

## **CABINET MEMBER FOR HEALTH & SOCIAL CARE**

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

**Date: Monday, 8th June, 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 (as amended March 2006).
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence
4. Minutes of the previous meeting held on 27th April, 2009 (Pages 1 - 8)
5. Champion for Physical Disabilities and Sensory Impairment (herewith) (Pages 9 - 10)
6. Representation of the Council on Outside Bodies 2009/10 (Pages 11 - 12)
7. Home Closure Rothwel Grange (Pages 13 - 28)
8. Access All Areas (herewith) (Pages 29 - 32)
9. Personalisation Plan and Action Plan (herewith) (Pages 33 - 62)
10. Revenue Outturn Report 2008-09 (herewith) (Pages 63 - 83)
11. Capital Outturn Report 2008-09 (herewith) (Pages 84 - 87)
12. The Supporting People (SP) Programme (herewith) (Pages 88 - 121)
13. Voluntary and Community Sector Review (herewith) (Pages 122 - 129)
14. 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 I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any person (including the Council)).

15. LAC (DH) (2009) 3 – Charges for Residential Accommodation Guidance - Amendment No 28 (herewith) (Pages 130 - 140)

**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH**  
**Monday, 27th April, 2009**

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

Apologies for absence were received from Councillors P. A. Russell and Jack.

**139. MINUTES OF THE PREVIOUS MEETING HELD ON 6TH APRIL 2009**

Resolved:- That the minutes of the meeting held on 6<sup>th</sup> April, 2009 be approved as a correct record.

**140. AGE CONCERN**

Lesley Dabell, Chief Executive of Age Concern gave a presentation in relation to the work of Age Concern.

The presentation drew specific attention to:-

- Introduction
- Background information
- Our aims
- What we do
- Providing service and support
- Working as partners
- Future Focus
- Future challenges – sustainability
- Future challenges – personalisation
- Future challenges – population

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

- It was felt that the Council had been unfairly criticised by the press for the withdrawal of funding in relation to Age Concern Rotherham. Lesley confirmed that as the new Chief Executive of Age Concern Rotherham she would be working with the Council to provide a better service for the older people of Rotherham.
- What work was being undertaken in respect of hospital aftercare? Lesley confirmed that they were working closely with the PCT on a 2 year pilot which the PCT were funding.
- How did the services of Age Concern Rotherham differ for those of organisations such as Rothercare. Age Concern offered a short term intervention offering intensive support to people after they were discharged from hospital and to link them into longer term support such as Rothercare after that if they needed it.

Members thanked Lesley for her presentation.

**141. PETITION - EXTRA CARE HOUSING**

Kirsty Everson, Director of Independent Living presented the submitted report in relation to the petitions received in respect of Extra Care Housing.

The first scheme "Oak Trees Resourced Centre" opened on 3<sup>rd</sup> April, 2006 and the second scheme "Potteries Court" opened on 16<sup>th</sup> April, 2007, and "Bakersfield Court" opened 9<sup>th</sup> March, 2009.

The current staffing arrangements at Potteries Court and Oak Trees provided a team of Care Enablers who were based on site covering 24 hours, 7 days per week. The staff group were currently carrying out a dual role in relation to the delivery of both personal care and housing support. There was a dedicated team of night staff who were based at Potteries and Oak Trees; however there were no service users who received planned care or support throughout the night.

The current staff group had spare capacity in that there were substantial numbers available where no care and support were required. Although this fluctuated dependent on the changes in service users care packages, there was still an obligation to ensure that staff resources were maximised.

Discussions were held with the Director of Health and Wellbeing and it was proposed that the Care Enablers 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.

Discussions took place with individual Care Enablers to explain the proposals and to obtain any preferences. The Housing Support roles were also agreed and were advertised on an expression of interest basis.

A consultation process took place with tenants at Potteries Court and Oak Trees, which 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 had so far resulted in resistance around the removal of the "on site" 24 hour care; even though very few residents had high care needs. This perception went against the ethos of independence which Extra Care services should promote. Expectations about responses in an emergency had become akin to residential care, rather than the response that should be supported

to enable continued independence.

The most contentious issue raised was that there would not be a presence in the buildings 24 hours, 7 days per week. This was due to people not feeling safe, and there not being anyone to pick up emergency calls through the warden control system immediately. The proposal was to use Rothercare to replicate emergency response delivery in the community.

The concept of the Housing Support Team was taken on board by tenants, who could see the benefits but felt unable to comment at this stage due to it being a new team.

The delivery of the new arrangements would now be piloted at Bakersfield Court. This would mean that there would be no dedicated staff team based at Bakersfield but that customers would be supported to access services within the locality. This would include RMBC Care Enablers and other independent sector providers.

Further meetings on the outcome of this would be fed back to tenants at Potteries Court and Oak Trees in the next few months. This means that there will be no changes to care arrangements at Potteries and Oak Trees for the immediate future.

The new arrangements at Bakersfield Court would be monitored and a further report would be submitted in July evaluating how they had worked with a view to rolling out the working practice to Potteries Court and Oak Trees.

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

- Concerns were raised that to continue with the current service at Oak Trees and Potteries would have an adverse effect on the budget set for the next financial year. It was confirmed that the medium term financial strategy had taken into consideration the current situation and costs would actually be reduced within the budget if they were to be run the same way as Bakersfield Court.

Resolved:- (1) That the report and the action taken to date be noted

(2) That the outcomes of the consultation process be noted

(3) That a further report be brought to the Cabinet Member in July, evaluating how well the new arrangements were working at Bakersfield Court.

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided 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 approved net revenue budget for Adult Services for 2008/09 was £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.

During the year there had 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 21<sup>st</sup> January 2009 Cabinet approved a revised estimate for the service of £1m and the latest report showed a forecast balanced outturn against budget.

Budget pressures had 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.

These pressures were 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.

This overall forecast outturn also included 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.

Further income and expenditure continued to be accounted for as part of the process of closing down of the 2008/09 accounts and the final outturn position would be reported to the Cabinet Member next month.

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

#### **143. 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 items of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

**144. ROTHERCARE DIRECT SERVICE**

Kirsty Everson, Director of Independent Living presented the submitted report which provided Members with an update on the progress made in respect of Rothercare Direct and also set out a proposal to further develop the service going forward.

Resolved:- That the Cabinet Member note the progress being made to deliver the new service and agree the developments proposed for the service, including restructuring staff roles where required.

**145. HOME FROM HOME**

Dave Roddis, Service Quality Manager presented the submitted report in relation to Home from Home, a new and innovative way of raising standards in contracted residential and nursing care homes in Rotherham.

Two Pilot assessments were completed at Melton Court and Layden Court and the report documents the learning from these.

Following the success of the pilots the main Home from Home programme had now started with services prioritised on the basis of risk and the following homes had had assessments and reports completed:

- Cherry Trees
- The Abbeys
- Athorpe Lodge
- Laureate Court
- Moorgate Croft
- Swinton Lodge
- Ackroyd Clinic
- Moorgate Lodge

Resolved:- (1) That the learning from the pilot be noted

(2) That the Home from Home programme be delivered in 2009 on each contracted residential and nursing care home in Rotherham, and the quality premium be paid from October 2009 following completion of assessments of each home.

(3) That a quarterly update report be submitted to the Cabinet Member commencing in June 2009.

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

**146. PERSONALISATION**

Tom Sweetman, Innovation Manager gave a powerpoint presentation in respect of Personalisation.

The presentation drew specific attention to:-

- Government Agenda
- What Personalisation means
- What its about
  - People
  - Services
  - Partnerships
  - Vision
- What will need to change
- Where did it begin
- Guiding Principles
- What does it mean for Members
- Key Role for Members
- Feedback
- Conclusions
- The Way Ahead
  - Personalisation Plan
  - Two days in May
  - Rotherham's Greatest Hits
  - Involvement of Staff
  - Consultation, Consultation, Consultation
  - Strive to be the best in the country.

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

- Members felt that there were a lot of services which the council could offer to the people of Rotherham instead of going out to outside agencies. The Council needed involve more people around the table when making decisions, ie Trades Unions and Elected Members
- A concern was raised that people would be assessed on what they wanted rather than what they needed. The Director of Health and Wellbeing confirmed that the Council aimed to deliver what the customer needed in the way that they wanted.
- Concerns were raised that there was no mention of carers within the presentation and it was felt that they were a crucial part of the personalisation agenda.

Members thanked Tom for his presentation which they found very informative.

**147. IMPROVING ACCESS TO ADULT SOCIAL CARE SERVICES FOR BLACK AND MONORITY ETHNIC OLDER PEOPLE**



Shona McFarlane, Director of Health and Wellbeing presented the submitted report which informed Cabinet Members of progress made in increasing awareness and take up of Adult Social Care Services for older people from Black and Minority Ethnic (BME) communities as a result of a 6 months pilot undertaken at Rotherham General Hospital.

The methodology for this was by interview/questionnaire which were undertaken by staff with the relevant communication skills who attended the hospital 2 mornings each week, working with the Hospital Assessment & Care Management team to identify older people from BME communities who had been admitted into hospital.

The was to focus on the Pakistani community who were identified in the Rotherham 2001 census as the largest BME group with specific focus upon the older people from that community. The Older People group were chosen as performance management information systems identified that there was a disproportionate under representation of this population in proportion to older people in Rotherham who accessed assessments and subsequent service provision.

There was sufficient evidence to suggest BME communities accessed services at crisis point. The hospital setting was chosen as the preferred way of identifying and engaging vulnerable BME customers who from past initiatives had been/were difficult to engage with, and because of their current circumstances be more likely to require support and meet the eligibility criteria for assessment and support services whilst in hospital.

A total of 59 interviews were undertaken and enquiries were made by customers for information on health and social care services which included services for Carers, Direct Payments, BME Day Care, Memory Clinic, Intermediate Care, Meals on Wheels and community based service provision by the Voluntary/community sector.

The outcomes had been grouped by emerging themes as follows:

- Knowledge/awareness of Adult Social Care Services
- Access to services
- Assessment of care management
- Social care needs
- Carers issues

### **Outcomes**

- Four care packages were currently in place and clients receiving services (approx 10% of patient sample)
- Identification of the need for service to be extended for a further 6 months phase commencing April 2009

The action plan would address both how services would be changed and

evaluate the success in improving access to information and services for BME older people and what hospital needs to address as a result of the research project.

Resolved: (1) That it be noted that the NAS PAF E47 was off target for achieving best percentage performance for 2008/09

(2) That it be noted that NAS PAF E48 had exceeded best percentage performance for 2008/09

(3) That the development of a partnership approach with the Rotherham NHS Foundation Trust to implement the protocol that would increase service take up be supported.

**148. DATE AND TIME OF NEXT MEETING:- 8TH JUNE 2009**

Resolved:- That the next meeting be held on Monday 8<sup>th</sup> June, 2009 commencing at 10.00 am.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Health &amp; Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>8 June 2009</b>
<b>3.</b>	<b>Title:</b>	<b>Champion for Physical Disabilities and Sensory Impairment</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Neighbourhoods and Adult Services</b>

**5. Summary**

5.1 This report seeks to create the role of a champion for Physical Disabilities and Sensory Impairment and to nominate a member to undertake that role.

