

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH

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

Date: Monday, 27 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 6th April 2009 (Pages 1 - 8)
5. Age Concern (Pages 9 - 19)
6. Petition - Extra Care Housing (Pages 20 - 24)
7. Adult Services Revenue Budget Monitoring Report 2008/09 (Pages 25 - 30)
8. Exclusion of the Press and Public
9. Rothercare Direct Service (Pages 31 - 38)
10. Home from Home (Pages 39 - 66)
11. Date and time of next meeting:- 8th June 2009

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 6th April, 2009

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

131. MINUTES OF THE PREVIOUS MEETING HELD ON 23RD MARCH 2009

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

132. 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 February 2009 and forecasts and income to 31st March, 2009.

The approved net 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 from in-house to the independent sector. This was 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 showed a projected balanced budget by the end of the financial year.

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, home care as a result of delays in shifting the balance and increased energy costs within in-house premises.

These pressures were 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.

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 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 to consider further options for managing expenditure within budget.

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

133. CARE QUALITY COMMISSION (CQC) INSPECTION OF SAFEGUARDING AND PHYSICAL DISABILITIES & SENSORY IMPAIRMENT

John Mansergh, Service Performance Manager and Dave Roddis, Service Quality Manager gave a presentation in respect of the Review of Physical Disability and Sensory Impairment and Safeguarding Services.

The presentation drew specific attention to:-

- The Inspection Process
- CSCI Annual Performance Assessment Score
- Aims of the 2009/10 budget
- Summary of Investments from 2009/10 budget
- Physical Disability Self Assessment
 - Summary of Strengths
 - Summary of Weaknesses
 - Improvement Plan
- Safeguarding Self Assessment
 - Background
 - Improving Customer Access and Service Standards
 - Improving the way cases are managed
 - Improvement Performance and Quality
 - Putting in place a trained and skilled workforce at all levels
 - Service users are kept safe and in control
 - Improvement Plan

A report was also presented which detailed the proposed joint inspection by the Care Quality Commission of safeguarding adults (all ages) and physical disability services.

Inspection of Physical Disability and Sensory Impairment

There were 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
- Preventatives services – will assess social care, health, information and VCS

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 06/04/09

- Specialist Provision – will assess social care and health
- Care Management styles – will assess social care
- Range of services – will assess social care and health

The 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)

There was a KLoE (Key Line of Enquiry) for this inspection and the questions were:

- Is there any 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?

The 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 CSCl
- Progress with implementing the Deprivation of Liberty legislation
- Quality of case management
- Progress with the multi-agency strategy

Resolved:- (1) That the Cabinet Member note the joint inspection of safeguarding adults (all ages) service and physical disability and sensory impairment service by the Care Quality Commission

(2) That the Cabinet Member receives the presentation on the Directorate's review of strengths and areas for development

(3) That the report and presentation be presented to the next Scrutiny Panel on 4th June, 2009.

134. PARK LEA DAY SERVICES

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which outlined details of the consultation and proposed options for the future of the service currently provided at Park Lea.

The plan was to integrate the existing services, service users and staff into Oaks and Addison services. This would 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.

Consultation took place with a range of stakeholders including people who currently used 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.

People directly affected by the proposed changes were consulted on an individual basis and provided with the options available to them. The 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 letter would 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

Option 2 – To transfer to Addison/Oaks

Option 3 – To transfer to the Elliott Centre

The consultation meetings had been very successful and no negative

5D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 06/04/09

feedback had been received. The service had been praised by carers and their families and whilst people would be sad to move from Park Lea, both service users and staff were eager to move and were excited by the changes.

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

- Where did consultation take place? Was it just at Park Lea or did it extend to service users and carers at Oaks/Addison? It was confirmed that consultation had been undertaken with users and carers at Park Lea only, and there had been no resistance to the proposals.
- A comment was made that carers at Oaks/Addison were not happy that service users were being moved around to accommodate Park Lea service users
- Whether the service had already started. Confirmation was given that instructions had been left that nothing would change until approval had been given by the Cabinet Member at this meeting.
- Concerns were raised about the proposal to reduce the service from a full day to half a day. The Director of Health and Wellbeing confirmed that there would be no reduction in service for anyone unless they requested it.
- Could Park Lea be used by the Council for other purposes in the future. The Director of Health and Wellbeing confirmed that this was being investigated and would be reported back at a future meeting.

