

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 6 November
2008

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence and Communications.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Breathing Space Update (Pages 1 - 2)
- presentation by Kay Vickerage
7. Direct Payments (Pages 3 - 6)
8. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 2 October 2008 (herewith). (Pages 7 - 12)
9. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 22 September 2008 and 6 October 2008 (herewith). (Pages 13 - 18)
10. Exclusion of the public and press
Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 2 of Schedule 12A to the Local Government Act 1972, as amended.

11. Modernisation Strategy - Update on New Build Residential Homes (Pages 19 - 25)

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

Membership:-

Chairman – Councillor Jack

Vice-Chairman – Barron

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

Co-opted Members

Mrs. I. Samuels, Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Taiba Yasseen, (REMA), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Lizzie Williams, Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and Pat Wade (Aston cum Aughton Parish Council)

What's new about the BreathingSpace beds



Background

The Breathing Space development at Badsley Moor Lane is a joint venture between NHS Rotherham and the Coalfields Regeneration Trust (CRT). It is a leading edge project to pilot innovative community based approaches to supporting people with Chronic Obstructive pulmonary Disease (COPD).

The day rehabilitation (started in May 2007) is proving very successful and provides for over 1000 new assessments each year with corresponding capacity within the innovatively structured day rehabilitation programmes, more than twice the original plan.

The beds

From October 6th 2008 the beds will provide a **specialist respiratory nurse led service** for patients with **acute** and chronic severe respiratory conditions:

- For people who experience an acute exacerbation of their condition that cannot be managed at home but where hospital admission is unnecessary (step up).
- Where the patient required emergency diagnostic services, early discharge or transfer from hospital to Breathing Space to enable therapeutic intervention to commence (step down).
- Short term nursing care and therapeutic intervention prior to discharge home
- Short stays for respite.

Why use the BreathingSpace beds

- Respiratory disease is a major cause of ill health and death in Rotherham. This proposal will help to address previously identified service gaps and improve quality of life for patients and carers.
- This is a safe, dedicated and highly specialised service with individualised specialist rehabilitation as part of the stay to increase functional independence.
- An opportunity for Rotherham to once again be at the cutting edge of clinical practice and provide leading levels of care for our patients.

The benefits for patients include

- Avoidance of the risks of hospital admission and dependency.i.e.; less exposure to infectious diseases common in hospital and encouragement of 'self help'
- More confidence to live with their condition
- A more personal, less clinical environment.
- Individual, private en-suite rooms
- Opportunity for partners to stay in room if required and to participate in care if desired
- Telephone helpline offering advice and support generally and during an exacerbation of their respiratory condition.

Physicians benefit by

- Having more options for the treatment of their patients.
- An evidence based service delivering measured outcomes
- Using a service that not only aims to improve the quality of life for that individual but has, at its heart, the needs of close family carers,
- Over time, reduced demand on primary and secondary care
- Specialist respiratory information on the end of a phone 24/7.

This is not just a safe substitute for hospitalisation, it can be more appropriate. At the same time, the health care pounds saved could fund other much needed services. Alternatives to acute care in a traditional hospital setting should benefit everyone.¹

¹ RJ Currie, based on the report: *Alternatives to Acute Care*: by [Carolyn De Coster](#), Sandra Peterson and Paul Kasian.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	6th November 2008
3.	Title:	Increased Budgetary Expenditure on Direct Payments
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

- 5.1 This report was considered by the Cabinet Member for Social Care and Health at his meeting on the 7th July 2008 with a recommendation that it be forwarded to the Adult Services and Health Scrutiny Panel for consideration.
- 5.2 The purpose of this report is to explain to Elected Members why Direct Payments are leading to extra costs for the Council.
- 5.3 In summary the main reasons for the pressures on Direct Payment budgets are as follows:-
- We are unable to disinvest quickly enough from traditional services to free up funding to reinvest in Direct Payments..
 - Financial pressures across the whole of the Adult Services budget have restricted the ability to shift funding into Direct Payments.
 - Direct Payments are being used as a top up to traditional services due to the lack of alternative, available options and innovative services.
- 5.4 These issues have been addressed through the Commissioning Strategy and the Medium Term Financial Plan. Some of the savings from “Shifting the Balance” will be reinvested into the personalisation agenda and Direct Payments.

