TIME OF NEXT MEETING:- 23 MARCH 2009

Resolved:- That the next meeting be held on Monday 23rd March, 2009 commencing at 10.00 am.

Rotherham Borough Council – Update Paper

1.	Meeting:	Cabinet Member for Adults, Social Care & Health
2.	Date:	23rd March 2009
3.	Title:	Assistive Technology Project – Implementation
4.	Directorate:	Neighbourhood and Adult Services

5. Summary

This paper provides a summary of the progress made by Neighbourhoods and Adults Services relating to Assistive Technology during 2008 / 2009.

6. Recommendations

A) MEMBERS NOTE THE PROGRESS MADE

- 7.0 **Background** - Rotherham received a total of £441,948 Preventative Technology Grant (PTG) from the Department of Health under section 31 of the Local Government Act 2003. The Grant was made up of £165,327 for 2006-07 and £276,621 for 2007-08 and was in the form of a specific formula grant with no conditions attached. Through the grant, the Government expected councils to invest in telecare to help support individuals in the community. This aimed to help an additional 160,000 older people [nationally] to live at home with safety and security and to reduce the number of avoidable admissions to residential/nursing care and hospital. Neighbourhood and Adult Services (NAS) recruited a specific project management resource on a short term secondment in August 2008 to deliver the assistive technology project using PTG funding. The project manager's key responsibilities included testing new assistive technology products and utilising the PTG effectively. After consultation with NAS Directorate Management Team (DMT) key areas of research and expenditure were identified. Below is a summary of these key areas with an update on their current position:
- 7.1 **Smart Flat:** A property at Grafton House has been supplied with a suite of assistive technology devices. As service users use this facility they evaluate which pieces of technology meet their specific needs. This facility is at an embryonic stage but if results prove positive further smart flats could be developed across the length and breadth of Rotherham.
- 7.2 **3rd Sector Trial:** DMT approved £130,000 expenditure on assistive technology for the 3rd sector so that they can identify 500 new clients previously unknown to NAS. The current voluntary sector free six week trial has been challenging to find suitable clientele. Additional promotional activity for the pilot is being undertaken via, mail drop, press advertisements, internet and intranet to raise customer awareness of the trial. Voluntary Action Rotherham are also raising awareness through their 3rd sector contacts. The trial will continue on a rolling basis until 500 clients have been identified. This will be followed by a secondary stage of evaluation.
- 7.3 **Temperature Extreme:** A temperature extreme monitor trial was undertaken during December 08 / January 2009. Individual disclaimers were signed by the trial group to indicate what action Rothercare would undertake in the event of the temperature extreme sensor device being activated. During the trial period no calls have been received by Rothercare. Nevertheless this technology opens the gate way for more specific trials to be undertaken with stakeholders such as Rotherham NHS. These specific trials could include all clients that have been admitted to hospital with hypothermia related conditions.
- 7.4 **Bogus Callers Alarms:** During November 2008, 190 bogus caller alarms were deployed. It was identified at an early stage that the existing Rothercare technology was not compatible with the bogus caller alarms due to the age of the software. New base boxes had to be procured at an additional cost of £147.20. In line with the project plan these pieces of technology have now been evaluated through a questionnaire and the results have proved very positive. The survey indicates that the customer's perception of bogus caller alarms are positive. When asked the question "*By having the bogus caller alarm, has it made you feel safer in your own home*" 86.7% responded yes.

These positive results could lead the way for a wider trial of this technology. Linkages with other stakeholders such as the Police could target crime hot spots and improve the customer's perception of crime.

