

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH

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

Date: Monday, 6 April 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 23rd March 2009 (herewith) (Pages 1 - 10)
5. Adult Services Revenue Budget Monitoring Report 2008/09.(herewith) (Pages 11 - 16)
6. Care Quality Commission (CQC) Inspection of Safeguarding and Physical Disabilities & Sensory Impairment (herewith) (Pages 17 - 39)
7. Park Lea Day Services (herewith) (Pages 40 - 44)
8. Single Line Management Structures for Intermediate Care Services (herewith) (Pages 45 - 48)
9. Date of next meeting:- 27th April, 2009

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 23rd March, 2009

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

121. MINUTES OF THE PREVIOUS MEETING HELD ON 9TH MARCH 2009

Resolved:- That the minutes of the meeting held on 9th March, 2009 be approved as a correct record.

122. PERSONALISATION AND THE RESOURCE ALLOCATION SYSTEM

Sue Sumpner and Doug Parkes gave a presentation in relation to Personalisation and Resource Allocation System (RAS)

The presentation drew specific attention to:

- Self/Support Assessment Questionnaire
- RAS and Charging (Client Contribution)
- Support Planning
- Brokerage/Support Services
- Implementing Support Plan
- Review and Audit
- Resource Allocation System
- Gross Budgets 2008/09
- Charging Issues
- Impact on Service users of removing subsidy/free services
- Average Care Package – Potential Impact on Directorate
- Financial Risks
- Next Steps

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

- How a decision was made as to whether a need or want as identified by a service user was essential or desirable. It was confirmed that there is an eligibility criteria that service users were required to meet in order to qualify for any funding.
- Were there any other authorities undertaking this. Confirmation was given that 13 other authorities were involved in the pilot but that as it was a national directive all authorities would eventually have to follow this route.

Sue and Doug were thanked for their informative presentation and members looked forward to regular progress reports in the future.

123. INDEPENDENT LIVING CENTRES

This item was deferred to the next meeting.

124. ASSISTIVE TECHNOLOGY PROJECT - IMPLEMENTATION

Tony Sanderson, Assistive Technology Project Manager presented the submitted report which provided a summary of the progress made by Neighbourhoods and Adult Services relating to Assistive Technology during 2008/2009.

Rotherham received a total of £441,941 Preventative Technology Grant (PTG) from the Department of Health under section 31 of the Local Government Act 2003. It was made up of £165,327 for 2006-07 and £276,621 for 2007-08. Through the grant it was expected that councils would 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. A specific project management resource was recruited 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 the NAS Directorate Management Team (DMT) key areas of research and expenditure were identified and these were:

Smart Flat: A property at Grafton House had been supplied with a suite of assistive technology devices. Service users using the devices and evaluate which pieces of technology meet their specific needs. The facility was currently at an embryonic stage, but if results proved positive further smart flats could be developed across the length and breadth of Rotherham.

3rd Sector Trial: DMT approved £130,000 expenditure for assistive technology for the 3rd Sector in order to identify 500 new clients. The current voluntary sector free six week trial had been challenging to find suitable clientele. Additional promotional activity for the pilot was being undertaken via mail drop, press advertisement and internet and intranet to raise customer awareness of the trial. Voluntary Action Rotherham were also raising awareness through the 3rd sector contacts. The trial would continue on a rolling basis until 500 clients had been identified and this would be followed by a secondary stage of evaluation.

Temperature Extreme: A temperature extreme monitor trial had been undertaken during December 2008/January 2009. Individual disclaimers were signed by the trial group to indicate the action Rothercare had to take in the event of the temperature extreme sensor device being activated. During the trial period no calls had been received by Rothercare. However this technology opened the gateway for more specific trials to be undertaken with stakeholders such as Rotherham NHS. These specific trials could include all clients that had been admitted to hospital with hypothermia related conditions.

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 had now been evaluated through a questionnaire and the results had proved very positive and indicated that the customer's perception of bogus caller alarms were positive. 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.

Safeguarding Adults: It was proposed that Rothercare was 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 in to a watch) would be tested on this particular client group. This would offer the service user the ability to be discreet when pressing the alarm button. An additional bogus caller alarm would if necessary also be issued to ensure that this client group had 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 be charged as normal.

Just Checking: 'Just Checking' monitors customer's lifestyle through discreet sensors whilst the service user remained in their own home. This technology was primarily targeted at service users with dementia. It had been widely tested in Staffordshire and had proved cost effective and kept customers out of nursing and residential care. DMT approved the purchase of 40 of these devices and an initial order of 4 devices had been procured to embed this technology with social workers. The internet was required so that Social Workers could evaluate each Just Checking case and now that issues around internet access had been resolved the service would be formally re-launched.

Rothercares ICT Platform: Rothercare was moving premises from Greencroft to Bakersfield Court on the 17th March 2009 with a go live date of the 18th March 2009. As it was a 24/7 service the move posed an ideal opportunity to upgrade the ageing Tunstall PNC4 ICT platform without disrupting the service. Two ICT platforms were considered which were Tunstall PNC5 and Jontek Answer Link 3g. It was felt that Answer Link 3g better met the future needs of NAS.

Whilst undertaking this project, key areas of future development had been identified, and this included the need for an overarching assistive technology strategy. Intertwined with this was a requirement for a robust business plan which highlighted 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 would

be given to a tiered approach to assistive technology charging.

Further consideration was required as Rothercare was upgrading its ICT Platform from Tunstall PNC4 to Jontek Answer Link 3g. Alternative 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 had been our key supplier for nearly ten years. By undertaking a large scale pilot of these alternative suppliers it would allow Rotherham time to evaluate their effectiveness before a possible tendering exercise was required for a large scale base unit renewal/upgrade in 2010.

A discussion ensued and it was agreed that a presentation in relation to Assistive Technology should be given to all elected members of the Council.

Resolved:- (1) That the progress made be noted

(2) That a Seminar be arranged in order for all elected members of the Council to attend.

125. JOINT STRATEGIC NEEDS ASSESSMENT

Dominic Blaydon, Joint Commissioning Manager gave a presentation in relation to the Joint Strategic Needs Assessment.