6. Recommendations

- 6.1 That Scrutiny Panel members receive this report and note the contents.**

7. Proposals and Details

- 7.1 An analysis of expenditure, service delivery and demand patterns has been completed covering the financial years 2006/07 to 2008/09. This analysis identifies the reasons why expenditure levels for Direct Payments have increased and have not been contained within the overall Adult Social Care budget allocation.
- 7.2 Over this period an additional £1.2 m was invested into discrete Direct Payments budgets. At the same time an additional £7.8m was invested into residential care, home care and supported living including extra care housing. These investments funded service commitments, service developments and increases in the demand for services.
- 7.3 A further key finding from this analysis is that the Directorate's continued commitment to in-house, block contracted residential, home care and day care services has restricted the ability to use these budgets flexibly. For example if service users change to a Direct Payment the funding from their previous care packages cannot be transferred to the Direct Payments budget because the funding is tied up in the block contract. We are addressing this through a more flexible approach to contracting arrangements.
- 7.4 Direct Payments are being used as a top up to traditional services due to the lack of 'alternative options' that meet the changing needs and aspirations of our customers. We currently do not provide non-traditional services in house and our commissioning of such services is at an early stage. Consequently Direct Payments are being used to fund the transitional phase of service delivery in all sectors that we are currently in whilst we commission and reconfigure different types of services. Therefore we are "topping up" for extra more innovative and personalised services through Direct Payments.
- 7.5 Delivering services through Direct Payments is a more cost effective way to support individuals than traditionally contracted services and is keeping the overall budget pressure down. For example the average cost of a Direct Payment care package is £106 per week compared to a home care package of £140 per week. (Source, PSSEX1 Statutory financial return 2006/07). **However, when delivered in conjunction with traditional services, as described above, these savings cannot be realised.**

7.6 The delivery of the Commissioning Strategy Action plan over the next three years, transformation of services through the Social Care Reform agenda and shifting the balance of care to the independent sector will enable the Directorate to remove the 'double funding' effect referred to in paragraph 7.3 above. Funding available from these initiatives will be allocated across care budgets to support our plans to improve quality and shift resources from current service provision towards personalisation and services that promote independence.

8. Finance

8.1 The continual pressure across traditional service areas has restricted the Directorates ability to transfer funds from existing budgets to Direct Payments. In 2007/08 an additional £430,000 was invested into discrete Direct Payments budgets. At the same time, due to increased costs and demand for higher dependency services, an additional £2.15m was invested into domiciliary and residential care budgets.

8.2 The Direct Payments budget for 2007/08 was overspent by £76,000 (5%). An additional £192,000 has been added to the budget for 2008/09 to take account of budget pressures and planned increases in Direct Payments detailed in the Medium Term Financial Strategy. Performance on these budgets will be closely monitored as part of the established budget monitoring process.

8.3 Our recently agreed Commissioning Strategy sets out how the service will deliver better care and support services for people in Rotherham. However, its is recognised nationally that this is a major challenge and the Department of Health has responded through the development of a Green Paper for Older People and the new Social Care Reform Grant which helps Councils shift resources between services. The Government recognises that this takes time as is part of a major culture change. Rotherham's Social Care Reform Grant allocation is £470k, £1.01m and £1.31m over the next three years.

9. Risks and Uncertainties

9.1 Shifting the balance of services to the independent sector and reducing the reliance on residential care should enable budgets to be used more flexibly in the future. Funding issues need to be addressed in developing the strategy for the implementation of Individual Budgets.

10. Policy and Performance Agenda Implications

10.1 The provision of Direct Payments to our customers assists the Local Authority to meet key objectives set out in the Outcomes Framework:

- **Improved Quality of Life** Services promote independence and support people to live a fulfilled life making the most of their capacity and potential.
- **Economic Well-Being** People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.

11. Background Papers and Consultation

11.1 Local Authority Circular Transforming Social Care LAC (DH) (2008) 1

Contact: Doug Parkes, Business, Finance and Commissioning Manager, Extension 3927, email doug.parkes@rotherham.gov.uk

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 2nd October, 2008

Present:- Councillor Jack (in the Chair); Councillors Blair, Clarke, Doyle, Hodgkiss, Wootton and F. Wright.