**6. Recommendations**

**6.1 That Cabinet Member:-**

- (i) **Agrees to the creation of a Champion for Physical Disabilities and Sensory Impairment.**
- (ii) **Nominates a Member to undertake this role.**

## 7. Proposals and Details

7.1 Cabinet Members can promote champion roles within their respective programme areas..

7.2 Set out below is a draft generic champion job description that can be used as the basis for further discussions on specific champion responsibilities

- needs an up to date understanding of Council and partner issues affecting area concerned
- needs and authoritative basis on which to speak about relevant issues outside of the Council (a basis that does not imply leadership nor impinge on the Cabinet Member role and accountability)
- cannot commit the Council
- will work to promote awareness of respective issues within and with the Community
- will advise Officers and Members
- cannot work outside the political management or executive arrangements
- should not be a media contact

7.3 To perform their role effectively, the “Champion” will be briefed by relevant officers.

## 8. Financial Implications

There are no financial implications.

**Contact Name:**

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Rotherham Metropolitan Borough Council

Cabinet Member for Health and Social Care

8<sup>th</sup> June, 2009

REPRESENTATION ON OUTSIDE BODIES

To determine membership of Panels and Groups etc for 2009/2010

MONTHLY VISITS OF INSPECTION TO ADULT SERVICES ESTABLISHMENTS

All Members of the Adult Services and Health Scrutiny Panel

Senior Advisor, Health and Social Care

Advisor, Health and Social Care

Chair, Performance and Scrutiny Overview Committee

All other Members of the Council

RENEWAL OR DISCHARGE OF GUARDIANSHIP ORDER PANEL

Councillor Doyle, Cabinet Member for Health and Social Care

Chair, Adult Services and Health Scrutiny Panel

Vice-Chair, Adult Services and Health Scrutiny Panel

CONTRACTING FOR CARE FORUM

Councillor Doyle, Cabinet Member for Health and Social Care

Senior Advisor, Health and Social Care

Chair, Adult Services and Health Scrutiny Panel

DOMESTIC VIOLENCE FORUM

Chair, Adult Services and Health Scrutiny Panel

Advisor, Health and Social Care

Councillor G. A. Russell

Other Nominations determined by the Cabinet Member for Health and Social Care – 2009-2010

Champion for Older People, Adult Protection and Vulnerable Adults

Councillor Walker

Champion for Carers

Councillor R. S. Russell

Champion for Learning Disabilities

Councillor P. A. Russell

Community Liaison Group for Wath Wood Hospital

Councillor Gosling

Learning Disabilities Partnership Board

Councillor P. A. Russell

Regional Forums of the National Executive of the Homecare Council  
Councillor Doyle

R-DIS, Rotherham Disability Information Service  
Councillor P. A. Russell

Rotherham Advice and Information Network – Board of Management  
Councillor Jack

Rotherham Alcohol Advisory Service  
Councillor Burton and Service Manager, Mental Health

Rotherham Women's Refuge  
Councillors Jack and P. A. Russell

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	<b>Meeting:</b>	Cabinet Member for Health and Social Care
2	<b>Date:</b>	8 <sup>th</sup> June 2009
3	<b>Title:</b>	Home Closure Rothwel Grange
4	<b>Directorate:</b>	Neighbourhoods and Adult Services

## 5 Summary

The purpose of this report is to advise Elected Members of the outcome of the recent consultation exercise that has been undertaken at Rothwel Grange regarding the in principle decision to close the home.

Consultation has taken place with residents, relatives, staff and trade unions on these proposals over a period of approximately 6 weeks to ascertain their views on the proposed closure. Whilst there has been some concerns raised by all those likely to be affected by these proposals, relatives have been reassured and are all now accepting that the move will take place. Relatives have all now requested that residents be moved to a new home of their choice as soon as is possible.

Details relating to the scope of consultation undertaken in respect of these proposals have been maintained on an evidence file at the home, which is available for scrutiny by elected members and others if required. A summary of responses is included in this report for Members information.

## 6 Recommendations

- **It is recommended that following on from this appropriate period of consultation with residents and relatives at Rothwel Grange that a decision is now made to finalise the closure of this establishment**
- **That approval is given for the closure of Rothwel Grange by December 2009 in line with budget objectives previously proposed by Elected Members**
- **That approval is given to transfer Intermediate Care Provision to a Unit within one of the new residential care homes by December 2009.**

## **7 Proposals and Details**

As a result of the consultation exercise undertaken in this establishment it is now appropriate to request a final decision to close Rothwel Grange. Consultation has taken place with residents, relatives, staff and trade unions on these proposals over a period of approximately 6 weeks to ascertain their views on the proposed closure. There was considerable understanding from all those that we have consulted, with of the economic reasons why this home can no longer continue to operate as a viable service. This is due in the main to low occupancy levels and the upgrade costs that would be required to fully meet Care Standards Act 2000 requirements.

Whilst there has been concerns raised by all those likely to be affected by these proposals relatives have advised that they wish for residents to be moved to a new home of choice as soon as is possible.

Staff Members and their Trade Union Representatives have raised concerns in relation to redeployment opportunities. 1 to 1 meetings will be held with staff on site the first week in May to explore staff preferences and available options that may be open to them upon the closure of the home. A protocol for these meetings has been agreed with the Trade Unions and Human Resources consistent with the Council Policy on redeployment of staff.

Comments made by residents and relatives include:

“We need to get these assessments done straight away and get them moving we need to start looking and moving now not later before the places are taken”.

“We are obviously worried and feel for our families as we have built up a lot of trust with the unit and have had some great response on an individual basis for our mother. We trust the staff implicitly and worry that mum will deteriorate if unsettled and moved. Staff are aware of mothers/problem when she has a flare up and if she was placed somewhere else they would transfer her to hospital when it happened which would result in mother being extremely ill so you can see we are very unhappy with the decision.”

A social worker has been allocated at the request of all relatives to undertake a review of the needs of all residents to facilitate the transfer of all long stay residents to new homes as a matter of priority.

## **8 Finance**

Failure to endorse this decision could result in identified budget savings of £138,000 for this financial year not being achieved.

There will be costs associated with the closure of the home, linked to the requirement to secure the building should another use for it not be found prior to closure date. Discussions have already taken place with Asset Management Officers who are now aware of the possible closure.



## 9 Risks and Uncertainties

There are currently only 7 long stay residents living at the home. Relatives of these residents have indicated a desire for these individuals to move from the home as soon as is possible. Service users are currently being reassessed in order that suitable provision can be established to meet any identified health care needs and secure an appropriate placement to meet their needs.

This is an unsettling time for the residents who remain in the home and it therefore important that any move is dealt with in a timely and dignified manner to minimise the impact on the individuals involved.

Staff redeployment opportunities will be limited due to the recent opening of the two new homes and this could result in some redundancies for staff if insufficient vacancies cannot be found or generated through Voluntary Early Retirement.

A key risk is that there will be insufficient bed spaces at one of the new homes by December 2009 to accommodate the new Intermediate Care Service. There are currently 6 vacancies at Davies Court, and now at Lord Hardy Court. Vacancies are being held, and used for respite provision, to maintain occupancy, but there is no guarantee that sufficient vacancies will arise in the meantime. In mitigation, efforts will be made to secure Intermediate Care facilities within the independent sector on a short term basis until there is sufficient space at Davies Court to effect a transfer.

There is a risk that this closure and transfer of service will be seen in a negative light by media, following recent experience with the meals on wheel and laundry service. . A positive briefing and information giving process will be implemented to ensure that the positive news story is communicated prior to the service having any impact.

## 10 Policy and Performance Agenda Implications

The proposals are in keeping with the Modernisation Agenda and the principles of personalisation.

The proposals are in line with making better **use of resources** and will contribute to the following Performance Indicators through the transfer of Intermediate Care Services to one of the new homes:

NI 124- People with a long term condition supported to be independent and in control of their condition

NI 125- Achieving Independence for older people through rehabilitation/intermediate care

## 11 Background Papers and Consultation

Meetings have been held with staff and their trades union representatives and with families and residents currently residing in the home throughout the latter end of March 2009 and April 2009. Records of these consultation meetings have been collated and are available for Members consideration in the Members Lounge prior to the commencement of this meeting.

Individual meetings with staff have been held in early May with trades unions representatives and a fortnightly meeting has been set up with the Director of Health and Wellbeing, human resources, senior managers and trades union representatives to ensure that there is effective communication between all parties.

An Equalities Impact Assessment has been completed and is attached.

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# EQUALITY IMPACT ASSESSMENT

## PROPOSED CLOSURE OF ROTHWEL GRANGE

# Equality Impact Assessments

## Step 1 – Responsibility and involvement

**Policy/procedure or proposal:** Proposed closure of Rothwel Grange

**Name of Lead Officer (service/business manager) completing the assessment:**

David Stevenson (Enabling Care Manager)

**Job Title and Ext. No:** Enabling Care Manager Ext 2610

**Service area:** Health and Well Being      **Date:** 11<sup>th</sup> of May 2009

**Directorate:** NAS

**List others involved in the assessment:**

## Step 2 – Identify aims/objectives of policy/procedure or proposal

No.	Question
1	<p><b>What are the aims/objectives of the policy/procedure or proposal and the intended outcomes?</b></p> <p>The business objective is the proposed closure of Rothwel Grange to achieve financial efficiencies for the Council and also utilise the greatly improved facilities at one of the new build residential care homes in the delivery of intermediate Care. This will lead to an increase in bed numbers from 12 to 15 and the building is also fit for purpose and complies with Care Standard Act requirements.</p> <p>Rothwel Grange currently does not meet these standards and ultimately could not be upgraded without substantial capital funding.</p>
2	<p><b>Are there any associated services, policies or procedures?</b> <span style="float: right;"><b>Yes</b></span></p> <p><b>If ‘Yes’ please list below</b></p> <p>Intermediate care provision is provided at Netherfield and other Intermediate Care Services are available across the Borough. These are due to be restructured shortly as part of the Strategic Review of this service.</p>
3	<p><b>Are any other organisations involved in the delivery of the service or project?</b></p> <p>Rotherham NHS operates this service in conjunction with the Local Authority as part of a pooled budget arrangement.</p>
4	<p><b>How and where will information about the service, policy/procedure or proposal be publicised? Is this information available in other languages and formats if requested?</b></p> <p>Consultation events have taken place and records held detailing these events. Information in different languages and formats are available upon request.</p>

No.	Question
5	<p><b>List the main people, or groups of people, that this policy/procedure or proposal was designed to reach or benefit, and any other stakeholders.</b></p> <p>Intermediate Care Services are available in the community for adults aged 18 and over and aged 55 and over in a residential setting</p>

### Step 3 – Consultation

No.	Question
6a	<p><b>What have service users/non-users or other stakeholders (including employees) already told you about the policy or proposal and any negative impacts? Who has been consulted and what methods were used?</b></p> <p>Face to face meetings have been held with residents and relatives to advise them of the proposal to close the home. Additional consultation has occurred on a one to one basis with relatives and social work representatives.</p> <p>Relatives have advised that whilst they have concerns about the closure they can understand that the building needs high level investment and have asked for their relatives to be moved to a new home of choice.</p> <p>Employees have met with senior management and also had one to one meetings with a senior management representative. Clearly they are anxious about their own future but also acknowledge that the service as it stands is not viable. Trade Unions have been actively involved in all these meetings and supported their members during all if these meetings.</p>
6b	<p><b>If you have not carried out any consultation, or if you need to carry out further consultation, who will you be consulting with and by what methods?</b></p> <p>No further consultation is planned.</p>