Resolved:- (1) That the proposals set out in the report be approved

(2) That the report be presented to Scrutiny Panel on 4th June, 2009

(3) That a report be brought to a future meeting in relation to whether Park Lea could be utilised by the Council for other purposes in the future.

135. SINGLE LINE MANAGEMENT STRUCTURES FOR INTERMEDIATE CARE SERVICES

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in relation to a Single Line Management Structure for Intermediate Care Services.

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 were clear lines of professional and operational accountability and service integration between health and social care professionals. It would also ensure that there were 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) had recently agreed to a single line management structure and this had been endorsed by NHS Rotherham's Human Resources and Priority 2 Intermediate Care group.

The Enabling Care Manager would become the single line manager and would work in partnership with the Strategic Therapy Lead to deliver the objectives set out in the Joint Commissioning Strategy.

The Intermediate Care Services include:

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

The Protocol would ensure 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 would deal with complaints during monthly statutory visits which were then referred to the Local Authority's complaints procedure. Complaints were received regarding therapy input were referred to NHS Rotherham's complaints procedure.

Operational Management

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

Professional Supervision

The Strategic Therapy Lead would be responsible for the professional

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

RMBC Organisational Communication

The ECM would be responsible for organisational communication which would be delivered through monthly business group meetings or one to one meetings.

RCHS/NHS

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

Resolved:- (1) That the Protocol for Performance Management, Operational and Professional Accountability for Intermediate Care Services be endorsed.

(2) That the report be presented to the Scrutiny Panel on 4th June, 2009.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO KEEP MEMBERS FULLY INFORMED)

136. PETITION - CLOSURE OF MEALS ON WHEELS AND LAUNDRY SERVICES

Consideration was given to a petition received in respect of the proposed closure of Meals on Wheels and Laundry Services.

It was reported that there had been a misunderstanding in relation to this as there was no intention of removing these services, but to offer a better service to customers. All current service users were to be visited and their needs would be assessed. There was to be an all day event held at the Bailey Suite, where providers would be present to allow people to sample the food that would be on offer. For those who were unable to attend on this day arrangements would be made for them to be visited.

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

(2) That a response be sent to residents confirming that the services were not to be removed, but improved.

137. CARERS FORUM

John Mansergh gave an update in relation to the Carers Information Centre.

Members were concerned that the service was under threat of being withdrawn by the provider, which was unacceptable as it was an integral part of our organisation.

The Strategic Director for Neighbourhoods and Adult Services agreed to make contact with Jeanette Mallinder to resolve this issue.

138. DATE OF NEXT MEETING:- 27TH APRIL, 2009

Resolved:- That the next meeting be held on Monday 27th April, 2009 commencing at 10.00 am.

Age Concern Rotherham

Lesley Dabell
CEO, Age Concern Rotherham
April 2009



Introductions

- CEO since 1 December 2008
- Background in health and social care and in VCS
- Worked in Rotherham since 1995 – public sector and VCS
- Not OP specialist – role is to enable ACR to be a sustainable organisation to support OP in Rotherham communities



Who we are.....

- Local charity, affiliated to a national federation = we have to raise all of our own income locally in order to continue to exist.
- Membership organisation - run by and for people who live in Rotherham Borough.
- Our main offices and day centre are on St. Ann's Road and we have a One Stop Shop in the town centre.
- Local employer (59 paid staff - 9 full time and 50 part time – 93% of whom live in Rotherham).
- Support local participation - 49 local volunteers give 140 per week to help us to deliver our support to older people across the whole range of activities.



Our aims

The support and services that we provide aim to:

- Improve the quality of life of older people
- Reduce older people's social isolation
- Help older people to stay as healthy as possible for as long as possible
- Help people to live independently in their own homes for as long as possible
- Provide support to older people in residential care



What we do....

- Work for **all** older people in Rotherham by
 - a) providing services to them
 - b) advocating on their behalf as a partner in local planning structures
- 2008 – provided direct support to 8,000 people and estimate another 5,000 reached through outreach/ road shows etc.
- Target group for services starts at age 50 but many of our services are mainly accessed by older (70+) and more vulnerable people in Rotherham communities.



Providing services and support....

- Care and support – e.g. Linkline, Domestic Support, Hospital Aftercare, Handyperson, Daycare
- Preventitive – e.g. Advice and Information, Residential Care Advocacy, Winter Warmers, Let's Dance, Befriending



Working as partners....