The Joint Strategic Needs Assessment (JSNA) established 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.

The JSNA Executive highlights a series of key issues that Rotherham MBC and NHS Rotherham would have to address over the next 5 years were:-

- 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

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- Whether shifting resources into community services reduces overall costs of care.

The JSNA incorporated the findings of a service user and carer engagement exercise. The main outcomes from this engagement process were:-

- Support for 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

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

The four key steps that should be taken from this point on were:-

- More analysis at locality level, some of the current information could only be easily expressed for the whole of Rotherham and work was needed to make more data available at area assembly level
- Begin the process of reconfiguring services so that they addressed future needs. A better understanding was needed of how demand for services would increase in the future if we continued with current service models. We needed to demonstrate how much potential there was 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 was accessible to health and social care professionals so that they could gain greatest benefit. Work should be done on developing a web based JSNA, which was regularly updated and incorporated all the information from the DH dataset, and
- Bring together the JSNA and the Corporate Needs assessment so that there was clear demarcation and no duplication.

Resolved:- (1) That the JSNA be endorsed

(2) That the development of a web-based JSNA be supported.

Mark Scarrott, Finance Manager (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 actual expenditure to the mid February 2009 was £8.2m against an approved programme of £9.1m and since the last report there had been some further slippage. The latest forecast expenditure to the end of March was now £9m. 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 following information provided a brief summary of the latest position on the main projects within each client group.

Older People

The two new residential care homes were now fully operational.

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 procurement of equipment had now commenced which included lifeline connect alarms, low temperature sensors and fall detectors within peoples homes. It was anticipated that expenditure would continue to be incurred in 2009/10 and any balance of funding would 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 was being allocated across the independent residential care sector in accordance with the grant conditions and would be fully spent by the end of March 2009.

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 in the start of the refurbishment of the REACH Day Centre and the scheme was now due to commence in April 2009 which meant that the funding would be carried forward into 2009/10.

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 for the development of supported living schemes. Suitable properties continued to be identified and spending plans were being developed jointly with RDASH. It was now expected that this service would be commissioned in 2009/10 and would support the In-Patient re-Provision Exercise which was now at the formal planning stage. The possibility of funding equipment purchased for direct payments was also being considered to reduce the current pressures on the mental health revenue budgets. Further options were 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 would 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 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 2008 the Department of Health announced a new capital grant for Adult Social Care IT infrastructure over the next three years (£276k). Delays had been experienced in developing spending plans with RBT to integrate social care information across both health and social care and it was therefore forecast that the new grant would be carried forward into 2009/10.

Resolved:- That the Adult Services forecast capital outturn for 2008/09 be noted and received.

127. TRANSFORMING COMMUNITY SERVICES

Kim Curry, Director of Commissioning and Partnerships presented the submitted report which summarised the Department of Health's transformation agenda which focussed on patient choice, personalisation of services and diversity of provision.

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

There were a number of potential providers:

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

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

Once a clear separation between the PCT commissioning and provider functions had been achieved, a detailed implementation plan would need to be developed. The approval process for moving to particular organisational forms would vary, as different forms had 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 would be of interest to key interest groups, notably LINKs and the Social Care and Health Overview and Scrutiny Committee.

The Department of Health had established a timetable for implementation. From October 2009, PCT commissioning arms should have completed service reviews and a market analysis, and established and published 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 decided to maintain direct provision, it should periodically review its service quality, viability and any financial risks or risk to sustainable services.

NHS Rotherham were about to begin a review of all provider services according to the guidance and 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 and the Scrutiny function should be involved and ratify the decisions.

Resolved:- (1) That the Cabinet Member note the developments and risk to transforming the provision of NHS Rotherham provider services.

(2) That the Cabinet Member request that the Adult Services and Health Scrutiny Panel be consulted during the developments

(3) That the Cabinet Member request that the Adult Services and Health Scrutiny Panel consider NHS Rotherham provider services as part of the annual scrutiny review programme.

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

129. WARDEN SERVICE AND CARE ENABLERS SERVICE

Shona McFarlane, Director of Health and Wellbeing gave a presentation in relation to Housing and Support Services for Older People.

The presentation drew specific attention to:-

- Demographics and Changes in Aspiration
- Current issues
- Current model
- Service model
- Our plan for 2009/10
- What needs to happen
- Outcomes by 2010/11
- Risks and Mitigation
- Consequences of not doing this

A question and answer session ensued and the following issues were discussed:-

- Concerns were raised that warden services would be withdrawn and it was felt that this would be a detrimental move.
- Where the homecare service fitted in to the new structure. Members wanted to ensure that good services were not removed as part of the restructure.
- Whether consultation had taken place with the Trades Unions in respect of these proposals. It was confirmed that the Director of Independent Living and the Director of Health and Well-being would be meeting with the Trades Unions shortly to open up discussions.
- Who would be responsible for the new service? This would fall under the Director of Health and Wellbeing, and any budget set aside would transfer to that Directorate.
- Concerns were raised about possible redundancies as a result of the new service.
- It was suggested that an all member seminar be arranged in relation to the service to enable all elected members the chance to comment.
- How this service would affect the contract for the 80/20 split which was already in place. It was suggested that a report be brought to a future meeting in relation to finances and what the implications were in terms of the split and implications for commissioning.

- It was further suggested that the Cabinet Member receive regular progress reports in relation to this new service.

Resolved:- (1) That subject to the consultation and agreement with the Cabinet Member for Neighbourhoods the proposal to integrate the sheltered housing warden role and that of the domiciliary care enabler role be supported to lead to one service being delivered.

(2) That a detailed project plan be worked up to include an analysis of all financial and workforce implications, a risk register and communication and change management plan.

130. DATE AND TIME OF NEXT MEETING:- 6TH APRIL 2009

Resolved:- That the next meeting be held on Monday 6th April, 2009 commencing at 10.00 am.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care and Health
2	Date:	Monday 6 April 2009
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 February 2009 and forecast costs and income to 31st March 2009.