- 7.5 **Safeguarding Adults:** It is proposed that Rothercare is given free of charge, for a period of up to six weeks to service users identified by the Safeguarding Adults team. Thirty minuet watches [a pendant built into a watch] will be tested on this particular client group. The minuet watch offers the service user the ability to be discreet when pressing the alarm button. An additional bogus caller alarm will if necessary also be issued to ensure that this client group has additional support. After the maximum six week free trial period, Rothercare would either be removed from the customer or the customer could keep the equipment, but would be charged as normal.
- 7.6 **Just Checking:** "Just Checking" monitors customer's lifestyle through discreet sensors whilst the service user remains in their own home. This technology is primarily targeted at service users with dementia. Just Checking has been widely tested in Staffordshire and has proved cost effective and kept customers out of nursing and residential care. DMT approved the purchase of 40 of these devices. An initial order of 4 devices was procured to embed this technology with social workers. Challenges have arisen around funding for internet access for Social Workers. The internet is required so that Social Workers can evaluate each Just Checking case. Now the issues around internet access has been resolved the Just Checking service will be formally re-launched.
- 7.7 **Rothercares ICT Platform:** Rothercare is moving premises from Greencroft to Bakersfield Court, on the 17th March 2009 with a go live date of the 18th March 2009. As Rothercare is a 24 / 7 service the move posed an ideal opportunity to upgrade the ageing Tunstall PNC4 ICT platform with out disrupting the service. Two ICT platforms were considered Tunstall PNC5 and Jontek Answer Link 3g. It was felt that Answer Link 3g better met the future needs of NAS.
- 7.8 **Next Steps** - Whilst undertaking this project key areas of future development have been identified. This includes the need for an overarching assistive technology strategy. Intertwined with this is a requirement for a robust business plan which highlights commissioning routes and a clear charging policy. The charging policy should address and reflect upon Rothercares historical issues such as how to deal with debtors, vexatious customers and equipment installation / removal fees. Consideration will be given to a tiered approach to assistive technology charging. In line with other councils a charging model depending on the amount of assistive technology used by the service user could be adopted by Rothercare.

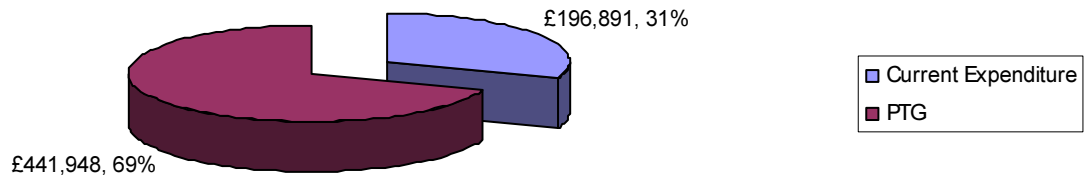
Further consideration is required as Rothercare is upgrading its ICT Platform from Tunstall PNC4 to Jontek Answer Link 3g, alternative peripherals suppliers such as Chubb, Vivatec and Possum should be tested with a long term view of future contracts. This must be tempered with the fact that Tunstall have been our key supplier for nearly ten years. By undertaken a large scale pilot of these alternative suppliers it will allow Rotherham time to evaluate there

effectiveness before a possible tendering exercise is required for a large scale base unit renewal / upgrade in 2010.

8. Finance

- 8.1 To date £196,891 has been spent from the PTG. Finance have confirmed that call off orders go against financial regulations and cannot be used. Therefore it is suggested that the PTG funding is used in bonded stock and carried forwarded to enabled projects such as third sector trial to continue into 2009. Figure 1 below gives a graphical representation of expenditure to date.

Figure 1: Current Preventative Technology Grant Expenditure



- 8.2 A further £232,351 of PCT Strategic Capital Funding (SCG) remains unspent. Confirmation has been received from, Finance that the SCG can be rolled over into the 2009 / 2010 financial year. The PCT have still to confirm how they plan to utilise the SCG; however it has been suggested that key areas of expenditure should include fall detectors, temperature extreme sensors and the Just Checking [lifestyle monitoring] service.

9. Risks and Uncertainties

- 9.1 Increases in new Assistive Technology deployed and increased demand for Rothercare could result in performance and staffing issues at Rothercare. To mitigate this risk resource needs to be identified who will be responsible for the future development of the service and performance related issues.
- 9.2 Running in parallel to the main thrust of the project is the need to capture details of any installations within SWIFT so that performance can be more effectively monitored. Work is being undertaken by RBT to identify costs for three possible methods of integration between SWIFT and Jontek. Once agreed a suitable funding stream will need to be identified by NAS to fund this piece of work.
- 9.3 Further funding streams and resources should be considered now in terms of supporting the assistive technology project once the PTG ceases in April 2009.

It is proposed that as part of the Commissioning Strategy for Assistive Technology that is being developed by Commissioning & Partnerships, consideration should be given to the need to identify funding streams for the 09 /10 financial year. This will impact on future developmental and research work.

- 9.4 Cabinet should be aware that base units currently used by Rothercare were procured in 2003 on a lease agreement which expires in 2010. In 2010 NAS will have the option to either purchase or upgrade all the base units. If it is decided to procure new base units funding arrangements need to be identified.