Also in attendance were Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Lizzie Williams and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

Apologies for absence were received from Councillors Hughes, St. John, Samuels and J. Mullins.

185. COMMUNICATIONS.

Councillor Jack announced that co-optees would be offered the opportunity of a mentoring service from elected members on the panel. She asked if anyone was interested in taking up the offer, they should contact Delia Watts.

Councillor Jack reported that Russell Wells, the co-optee from the National Autistic Society had suggested that the Panel receive a presentation on the Adults with Autism in England. A suggestion was made that this be programmed into the Members' Seminar Programme and that co-optees be invited to attend.

Councillor Jack also suggested that there be a Members' seminar given by Cheryl Henry, the new Domestic Violence Co-ordinator.

186. DECLARATIONS OF INTEREST.

There were no declarations of interest.

187. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no members of the public and press present.

188. CONSULTATION ON PROPOSALS TO IMPROVE MENTAL HEALTH SERVICES

Chris Stainforth, Director of Finance, NHS Rotherham gave a presentation in relation to consultation on proposals to improve mental health services.

NHS Rotherham had been planning improvements to mental services in line with best practice guidance for some time, but had delayed making the required changes due to problems finding suitable inpatient accommodation which was affordable and met the needs of users. These issues had now been overcome and it was possible to progress to

consultation around the premises proposals and the shift of emphasis from inpatient to community services. The consultation would be run jointly by NHS Rotherham, Rotherham Doncaster and South Humber Mental Health, NHS Foundation Trust and Rotherham Metropolitan Borough Council. It was proposed that the PCT commissioned new mental health service models for both adults of working age and older adults that would focus upon bringing more services into the community. This would incorporate a new build project which consolidates specialist inpatient services for older adults on the Rotherham Foundation trust site. The needs of the adult inpatient service would be met by a refurbishment and a partial new build on the Swallownest Court site.

The options which had previously been considered included:-

- Refurbishment of the existing RFT site accommodation rather than a new build
- New builds for both older people and adults on the RFT site
- Maintenance of the current level of community services

However these were discounted for a variety of reasons.

The consultation aimed to ensure that the modernisation of service met the whole needs of users and carers including fast convenient access to community services and facilities that aid rehabilitation and respect dignity.

The formal consultation started on 16 September 2008 and it was anticipated that it would last for 12 weeks. It was endorsed by the Cabinet Member for Adult Social Care and Health on 8 September 2008. The PCT Professional Executive supported the consultation at their meeting on 3 September 2008 and the RPCT Board at their meeting on 15 September 2008.

The consultation would involve patients, the public and all key stakeholders.

It was anticipated that the delivery of the proposals would improve recovery, rehabilitation and the quality of life of service users. The new and refurbished accommodation would meet the specific health and social care needs of users, family and carers and the integration of services across the care pathways would enable equal access for adult users.

Questions were then addressed to Chris Stainforth, Mel Turton (Mental Health Commissioning Manager, NHS Rotherham), Richard Banks (Director of Integrated Governance and Performance, RDASH) and Tracey Clarke (Commercial Development Director, RDASH). The following issues were discussed:

- The type of mental health conditions that would be treated under the new arrangements. It was confirmed that a full range of mental

illnesses would be treated in 3 wards. One ward would deal with severe mental illness and the other two would deal with dementia type illnesses.

- Whether the general public would be safe if mental health patients were being cared for in the community. Each case would be risk assessed and any patient who was deemed to be dangerous would be housed in the secure unit.
- Whether mental health staff were trained to recognise other physical health problems
- Whether it would be possible to put patient information and signage into plain English to help people to understand what is happening to them and where they need to go for their treatment
- The size and layout of the new wards. There would be three wards each comprising 15 single rooms with ensuite facilities
- There were no plans to change the Local Authority provision at Clifton Court or the day services provided from there
- The timescales for building works at Rotherham Hospital and Swallownest. It was hoped that this would be completed within 2 years
- Whether the additional investment of £500k was a one-off payment or whether it was an increase on the annual budget. Confirmation was given that the payment was a one-off.
- Whether new proposals would be sufficient to cater for the expected increase in the number of dementia sufferers. The health trust representatives were not able to give a definite answer to this question, but pointed out that the reduction in in-patient beds was not as great as in other areas and that the new buildings were designed to be flexible to adapt to future needs.