- Involved in strategic developments and planning in Rotherham and support the success of local strategic aims that affect older people
- Represent the VCS and older people on planning groups e.g. Alive Partnership Board, Safer Rotherham Partnership
- Work supports implementation of a range of strategies including the LAA by:
 - supporting older people to live independently at home
 - providing support to carers
 - promoting community participation and cohesion through volunteering and intergenerational work



Future challenges - sustainability

- ACR as other VCS needs to plan for future sustainability
- Mixed economy of income
- Social enterprise?



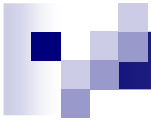
Future challenges - personalisation

- Choice is key element of future social and health care
- Need to make sure OP get the support they need to have **real** choice
- Learn from pilot sites and other areas
- ACR developing plans for provision of personalised care



Future challenges – population changes

- Rotherham has ageing population
- Resources are limited
- Challenge to all of us = help people to have a good quality of life in their later years
- Makes organisations like ACR more vital for Rotherham in the future



Any questions?

Thank you

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:-	Cabinet Members for Adults
2.	Date:-	27th April 2009
3.	Title:-	Petition – Extra Care Housing
4.	Directorate:-	Neighbourhood & Adult Services

5. Summary

A petition was received in January 2009 from tenants at Oak Trees Extra Care Housing Scheme primarily objecting to the proposed changes in relation to “care and support at home”. The main objection is around the proposed removal of the 24 hour on site care.

A further petition from Potteries Court Extra Care Housing Scheme tenants has recently been received in March 2009 also objecting to the proposed changes.

6. Recommendations

It is recommended that the Cabinet Member:

- **Note the report and the action taken to date**
- **Notes the outcomes of the consultation process**
- **Agrees to receive a further report in July evaluating how well the new arrangements are working at Bakersfield Court.**

7. Proposals and Details

- 7.1** Extra Care Housing should offer an alternative to Residential Care, helping older people to live independently for as long as possible. There are currently three schemes in operation in Rotherham, all built in partnership with Chevin Housing Association. The first scheme "Oak Trees Resource Centre" opened on April 3rd 2006 and the second scheme "Potteries Court" opened on April 16th 2007, and "Bakersfield Court" opened 9th March 2009.
- 7.2** As part of the on-going Extra Care Housing review which commenced in July 2008, a task group was initiated and comprised of different officers from Adult Social Care, Independent Living and Health and Wellbeing. This group has been looking at the current services delivered by RMBC at Potteries Court and Oak Trees and has benchmarked against other Registered Social Landlords and other local authorities to seek best practice in the delivery of care and support in Extra Care Housing. As a result of this it was found that Rotherham's approach to the way that services are currently delivered were in need of modernising.
- 7.3** The current staffing arrangement at Potteries Court and Oak Trees provides a team of Care Enablers who are based on site covering 24 hours, 7 days per week. The staff group are currently carrying out a dual role in relation to the delivery of both personal care and housing support. There is a dedicated team of night staff who are based at Potteries and Oak Trees; however there are no service users who receive planned care or support throughout the night.
- 7.4** The current staff group have spare capacity in that there are substantial numbers of hours available where no care and support are required. Although this fluctuates dependent on the changes in service users care packages, there is still an obligation to ensure that staffs resources are maximised.
- 7.5** Following discussions with the Director of Health and Wellbeing it was proposed that the Care Enablers should be transferred across to Health and Wellbeing to be managed as part of Domiciliary Care Services under the Registered Care Managers. This would allow spare staffing capacity to be used more flexibly as part of the broader Care Enablement service and would also see the care managed as part of the Council's registered domiciliary care service with the Care Quality Commission. It was also proposed that a separate staff group should be created to deliver dedicated Housing Support Services in Line with Supporting People expectations, and to make better use of the income being received from each tenant in relation to this service.
- 7.6** As a result, discussions took place with individual Care Enablers to explain the proposals and to obtain any preferences. The Housing Support Roles were also agreed through HR and were advertised on an expression of interest basis. These posts have been filled and are currently situated at

Bakersfield Court with a view to the roles working more flexibly across all the Extra Care Housing Schemes to facilitate the needs of all tenants Housing Support requirements.