10. Policy and Performance Agenda Implications

- 10.1 The Grant Funded Service survey week (GFS1) was between the 10th November 2008 and 16th November 2008. Rothercare undertook 237 installations during this period where as Rothercare would normally undertake 15 installations in an average week. Evidence of the installations has been collated and submitted to NAS Performance Team for audit purposes. From the GFS1 submission NAS Performance Team have excluded 44 clients as they were in an assessed for service.
- 10.2 NAS committed through the SAS statement for 2008/9 that 536 new services users aged 65 and over are provided with one or more items of Telecare equipment in their own home. To date Rothercare has achieved over 462 new service users aged 65 and over. An exact figure will have to be undertaken manually due to the current Rothercare limited reporting capabilities.
- 10.3 It is anticipated that the introduction of the Just Checking Service and formal care item reporting on SWIFT will improve the overall Referral and Assessment Packages of Care Return (RAP) return for NAS.

Contact Names:

Tony Sanderson, Assistive Technology Project Manager, Tel 07774190892
tony.sanderson@rotherham.gov.uk

Kirsty Everson, Director of Independent Living, Ext 3402
kirsty.everson@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet Member for Adult Social Care and Health
2.	Date:	23rd March, 2009
3.	Title:	Joint Strategic Needs Assessment
4.	Directorate:	Commissioning and Partnerships

5. Summary

5.1 The Joint Strategic Needs Assessment (JSNA) establishes the current and future health and social care needs of the Rotherham population. It informs the priorities and targets set by the Local Area Agreement (LAA) and leads to agreed commissioning priorities that will improve outcomes and reduce health inequalities.

5.2 A full version of the JSNA can be viewed on the Rotherham MBC Intranet.

6. Recommendations

6.1 It is recommended that Cabinet Member;

- Endorses the JSNA, and
- Supports the development of a web-based JSNA

7. Proposals and Details

7.1 *Why we need a JSNA*

Since 1 April, 2008, Local Authorities and Primary Care Trusts are under a statutory duty under the Local Government and Public Involvement in Health Act to produce a Joint Strategic Needs Assessment (JSNA). The JSNA forms the basis of a new duty to co-operate. This partnership duty involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

The coverage of the JSNA is defined by the Department of Health's JSNA Core Dataset, published on 1st August, 2008. Rotherham's JSNA fully complies with the DH Core Dataset.

7.2 *Document Summary*

The JSNA Executive Summary highlights a series of key issues that Rotherham MBC and NHS Rotherham will have to address over the next 5 years;

- The impact of an ageing population,
- The potential impact on health, well-being and services of the economic downturn,
- How to change patterns of exercise, diet, smoking and alcohol consumption,
- How to reduce the gap between healthy and actual life expectancy,
- The likely increase in prevalence of people with life limiting long term,
- The increasing numbers of people with dementia and the development of new service models to address this,
- The effectiveness of using preventive strategies to save future care costs,
- Changes in the demographic profile of the learning disability population, and
- Whether shifting resources into community services reduces overall costs of care

7.3 *Service User Engagement*

The JSNA incorporates the findings of a service user and carer engagement exercise. Focus groups and individual interviews were held with service users and carers, in accordance with the CSED toolkit on service user engagement, to inform the development of the JSNA. The main outcomes from this engagement process were;

- Support for a services which promote independence and maintain people at home,
- More support for carers both in the caring task and their own well-being,
- Development of low-level support services,
- Targeting people who are socially isolated,
- Better supported housing options including Extra Care Housing,
- Alleviation of the impact of the economic downturn, and
- Access to transport and activities, especially in the evenings

7.4 *Next steps*

The primary purpose of the JSNA is to inform current joint commissioning plans but it is also an opportunity to evaluate our future needs for commissioning intelligence.

There are four key steps that should be taken from this point on are;

- More analysis at locality level, some of our current information can only be easily expressed for the whole of Rotherham and work is needed to make more data available at area assembly level,
- Begin the process of reconfiguring services so that they address future needs. We need a better understanding of how demand for services will increase in the future if we continue with current service models. We need to demonstrate how much potential there is to modify future demand by commissioning programmes in areas such as, enabling healthy lifestyles at different ages, the earlier detection of long term conditions and the development of community care,
- Ensuring that the JSNA is accessible to health and social care professionals so that they can gain greatest benefit. Work should be done on developing a web-based JSNA, which is regularly updated and incorporates all the information from the DH dataset, and
- Bring together the JSNA and the Corporate Needs assessment so that there is clear demarcation and no duplication.

8. Finance

- 8.1 There are no immediate financial implications. However the JSNA highlights likely cost pressures in the future. The growth in population of older people, the increase in the number of people with long term conditions and the growing gap between healthy and actual life expectancy are all likely to have a significant impact on health and social care costs.