The group then discussed the questions contained within the report on pages 20 to 22, and gave the following answers:

1. **Do you agree that our plans for changes to mental health services will help people to stay at home, or in community settings, for as long as possible?** Yes
2. **Do you agree with plans to develop new state-of-the-art mental facilities for adults and older people?** Yes
3. **Do you have any other ideas for improving and modernising mental health services in Rotherham that we should consider?**
Training. Allow service users the option to look around prior to the facilities being opened
4. **Do you think that these proposals will fit with the aims of other services and organisations who are working to improve mental health services and support for people in Rotherham?**
Yes
5. **We plan to invest significant extra resource into mental health services for adults of working age and for older people. Are we investing in the right things?** Yes (by majority of members)

Members of the panel requested feedback on the consultation and it was

agreed that a report would be brought back in February/March 2009.

189. CONSULTATION ON THE PROPOSED NHS CONSTITUTION

Steve Turnbull, Head of Public Health presented the submitted report which explained the background to the current consultation on the new NHS Constitution. Further background was provide by Keith Boughen from NHS Rotherham and a Department of Health video explaining the context for the draft constitution.

The Department of Health had published a draft NHS Constitution to coincide with Lord Darzi's review of the NHS and the 60th anniversary of the setting up of the NHS. It outlined the core principles and values of the NHS for the next generation, whilst setting a clear direction for the future. It reaffirmed rights to NHS services, free of charge and with equal access for all and it enshrined patient rights to choice and to NICE-approved drugs recommended by clinicians.

The draft Constitution had been developed from the bottom up, with active engagement of staff, patients and the public. The next step in the process was a public consultation on the contents of the draft Constitution and how to put them into practice. This would run until 27 October 2008.

The Constitution aimed to provide clear statements of how the NHS works and what patients and staff could expect from it for the next 10 years. In addition there was a draft Handbook that described what underpinned each of the statements. In the case of rights this would usually be a legal basis; in case of pledges, this was in the form of a set of actions or commitments which the NHS would strive to achieve. It was suggested that the handbook be revised every three years.

Although consultees could comment on any aspect of the proposals, responses were specifically invited on the following questions:

- Should all NHS bodies and NHS-funded organisations be obliged by law to take account of the NHS Constitution?
- Do you think that the Government should have to renew the Constitution every 10 years?
- Are there any important principles missing?
- Should values be included in the Constitution?
- Is it useful to bring together all the key patient rights and pledges?
- Are responsibilities and expectations of patients and the public appropriate?
- Is the list of staff pledges right?
- Is the description of staff responsibilities right?
- How should all this be communicated to patients, the public and staff once it becomes law?
- How can we all make sure it leads to better NHS services?

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

- Whether human rights had been consulted in relation to the protection doctors and nurses received in respect of allegations by patients
- What measures were in place to prevent the spread of MRSA via staff uniforms. It was confirmed that guidance had been put in place recently in relation to staff dress to address this problem
- The need for the Constitution to focus more on the wellness agenda
- Lack of clarity about what is behind the suggestion that NHS resources are used 'fairly'
- No mention of whether patients should be allowed to 'top up' the health services provided by the NHS
- NICE guidance was sometimes applied differently to different patient groups
- How often the constitution would be reviewed and whether a new Government would have any bearing on this. The Constitution was expected to be in place for 10 years, but be revisited after 3 years.
- No mention of any right for patients to have a say in how services were developed
- The need for possible sanctions against patients who breached their responsibilities to be spelt out
- How the public would be informed of the existence of the Constitution. There would be a large marketing and communications drive from the Department of Health, but local PCTs would also have a role in communicating locally to ensure local engagement.
- Would like the Constitution to include a commitment to Plain English principles for all communications from the NHS
- Concerns about the reliability of TNT to deliver appointment letters to patients on time. It was agreed that this issue would be raised with the Foundation Trust.
- Concerns about the length of time that the PALS process took
- What (if any) sanction would there be against patients who did not fulfil their responsibilities, as outlined in the Constitution?
- Please that the consultation documents included a Plain English summary

Resolved:- That Delia Watts would submit the comments made by the Panel to the Department of Health.