- 7.7** Upon agreement of the separation of the Housing Support and Care services a consultation process commenced with tenants at Potteries Court and Oak Trees. This comprised of a letter to all tenants outlining the changes followed by a number of face to face meetings with tenants, family members and Local Councillors. The outcome of this consultation has so far resulted in resistance around the removal of the “on site” 24 hour care; even though very few residents have high care needs.
- 7.8** Tenants and family members have raised concerns around there not being a presence in the buildings 24 hours, 7 days per week. This was the most contentious issue and was primarily due to them not feeling safe, and not having someone there to pick up emergency calls through the warden control system immediately. The proposal had been to use Rothercare to replicate emergency response delivery in the community.
- 7.9** The concept of the Housing Support Team was however taken on board by tenants and most could see the benefits but felt they could not comment at this stage due to this being a brand new team.
- 7.10** Further consultation meetings were held by the Older Persons Housing Services Manager and the Senior Housing Officer of Chevin Housing. Tenants stressed again that they did not want to see any change and they were happy with the way care was delivered at present in Potteries Court and Oak Trees. The Older Persons Housing Manager explained the benefits of separating the Housing Support and Care and reiterated the reasoning behind this. It was also explained that the warden control systems at Potteries Court and Oak Trees would have the back up of Rothercare; and in the event that there was an emergency and no carer on site that Rothercare would respond. Tenants felt that this response time would not be quick enough and their views remain that an on site presence is needed 24 hours. Unfortunately this perception has perversely created a dependency model that goes against the ethos of independence that Extra Care services should promote. Expectations about responses in an emergency have become akin to residential care, rather than the response that should be supported to enable continued independence.
- 7.11** As a way forward, the delivery of the new arrangements will now be piloted at Bakersfield Court i.e there will be no dedicated staff team based at Bakersfield for care services, rather customers will be supported to access the services within the locality, which will include RMBC Care Enablers but also other independent sector providers. Further meetings on the outcome of this will be fed back to tenants at Potteries Court and Oak Trees in the next few months. This means for the immediate future there will be no change to the care arrangements at Potteries and Oak Trees.

7.12 It is proposed that the new arrangements at Bakersfield Court will be monitored and in July a further report will be submitted evaluating how well the new arrangements have worked with a view to rolling out this working practice to Potteries Court and Oak Trees.

8. Finance

8.1 If a presence was to remain in Extra Care Housing 24 hours this would mean that the cost of delivering no change to the current situation. At Potteries Court, the staffing group of Care Enablers equating to 464.50 contractual hours per week. At present, only 157.30 care hours are being delivered to residents per week. This means a surplus of 307.20 hours per week which is equivalent of £2,522 per week in staffing resources which are not being utilised.

8.2 At Oak Trees the situation is similar in that there is a staffing group of Care Enablers equating to 267 contractual hours per week. The amount of care and support that is delivered per week is 135.25. This leaves a surplus of 131.75 hours equivalent to £1,081 per week. In both cases, nearly twice as much service is being provided compared to the amount required.

8.3 If these hours were to be utilised in the community or absorbed in coverage across the Extra Care Housing Schemes this would utilise the surplus hours and make better use of the available staffing resources to their full potential.

9. Risks and Uncertainties

9.1 The review highlighted a risk in relation to the Care Enablers delivering personal care as whilst the staff group are situated in Independent Living there are no Registered Care Managers in this Directorate, and the current Registered Managers remain part of Health and Wellbeing. This has been mitigated by the changes that have been made by the separation of care and transferral over to Health and Wellbeing Directorate.

10. Policy and Performance Agenda Implications

10.1 Extra Care developments have been driven by a number of key government agendas, particularly the preventative agenda. The service has the potential to contribute to:

- Rotherham Alive and Rotherham Safe Themes within Rotherham's Community Strategy,
- OHOCOS Outcomes Framework – improved health and emotional wellbeing, improved quality of life, personal dignity and respect.
- Performance Indicator N136 – supporting people to live independently

- National Service Framework Standard 6 – “To reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen”.
- CSCI – Performance assessment (SAS).