9. Risks and Uncertainties

- 9.1 There are a number of risks associated with non-endorsement of the JSNA. Currently Rotherham is well placed compared to other local authorities on the development of the JSNA. There are no JSNAs within the sub-region which comply with the latest core dataset. Non-endorsement of the JSNA will put Rotherham back compared to neighbouring local authorities.
- 9.2 The JSNA should form the basis of all joint work between Rotherham MBC and NHS Rotherham over the next 5 years. It acts as a platform for strategic development and commissioning decisions. Failure to develop a JSNA which complies with the DH Core Dataset could set back joint working arrangements.

10. Policy and Performance Agenda Implications

- 10.1 The development of a JSNA addresses all the National Indicators for Local Authorities and Local Authority Partnerships for Adult Health & Well-being. It incorporates needs analysis for most of the indicators set out in this appendix.
- 10.2 The development of a JSNA is part of the Neighbourhood and Adults Service Plan. Scheduled for completion this year, this document constitutes the completion of this element of the plan.

11. Background Papers and Consultation

- JSNA Main Report: Rotherham MBC and NHS Rotherham Intranet
- CSED Anticipating Future Needs Toolkit
- DH JSNA Core Dataset

Contact Name: Dominic Blaydon, Joint Commissioning Manager
Tel.: 302131
dominic.blaydon@rotherhampct.nhs.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet Member for Adult Social Care and Health
2.	Date:	Monday 23 March 2009
3.	Title:	Adult Services Capital Budget Monitoring Report 2008/09 - All Wards affected
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

To inform members of the anticipated outturn against the approved Adult Services capital programme for the 2008/09 financial year.

6. Recommendations

Members receive and note the Adult Services forecast capital outturn for 2008/09.

7. Proposals and Details

This capital monitoring report provides detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to the 16 February 2009 and the projected final outturn position for each scheme.

Actual expenditure to the mid February 2009 was £8.2m against an approved programme of £9.1m. Since the last report there has been some further slippage. The latest forecast expenditure to the end of March is now £9m. The approved schemes are funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding. Appendix 1 shows actual expenditure to date against the approved budget together with the projected outturn position.

8. Finance

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

Older People

The two new residential care homes are now fully operational.

The Assistive Technology Grant (which includes funding from NHS Rotherham) is being managed jointly and is being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. The procurement of equipment has now commenced which includes lifeline connect alarms, low temperature sensors and fall detectors within peoples homes. It is anticipated that expenditure will continue to be incurred in 2009/10 and any balance of funding will be carried forward to meet these costs.

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 is being allocated across the independent residential care sector in accordance with the grant conditions and will be fully spent by the end of March 2009.

Learning Disabilities

The small balances of funding carried forward from 2007/08 are 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 is now complete.

There have been delays in the start of the refurbishment of the REACH Day centre, the scheme is now due to commence in April 2009 and therefore the funding will be carried forward into 2009/10.

Mental Health

A small balance remains on the Cedar House capital budget and will be used for the purchase of additional equipment. A large proportion of the Supported Capital Expenditure (SCE) allocation has been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes. Suitable properties continue to be identified and spending plans are being developed jointly with RDASH. It is now expected that this service will be commissioned in 2009/10 and will support the In-Patient re-Provision Exercise which is now at the formal planning stage. The possibility of funding equipment purchased for direct payments is also being considered to reduce the current pressures on the mental health revenue budgets. Further options are also being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which will support their independence with access to 24 hour support.

Management Information

Part of the capital grant for Improving Management Information was carried forward into 2008/09. The funding has been earmarked to further develop Electronic Social Care Records within Health and Social Care working with the Council's strategic partner RBT and Children & Young People's Services. At the end of August 2008 the Department of Health announced a new capital grant for Adult Social Care IT infrastructure over the next three years (£276k). Delays have been experienced in developing spending plans with RBT to integrate social care information across both health and social care and it is therefore forecast that the new grant will be carried forward into 2009/10.

9. Risks and Uncertainties

The main risk relates to the potential overspends due to the increase in construction related costs over and above approved budgets. Also projects funded through Supported Capital Expenditure or capital grants where spending must be in accordance with certain spending conditions, in accordance with national priorities. Any shortfall in capital funding will delay implementation and may result in the Directorate not meeting national agendas and performance targets.