## Step 4 – Monitoring and Research

No.	Question
7a	<p><b>How do we know whether our service or project is accessible all groups?</b></p> <p>The service is accessed by a range of individuals with ordinary residence in the Rotherham Area. These include people with sensory impairments or disabilities and from a range of ethnic origins. Information leaflets relating to the service have recently been updated and are available in a range of languages and formats if requested. Buildings used are DDA compliant and as such are accessible to any customer regardless of any presenting disability or impairment.</p>
7b	<p><b>If there is a lack of information, what research will be carried out, and for which groups?</b></p> <p>We constantly monitor outcomes of the service we provide and have high levels of customer satisfaction with the service. We believe we can meet the needs of any individual referred to our service regardless of any disability or ethnic origin. Through our rigorous monitoring arrangements we monitor outcomes for our customers and learn from their feedback to ensure we continually improve the services we provide.</p>
7c	<p><b>If this is a new policy, or one that is not currently monitored, what are the arrangements to begin monitoring the actual impacts of the policy? (To go in action plan)</b></p> <p>Not applicable</p>

## Step 5 – Impact assessment

No.		Question		
		Actual or potential negative impact, unmet needs or barriers	Actual or potential positive impact or ways in which the policy promotes equality	Actual or potential impact of the policy on community cohesion and community relations
1	<b>Women or men</b>	As a result of these proposed changes it is not anticipated there will be any negative impact on women or men accessing Intermediate Care Services as these will be commissioned at one of the new homes. There is a negative impact for long stay customers as they will be required to move to a new residential care home.	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Residents and relatives have chosen to seek a new home of choice which is their right and clearly demonstrates equality of access to service.	This in principle decision has in the main been accepted by the individuals directly affected by these proposals however the general public's perceptions could lead to a lack of confidence in the Council's ability to meet the social care needs of the people of Rotherham.
2	<b>People from different ethnic groups</b>	As a result of these proposed changes it is not anticipated there will be any negative impact on People from different ethnic groups accessing Intermediate Care Services as these will be commissioned at one of the new homes.	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Equality of access to these services applies to all individuals ordinarily resident within Rotherham.	It is not anticipated that this proposal will have a negative impact on this customer group.



No.		Question		
3	<b>Disabled people or people with a long-term limiting illness or condition</b>	As a result of these proposed changes it is not anticipated there will be any negative impact on Disabled people or people with a long-term limiting illness or condition accessing Intermediate Care Services as these will be commissioned at one of the new homes.	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Equality of access to these services applies to all individuals ordinarily resident within Rotherham.	It is not anticipated that this proposal will have a negative impact on this customer group.
4	<b>Lesbian, gay or bisexual people</b>	As a result of these proposed changes it is not anticipated there will be any negative impact on lesbian, gay or bisexual people accessing Intermediate Care Services as these will be commissioned at one of the new homes.	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Equality of access to these services applies to all individuals ordinarily resident within Rotherham.	It is not anticipated that this proposal will have a negative impact on this customer group.
5	<b>Older people</b>	As a result of these proposed changes it is not anticipated there will be any negative impact on older people accessing Intermediate Care Services as these will be commissioned at one of the new homes.	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Equality of access to these services applies to all individuals ordinarily resident within Rotherham.	This in principle decision has in the main been accepted by the individuals directly affected by these proposals however the general public's perceptions could lead to a lack of confidence in the Councils ability to meet the social care needs of the people of Rotherham.

No.	Question			
6	<b>People with caring responsibilities</b>	As a result of these proposed changes it is not anticipated there will be any negative impact on people with caring responsibilities accessing Intermediate Care Services as these will be commissioned at one of the new homes.	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Equality of access to these services applies to all individuals ordinarily resident within Rotherham.	This in principle decision has in the main been accepted by the individuals directly affected by these proposals however the general public's perceptions could lead to a lack of confidence in the Councils ability to meet the social care needs of the people of Rotherham.
7	<b>People from different faith groups</b>	As a result of these proposed changes it is not anticipated there will be any negative impact on people from different faith groups accessing Intermediate Care Services as these will be commissioned at one of the new homes.	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Equality of access to these services applies to all individuals ordinarily resident within Rotherham.	It is not anticipated that this proposal will have a negative impact on this customer group.
8	<b>Trans people</b>	As a result of these proposed changes it is not anticipated there will be any negative impact on trans people accessing Intermediate Care Services as these will be commissioned at one of the new homes.	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Equality of access to these services applies to all individuals ordinarily resident within Rotherham.	It is not anticipated that this proposal will have a negative impact on this customer group.

No.		Question		
9	Young people	Not applicable young people do not utilise these services	Intermediate Care Services will be delivered in a building which is fit for purpose and fully DDA compliant. Equality of access to these services applies to all individuals ordinarily resident within Rotherham.	It is not anticipated that this proposal will have a negative impact on this customer group.

## Step 6 – Equality Action Plan

### Neighbourhoods and Adult Services – Rothwel Closure Action Plan

Complete	On Target	Off Target with Remedial Action	Off Target
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Action No	Action	Lead Officer	Timescale	Progress
1	In principle decision made by Elected Members to close Rothwel Grange	Elected Members	9 <sup>th</sup> of March 2009	Decision made in principle subject to consultation with residents and relatives
2	Letters sent to residents, relatives and staff informing them of the in principle decision to	Shona McFarlane David Stevenson	10 <sup>th</sup> of March 2009	Completed
3	Meeting on site with staff to inform them of the in principle decision	David Stevenson	11 <sup>th</sup> of March 2009	Completed
4	Meeting on site with residents and relatives to advise them of the consultation process required to be undertaken before any final decision can be taken by Elected Members	Shona McFarlane David Stevenson	18 <sup>th</sup> of March 2009	Completed
5	Allocation of dedicated social worker to meet with families and relatives to consider relocation requirements	Rachel Townsley Sandra Sutcliffe	2 <sup>nd</sup> of April 2009	Completed
6	Meeting on site with staff, trade unions and HR to advise staff of proposed redeployment/alternatives	Nominated HR Manager David Stevenson Shona McFarlane	April 2009	Completed
7	Consultation period concluded for residents and relatives	Michele Griffiths David Stevenson	1 <sup>st</sup> of May 2009	Completed

Action No	Action	Lead Officer	Timescale	Progress
8	Report to Elected Members detailing the outcome of the consultation	Shona McFarlane David Stevenson	June 2009	Completed
9	Letters to be sent to residents, relatives and staff detailing the outcome of report to Elected Members.	Shona McFarlane David Stevenson	June 2009	On target
10	Relocation of residents to commence	Sandra Sutcliffe	April 2009	On target
11	1:1 meetings with staff to commence and options considered. Where redeployment options are available staff to be moved as required without compromising Care Standard Act requirement	Nominated HR Manager David Stevenson Michele Griffiths	May 2009	Completed
12	Relocation of long stay residents concluded	Sandra Sutcliffe	June 2009	On target
13	Conclude all staffing issues i.e. redeployment, VER, compulsory redundancies	Nominated HR Manager David Stevenson Michele Griffiths	July 2009	On target
14	Decommission residential and intermediate care beds	David Stevenson Michele Griffiths	December 2009	On target
15	Transfer Intermediate care provision to Davis Court?	David Stevenson	December 2009	On target
16	Decommission Establishment	David Stevenson Michele Griffiths Steve Carr EDS	December 2009	On target

**Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, CMT or Directorate Management Teams**

<b>Completed equality impact assessments</b>	<b>Key findings</b>	<b>Future actions</b>
<p>Directorate: <b>NAS</b></p> <p>Function, policy or proposal name:</p> <p><b>Proposed closure of Rothwel Grange</b></p> <p>Function or policy status: <b>New</b></p> <p>Name of lead officer completing the assessment:</p> <p><b>David Stevenson Enabling Care Manager</b></p> <p>Date of assessment: <b>11<sup>th</sup> of May 2009</b></p>	<p>Through the effect use of resources intermediate care services can be provided in a more appropriate environment in one of the new homes that were built and commissioned at the end of 2008.</p> <p>The needs of all user groups can be met in this new environment and buildings are fully DDA compliant unlike Rothwel grange which neither meets DDA or care standards requirements currently.</p>	<p>If the decision to close Rothwel Grange is endorsed by Elected Members the above action plan will be implemented in full to further facilitate the development of Intermediate Care Services within Rotherham</p>

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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<b>1</b>	<b>Meeting:</b>	Cabinet Member for Health and Social Care
<b>2</b>	<b>Date:</b>	8 <sup>th</sup> June 2009
<b>3</b>	<b>Title:</b>	Access All Areas
<b>4</b>	<b>Directorate:</b>	Neighbourhoods and Adult Services

## 5 Summary

To provide an update on the 'Access All Areas' launch event which took place on 27<sup>th</sup> March 2009 at the Silverwood Miners Welfare Centre in Dalton. The aim of the event was to promote employment opportunities for disabled people and followed on from the Fair's Fayre event which took at Magna in November 2008. The event was supported by CMT at their meeting on 24<sup>th</sup> November 2008 (Minute 613/08 refers). It was a very successful event with 7 employers present.

## 6 Recommendations

- 6.1 **That Elected Members note the contents of the report, and support the projects intentions.**
- 6.2 **That Elected Members commit to offering a range of work placement opportunities for disabled people across the Directorate.**

## 7 Proposals and Details

'Access All Areas' is a scheme which provide 30 day work placement opportunities to disabled people which can be worked either as 6 full weeks or over a longer period on a part-time / flexible basis depending on the needs of the individual and the Department. There are currently 46 placements available across RMBC and our partner organisations. Someone who has not worked for some time may find it harder to gain employment – due to factors such as lack of confidence in their own abilities, having a gap in employment, not being able to evidence competency against person specification criteria, not having a named person / organisation to use as an employer reference.

The Access All Areas event was arranged following discussions between the Health & Wellbeing's Learning Disability Service and Strategic Human Resources. It was organised on a 'market stall' basis and people with a disability or supported disabled people were invited to attend the event on a 'drop-in' basis.

Stalls at the market place were operated by a range of organisations offering placements:

- All RMBC Directorates
- 2010
- NHS Rotherham
- South Yorkshire Fire and Rescue Service
- South Yorkshire Police
- Rotherham College of Arts and Technology
- Voluntary Action Rotherham

A number of other agencies also attended to answer questions, provide information and promote their services:

- RMBC HR – showing people how to register and use the Recruitment Management System.
- A4E
- Remploy
- Mencap
- Phoenix
- Job Centre Plus
- Access to Work
- Occupational Health (NHS)
- Health & Safety (RMBC)
- SpeakUp
- Adventure and Project 400 (Learning Disability Service)

A number of organisations were unable to attend the event but were offering placements:

- Thomas Rotherham College
- Dearne Valley College
- Rotherham and Barnsley Chamber



- Rotherham NHS Foundation Trust

The event was supported by the Learning Disability Service, who provided catering (including buns made at the Day Centres) and who taught people how to make soup – in the Jamie Oliver “Pass it On” style.