11. Background Papers and Consultation

Extra Care Housing Strategy(2004-2007)
The Extra Care Housing Review – July 2008

Contact Name: **Kirsty Everson, Director of Independent Living**
Neighbourhoods and Adult Services
Tel: 01709 (82)3402
E-Mail: 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:	Monday 27 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 forecast of the Revenue Outturn for the Adult Services Department within the Neighbourhoods and Adult Services Directorate based on actual income and expenditure to the end of 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 shows a forecast balanced outturn against budget.
- 7.1.3 Budget pressures have continued within physical and sensory disabilities residential care 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, further 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 throughout the year.
- 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 including the decommissioning of the five residential care homes.
- 7.1.6 Further income and expenditure continues to be accounted for as part of the process of closing down of the 2008/09 accounts and the final outturn position will be reported to the Cabinet Member next month.

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 31 March 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	14,372	14,307	(65)	(9,636)	(9,679)	(43)	4,736	4,628	(108)	4,736	4,671	(65)	Green	0	(65)	Green	1	
	<u>Assessment and Care Management :</u>																		
30	- Physical & Sensory Disabilities	5,296	5,701	405	(422)	(729)	(307)	4,874	4,972	98	4,874	5,081	207	Red	0	207	Red	2	
(773)	- Older Peoples Services (Indep)	27,936	27,817	(119)	(5,246)	(5,826)	(580)	22,690	21,991	(699)	22,690	21,747	(943)	Green	0	(943)	Green	3	
(74)	<u>Independent Living</u>	1,896	1,816	(80)	(146)	(119)	27	1,750	1,697	(53)	1,750	1,645	(105)	Green	0	(105)	Green	4	
	<u>Health and Well Being :</u>																		
1,267	- Older Peoples Services (In House)	22,826	23,832	1,006	(5,520)	(5,210)	310	17,306	18,622	1,316	17,306	18,617	1,311	Red	0	1,311	Red	5	
(382)	- Learning Disabilities	22,691	22,522	(169)	(8,209)	(8,440)	(231)	14,482	14,082	(400)	14,482	14,082	(400)	Green	0	(400)	Green	6	
24	- Mental Health	5,186	5,410	224	(1,284)	(1,537)	(253)	3,902	3,873	(29)	3,902	3,897	(5)	Green	0	(5)	Green	7	
0	Total Adult Social Services	100,203	101,405	1,202	(30,463)	(31,540)	(1,077)	69,740	69,865	125	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

variance which produce the revised RAG status

Main Reasons for Variance

1 Commissioning & Partnerships

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.

2 Assessment and Care Management

Physical & Sensory Disabilities

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 (-£51k) additional maintenance costs at Kirk House (£31k), Independent sector Home Care overspend (£44k), ICES stock (£40k), 50/50 Occupational Therapy contract (£131K)

Older Peoples Services (Independent)

Underspend on funding for clients with Preserved Rights (-£90k) Lower than anticipated demand for Intermediate care beds(-£60K) Current forecast underspend on Direct Payments (-£18k), EMI day care (-£23k) and car mileage (-£20k) 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 (-£359K) plus slippage on vacant posts within assessment and care management (-£190k) LA share of intermediate care pooled budget underspend (-£93K).

4 Independent Living

Projected overspend on staffing costs at St. Ann's (£20K) offset by underspend on extra care housing (-£131K)

Health and Well Being

5 Older Peoples Services (In House)

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 (-£167K). Projected recurrent overspend on management & admin cost (£67K) Increase energy costs within Residential and Day Care establishments & increase in transport costs (£97k). Consultancy cost for home care review (£45k), costs of early retirement/severance (£30K). Budget Shortfall on Laundry service (£95K), Pressure on Rothercare salaries & income shortfall against budget (£125K) Reduction in vehicle leasing costs (-£107K), additional income from day care transport contracts (-£71K)

Learning Disabilities

6 Additional continuing health care income from health (-£176k), underspend on funding clients with Preserved Rights (-£31k), recurrent overspend on day care transport (£80k), slippage on start up of supported living schemes (-£281k), underspend on Direct Payments (-£8k). Underspend on Independent Homecare (-£17k), Overspend on Independent sector rescare (£208k), RTC fees (£20K) Changes to care packages (-£91k), increase in Supporting People Grant (-£84K), savings on Independent Day Care (-£56K)

Mental Health

7 Underspend Assessment and Care Management due to slippage on vacant posts and additional income from health (-£49k) Projected overspend on Direct Payments due to increasing demand (£130k) Underspend on Independent sector Homecare (-£52K)

Performance

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

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 2.9)

Residential/Nursing Care

Performance indicator C72 - national target to reduce admissions (Target 89), year end prediction is 76.75).
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 2.12).

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 75.99%)

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 276).

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