The current forecast for the financial year 2008/09 is an overall balanced budget after the approval by Cabinet on 21st January 2009 of a one off supplementary estimate of £1m to meet the overall budget pressures within Adult Services.

6 Recommendations

Members are asked to note:

The forecast balanced outturn against the revised budget for 2008/09.

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.
- 7.1.2 During the year there have been a number of budget pressures within the service, mainly in respect of the delays in implementation of shifting the balance of home care from in-house to the independent sector due to the decision 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 shows a projected balanced budget by the end of the financial year..
- 7.1.3 There still remains 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, home care as a result of delays in shifting the balance and increased energy costs within in-house premises.
- 7.1.4 These pressures are being offset by additional income from continuing health care funding, slippage on developing supported living schemes within learning disabilities, slippage on vacant posts within assessment and care management and outcomes from management actions identified through budget performance clinics.
- 7.1.5 This overall forecast outturn also includes 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 is now complete.

7.2 Current Action

- 7.2.1 Budget clinics with Service Directors and managers continue to take 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

The main risks are associated with balancing the budget within the cash limit available, achieving the savings proposals as agreed as part of the 2008/09 budget process and meeting additional pressures associated with the health and social care needs of the borough as indicated by the Joint Strategic Needs Analysis. For example, for Older People alone it will cost an additional £3.8m by 2011 to deliver the service in its present format.

The 2009/10 budget setting process has been designed to realise savings from the services which the Council delivers which could be commissioned in a more efficient way. The process has also identified priorities for investment into new services for safeguarding, services that help people to live independently, services for carers, personalised services and help for vulnerable people to access employment. This will improve outcomes associated with quality of life, increase service user choice and control, maintaining personal dignity and respect, economic well-being and efficient use of resources.

Management Action Plans continue to be developed to address the underlying budget pressures and the areas of risk described in section 7, including 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 the revised cash limited 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.

The CSCI Annual Performance Assessment 2008 report states that Rotherham has made significant and striking improvements, leaders are highly ambitious, 6 out of the 9 outcomes have improved and that Rotherham has made good progress around the commissioning and financial planning agenda.

CSCI also stated that progress to modernise the in house home care service has been slow and this area for development is being considered as part of the 2009/10 budget setting process. A CSCI Performance Assessment Excellence Plan is in place to address the areas for development.

Members should also note that the physical disability and safeguarding services will be subject to CSCI inspections in the Spring/Summer of 2009.

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.
- Report to the Cabinet on 21 January 2009 – Revised Estimates 2008/09.

The content of 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), *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 28 February 2009)									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		
(92)	Total Commissioning & Partnerships	12,718	12,621	(97)	(9,612)	(9,612)	0	3,106	3,009	(97)	4,736	4,644	(92)	Green	0	(92)	Green	1
	Assessment and Care Management :																	
(8)	- Physical & Sensory Disabilities	4,835	5,268	433	(640)	(1,109)	(469)	4,195	4,159	(36)	4,874	4,904	30	Red	0	30	Red	2
(763)	- Older Peoples Services (Indep)	26,545	26,334	(211)	(4,848)	(5,476)	(628)	21,697	20,858	(839)	22,690	21,917	(773)	Green	0	(773)	Green	3
(74)	Independent Living	1,752	1,673	(79)	(136)	(136)	0	1,616	1,537	(79)	1,750	1,676	(74)	Green	0	(74)	Green	4
	Health and Well Being :																	
1,259	- Older Peoples Services (In House)	20,010	21,385	1,375	(5,787)	(5,754)	33	14,223	15,631	1,408	17,306	18,573	1,267	Red	0	1,267	Red	5
(338)	- Learning Disabilities	21,428	21,290	(138)	(8,003)	(8,210)	(207)	13,425	13,080	(345)	14,482	14,100	(382)	Green	0	(382)	Green	6
16	- Mental Health	5,075	5,116	41	(956)	(1,009)	(53)	4,119	4,107	(12)	3,902	3,926	24	Red	0	24	Red	7
0	Total Adult Social Services	92,363	93,687	1,324	(29,982)	(31,306)	(1,324)	62,381	62,381	0	69,740	69,740	0		0	0		

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

NOTES	Reasons for Variance(s) and Proposed Actions
	<i>Indicate reasons for variance (e.g. increased costs or client numbers or under performance against income targets) and actions proposed to address the</i>
	<p>Main Reasons for Variance</p>
1	<p>Commissioning & Partnerships</p> <p>Pressures on Staff advertising budget offset by freeze on vacant posts to facilitate programme area restructure and management actions implemented to reduce the forecasted pressures on corporate costs.</p>
2	<p>Assessment and Care Management</p> <p><u>Physical & Sensory Disabilities</u></p> <p>Additional admissions to residential care - additional net 6 placements since April 2008 plus increase in short stays (£156k), Continuing health funding forecast (-£138k), Utilisation of grant funding brought forward (-£55k), slippage on vacant posts within Physical Disabilities Team (-£27k) additional maintenance costs at Kirk House (£31k), Independent sector Home Care overspend (£39k), ICES stock (£30k).</p>
3	<p><u>Older Peoples Services (Independent)</u></p> <p>Underspend on funding for clients with Preserved Rights (-£88k) Lower than anticipated demand for Intermediate care beds(-£68K) Current forecast underspend on Direct Payments (-£30k), EMI day care (-£23k) and car mileage (-£15k) Forecast overspend on OT service (£96k), additional HA income (-£157k), Inter authority assessments (-£20K), additional cost at manvers (£25K) Underspend on Independent Sector Homecare due to delays in shifting the balance (-£356K) plus slippage on vacant posts within assessment and care management (-£145k).</p>
4	<p>Independent Living</p> <p>Projected overspend on staffing costs at St. Ann's (£20K) offset by underspend on extra care housing (-£100K)</p>
5	<p>Health and Well Being</p> <p><u>Older Peoples Services (In House)</u></p> <p>Overspend on achieving the shifting the balance savings due to delays in implementation, further consultation with Trade Unions and employees in respect of revised terms and conditions (£1.1m), this is reduced by supplementary estimate and the underspend shown above on independent sector home care. Original forecast overspend within in-house residential care services due to increase in use of residential care bank and agency staff, increase in energy costs and reduction in income due to lower occupancy levels now offset by delay in opening new homes (-£189K). Projected recurrent overspend on management & admin cost (£61K) Increase energy costs within Residential and Day Care establishments & increase in transport costs (£92k). Consultancy cost for home care review (£45k), costs of early retirement/severance (£30K). Budget Shortfall on Laundry service (£88K), Pressure on Rothercare salaries & income shortfall (£96K)</p>
6	<p><u>Learning Disabilities</u></p> <p>Additional continuing health care income from health (-£202k), underspend on funding clients with Preserved Rights (-£37k), recurrent overspend on day care transport (£185k), slippage on start up of supported living schemes (-£224k), underspend on Direct Payments (-£14k). Underspend on Independent Homecare (-£17k)</p>
7	<p><u>Mental Health</u></p> <p>Underspend Assessment and Care Management due to slippage on vacant posts and additional income from health (-£59k) Projected overspend on Direct Payments due to increasing demand (£96k)</p> <p>Proposed Actions to Address Variance</p> <p>Budget performance clinics continue to take place on a monthly basis to monitor financial performance against approved budget.</p>