Following the expressions of interest, made on the day, assessments for each individual to determine which will be the most appropriate placement are currently being held at The Junction and several placements have already commenced. Directorates/department who are hosting placements within RMBC include Legal Services, several within Customer Services, The Youth Café for CYPS, RBT Consultancy resourcing team, Administration within Home Care and care/ domestic placements in the two new homes for Older people. Placements within 2010 are about to start. South Yorkshire Police have a placement within their reception and NHS Rotherham and Rotherham Community Health Services are also hosting a small number of placements. There are also placements at Wath Comprehensive School and Thomas Rotherham College. Unfortunately EDS had indicated that they could offer five placements offering experience of gardening, highway maintenance, street cleaning and the town centre team which have been reduced down to one placement.

## 8 Finance

The launch event was funded by a grant of £250 from the Learning Disability Service and £250 from JobCentre Plus. This was match funded by Strategic HR in staff time taken to organise and attend the event by Tracey Priestley.

## 9 Risks and Uncertainties

Without the employment event, a wide range of work experience opportunities to meet the needs and aspirations of people with a range of disabilities and abilities may not have been available.

## 10 Policy and Performance Agenda Implications

The promotion of work placement opportunities for disabled people supports the Community Strategy and Corporate Plan themes of Achieving and Fairness by offering experience and learning in the workplace and thereby increasing the employability of disabled people. The local Employment Partnership commits the Council to working in partnership with JobCentre Plus to assist people to move from Incapacity benefit and into employment.

The development of employment opportunities assists the Local Authority to meet key objectives of the Outcomes Framework:

- Economic Well-Being - People who use services and their carers are supported in finding or maintaining employment.
- Improved Quality of Life - Services promote independence and support people to live a fulfilled life making the most of their capacity and

potential.

- PSA 16 – targets around increasing the proportion of socially excluded adults who are in employment, education or training.
- Performance Indicators - BVO 16A (% of Local Authority employees with a disability) and BVO 16B (The % of the economically active population in the Local Authority area who have a disability).
- Cabinet 22<sup>nd</sup> February 2006 – a local target was set to employ 8 learning disabled people in substantive posts by 2010.

## 11 **Background Papers and Consultation**

The development of the employment event for disabled people incorporate discussions with a range of organisations supporting disabled people.

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<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Health &amp; Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>8 June 2009</b>
<b>3.</b>	<b>Title:</b>	<b>Personalisation Plan and Action Plan</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Neighbourhoods and Adult Services</b>

## **5. Summary**

5.1 Following direction from The Department of Health (DH) and the agenda outlined in the Putting People First Concordat (2007) authorities have been tasked with personalising services to give customers choice and control over how they live their lives. A Personalisation Plan has been developed to take this agenda forward. The plan contains a two year action plan that will lead to the transformation of our services.

## **6. Recommendations**

### **6.1 That Cabinet Member:-**

- (i) Considers and comments on the plan in its present form.**
- (ii) Considers submitting this plan to scrutiny for consideration.**

## 7. Proposals and Details

- 7.1 It is proposed that Rotherham Neighbourhoods and Adult Services should proceed in a measured and planned way in implementing the personalisation plan with the support of customers, carers, workforce and stakeholders to develop and support transformational change.
- 7.2 The Personalisation Plan sets the pathway for a thorough review of the way that services are delivered to our customers. This is an exciting opportunity to ensure that our customers have real control over the quality of their lives. The personalisation of services will allow customers to make decisions about their daily lives that will improve their circumstances whilst simultaneously leading to the prevention of long term needs,
- 7.3 A Personalisation Manager has been appointed who will oversee this work. They will work alongside the Innovations Manager and his team to ensure that Rotherham implements personalisation in a bold and enthusiastic manner.
- 7.4 Personalisation in Rotherham must be about far more than the transformation of adult services. The aim of the plan is to provide better universal services for individuals and communities through the introduction of greater choice and improved options.
- 7.5 A number of Visioning events have been held to work alongside customers to develop the Personalisation Plan. These events have attracted national input from Jeff Jerome (National Director for Social Care Transformation) and Simon Duffy (Chief Executive of In Control).

The Visioning events have created five guiding principles of personalisation that sit at the very heart of our ethos. The fact that these principles come from our customers is significant.

- 7.6 The five guiding principles for personalisation in Rotherham are:-

- **Customers will have maximum choice and control overall aspects of their lives,**
- **Services will respond to individuals and communities needs by developing innovative ways of working,**
- **Services will become totally focused on customers and the outcomes they desire,**
- **Personalisation will seek to improve the quality of life for the individual, their community and their neighbourhood, and**
- **Services will be developed in association with partners and customers to focus on prevention.**

7.7 A Personalisation Steering Group has been established. The Group is broken down into various sub-groups as detailed below.

7.8 **Choice and Control** will focus on changing existing assessment and care management arrangements to one where individuals will have maximum control over how their care/support needs are met.

The underlying principle for the development of self-directed support is the desire to move to a system where adults have the ability to take greater control of their lives and the social care that they receive, enabling them to make their own decisions and manage their own risks. This puts people at the centre of assessing their own needs, deciding how best those needs are met, and tailoring care to meet these individual needs. To fully adopt this approach will require fundamental changes to the present system of social care.

7.9 **Customers and Consultation** will focus on the importance of engaging and consulting with customers, stakeholders and our workforce at a very early stage. It is equally important to make sure we provide the right information and that individuals have the opportunity to access services whether they are publicly funded or self funders.

7.10 **Culture and Change** will consider the competencies and role of social workers and other health and social care staff and also consider the change in culture and organisational development models of change management. As part of the programme of change it will be necessary to review the current assessment and care management arrangements to ensure that they evolve to meet the new agenda. There will need to be an extensive programme of consultation with staff alongside additional investment in training and development.

7.11 **Commissioning and Capacity** will focus on the change in the pattern of services, for example by changing the balance from block to spot contracts. We will also need to build the capacity of local providers, including those in the third sector, and have plans for transforming the way that directly providing social care services operate. They will need to be attractive for people to choose under a system of self directed support. Contingency plans will need to be planned carefully for reducing the capacity of those services over time where demand falls because of individual choices to purchase elsewhere.

7.12 **Community and Challenge** looks at the prevention, re-ablement and early intervention as fundamental to the personalisation agenda; this sub-group will not only focus on these issues but will take a wider approach to involving all neighbourhood services and work towards promoting stronger communities and social capital.

7.13 Early feedback from customers and staff has been enthusiastic and supportive. This has also been the case at the presentations to the Our Futures Group and Scrutiny that have taken place.

## 8. Finance

- 8.1 The cost of implementing the changes will be met through the Social Care Reform Grant (SCRG) which is available through the Department of Health (DH). These monies are additional to personal social services funding and are specifically for the range of process reengineering, capability and capacity building activities required to redesign the entire system.

## 9. Risks and Uncertainties

- 9.1 The Personalisation Action Plan aspires to develop a single transparent system for people to have a personal budget in order for them to have choice and control over the way their social care needs are met. Consequently it is essential that the Resource Allocation System (RAS) is calibrated correctly to ensure the fair and sustainable allocation of resources.
- 9.2 Commissioning within adult services will need to be refocused, moving away from block contracting to spot contracts. Market shaping and building capacity will be vital in offering a varied market to enable choice for our customers.
- 9.3 A comprehensive risk register to accompany the Action Plan is now being developed. This will identify the management of risks relating to the development of the Resource Allocation System, implementation of market development and change, and culture and organisational changes, amongst others, as critical to the successful implementation of the Personalisation Plan.

## 10. Policy and Performance Agenda Implications

- 10.1 By 2011 expectations are that significant progress will have to be made by the Council toward reshaping and redesigning adult social care services.
- 10.2 The approach to measuring success will focus on building the strengths and capacity of Rotherham Council in making local decisions on priorities reflected through improvement targets in LAA's. Currently NI130 - the number of Social Care Clients receiving self directed support 2008/09 target has been achieved. It is expected that by 2010/2011, the number of people receiving a personal budget will have risen to 30% of the total clients receiving social care funding.

## 11. Background Papers and Consultation

- 11.1 Putting People First Concordat, A shared Vision and Commitment to the transformation of adult social care (2007)
- 11.2 Local authority Circular (LAC), Transforming adult social care (DH) (2009)

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# PERSONALISATION PLAN 2009—2011



*PUTTING PEOPLE IN CONTROL OF THEIR LIVES*

## FOREWORD

*Welcome to Rotherham's Personalisation Plan. Personalisation allows customers to have choice and control over the way they live their lives. The national call for transformation that has come from the government could not be clearer. The changes that are called for are an exciting opportunity to make sure that our customers get the very best services that are available. The national context gives a sense of urgency for transformation and we have developed a team to deliver successful and lasting change. We have a tremendous reputation for listening to our customers and this is the starting point for the work that is required. These changes represent a small step for many of our services due to the relationship they we already have with our customers. This plan is our statement of intent and vision for the future of personalisation in Rotherham.*

*It is essential that our customers exercise choice and control over their own lives. With this in mind this document has been created by talking to our customers and listening to their views. The content, such as the five guiding principles that are outlined on page three, came directly from our customers at the first of a series of visioning events. Following this other events are being held to make sure that we are doing what our customers are asking for. The next stage is to communicate this vision to as many of our staff and customers as we can, quickly and effectively.*

*I am pleased to say that this plan goes beyond the opportunities presented by Direct Payments and Individual Budgets to clearly embrace a far bolder agenda than just Adult Social Services. For personalisation to succeed it must focus on far more than social care. It must be central to everything that we do as a Council. This applies not only to individuals but also to communities and neighbourhoods. It is paramount that people are empowered to make sure that our vision is delivered in Rotherham.*

*Personalisation represents an opportunity to take stock of the excellent service we offer our customers and to make sure that our very highest standards are present in everything we do and every service we offer. We are working together with our partners, stakeholders, voluntary organisations, our staff and our customers to make sure that we make a positive change to real lives. That change must be long lasting and we must relentlessly pursue what is good for our customers.*

*This is a time for lasting and innovative change. This is a time for a new culture. This document sets the ground for this and I would like to thank the people who have worked together to shape this vision. Changes in the make up of society in the coming years offer challenges that every Council must rise to meet. We are defining the future by listening to our customers, to their needs, their dreams and their aspirations and are setting the scene for a radical, long lasting and refreshing transformation of our services.*

*True change will come through working together to do what is fair, right and just for every one of Rotherham's customers. A customer comment made at a recent Visioning Day was that personalisation is about everything we are, everything we do and everything we aspire to be. This plan is our starting point.*



## OUR PERSONALISATION PROMISES

**This document contains a number of promises that summarise our approach to our customers. These promises emphasise our commitment to increasing choice and control for the people of Rotherham. The promises are contained within the action plan.**

### **We promise;**

- To develop a universal information, advice and advocacy service for people needing services and their carers, (Action Plan Ref: Objective 4, pg 5)
- To make sure that person-centred planning and self-directed support become mainstream activities, (Action Plan Ref: Objective 6, pg 7)
- To create a fair and transparent way to allocate resources to customers with different levels of need, (Action Plan Ref: Objective 1, pg 1)
- To offer personal budgets as an option for everyone who is eligible, (Action Plan Ref: Objective 1, pg 1)
- To deliver an increase in the take-up of direct payments, (Action Plan Ref: Objective 5, pg 6)
- That family members, friends and carers are treated as experts and supported in their roles, (Action Plan Ref: Objectives 7 & 8 pg 8)
- To commission services that offer high standards of care, dignity and maximum choice and control for our customers, (Action Plan Ref: Objective 3, pg 3)
- To enable customers, their carers and families to influence policy and provision through consultation and dialogue, (Action Plan Ref: Objective 4, pg 5)
- To insist on the promotion of dignity in local care services as part of systems aiming to minimise the risk of abuse and neglect of vulnerable adults, (Action Plan Ref: Objective 9, pg 9)
- To see prevention, early intervention and re-ablement as standard good practice, (Action Plan Ref: Objective 2, pg 2)
- To actively promote the importance of telecare services, (Action Plan Ref: Objective 2, pg 2)

**The action plan within this document contains a number of objectives that we have developed; these objectives are referenced to the Department of Health guidance:**

- **Putting People First A Shared Vision and Commitment to the Transformation of Adult Social Care (2007) and**
- **Transforming Social Care Local Authority Circular (LAC 2009)**

## **Our Mission**

To work with people, communities and neighbourhoods so they can make choices to take control of their lives and aspirations.