10. Policy and Performance Agenda Implications

The approved capital budget for 2008/09 allows Adult Services to invest and develop its assets to improve and maintain existing levels of service to support the most vulnerable people and continues to contribute to meeting the Council's key priorities.

11. Background Papers and Consultation

Department of Health Local Authority Social Services Letter LASSL(DH)(2007)3-

Adult's Personal Social Services: Distribution of Single Capital Pot and Specific Capital Allocations in 2008-09, 2009-10 and 2010-11.

Department of Health Local Authority Circular (2008) 6 – Supported Capital Expenditure (Capital Grant) for Adult Social Care IT Infrastructure – 2008-09, 2009-10 and 2010-11.

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

Contact Name : Mark Scarrott, Finance Manager (Adult Services), Extension 2007, mark.scarrott@rotherham.gov.uk

CAPITAL EXPENDITURE MONITORING 2008-09

Directorate Adult Services

Monitoring Period : 1 April to 16 February 2009

Expenditure Code	Scheme description	Approved Capital PROGRAMME 2008/09 £	Actual Expenditure 01/04/08 - 16/02/09 £	Projected Expenditure to 31/03/2009 £	Scheme 2008/09 Funding Profile					RAG Status	Comment Note number	
					Supported Capital Expenditure (SCE) £	Specific Grant		Other Contributions				Unsupported Borrowing/Capital Receipts £
						£	Detail	£	Detail			
	Older People											
UXB149	Adult's Older Peoples Modernisation Strategy	8,298,964	7,869,090	8,298,964					8,298,964	G	1	
UXB150	Assistive Technology	165,000	75,255	165,000				165,000		G	2	
UXB151	Residential Care - Improving the Environment	20,560	11,805	20,560		20,560	DoH Grant			G	3	
	Learning Disabilities											
UXL128	Addison Day Centre/Parkhill Lodge	1,895	0	1,895					1,895	G	4	
UXL135	LDDF for Supported Living	0	0	0						G	5	
	Strategic Maintenance Investment Programme											
UXZ004	Addison Day Centre - Alterations	248,754	224,992	248,754					248,754	G	6	
UXZ005	Oaks Day Centre Alterations - Phase 2	2,720	2,819	2,720					2,720	G	7	
UXZ011	REACH Day Centre	50,000	0	0					50,000	A	8	
	Mental Health											
UXH098	Cedar House	12,428	36	12,428					12,428	G	9	
UXH101	Supported Capital Expenditure	86,500	16,454	86,500					86,500	A	10	
UXH102	Mental Health Single Capital Pot	20,000	0	20,000	20,000					A	11	
	Management Information											
UXT002	Improving Information Management Grant	120,057	355	120,057		120,057	DoH Grant			G	12	
UXT003	Social Care IT Infrastructure Capital Grant	85,903	0	0		85,903	DoH Grant			A	13	
TOTALS		9,112,781	8,200,806	8,976,878	20,000	226,520		165,000	0		8,701,261	

Comments

- 1 Projected overspend on scheme and an additional funding now approved. Report to Regeneration and Asset Board on 22 October. Approved by The Cabinet on 29 October 2008.
- 2 Review of spending profile in respect of Telehealth and Telecare equipment. Health funding to be carried forward into 2009/10 in agreement with Health, equipment currently being procured through the DoH grant.
- 3 Department of Health Capital Grant balance carried forward from 2007/08
- 4 Balance of funding to be used for furniture and equipment at Parkhill Lodge.
- 5 Funding is earmarked for equipment within supported living schemes to be carried forward into 2009/10.
- 6 Scheme commenced March 2008 and is now completed, awaiting final account.
- 7 Scheme completed in March 2008, balance to meet the cost of any retension/fee costs.
- 8 Delays in commencing the scheme due to funding shortfall, estimated start date is now April 2009.
- 9 Committed expenditure on providing support for early interventions and crisis move on.
- 10 Committed funding on developing new supported living schemes, estimated start date is now 2009/10 plus specialist equipment for Older People with mental health problems.
- 11 New Mental Health capital grant allocation to be used for one off direct payments and promoting assistive technology in 2009/10.
- 12 Department of Health Capital Grant balance carried forward from 2007/08 earmarked for further development of electronic social care records.
- 13 New Department of Health Supported Capital Expenditure (Capital Grant) announced 22 August 2008 - delays in spending plans being developed with RBT, funding will now be carried forward into 2009/10.