Performance
<i>(List key targets and RAG status- highlight impact of actions intended to address</i>
Physical Disabilities
CSCI service inspection April 2009 Performance indicator C29 - deteriorating position for physical disability users helped to live at home, subject to corporate performance clinics (Target 4.2 , Current performance 2.98)
Residential/Nursing Care
Performance indicator C72 - national target to reduce admissions (Target 89), year end prediction is 82.82). 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 1.93).
Home care
Performance indicator C28 - currently off target to increase performance compared to last year with additional and costly care packages. (Target 16, current performance 14.86)
Assessment and Care Management
Performance indicator NI 132 - indicator causing concern and subject to a performance clinic (Target 90%, current forecast 76.47%)
Direct Payments
Performance indicator NI 130/C51 - currently on track to exceed target for direct payments which will lever £360k in LAA performance reward grant in March 2009. (Target 165, forecast 272).

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet Member for Adult Social Care and Health
2.	Date:	6 April 2009
3.	Title:	Care Quality Commission (CQC) Inspection of Safeguarding and Physical Disabilities & Sensory Impairment
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

The Care Quality Commission (CQC) intends to undertake a joint inspection of safeguarding adults (all ages) and physical disability services at a time thought to be June 2009.

6. Recommendations

That Cabinet Member notes the joint inspection of safeguarding adults (all ages) service and physical disability and sensory impairment service by the Care Quality Commission.

That Cabinet Member receives a presentation on the Directorate's review of strengths and areas for development.

7. Proposals and Details

Inspection of Physical Disability and Sensory Impairment

This inspection does not have a KLoE but uses the 2006 Department of Health policy document 'independence, well being and choice' as the framework for inspections. The Care Quality Commission (CQC) will provide more details of the scope of the inspection when they inform us of the exact date.

Essentially this is an inspection of quality of life for people with physical disabilities and sensory impairment. It is a corporate and borough wide inspection and will assess evidence of leadership and partnership working which translates into outcomes.

There are six themes to the inspection;

- Universal services – will assess access to and quality of transport, leisure, shopping, employment, nightlife etc
- Promoting independence – will assess social care and health
- Preventative services – will assess social care, health, information and VCS
- Specialist Provision – will assess social care and health
- Care management styles – will assess social care
- Range of services – will assess social care and health

An internal review of the service has identified the following key strengths;

- LAA targets on independent living, employment and training
- Joint commissioning priorities agreed on management of long term conditions and intermediate care
- MTFS investment
- Joint Disability Equality Scheme in place
- Residential care costs are lower than average
- Investment into leisure facilities and increased DDA access
- Dedicated team to support people with head injuries
- High band performance for reviews and intensive home care
- 94% satisfaction ratings for adaptations similar to benchmarks
- Occupational therapy and decent homes delivery aligned to improve customer experience
- Centre of excellence for blue car badge
- Fair's Fayre multi agency stakeholder event for 4,000 users
- Emergency carers scheme
- Level 5 of the Equality Standard by the inspection

Our review identified the following areas for the improvement plan;

- Limited information available on needs of physical disabilities in the borough
- Expensive out of borough placements
- No clear strategic and commissioning approach to services
- Lower than average provision of home care, short term and respite services
- Occupational therapy contract
- Assessment waiting times behind national average
- Waiting lists for aids and adaptations
- Low performance for disabled workers

Inspection of Safeguarding (all ages)

This is an inspection of safeguarding vulnerable adults and will assess the quality of services for people with mental health needs, people with a physical disability or sensory impairment, older people and people with learning disabilities.

Like the inspection of physical disability services, this is also a partnership wide inspection. The assessment process will collect evidence of how we work with partners, the VCS and care providers to improve care standards and make people safer.

There is a KLoE (Key Line of Enquiry) for this inspection and the questions are;

- Is there an inter-agency framework for safeguarding adults?
- Has the CASSR specified in their contracts what they expect from providers to enhance the safety of vulnerable people?
- Are there clearly understood procedures for investigating individual cases of reported and/or suspected abuse of vulnerable adults?

An internal review of the service has identified the following key strengths;

- Clear Council/Board commitment about Safeguarding communicated to customers and staff.
- MTFs investment and Councillor Champion
- Safeguarding Board in place with revised performance and governance arrangements
- Multi agency procedures revised to comply with Department of Health 'No Secrets' guidance and recent CSCI national report
- Customer defined Service Standard in place
- Assessment Direct in place, one single number, for all referrals and groups
- All self funders informed of assessment direct number through leaflet
- Multi-agency safeguarding awareness raising week organised and waiting approval from safeguarding board on 26th March
- E learning programme and increased investment in staff training for in-house, partners and providers
- Text to Tell Service in place
- After care procedures in place including Victim Support.
- Safeguarding Team in place since December 2008.
- Currently recruiting to final 2 ½ posts.
- Protection Plans are accountable and SMART and signed off by Safeguarding Manager only.
- Serious Case Review protocol developed
- Risk assessments conducted on every referral taken
- Independent Management Review submitted for Highfield.
- How Safeguarded is Rotherham' Performance Report
- Home from Home in place testing quality of service in all residential and nursing homes, 5 homes tested so far – 38 to carry out in 2009/10.
- 'Eyes and Ears' campaign launched across all Assessment and Care Management used to inform safeguarding and contracting concerns.