## **Our Vision for personalisation in Rotherham**

Our vision has been shaped by our customers. Through visioning events, consultation and discussions we have shaped personalisation in Rotherham. The Customer Service Excellence Standard, awarded across Neighbourhoods and Adult Services, sets the measure for relationships with our customers. By listening to them we learn and we improve our services. The changes that are required represent a small step for many of our services.

Our vision for personalisation in Rotherham is outlined by five guiding principles.

## **Guiding Principles**

A 'Visioning Day' was held on 13<sup>th</sup> November 2008. This was attended by over 200 customers, members, officers, partners and stakeholders. The event established five guiding principles which will make personalisation the cornerstone of public services in Rotherham.

A second customer event on 5<sup>th</sup> February 2009 saw customers confirming these principles.

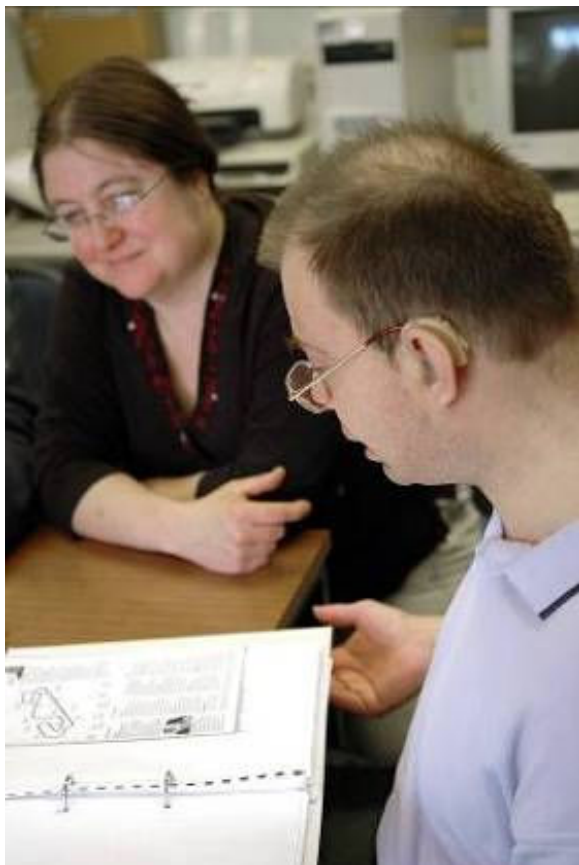
The guiding principles established with our customers are that;

- **Customers will have maximum choice and control over all aspects of their lives,**
- **Services will respond to individuals and communities needs by developing innovative ways of working,**
- **Services will become totally focused on customers and the outcomes they desire,**
- **Personalisation will seek to improve the quality of life for the individual, their community and their neighbourhood, and**
- **Services will be developed in association with partners and customers to focus on prevention**

## Bringing Change to Rotherham

We recognise that personalisation agenda is initially about change in Adult Social Care, but we believe that it is essential that we apply changes to all Council services. This will give customers, communities and neighbourhoods the opportunity to enjoy choice and control.

We see personalisation as the way ahead for all of our services.



We are moving towards a personalised world that has the customer firmly at the centre of decision making, where services fit around people and where prevention and safeguarding become our regular watchwords.

Although the changes proposed in this plan may be a small step for some services we accept that a huge culture change may be required for others. They must be prepared to rethink their role in a bold, innovative and lasting manner. The customer is the central focus of all our efforts and officers will undertake what is required to support people to live the lives they want. This represents a fundamental change in relationships for some services.

The national drive for personalisation calls for '*significant steps*' towards change by 2011. The document Putting People First (December 2007) states that, 'Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live

their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.'

This plan expresses our firm commitment to these changes.

### 1. Introduction

This plan sets out the direction for the development and implementation of personalisation in Rotherham between 2009 and 2011. It recognises the urgency for change and develops the vision required through empowering customers to make change happen.

It gives a clear and understandable way to improve services for the individual, local communities and neighbourhoods by;

- Giving more choice and control to people needing services.
- Setting a culture where everyone entitled to support will have a personal budget and a clear, way of obtaining finance. Customers will have the opportunity to take all or part of this budget as a direct payment.

- Focusing on the provision of support for those with complex needs.
- Developing our already well established consultation methods to ensure that the views and experiences of customers, carers and other stakeholders are central to every aspect of our services.

To achieve this, an action plan will identify what we need to do to include our personalisation promises in everything we do. It will also build upon those services that are now successful at achieving a customer focused approach. This action plan is included as Appendix 1 to this document.



Personalisation requires the customer to be the focal point of change and this is already our established and recognised position. We have many areas of good practice that can be highlighted. Our relationship with our customers is already our proudest achievement and this will be the vehicle for the transformation that we are undertaking. For personalisation to succeed families, friends and carers must be seen as 'experts' in supporting customer requirements.

To help us transform our systems we will

- Provide information, support, signposting and advice services,
  - Deliver; including self directed support, safeguarding services and support for carers,
  - Develop the market for services through innovative commissioning
  - Develop our workforce by carefully considering the competencies and role of care managers and other health and social care staff, and
- Make sure that services are operating in an efficient and cost effective way,



## 2. The National Picture

### Modernisation

The Government has made modernisation of social care services a national priority. Its drive to reform public services and change the way services are delivered is a significant challenge for social care.

In December 2007 the government paper, *Putting People First*, set out proposals for a radical reform of public services. The main focus is to enable people to live their own lives as they wish, confident that services are of high quality and safely promote their own individual needs for independence, well-being and dignity.

This sets out the shared aims and values which will guide the transformation of adult social care, recognising that the sector will also work with customers and carers to transform customers' experience of local support and services.

The importance of carers can not be overstated. They must be recognised for their importance to families and communities. This was reflected in the 2008 Carers' Strategy which called for the personalisation of services.

### Why Change is Needed

Advances in public health and changes in society mean that we are living longer and as communities become more diverse, the challenges of supporting that diversity becomes more apparent. The idea of prevention is central to our vision of personalisation. We wish to develop our customers' capacity to make their own decisions and choices to reduce the risk of them becoming dependant upon state services in the future.





**Rotherham faces the challenge of an ageing population who will expect high quality standards of care and support.**

- **There will be a 23% increase people aged 65 and over by 2015.**
- **There will be 1,000 more people with dementia by 2020.**
- **By 2020 36% of men and 16% of women may have continence problems.**
- **There will be an increase in falls of 30% by 2020.**
- **There will be a 31% increase in Bronchitis/emphysema by 2020 due to the industrial past of Rotherham and high smoking levels**

The demand for social care is increasing and this suggests that a significant increase in funding will be needed to meet the demands for high quality care over the next two decades. In addition, the Comprehensive Spending Review 2007 identified a number of challenges. These include rapid increases in the numbers of frail older people coupled with a decline of working age adults and rising consumer expectations of public services. In particular, customers want access to support when they need it and they expect it to be available to them quickly, easily and for it to fit in with their lives. One important aspect of support will be the active pursuit of telecare solutions to improve the quality of our customers' lives. Telecare can, and must, contribute to the prevention agenda.

**Customers want dignity and respect to be at the heart of any interaction, so that they can access high quality services and support closer to home.**

Personalisation is a move towards more customer-focused services, personal budgets, prevention, early intervention and enablement. We must involve ourselves fully in innovative ways of addressing these problems in order to meet the developing needs of our customers. We can only do this by acting together with partners, developing services and meeting the needs of customers.

Currently the system for people accessing services may be seen as complex and managed by the 'professional.' Public services often seem unfathomable to outsiders, as if they are designed by and for the system, rather than around the needs of the person they serve. This is wrong.

Personalisation changes the focus of services to the customer by respecting their right to self-determination; promoting the right to participation; treating each person as a whole within his or her family or community; and by identifying and developing strengths not just focusing on weaknesses.

### 3. Making Personalisation into a Reality

It will be a challenge to translate our 'vision' for personalisation into practical changes in order to make a real difference to the way we provide services to individuals, communities and neighbourhoods. This challenge involves the undertaking of a number of promises that are summarised at the front of this document.

There is a funding allocation from central government to support the Council in its transformation programme. These funds are held corporately and will be drawn down by the Director of Commissioning and Partnerships as the programme is developed and delivered .



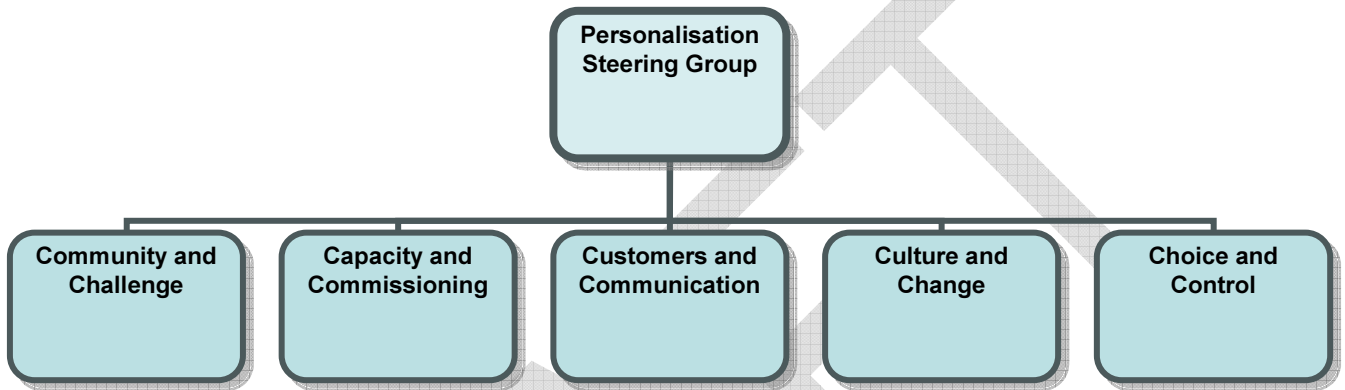


A Personalisation Steering Group has been established to guide this process.