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1.	Meeting:-	Cabinet Member for Adult Social Care and Health
2.	Date:-	23rd March, 2009
3.	Title:-	Department of Health ‘Transforming Community Services: Enabling new patterns of provision’
4.	Directorate:-	Neighbourhoods and Adult Services All Wards affected

5. Summary

5.1 This report summarises the Department of Health’s transformation agenda which focuses on patient choice, personalisation of services, and diversity of provision. This paper requires all Primary Care Trusts to create an internal separation of the commissioning and operational provider services and to agree Service Level Agreements based on the same business and financial rules as applied to all other providers.

6. Recommendations

- 6.1 **That the Cabinet Member notes the developments and risk to transforming the provision of NHS Rotherham provider services.**
- 6.2 **That the Cabinet Member requests that the Adult Services and Health Scrutiny Panel is consulted during the developments.**
- 6.3 **That the Cabinet Member requests that the Adult Services and Health Scrutiny Panel considers NHS Rotherham provider services as part of the annual scrutiny review programme.**

7. Proposals and Details

7.1 Background

7.1.1 Community Services are central to the delivery of the personalisation agenda across health and social care.

7.1.2 The paper requires NHS Rotherham to create an internal separation of its commissioning and operational provider services. The in-house providers will be developed to become business ready and have “first call” for service delivery in the initial stages. The paper states that existing staff and management should be given the opportunity to propose either the creation of social enterprises or NHS Community Foundation Trusts

7.2 Commissioning high quality community services

7.2.1 There are a number of potential providers;

- NHS organisations,
- Foundation Trusts,
- Social enterprises,
- Commercial enterprises, and
- Contractual, partnership and joint working arrangements.

7.2.2 Locally, joint commissioning has been effective in a prescribed number of areas. In addition, there are areas of service, such as Occupational Therapy, that would benefit from a much more robust commissioning approach.

7.3 Implementation

7.3.1 Once a clear separation between the PCT commissioning and provider functions has been achieved, a detailed implementation plan will need to be developed. The approval process for moving to particular organisational forms will vary, as different forms have different requirements and regulators. Throughout the processes to determine appropriate outcomes, attention should have been focused on the benefits realisation expected over a given period of time. This will be of interest to key interest groups, notably LINKs and the Social Care and Health Overview and Scrutiny Committee.

7.3.2 The Department of Health has established a timetable for implementation. From October 2009, PCT commissioning arms should complete service reviews and a market analysis, and establish and publish a procurement plan in line with the intentions in its 5-year Strategic Commissioning Plan. During 2010, PCTs should develop their implementation plan. Where a PCT decides to maintain direct provision, it should periodically review its service quality, viability and any financial risks or risk to sustainable services.

7.3.3 NHS Rotherham are about to begin a review of all provider services according to the guidance. The models described above may all be part of the consideration of the best models of commissioning and service provision. The document requests that NHS Rotherham should take the Council's views on board. Indeed, our Scrutiny function should be involved and ratify the decisions.

8. Finance

8.1 There are no financial implications arising from this report but there are financial implications and opportunities in the future to improve efficiency, economy and effectiveness (value for money) across the health and social care sectors as a result of this paper.

9. Risks and Uncertainties

9.1 The main risk is that our current joint commissioning and pooled budget arrangements are not exposed to a sufficient degree of scrutiny, challenge and competition.

9.2 The impact of this is that services are commissioned on the basis of preferred provider rather than for better outcomes or that the pace for change is not aligned with the Council's priorities. There has been a recent example locally involving the review of Occupational Therapy. To mitigate this risk the Council is working with NHS Rotherham to review services and contributing to the publication of a procurement plan and 5-year Strategic Commissioning Plan. In addition the Strategic Health Authority is responsible for supporting and overseeing the separation of PCT functions.

9.3 There is an uncertainty that this paper, set in the context of joint regulation and expanded partnership working, may lead to a merger of health and social care services in the future. It is important that we work together and commission for residents of the borough and not for organisations or staff.

10. Policy and Performance Agenda Implications

10.1 The Care Quality Commission (CQC) will jointly assess commissioning arrangements from April 2009 and the implementation of this paper is critical for future inspection ratings and our annual assessment judgement.

10.2 The new requirements extend the NHS performance regime to PCT direct provision with clear thresholds for intervention and rules based process on escalation. For example, the Department may publicly designate organisations as 'challenged'.

11. Background Papers and Consultation

11.1 Department of Health *Transforming Community Services: Enabling new patterns of provision*, 13th January 2009 is attached.

Contact Name: Kim Curry, Director of Commissioning and Partnerships
Extension 2308 – email kim.curry@rotherham.gov.uk

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

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