Our review identified the following areas for the improvement plan;

- Number of referrals that we continue to receive are higher than the national average
- Progress with the Highfield serious case review
- Access and communication with CSCI
- Progress with implementing the Deprivation of Liberty legislation
- Quality of case management
- Progress with the multi-agency strategy

8. Finance

Some of the improvements identified have been assisted through the MTFs where the 2009/10 budget process identified increased investment in both of these service areas. £1.3m for services for people with physical disabilities and sensory impairment and £484k for a new safeguarding infrastructure.

There are a number of financial implications that may arise from review and improvement work associated with preparing for inspection. The Corporate Communications and Marketing Group have identified £23k to assist with the inspection process.

9. Risks and Uncertainties

There are a number of risks associated with these inspections and the implications that this has on the Annual Performance Assessment for Adult Social Care, for the Councils organisational assessment and for the borough's area assessment of Comprehensive Area Assessment (CAA). The inspections are part of the CMT Risk Register.

The inspections are corporate and partnership wide assessments. They are not just about adult social care and, in taking this assumption into account, we have developed a review and improvement programme that includes a focus upon adult social care services in addition to reviewing access and quality of universal services.

The inspection process includes a review of transport and leisure services in the borough. These have been identified as they are service user priorities, benchmarking has revealed that these are the corporate issues most likely to be assessed and are services which have either undergone or about to receive significant investment.

10. Policy and Performance Agenda Implications

The outcomes of the inspection of safeguarding and physical disability services will be an important feature of the Annual Performance Assessment judgement for adult social care and for CAA. The CAA process will assess quality of life for vulnerable people in particular and these inspections are therefore really important for our first CAA judgement in November 2009.

The Care Quality Commission (CQC) went live as the regulatory body for adult social care and health from 1st April 2009. CQC merges the previous regulatory and inspection functions of the Commission for Social Care Inspectorate (CSCI) and the Healthcare Commission, which regulated NHS organisations. The developing work programme of CQC suggests that the merged regulatory body will jointly assess the quality of services and commissioning arrangements. CQC is part of the CAA

mechanism and will identify 'red tags' and 'green tags' to feed into the Area Assessment and Organisation Assessment.

11. Background Papers and Consultation

Consultation

During the routine business meeting with CSCI on 27th March 2009, we were advised that we are likely to have a joint inspection towards the end of June. CQC will write to the Chief Executive informing him of the exact date of the inspection and providing 12 weeks notice period.

Governance arrangements have been established. These include a 'preparing for inspection' board which will oversee and coordinate the information flow between officers and the inspectors and onsite inspection process. There are also two separate Physical Disability and Safeguarding Improvement Groups which are tasked with implementing the improvement actions which have arisen from our self assessments. Chief Executives Directorate, NHS Rotherham and Neighbourhoods and Adults Services are represented.

Adult Services and Health Scrutiny Panel will receive copies of the review and progress with the improvement plans from April 2009.

Members, officers and partners will receive communication briefings throughout the inspection period.

Background Papers

Presentation (attached)

Care Quality Commission Reviews in 2009/10, CQC

'Independence, well being and choice' Department of Health, 2006

'No Secrets', Department of Health, 2006

Safeguarding Adults, CSCI, 2008

Review of transport in Rotherham, March 2009

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Neighbourhoods and Adult Services

Review of
Physical Disability and Sensory Impairment
&
Safeguarding services

CSCI Annual Performance Assessment Score

Areas for judgment	Grade awarded 2007	Grade awarded 2008
Delivering Outcomes	Good	Good
Improved health and emotional well-being	Good	Excellent
Improved quality of life	Adequate	Good
Making a positive contribution	Excellent	Excellent
Increased choice and control	Adequate	Good
Freedom from discrimination and harassment	Good	Excellent
Economic well-being	Good	Good
Maintaining personal dignity and respect	Adequate	Good
Capacity to Improve (Combined judgment)	Promising	Promising
Leadership	Promising	Excellent
Commissioning and use of resources	Promising	Promising
Performance Rating	2 stars	2 stars

Aims of the 2009/10 budget

- All adults are safer, feel safer and there is a reduction in the levels of abuse
- Increase the services and support available to carers
- Individualise services so that people have genuine choice and control
- Personalise services through individualised budgets
- Modernise services to maximise independence
- Reducing costs, improve quality and develop a wider range of services

Summary of Investments from 2009/10 budget

	Budget Area	Investment	£
1	Demographic pressures	Demographic pressures related to the provision of domiciliary care and residential care for people who are physically disabled	£290,000
2	Respite Care	Develop specialist respite care for people who are physically disabled	£250,000
3	Residential Care	Develop specialist residential care in Rotherham for people who are physically disabled.	£250,000
4	Direct Payments	Provision of Direct Payments for people who are Physically Disabled	£350,000
5	Equipment	Increase the provision of equipment for the disabled	£100,000
7	Staff	Establishment of a Safeguarding social work team, 2 Contract Assurance and Reviewing Officers to improving quality assurance and 2 specialist social workers for people who are physically disabled	£562,000

Neighbourhoods and Adult Services

Physical Disability
Self Assessment

Summary of Strengths (1)

- LAA targets on independent living, employment and training
- Joint commissioning priorities agreed on management of long term conditions, intermediate care
- Joint Disability Equality Scheme in place
- Residential care costs lower than average
- Investment into leisure facilities and increased DDA access
- Dedicated team to support people with head injuries
- High band performance for reviews and intensive home care
- 94% satisfaction ratings for adaptations similar to benchmarks
- OT and Decent Homes delivery aligned to improve customer experience
- Guide communicator scheme