190. REVENUE OUTFURN 2007/08, 2008/09 PERFORMANCE AND BUDGET

Shona McFarlane, Director of Health and Wellbeing gave a presentation in relation to the Revenue Outturn 2007/08, 2008/09 Performance and Budget

The presentation drew specific attention to:

- 2007/08 Revenue Outturn
- Changes in 2007/08
- Resources
- Monies received from Medium Term Financial Strategy Investment bids
- MTFS Savings Summary
- Demographic/Demand Pressures
- Present Policies Budget
- Service Priorities 2008/09
- Key Objectives – Service Plan
- Budget Monitoring 2008/09
- Challenges for the Council in setting the 2009/10 Budget

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

- Whether the underspend of £634k in relation to Learning Disabilities would influence the amount of funding received from the NHS in future. Shona confirmed that all funding was given based on a strict criteria. If the criteria was met then funding would be made available.
- Whether the budget was robust and whether it delivered on the Council's priorities. Shona confirmed that all requests/demands were challenged robustly and monitored by the Director of Housing and Neighbourhood Services.

191. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 4 SEPTEMBER 2008

Resolved:- That the minutes of the meeting of the Panel held on 4 September 2008 be approved as a correct record for signature by the Chair.

192. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 8 SEPTEMBER 2008

Resolved:- That the minutes of the meeting of the Cabinet Member and Advisors for Adult Social Care and Health held on 8 September 2008 be received and noted.

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 22nd September, 2008

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

Apologies were received from Councillor P. A. Russell.

40. MINUTES OF THE PREVIOUS MEETING HELD ON 8 SEPTEMBER 2008

Resolved:- That the minutes of the meeting held on 8 September 2008 were approved as a correct record.

41. CAPITAL EXPENDITURE MONITORING REPORT

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

The actual expenditure to mid August 2008 was £5.5m against an approved programme of £7.8m. The approved schemes were funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding.

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

Older People

The construction of the two new residential care home was estimated to be completed by mid-October with full decommissioning of existing homes by the end of December. EDS were project managing the scheme and had forecast an overall overspend on the project. A report was submitted to the Corporate Management Team on 8 September 2008 requesting additional funding for completion of both homes and this had been supported. The report would now go to Regeneration and Asset Board and the Cabinet for the final decision.

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

A small element of the Department of Health specific grant (£20k) issued

in 2007/08 for improving the environment within residential care provision was carried forward into 2008/09.

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 was now complete. There had been delays in the start of the refurbishment of the REACH Day centre due to insufficient funding. Further funding options were being explored together with a review of the contract specification.

Mental Health

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

Management Information

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

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

- Whether there were any plans for converting the residential homes into the resource centres. It was confirmed that there were only plans to consolidate the services at Copeland and Charnwood.
- Concerns were raised that the people of Rotherham would not be receiving the services they required as a result of this. A request was made for a report to be brought to a future meeting outlining what the service users wanted and how it was proposed that those services would be delivered.

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 22/09/08

- Planning permission had been given for a change of use at Addison Day Centre. A discussion took place as to what this was. It was confirmed that with the growth in the number of people being treated with Autism it was necessary to move to larger premises.

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

42. SERVICE PLAN 2008/11

Kim Curry, Director of Commissioning and Partnerships gave a presentation in relation to the Service Plan 2008/11.

The presentation drew specific attention to the most relevant objectives which were:-

- Objective 1 – To Improve access and standards of service where performance compares less well with the best
- Objective 3 – To increase affordable housing and make better use of available housing assets to create lifetime homes
- Objective 4 – Modernising Services so that they are designed in a way which maximises people's independence
- Objective 5 – Helping more people to live at home
- Objective 6 – Improve Services for Carers
- Objective 7 – Increasing awareness of safeguarding and reducing cases of abuse

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

- With the backlog for social care work now completely cleared, a query was raised as to what measures were in place to ensure that this continued. It was confirmed that the target for undertaking the assessment was 5 working days, and 10 working days for completion of the task.
- Concerns were raised about the continuing backlog for community occupational therapy. As a result, a request was made for regular reports to be made available at each meeting in order to monitor the situation.
- Whether there was the same number of Occupational Therapists now as there had been at the same time the previous year.
- Concerns were raised about the indicator relating to homecare packages which was not performing well.
- Concerns were raised about the accommodation strategy. It was agreed that RBT would be asked to do a presentation on the accommodation strategy to a future meeting.