The Group's brief is to;

**Oversee and manage a consistent and co-ordinated approach to delivering personalised services in Rotherham.**

Five 'task and finish' sub-groups have been established from the Steering Group to deliver key actions in specific areas of work. These groups are illustrated in the diagram below.



The broad brief for each of the groups is;

<b>Personalisation Steering Group</b>	
<b>Community and Challenge</b>	To develop services that allow customers to remain independent, living in their own homes and healthy. To support communities to develop and thrive
<b>Capacity and Commissioning</b>	To develop new services in all sectors that meet the changing needs of our customers. To promote access to community services and to develop community capacity.
<b>Customers and Communication</b>	To provide access to information on personalisation. To involve customers in all decisions related to personalisation.
<b>Culture and Change</b>	To give staff the confidence, support and skills to deliver personalised services. To involve all stakeholders in improving services to our customers.
<b>Choice and Control</b>	To create a fair system that allows customers to access self directed support. To change the provision of care to give customers more choice and control over their lives.



There are individual plans for each of the Groups. These form the main actions that will deliver personalisation in Rotherham. The actions that will emerge from the sub-groups contribute significantly to many parts of Rotherham's Outcomes Framework.

- Economic Well Being
- Exercise of Choice and Control
- Improved Health and Well Being
- Improved Quality of Life
- Personal Dignity and Respect
- Making a Positive Contribution

Customers will be involved at a series of consultation events but they will also form an essential part of the activity undertaken by the Customers and Communication sub-group. From time to time there will also be customer involvement in the other sub-groups.

### **Resources**

In addition to making good use of existing resources, Department of Health (DH) are making available through the Social Care Reform Grant, monies to support our Council in this transformation. This grant is specifically to be used to make sure that personalisation works.

The purpose of the grant is to;

- Shift the social care system away from traditional services towards a more flexible, efficient approach, which delivers the outcomes people want and need and promotes their independence, well being and dignity,
- Create a shift in resources and culture with an emphasis on early intervention, prevention and focusing on promoting independence,
- Increase involvement of customers in the design, commissioning and evaluation of services and how their needs are met,
- Remodel systems and processes so they are not only efficient and fair but also recognise and influence the ability of individuals to identify cost effective personalised solutions through wider community networks and innovation,
- Promote new ways of working and raise the skills of the workforce
- Develop leadership at all levels to enable this change to happen.

## Finance

Initial allocation of the Social Care Reform Grant is broken down in detail in Appendix 1.

### 4. Our Journey So Far

Providing an excellent service to customers has always been important to Neighbourhoods and Adult Services and our recent achievements have established and enhanced our approach to personalisation. These examples of good practice and achievement have been highlighted at our Visioning Events as giving examples of how personalisation will look in Rotherham. Our very first event featured a DVD presentation of an interview with two customers from Oldham. Their experience of personalisation helped to set the tone for our ethos in Rotherham and it is important that we continue to emphasise and celebrate local achievements.



#### **Personal Budgets Pilot for People with Mental Health Problems**

We have been successful in piloting personal budgets for people with mental health problems. To date, 152 people receive a personal budget. An evaluation of this pilot has shown that individuals feel more in control when they direct their own support and care needs. This has been the most successful pilot in the country establishing excellent results from an area that was traditionally thought of as reluctant to change.

This success is highlighted in the following case studies.

### **David's Story**

David is a 50 year old man from Rawmarsh who lives with his wife in their own home.

David has suffered for approximately 14 years with severe depression.

He initially had a direct payment and was using this to fund some respite for his wife, who is his main carer. He did not like having to take respite away from home but knew that his wife needed the break from caring.

David agreed to become one of the first people to transfer on to a personal budget by being given his allocation as a yearly figure and writing his own support plan.

David identified that he did not want to go away on respite that he wanted to stay at home and that his wife would be happier if she had short breaks throughout the week. David also wanted to regain some skills and do something productive and fulfilling with his time.

He decided to use his personal budget to have support to take evening classes, which would allow him to learn new skills and give his wife a break.

He now takes a course on learning how to play the guitar, which has allowed him to develop his confidence and gain self esteem so much so that his wife feels like they are a 'normal' family again doing what other people do.

The solution was simple and it was shaped by David and his wife.

### **Alison's Story**

Alison lives in Kimberworth. She is a single parent with two teenage children who suffers from a serious and recurring mental illness. This has resulted in numerous hospital admissions. She also has a disabling physical condition. Her children have had to be taken into foster care when she was admitted to the acute ward.

Alison now chooses to receive a personal budget and by using a direct payment she employs a Personal Assistant to support her.

The most important and dramatic change for Alison is the management of her illness and the quality of her life. There is clear evidence that this is better than at any time in the last fourteen years. During the last year she has had two significant crises (in previous years she has had four admissions each year), which in the past would have resulted in lengthy adjustment and resettlement both on the ward and then back at home. She has been able to stay out of hospital by increasing her PA's hours and by employing someone to do housework to help with caring for her family.

Alison has gained control over her life and is looking forward to the future.

### Deborah's Story

Deborah is a young woman from Wath who is married; with three children all aged under 16. She has a diagnosis of schizophrenia, and has had several hospital admissions, and until recently has found it difficult to engage with follow-up services, especially as she finds it hard to leave the house. Her husband is very supportive and takes responsibility for most household tasks and for looking after the children, especially when his wife is unwell. However, at times the situation has been very stressful and this has had an impact on all members of the family.

As part of the work to transfer people onto a personal budget, Deborah and her husband decided to develop the support plan together and identified that a break away would help both their relationship and Deborah's health.

Mum's mental health problems meant that they had done little together as a family for some years, but it soon emerged that they had fond memories of a camping trip to Derbyshire.

The family priced up the equipment, transport and found a campsite, and decided as part of their personal budget to have a direct payment to pay for the costs of this trip.

The family are therefore able to have a week's respite together; addressing both the carer's need for a break and allowing Deborah to go away supported by her family. They hope this will help strengthen the family bonds which have been put under strain.

### Assessment Direct

Introduced in March 2008, this relatively new service has resulted in improved information and advice to customers. It has achieved a significant reduction in waiting times for assessment and has boosted satisfaction levels to 96%. Assessment Direct will be a key factor in the development of personalisation and staff within that service has already begun to establish the essential 'first contact' approach. The role Assessment Direct is about to play cannot be overstated.



### The Customer Service Excellence Award

This award was presented to Rotherham Neighbourhoods and Adults Services in recognition for the excellent customer services delivered by our staff. This award recognised that we are committed to using a variety of methods to consult with and involve the community, so that as many people as possible have the opportunity to give us their views.

### Best Practice

This plan builds on and uses the positive practice and transformational learning that has occurred in Rotherham over the past year; some examples of success have been;

Uptake of Direct Payments for adult social care and people with disabilities, and establishing sound and fair support and audit arrangements,

- The Service User Forum established a regular Newsletter and devised creative publicity engaging individuals in the take up of Direct Payments,
- Shifting the Balance: move from in-house to independent sector domiciliary care provision and the growth of capacity in the independent sector to deliver more flexible and tailored support through “indirect” payments, and the development of a reabling approach to maximise independence and confidence.
- New Adult Safeguarding procedures providing clarity on the role of the Local Authority in protecting people’s rights to citizenship and maintaining our Duty of Care in an environment where people are determining their own needs,
- Commissioning Strategy and Joint Commissioning Strategy published in 2008, informed by the Rotherham JSNA and Supporting People Five Year Strategy and by the vision of self-directed support in Putting People First, and
- Membership of the In Control Programme established Individual Support Agreements with people using mental health services; encouraging work on developing a universal Resource Allocation System (RAS); establishing unit costs for provider services; rolling out notional personal budgets and triggering cultural change within Care Management.

### **5. Measuring Our Successes and Achievements**

The Joint Strategic Needs Analysis (JSNA) undertaken by Rotherham MBC and NHS Rotherham shows people want to remain healthy and in their own homes and that they want access to a range of different services so they can make a personal choice about which care package will keep them independent. In addition, improving the range and access to all public and voluntary sector services (often referred to as ‘universal services’) is needed to improve independence, well being and choice.

To respond to the learning from the JSNA, the Council and its partners have agreed a number of priority performance indicators that have been included within Rotherham’s Local Area Agreement (LAA) 2008/11. Some of these indicators relate to the local delivery of the Department of Health’s (DH) ‘transforming social care’ plans and some are about the voluntary sector and other public services. The delivery of this Personalisation Plan is a key success factor to underpin the delivery of these targets.

Our priority LAA indicators are;

- National Indicator 135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information
- National Indicator 136 - People supported to live independently through social services (All Ages)
- National Indicator 141 - Percentage of vulnerable people achieving independent living
- National Indicator 7 - Environment for a thriving third sector



- Local Indicator - No. of Adults and Older People using Direct Payments (to be replaced upon the LAA refresh with National Indicator 130 – Social care clients receiving self directed support)

The personalisation plan is part of the Improvement and Efficiency Plans that accompany the LAA indicators and progress will be reported and scrutinised quarterly at the ALIVE theme Board of the Rotherham Partnership and bi-monthly to the Adult Planning Board. In addition to the Care Quality Commission (CQC) who will regulate progress across the health and social care sectors. Progress will be reported to the CQC through the standard business meetings and through the annual performance assessment.

We will use a combination of tools, such as the Associated Directors of Adult Social Services self assessment tool and NHS World Class Commissioning, to track progress and to stretch the boundaries. The Council have also tasked us to implement personalisation at a wider public service and neighbourhood level. The Councils organisational development programme, called 'Our Futures', provides the governance mechanism for implementing personalisation beyond social care and health.

**Ultimately our success will be defined by people's experiences and their outcomes. Every customer experience should be a potential case study to demonstrate the success of personalisation in Rotherham.**

### Performance Reporting

We will report progress on the local personalisation agenda to the Rotherham Partnership as part of the improvement and delivery plans which are in place to support the delivery of National Indicator 136 (people supported to live independently) which is a Local Area Agreement target.

Progress will also be reported to the Commission for Social Care Inspectorate through the standard business meetings.

Over time we will develop performance management systems that measure;



- The capacity of individuals to take control of the decisions that affect their lives,
- Transforming investment from traditional service delivery to personalised and local services,
- Personalisation at neighbourhood level, and
- Creating the foundation for innovation, social capital and social enterprise.

### Strategic Planning

The Council's Our Futures Group 3 will provide the strategic leadership for this piece of work. This is led by the Cabinet Member for Neighbourhoods and is supported by other Elected Members, the Strategic Director for Neighbourhoods and Adult Services, the Assistant Chief Executive and the Director of Housing and Neighbourhood Services.

Year One of the plan (January 2009 to January 2010) will focus upon creating, redesigning and agreeing the tools, methodology and business processes required for a system of self directed support, cultural changes, market development and community engagement.

We must ensure that our commissioning of services is focused on the customer and the outcomes required to deliver their needs and desires. We will encourage the development of services that bring care, dignity and choice to our customers.