Summary of Strengths (2)

- 80% of places rated good or better against national average of 68%
- Centre of Excellence for blue car badge
- Efficiency savings
- Fair's Fayre multi agency stakeholder event for 4,000 users
- One partner for adaptations
- Home Improvement Agency in place
- Customer Service Excellence
- Emergency carers scheme
- Level 4 of the Equality Standard and will achieve Level 5 by inspection

Summary of Weaknesses (1)

- Limited information available on needs of physical disabilities in the borough
- Expensive out of borough placements
- No clear strategic and commissioning approach to PD services
- No partnership agreement in place
- Lack of exercise and well being programmes
- Lower than average home care, short term and respite services
- Occupational therapy & intermediate care contracts not signed
- Lack of investment from supporting people (8%), carers grant (8% of grant) and prevention
- FACS criteria prevents 14,000 potential users access to universal services
- Back logs in the service, assessment waiting times behind national average
- Extra care not as successful as benchmarks

Summary of Weaknesses (2)

- Telecare investment slow
- Progress with market testing REWS
- Over spends on direct payments
- Helped to live at home deteriorating
- Huge waiting lists for aids and adaptations
- Low performance for disabled workers
- Small number of case studies for people being supported to access employment
- Safeguarding cases similar to the national average

Improvement Plan

- Review and make recommendations for improving access to transport and leisure services
- Increasing the amount of support and choices for people to remain at home
- Develop a commissioning approach to this user group by reviewing where placements have been made and contacting service users with new options
- Implement plans to spend the 2009/10 budget investments

Neighbourhoods and Adult Services

Safeguarding
Self Assessment

Background

- Currently rated 'good' by CSCI
- Our number 1 priority
- Substantial increase in referral rates
- New investment and dedicated team in place
- Recent reviews against the 'Key Line of Enquiry'
- Highfield Serious Case Review
- Recent increase in referrals and number of serious cases in nursing and residential homes

Improving Customer Access and Service Standards

- Clear Council/Board commitment about Safeguarding communicated to customers and staff.
- Customer defined Service Standard in place
- Assessment Direct in place, one single number, for all referrals and groups
- All self funders informed of assessment direct number through leaflet
- Out of hours service in place and communicated to service users
- Safeguarding Internet pages improved with on-line referrals
- Multi-agency safeguarding awareness raising week organised and waiting approval from safeguarding board on 26th March
- Road Banners costed up to target Hot Spot areas as part of safeguarding awareness week.
- Text to Tell Service in place
- Safeguarding leaflets produced in Rotherham's 5 key languages

Improving The Way We Manage Cases

- Safeguarding Team in place since December 2008 including admin. Currently recruiting to final 2 ½ posts.
- Safeguarding structure developed including Safeguarding Manager, Safeguarding Investigation Team, Safeguarding Co-ordinator and Contract Quality, which merges the CARO's function to ensure better joined up working
- New safeguarding SWIFT module in place to improve capturing of safeguarding cases.
- Protection Plans are accountable and SMART and signed off by Safeguarding Manager only.
- Housing are fully part of the process.
- Cases are only closed by Safeguarding Team Manager or PSW.
- Serious Case Review protocol developed
- Risk assessments conducted on every referral taken

Improving Performance and Quality

- Multi agency framework now in place
- Safeguarding Key Performance Indicators (KPI) – Single Rooms, No. of Referrals, Completed Cases, Staff Training Internal and Private Sector.
- Board Performance and Quality Sub Group in place, Weekly Safeguarding Team meeting with Performance on the agenda in place.
- Safer Rotherham Partnership included safeguarding KPI's as part of the full suite.
- Residential Home and Nursing Home League Table produced to identify problematic areas
- 'How Safeguarded is Rotherham' Performance Report

Put in place a trained and skilled workforce at all levels

- Multi-agency Safeguarding and Deprivation of Liberty Act Training and Development Officer in place.
- Members training programme well established, 25 members trained so far.
- 91% of NAS staff trained on e:learning.(Bronze)
- Bronze to Platinum Safeguarding Training Programme in place for all NAS staff
- All Safeguarding Team are trained in new SWIFT package
- Training programme being put in place in conjunction with NHS Rotherham for GP's
- Voluntary Sector training in place – basic awareness and refresher training
- Spend on safeguarding training achieved planned spend of 35%
- Training programmes include real customer case studies.
- Manager training programme in place (Gold)

Service Users are kept safe and in control

- Clear Council/Board commitment about Safeguarding communicated to customers and staff.
- CRB and career history checks and references for personal assistant are in place
- Text to Tell Service in place Implement routine checks on progress through care plan reviews
- After care service in place
- Dedicated team to improve customer experience
- Learning from customers approach in place
- Home from Home in place testing quality of service in all residential and nursing homes, 5 homes tested so far – 38 to carry out in 2009/10.

Improvement Plan

- Effective Deprivation of Liberties framework in place
- Joint multi-agency investigation in place
- Effective 'after care' procedures to support victims
- 'Learning from Customers' principles in place to inform prevention.
- Multi-agency 3 year Safeguarding Adults Strategy
- Safeguarding Adults Board Independent Chair
- Assess all Residential/Nursing Homes under the Home from Home Standard
- Strengthened approach to Every Contact Counts and Eyes and Ears across all agencies
- Outcomes from the 'No Secrets' consultation

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Adult Social Care and Health Cabinet Member
2	Date:	6 th April 2009
3	Title:	Park Lea Day Services
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

A report summarising the reasons why Park Lea was not suitable as a long term base and setting out proposals for the future of the service currently provided at Park Lea was submitted to Cabinet Member on 1st December 2008. It was resolved at the meeting:

- (1) That the transfer of services from Park Lea to other community bases and the action plan outlined in Section 8 be considered.
- (3) That a further report be presented to Cabinet Member following the consultation exercise.

This report outlines details of the consultation and proposed options.

6 Recommendations

That Members approve the proposals, as set out in the report.