Resolved:- (1) That the content of the Service Plan be noted

(2) That regular updates be received in relation to the waiting list and waiting times for Community Occupational Therapy assessments

(3) That RBT be asked to bring a presentation to a future meeting in relation to the Accommodation Strategy.

43. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 2 of Schedule 12A to the Local Government Act 1972, as amended.

44. HIGHFIELDS NURSING HOME - UPDATE

Sam Newton, Director of Assessment and Care Management gave the Cabinet Member and Advisors an update in relation to the recent closure of Highfields Nursing Home at North Anston.

She outlined the sequence of events which had led to the closure of the home and confirmed that South Yorkshire Police were investigating the matter further.

45. DATE AND TIME OF NEXT MEETING:- 6 OCTOBER 2008

Resolved:- That the next meeting be held on Monday 6 October 2008 commencing at 10.00 am.

**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 6th October, 2008**

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

Apologies were received from Councillor Barron.

46. MINUTES OF THE PREVIOUS MEETING HELD ON 22 SEPTEMBER 2008

Resolved:- That the minutes of the meeting held on 22 September 2008 be approved as a correct record.

47. CUSTOMER SERVICE CENTRES - UPDATE

At the previous meeting Councillor Gosling asked for an update in relation to the accommodation strategy, in particular future plans for Wath Town Hall.

Mark Gannon, Transformation and Strategic Partnerships Manager reported that there was a Customer Access Strategy in place which looked to bring all Customer Access Points to the same standard. This would include looking at projects and transferring services to allow a uniform service for all residents of Rotherham, no matter which office they attended.

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

- There had been a draft report circulated some time ago regarding cash offices which had caused concerns for the members and customers and was therefore not taken forward. It was confirmed that the intention was to extend the services rather than reduce them, and this was in the process of being formalised.
- Whether the access teams were to be moved from Wath to Rawmarsh upon completion of the new building. Sam Newton confirmed that access teams would be relocated but that there were no plans to move the adult social work teams out of Wath.

48. REVENUE BUDGET MONITORING 2008/09

Mark Scarrott, Service Accountant (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 August 2008.

The budget monitoring report for Adult Services showed there were some emerging budget pressures, with a projected net overspend of £283,000

to the year end. This excluded the financial impact of any management actions that were currently being identified at the finance clinics to mitigate this forecast overspend.

The latest year end projections showed there were budget pressures on Direct Payments, within Physical and Sensory Disabilities and Mental Health services. Other projected overspends included additional unforeseen placements into residential care for clients with Physical and Sensory Disabilities and overspends within employees budgets including increased use of in-house residential care bank staff and an overspend within domiciliary care management and administration teams over and above budget. The increase in energy costs was being monitored across all directorates within the Council.

These pressures were being partially offset by additional income from continuing health care placements and delays in start up of supported living schemes within Learning Disability services.

To mitigate the financial pressures within the service all vacancies continued to require the approval of the Service Directors. Budget clinics with Directors and managers were now taking place on a monthly basis to monitor financial performance against approved budget and to consider potential options for managing expenditure within budget.

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

- Whether staffing levels had been established for the new homes. It was confirmed that interviews had now taken place and all positions had been offered at management level.
- Concerns were raised at the increasing level of overspend and members asked what was being done to rectify the situation. Tom Cray reported that budget clinics had been held and savings of over £400k (for the whole NAS Directorate) had been identified and were being finalised before being included in the next monitoring reports. It was agreed that the most up to date figures on identified savings would be made available to the Cabinet Member following the meeting.
- Whether the position in relation to direct payments was improving. It was agreed that further analysis would be undertaken in time for the next meeting.

49. DATE AND TIME OF NEXT MEETING:- 20 OCTOBER 2008

Resolved:- that the next meeting be held on Monday 20 October 2008 commencing at 10.00 am.

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

Document is Restricted

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of the Local Government Act 1972.

Document is Restricted