Our strategic commissioning must focus on services and contracts that are outcome based. There must be a radical shift in how we commission services to ensure that we insist on prevention and personalisation. Commissioning must be about transformation and innovation. This will encourage the development of high quality services that maximise choice and control. Third and private sector commissioning will focus on prevention and choice as key elements of the services that are commissioned.

DRAFT

## Personalisation Plan Objectives

**Objective 1: To implement Self Directed Support so that people who need social care can, take a much greater responsibility for managing their own support and making better use of social care funding (Link – PPF & LAC)**

ACTION	LEAD MANAGER	COMPLETION DATE	INDICATIVE SCRG 2009/10	OUTCOME MILESTONES
Develop a self assessment questionnaire and RAS	Kirsty Everson	May 2009		A process is identified for the re-modelling of assessment and care management
Complete activity based costing of all services	Kirsty Everson	March 2009		All social care services are costed
Review fairer charging policy in line with national guidance	Kirsty Everson	September 2009		Revised charging procedures that fit with new model of assessment and resource allocation
Develop validation, review mechanisms and revise financial systems	Kirsty Everson	October 2009		System are in place to enable customers to have a personal budget
Review capabilities of SWIFT to support new process and develop additional system resources required to support transformation	Kirsty Everson	October 2009	£65,000	To have all details recorded in SWIFT/AIS
Person centred planning and personal budgets are offered as the default position	Kirsty Everson	November 2009		All new customers and existing customers at review are offered personal planning arrangements and a personal budget



**Objective 2: To implement prevention and enablement services so that people who do not need social care, or may not need the same level of care, can be supported to improve their own capacities, skills or immediate physical environment (Link- PPF & LAC)**

<b>ACTION</b>	<b>LEAD MANAGER</b>	<b>COMPLETION DATE</b>	<b>INDICATIVE SCRG 2009/10</b>	<b>OUTCOME MILESTONES</b>
Implement the key actions within the Prevention Strategy	Tim Gollins	April 2010		Improved range of preventative services
Redesign Assessment direct to support access to low level prevention services e.g. community support groups, items of equipment, telecare etc	Dave Roddis	January 2010	£50,000	Supporting people to remain in their own home
A programme of training to be identified working with homecare services both in-house and external focusing on rehabilitation	Shona McFarlane	April 2010	£5,000	To establish best practice in re-ablement
Map local community services, identify gaps and develop opportunities for social capital e.g. small sparks	Tim Gollins	October 2009	£10,000	People are less isolated and have access to mainstream and socially inclusive activities

**Objective 3: That commissioning for self directed support and services offer high standards of care, dignity and maximum choice and control (Link PPF & LAC)**

ACTION	LEAD MANAGER	COMPLETION DATE	INDICATIVE SCRG 2009/10	OUTCOME MILESTONES
To develop a programme to move from 'block' contracting to 'spot' contracts to enable users and carers to commission their own services	Tim Gollins	March 2010	£85,000	A process is in place to make sure all commissioned services offer maximum choice and control
Identify 'gaps' in the market and work with providers to encourage the market to develop	Tim Gollins	April 2010		The third/private sector are supported in a way that encourages innovation and joint working
Develop contracts with providers and Council services to be less focused on outputs but on outcomes and the results people want to achieve	Tim Gollins	March 2010		Providers including Council services are focused on achieving the right outcomes for the individuals they serve
To scope and agree model for brokerage and implement	Tim Gollins	November 2009	£40,000	Individuals have the right level of support available in order for them to manage their own care/support needs
Develop a process for accreditation giving customers information on the level of the services on offer and safeguard against poor quality	Tim Gollins	September 2009	£10,000	Provider services including in-house are accredited against quality and standard of service they provide

ACTION	LEAD MANAGER	COMPLETION DATE	INDICATIVE SCRG 2009/10	OUTCOME MILESTONES
Commission advocacy and support services following recommendations	Tim Gollins	September 2009		Advocacy services are readily available to people in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget

**Objective 4: To have in place universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding (Link – PPF & LAC)**

ACTION	LEAD MANAGER	COMPLETION DATE	INDICATIVE SCRG 2009/10	OUTCOME MILESTONES
Review current information and identify gaps to implement universal information	Dave Roddis	August 2009	£10,000	The production of an Improved range and quality of information that is available to all in an easy, accessible way
Map out current advocacy services and identify needs and quality of services to be provided. Prioritise services for commissioning	Dave Roddis	June 2009		Advocacy services identified for commissioning
To increase the capacity of assessment direct to include direct contact by phone, letter, email, internet, or at accessible community locations to provide signposting, advice and information services at first point of contact	Dave Roddis	September 2009	£14,000	Extension of the facilities of assessment direct to all, including 'self funders' to provide a range of services at first point of contact
To develop a service assessment tool and roll out to all Neighbourhoods and Adult Services	Mark Ford	June 2009		All services have assessed their capacity to offer customers choice and control

**Objective 5: For Direct Payments to be utilised in increasing numbers (Link - PPF)**

<b>ACTION</b>	<b>LEAD MANAGER</b>	<b>COMPLETION DATE</b>	<b>INDICATIVE SCRG 2009/10</b>	<b>OUTCOME MILESTONES</b>
Increase numbers of people accessing direct payments	Tim Gollins	April 2010	£192,000	Increased control for individuals in managing their own support/care needs
Map direct payments processes and complete options appraisal	Tim Gollins	April 2009		Complete baseline report
Implement changes identified in appraisal	Tim Gollins	October 2009		Greater efficiency in direct payments processes
Review Direct Payments support contract and prepare for re-tendering process	Tim Gollins	July 2009		Support services are tendered
Support services provided are developed to meet the increased demand for Direct Payments	Tim Gollins	September 2009		Service users and carers have the right support at the right level to enable them to manage their direct payments

**Objective 6: To implement local workforce strategies focussed on raising the skill levels to deliver a personalised approach across all Neighbourhoods and Adult Services (PPF & LAC)**

<b>ACTION</b>	<b>LEAD MANAGER</b>	<b>COMPLETION DATE</b>	<b>INDICATIVE SCRG 2009/10</b>	<b>OUTCOME MILESTONES</b>
Develop and implement raising awareness activities	Shona McFarlane	April 2009		For personalisation to be fully understood
Design and commissioning a training package for the delivery of self directed support	Shona McFarlane	September 2009	£50,000	To support the shift in care management to self directed support
Identify what skills, knowledge and competencies are required for all workforce including third sector providers	Shona McFarlane	January 2010	£20,000	All workforce have the relevant skills knowledge and competencies to implement changes
Review current training, supervision and PDR documentation and Identify gaps. Implement changes needed	Shona McFarlane	July 2009		All training courses, supervision and PDR's have integrated personalisation
Identify potential candidates and commitment for 'champions'	Shona McFarlane	May 2009		To have a personalisation 'Champion' within all service areas/teams

**Objective 7: To recognise family members and carers as experts and care partners; other than in circumstance where views are at 'odds' with the service user. (Link- PPF)**

<b>ACTION</b>	<b>LEAD MANAGER</b>	<b>COMPLETION DATE</b>	<b>INDICATIVE SCRG 2009/10</b>	<b>OUTCOME MILESTONES</b>
To have a carers views section on self/supported assessment Questionnaire	Kirsty Everson	May 2009		Carer/family role will be identified in SAQ
To draw up support planning guidance that includes, if appropriate, carers and family members involvement	Kirsty Everson	May 2009		Carer/family will play a part in influencing support arrangements

**Objective 8: Customers have a voice in influencing policy and service provision (PPF)**

<b>ACTION</b>	<b>LEAD MANAGER</b>	<b>COMPLETION DATE</b>	<b>INDICATIVE SCRG 2009/10</b>	<b>OUTCOME MILESTONES</b>
Develop further the mechanisms for customers to be involved in service planning, service provision and delivery	Dave Roddis	June 2009	£10,000	Customers are involved in all relevant aspects of policy and service provision
Design and develop a user and carer forum for the introduction of self directed support giving optimum opportunities for testing relevant elements and consulting on design	Dave Roddis	June 2009	£10,000	LINK (Local Involvement Network) to manage the forum

**Objective 9: To minimise the risk of abuse and neglect of vulnerable adults in light of the implementation of personal budgets (Link - PPF)**

ACTION	LEAD MANAGER	COMPLETION DATE	INDICATIVE SCRG 2009/10	OUTCOME MILESTONES
Training to be implemented regarding safeguarding issues with an emphasis on 'risk' management	Shona McFarlane	September 2009		All workforce are receiving training
Develop risk management framework to help ensure that the level of scrutiny undertaken on how individuals spend their budget is appropriate to risk	Shona McFarlane	September 2009		Risk enablement panel developed
Establish network of 'safeguarding champions'	Shona McFarlane	June 2009		Safeguarding is seen as an important part of social care services

Key: PPF – Putting People First Concordat, A shared vision and commitment to the transformation of Adult Social Care (2007)  
 LAC – Transforming Social Care Local Authority Circular, (DH) (2009)



**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>Monday 8 June 2009</b>
<b>3.</b>	<b>Title:</b>	<b>Adult Services Revenue Outturn Report 2008/09</b> All Wards Affected
<b>4.</b>	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

**5. Summary**

To inform Members of the Revenue Outturn position for the Adult Social Services Department within the Neighbourhoods and Adult Services Directorate for the financial year 2008/09. The net Outturn for Adult Services shows an underspend of £40,762 against a net cash limited revenue budget of £69,738,124. This represents a variation of -0.06%.

**6. Recommendations**

**That Members receive the 2008/09 Revenue Outturn Report for Adult Social Services.**

## 7. Proposals and Details

The 2008/09 approved cash limited budget of £69,738,124 includes an additional one-off budget allocation approved by Cabinet of £997,000 to address service pressures reported earlier in the financial year.

The net Outturn for the service for 2008/09 is £69,697,361. This results in an overall net underspend of £40,763 or -0.06%. This represents an increase in the underspend of £40,763 compared with the last budget monitoring report largely due to additional income from Transport contracts and a further underspend on extra care housing.

The summary revenue outturn position for Adult Social Services is as follows:-

Service Area	Budget	Outturn	Surplus (-) Deficit (+)	% Variation to Budget
	£	£	£	%
Commissioning & Partnerships	4,733,715	4,768,182	34,467	0.73
Assessment & Care Management				
- Older People (Independent)	22,689,636	21,833,471	-856,165	-3.77
- Physical & Sensory Disabilities	4,873,779	5,139,068	265,289	5.44
Independent Living	1,749,849	1,620,940	-128,909	-7.37
Health & Well Being				
- Older People (In-house)	17,306,257	18,114,424	808,167	4.67
- Learning Disabilities	14,482,479	14,205,776	-276,703	-1.91
- Mental Health	3,902,409	4,015,501	113,092	2.90
<b>Total Adult Services</b>	<b>69,738,124</b>	<b>69,697,362</b>	<b>-40,762</b>	<b>-0.06</b>

The main variations within each service area can be summarised as follows:

### **Commissioning & Partnerships (+£34k)**

There were a number of under and overspends within this service area, mainly around the income budget pressures in respect of performance and planning posts transferred from Neighbourhoods. These were offset by a number of management actions including additional income from health, non-recruitment to vacant posts and maximising grant funding.