7 Proposals and Details

The plan is to integrate the existing Park Lea services, service users and staff into Oaks and Addison services. This will be achieved by:

- developing the existing outreaches for older people at Oak Trees and developing a new outreach service for older people at St Johns Church Centre in Swinton, at Swinton Potteries in Swinton and at Bakersfield Court in Herringthorpe;
- increasing the number of places and days at existing outreaches currently provided by Oaks at St James Church Centre in Wath and Addison services at Durlston House;
- by increasing the number of places provided each day at the Elliott Centre and using the Elliott Centre as a Borough-wide service.

The new outreach service for older people will offer places to older people who currently use day services at Park Lea, Addison and Oaks and will provide a maximum of 45 places per day for older people who would like a shorter day and a more traditional day service in a quieter environment. The movement of people into this new outreach service for older people will provide 26 people who currently use Park Lea with a base. The new outreach will provide 45 places in total for older people who currently attend Parklea, Addison and Oaks. This movement will create places at both Addison and Oaks to provide a base for the remaining 53 people currently using Park Lea. The day service currently supports 75 people over 60 years of age, however, we do not intend to impose a restrictive age criteria as due to the nature of some individual's disabilities, they develop age related conditions earlier in life. Demographically, people with learning disabilities' life expectancy has increased through better health and social care.

The use of the Elliott Centre will be to continue to support complex individuals who are reliant on technology such as hoists, breathing apparatus etc. Young people coming through transitions who require intensive support will require an increase in staffing levels to meet the demographical changes, which have been highlighted in the medium term financial strategy. There remains the need for a multi-disciplinary approach in supporting complex individual's assessed needs, identified and taken into account in the consultation process with individuals and families.

Consultation

Consultation took place with a range of stakeholders including people who currently use day services, their carers / families, providers, community team workers, staff from across day services, Unions and the senior management team. Methods included individual meetings, individual letters, open day events at Addison, Oaks and the proposed new outreach service. Taster sessions at the proposed new venues were also set up. Two open meetings were held at each venue as well as individually arranged meetings which were well attended - in total over 50 carers and families took the opportunity

to visit either individually or at the open events. Carers were very positive and wanted to know how soon the proposed move would happen and service users have been attending different taster sessions weekly at both Oaks and Addison.

People directly affected by the proposed changes were consulted on an individual basis and provided with the options available to them. This consultation was completed by the most appropriate people eg key workers / managers or in some identified cases the Group Manager. All consultation meetings were recorded and confirmation letters will be sent to individuals confirming decisions reached following the approval of the proposals by Members.

Proposed Options

Option 1 - To attend the proposed new outreach service for older people

This option was offered and discussed with people who would possibly benefit from a quieter environment, a shorter day and a reduction in the days they currently attend day services. These people were identified by key workers and managers through the individual's person centred reviews and / or person centred plans, via the outcomes of the recent consultation on day services and staff's knowledge and understanding of the person. The proposed new outreach service was offered as the preferred option to 26 service users.

26 people have expressed a wish to transfer to the outreach service for older people.

Option 2 – To transfer to Addison / Oaks

People at Park Lea who are not being considered at this stage for the option of the new outreach service for older people were offered the choice of Oaks Day Service or Addison Day Service as their base. Addison and Oaks will endeavour to maintain the majority of the existing activities undertaken by people at Park Lea plus offering the opportunity to try new activities which were discussed in depth with individuals at the consultation meetings.

37 people were offered places at Oaks and 15 people were offered places at Addison. The action groups in both services have consulted the service users who already attend Oaks and Addison for their views regarding the proposed changes and the results were very positive, as old friendships would be renewed and new activities would be offered.

Service users at Addison who had been affected by the original move of service users for Eastwood were satisfied that the proposals would mean people would be coming to be part of Addison in the same way as any new person would attend Addison, not as had previously been experienced – ie where the whole of Eastwood, due to the emergency situation, had to suddenly go to Addison and be accommodated as a separate service.

Option 3 – To transfer to the Elliott Centre

A small number of people who currently use Park Lea have individual complex needs and these individuals and their families were offered the option of the Elliott Centre as a base.

4 people were offered the Elliott centre and 4 people wish to take up this option.

The consultation meetings have been very successful and no negative feedback has been received, in fact, the service has been praised by carers and families on how the consultation process has been delivered. Whilst people will be sad to move from Park Lea, both service users and staff are eager to move and are excited by the changes.

8 Finance

Overall the cost of the re-provision of these services has resulted in a balanced budget within day services.

The budget previously used to fund both the staffing costs and the running costs at Park Lea will be transferred to both the existing and new services. It is unlikely that any savings will be made as a result of this transfer of budgets.

Staffing budgets have transferred with the staff as they move to the other day services. However due to an increase in new Service Users accessing services for the first time, through transitions, this has resulted in a staffing increase of 6.6 new posts being needed. This has been funded through the medium term financial strategy as part of demographic budget planning.

The budget allocated to the running costs at Park Lea, have in the main, transferred to the other day services to fund the increase in costs to the remaining existing services. These costs relate to items such as, the costs of transport, provisions, administration and the costs associated to the new outreach service for Older People. The small amount of savings that has been made relating to utility charges is being used for the increase in transport costs.

Recent changes to the transport tenders being awarded to private hire companies has needed to be amended due to the change in travel arrangements for Service Users now going to the other day services. This has resulted in an increased annual cost of approximately £9800 which is being funded from the small amount of savings from Park Lea as highlighted above.

9 Risks and Uncertainties

- (a) Increasing number of people coming into the service at 18 – demand for short breaks during the day will put pressure on existing day service places.

- (b) Failure to provide carers / families with a substantial amount of day care will result in carer and family breakdown, and a resulting increase in demand for residential care and supported living schemes, with the resulting budget pressures.
- (c) We know from our work with younger families that they are no longer “committed to caring for life”. There is a real tension between the expectations of younger parents, who wish their sons and daughters to live an inclusive lifestyle, and the demands of the older more established group of carers. This latter group has had to fight historically for the few services to which they had access, and for a significant period of time day services were the only service they had access to. They perceive any attempt to change services as an attack or cut. This tension will need to be managed effectively as there is potential for negative publicity and challenge from either group of parents

10 **Policy and Performance Agenda Implications**

The Outcomes Framework indicates that the quality of care within a service is paramount to the safety, dignity, emotional well-being and quality of experience of customers.

The Strategic Objectives 2008 / 2011 set out a mission and vision to provide local integrated services so that people can exercise choice, retain their independence, be offered protection and have quality of access, and these proposals contribute to the delivery of this vision for people with a learning disability who live in Rotherham and contribute to achieving an excellent star rating.

These proposals assist the service to meet the challenges outlined in Valuing People Now and the current NHS agendas / developments.

11 **Background Papers and Consultation**

- Valuing People 2001
- Valuing People Now 2009
- Carers at the Heart of 21st Century Families and Communities 2008
- The National Health Service Constitution (draft for consultation, July 2008)
- Neighbourhoods and Adult Services Strategic Objectives 2008 / 2011

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Adult Social Care and Health Cabinet Member
2.	Date:	6th April 2009
3.	Title:	Single Line Management Structure for Intermediate Care Services
4.	Directorate:	Commissioning & Partnerships

5. Summary

The Intermediate Care Review and Joint Commissioning Strategy recognised that the development of a single line management structure for intermediate care services would ensure that there are clear lines of professional and operational accountability and service integration between health and social care professionals. This would also ensure that there are clear lines of communication between both organisations in order to provide an effective intermediate care service.

The Enabling Care Manager (ECM) employed by Neighbourhoods and Adult Services (NAS) and the Strategic Therapy Lead (STLA) within Rotherham Community Health Service (RCHS) have recently agreed to a single line management structure. This has also been endorsed by NHS Rotherham's Human Resources and Priority 2 Intermediate Care group on 12th February, 2009.

The Enabling Care Manager will become the single line manager for the single line management structure for intermediate care services. The ECM and STLA will work in partnership to deliver the objectives set out in the Joint Commissioning Strategy.

6. Recommendations

It is recommended that the Directorate Management Team:

- **Endorse the Protocol for Performance Management, Operational and Professional Accountability for Intermediate Care Services**

7. Proposals and Details

The Protocol covers reporting arrangements between the Intermediate Care Clinical Therapy Leads within Rotherham Community Health Service (RCHS) and the Enabling Care Manager employed by Neighbourhoods and Adult Services (NAS).

Intermediate care services include:

- Intermediate Care Assessment Beds (ICAB)
- Community Rehabilitation Team (CRT)
- Millennium Rehabilitation Day Care Centre

The Enabling Care Manager (ECM) is responsible for the delivery and management of Intermediate Care Services and has responsibility for the operational work pertaining to the Clinical Therapy Leads within the service.

The Protocol ensures delivery and adherence to the implementation of NHS Rotherham's Human Resources and Organisational Development Policies and Procedures including:

- Professional supervision and organisation communication.
- Annual/special leave.
- Sickness absence management.
- Travelling and subsistence expenses.
- Grievances, bullying and harassment.
- Disciplinary matters and capability issues.
- Health and safety.
- Learning and development.
- Flexible working.
- Equality and diversity in employment.
- Recruitment and selection.

The Enabling Care Manager will deal with complaints during monthly statutory visits which are then referred to the Local Authority's complaints procedure. Complaints that are received regarding therapy input are referred to NHS Rotherham's complaints procedure.

Operational Management

Operational management responsibility will be held by the Enabling Care Manager (ECM). One-to-two monthly meetings will be led by the Enabling Care Manager (ECM) and involve two Clinical Therapy Leads who will engage in two-way communication on operational issues affecting the delivery, capacity and performance of the intermediate care service.

Professional Supervision

For therapy staff professional supervision will be the responsibility of the Strategic Therapy Lead (STLA). One-to-one monthly meetings involving RCHS staff only will be held between Professional Lead OT and the Clinical Lead OT and Professional Lead Physiotherapist and Clinical Lead Physiotherapist. The Clinical Therapy Leads will be responsible for professional clinical supervision and operational management of therapists and designated support staff through one-to-one meetings or peer supervision.

RMBC Organisational Communication

Organisational communication will be the responsibility of the ECM and will be delivered through monthly business group meetings or one-to-two meetings.

RCHS/NHS Rotherham Organisational Communication

The Clinical Therapy Leads will attend the Adult Therapy Clinical Leads Group on a monthly basis and will be delivered through monthly intermediate care meetings.

8. Finance

There are no financial implications arising from implementing the single line management structure. The Enabling Care Manager and Strategic Therapy Lead (STLA) will work in partnership to deliver the objectives set out within the Joint Commissioning Strategy including the use of pooled budgets and the joint performance management framework in order to monitor the long-term impact on service users.

9. Risks and Uncertainties

There are a number of risks associated with non-endorsement of the Protocol for Performance Management, Operational and Professional Accountability for Intermediate Care Services:

- The management structure within intermediate care services would not be properly integrated and there would be a separation between health and social care professionals.
- This would have an impact on the performance of the service and the quality of care provided.
- This would have an impact on the care pathway for rehabilitation for people receiving support from intermediate care services.
- Understanding of whether the service was meeting the objectives set out in the Joint Commissioning Strategy.
- Service reconfiguration of the intermediate care service may be delayed.

10. Policy and Performance Agenda Implications

The Single Line Management Structure for Intermediate Care Services will have a positive impact on the following Adult Services Key Performance Indicators:

- NI 125 Independence for Older People through Rehabilitation/Intermediate Care
- NI 131 Delayed transfers of care from hospitals
- NI 132 Timeliness of social care assessments
- NI 133 Timeliness of social care packages
- NI 134 Number of emergency bed days per head of weighted population
- NI 139 Older People receiving support they need to live independently at home

11. Background Papers and Consultation

- JCS - Joint Commissioning Strategy
- ICR - Intermediate Care Review
- CGP - Clinical Governance Plan
- HR - NHSR Human Resources and Organisational Development Policies and Procedures

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