### **Assessment & Care Management**

#### **Older People (Independent) (-£856k)**

The overall underspend within this service area was in respect of a number of vacant social work posts, an overall underspend on the Intermediate Care pooled budget and an underspend on independent Home Care budget due to delays in the implementation of shifting the balance of domiciliary care from in-house provision, as a result of the extended consultation period with employees and Trade Unions.

Physical and Sensory Disabilities (+£265k)

The main pressures during the year were a continued increase in both number and cost of residential placements and a further increase in demand for direct payments, which was reduced by an additional one-off budget allocation as part of the revised estimates process.

Independent Living (-£129k)

The underspend within this head of account was a result of the reconfiguration of Extra Care Housing provision and the review of existing resources with the opening of the third unit at Bakersfield Court in February 2009.

Health and Well Being

Older People (In-House) (+£808k)

The main overspend during the year was within In-House Home Care services due to the delays in implementation of shifting provision to the independent sector to 65%, agreed as part of the budget process for 2008/09. As at the end of March the market share in the independent sector was 58%. This overspend was reduced by a one-off supplementary estimate, underspends within in-house residential care due to delays in moving to the two new units which opened in February 2009 and also an underspend within in-house transport services due to additional income from contracts.

Learning Disabilities (-£277K)

The overall underspend within the service is mainly as a result of delays in planned transition placements from children's services, increased income from Continuing Health Care funding and delays in the start up of new supporting living schemes due to difficulties in obtaining suitable accommodation.

Mental Health Services (+£113k)

The overspend within the service is a result of a significant increase in demand for Direct Payments during the year. This overspend was partly reduced by the achievement of a number of efficiency savings including non-recruitment to vacant posts and reviews on a number of service level agreements with providers.

In addition to the one-off budget allocation a range of management actions totaling £310,000 across Adult Services were implemented during the year from the monthly finance performance clinics.

**8. Finance**

The attached appendices show a summary of the overall Outturn against the approved budget (sheet 1), a detailed variance analysis for all main budget headings together with a comparison against the latest budget monitoring report projections for

gross expenditure, gross income and net expenditure (sheets 2) and a brief description of the main reasons for variation from the approved budget (sheets 3).

## **9. Risks and Uncertainties**

The outturn figures included in this report are subject to quality assurance work on the Statement of Accounts, which will be undertaken during May/June 2009.

There were a number of recurrent budget pressures, demographic pressures within residential and home care and direct payments. These have been discussed and addressed as part of the budget setting process for 2009/10.

Additional funding has been allocated through the Medium Term Financial Strategy, which will reduce these pressures, however, some pressures may still remain and will be monitored closely during the year.

## **10. Policy and Performance Agenda Implications**

The approved cash limited budget for 2008/09 has allowed existing levels of service to be maintained to support the most vulnerable people and continues to contribute to meeting the Council's priorities, in particular Alive, Safe and Proud.

## **11. Background Papers and Consultation**

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

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

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

**ADULT SERVICES SUMMARY**Revenue Budget/Outturn Position 2008/2009

	£
1. Balances brought forward from 2007/2008 following decision of Cabinet (underspendings b/f '+': Overspendings b/f '-')	41,969
2. <u>ADD</u> Approved Cash-limited Budget for 2008/2009	68,532,119
3. <u>ADD</u> Supplementary Estimates <u>approved</u> in 2008/2009	997,000
4. <u>ADD/SUBTRACT</u> Virement from/to another Directorate/Service Unit <u>approved</u> in 2008/2009	<u>167,036</u>
5. <u>RESOURCES AVAILABLE</u> 2008/2009 (1+2+3+4)	69,738,124
6. <u>NET ACTUAL OUTTURN</u> 2008/2009 (As reported to Members)	<u>69,697,362</u>
7. Net under(-)/overspend (+) 2008/2009 (5-6)	<b>-40,762</b>
8. <u>REQUESTS FOR CARRY FORWARD INTO 2009/2010</u> (Please list below)	£

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES - NET FIGURES

Revenue Outturn 2008/2009

## April to March 2009

1.	2.	3.	4.	5.	6.
<u>Division of Service</u>	<u>Approved Budget</u>	<u>Last BMR 27.04.09</u>	<u>Actual Outturn</u>	<u>Actual under(-) Over(+) Spend</u>	<u>Under/over spending as % of Budget</u>
	£	£	£	£	%
<b>Commissioning and Partnerships</b>					
Human Resources Charge (RBT)	50,925	48,412	48,416	-2,509	-4.93
Director of Commissioning & Partnership	163,716	136,140	129,386	-34,330	-20.97
Business Support costs	17,245	26,252	26,594	9,349	54.21
Strategy and Planning	416,863	363,337	349,043	-67,820	-16.27
Workforce, Planning, Dev & Training	242,044	52,606	53,062	-188,982	-78.08
Service Performance	334,959	400,463	303,956	-31,003	-9.26
Innovations	93,257	93,257	316,211	222,954	239.07
Service Quality	430,858	604,858	610,895	180,037	41.79
Business Unit	2,257,755	2,218,701	2,211,930	-45,825	-2.03
Administrative Support	188,445	166,271	165,320	-23,125	-12.27
Adults Corporate Costs	440,895	461,952	456,616	15,721	3.57
Supporting People	96,753	96,753	96,753	0	0.00
<b>Total Commissioning &amp; Partnerships</b>	<b>4,733,715</b>	<b>4,669,002</b>	<b>4,768,182</b>	<b>34,467</b>	<b>0.73</b>
<b>Assessment &amp; Care Management</b>					
<b>Older People</b>					
Assessment & Care Management	4,666,538	4,165,991	4,229,704	-436,834	-9.36
N/Home Placements-Res.Care Independent	13,836,215	13,713,913	13,806,358	-29,857	-0.22
Homecare Independent	3,540,807	3,187,423	3,109,679	-431,128	-12.18
Day Care Independent	210,930	225,829	225,829	14,899	7.06
Other Independent Services	435,146	453,465	461,900	26,754	6.15
<b>Total OP Assess &amp; Care Management</b>	<b>22,689,636</b>	<b>21,746,621</b>	<b>21,833,471</b>	<b>-856,165</b>	<b>-3.77</b>
<b>Physical &amp; Sensory Disabilities</b>					
Assess & Care Management	1,303,220	1,314,621	1,360,618	57,398	4.40
<b>Total Assessment &amp; Care Management</b>	<b>1,303,220</b>	<b>1,314,621</b>	<b>1,360,618</b>	<b>57,398</b>	<b>4.40</b>
Nursing/Res.Care Independent	951,614	1,158,181	1,161,513	209,899	22.06
Supported & Other Accommodat.Independent	62,416	-63,171	-82,191	-144,607	-231.68
<b>Total Residential &amp; Nursing Care</b>	<b>1,014,030</b>	<b>1,095,010</b>	<b>1,079,321</b>	<b>65,291</b>	<b>6.44</b>
Other Services Independent	1,271,606	1,308,684	1,259,976	-11,630	-0.91
Homecare Independent	704,030	747,634	826,777	122,747	17.43
<b>Total Care in Peoples Homes</b>	<b>1,975,636</b>	<b>2,056,318</b>	<b>2,086,753</b>	<b>111,117</b>	<b>5.62</b>
Day Care Independent	280,645	280,645	315,734	35,089	12.50
<b>Total Day Care</b>	<b>280,645</b>	<b>280,645</b>	<b>315,734</b>	<b>35,089</b>	<b>12.50</b>
Other Independent Services	156,088	190,970	165,363	9,275	5.94
<b>Total Advice, Information etc.</b>	<b>156,088</b>	<b>190,970</b>	<b>165,363</b>	<b>9,275</b>	<b>5.94</b>
Management & Admin Services	0	0	0	0	0.00
<b>Total Management &amp; Admin</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>Total PDSI Assess &amp; Care Management</b>	<b>4,729,619</b>	<b>4,937,564</b>	<b>5,007,789</b>	<b>278,170</b>	<b>5.88</b>
Assess & Care Manag't - Safeguarding	85,973	85,973	63,889	-22,084	-25.69
<b>Total Assess &amp; Care Management</b>	<b>85,973</b>	<b>85,973</b>	<b>63,889</b>	<b>-22,084</b>	<b>-25.69</b>
Manag't & Admin Support - Safeguarding	58,187	58,187	67,390	9,203	15.82
<b>Total Management &amp; Admin</b>	<b>58,187</b>	<b>58,187</b>	<b>67,390</b>	<b>9,203</b>	<b>15.82</b>
<b>Total Assessment &amp; Care Management</b>	<b>27,563,415</b>	<b>26,828,345</b>	<b>26,972,538</b>	<b>-590,877</b>	<b>-2.14</b>

## SERVICE UNIT: ADULT SERVICES - NET FIGURES

Revenue Outturn 2008/2009

April to March 2009

1.	2.	3.	4.	5.	6.	
<u>Division of Service</u>	<u>Approved Budget</u>	<u>Last BMR 27.04.09</u>	<u>Actual Outturn</u>	<u>Actual under(-) Over(+)</u>	<u>Spend</u>	<u>Under/over spending as % of Budget</u>
	£	£	£	£	%	
<b>Independent Living</b>						
Residential Care In House	412,094	434,178	433,855	21,761	5.28	
Equipment In House	526,178	530,152	557,546	31,368	5.96	
Extra Care Housing	811,577	680,577	629,539	-182,038	-22.43	
<b>Total Independent Living</b>	<b>1,749,849</b>	<b>1,644,907</b>	<b>1,620,940</b>	<b>-128,909</b>	<b>-7.37</b>	
<b>Health &amp; Well Being</b>						
Residential Care In House	5,701,748	5,533,812	5,374,154	-327,594	-5.75	
<b>Total Residential &amp; Nursing Care</b>	<b>5,701,748</b>	<b>5,533,812</b>	<b>5,374,154</b>	<b>-327,594</b>	<b>-5.75</b>	
Homecare In House	6,888,712	8,307,118	8,331,275	1,442,563	20.94	
Meals In House	92,549	78,222	108,932	16,383	17.70	
<b>Total Care in Peoples Homes</b>	<b>6,981,261</b>	<b>8,385,340</b>	<b>8,440,207</b>	<b>1,458,946</b>	<b>20.90</b>	
Day Care In House	846,515	938,391	904,091	57,576	6.80	
<b>Total Day Care</b>	<b>846,515</b>	<b>938,391</b>	<b>904,091</b>	<b>57,576</b>	<b>6.80</b>	
Other Services Independent	167,668	157,421	172,680	5,012	2.99	
<b>Total Advice, Information etc.</b>	<b>167,668</b>	<b>157,421</b>	<b>172,680</b>	<b>5,012</b>	<b>2.99</b>	
Management & Admin Services	3,399,419	3,385,786	2,970,311	-429,108	-12.62	
Director of Health and Well Being	209,646	216,430	252,982	43,336	20.67	
<b>Total Management &amp; Admin</b>	<b>3,609,065</b>	<b>3,602,216</b>	<b>3,223,293</b>	<b>-385,772</b>	<b>-10.69</b>	
<b>Total Older People Services</b>	<b>17,306,257</b>	<b>18,617,180</b>	<b>18,114,424</b>	<b>808,167</b>	<b>4.67</b>	
<b>Learning Disability Services</b>						
Assess & Care Management	889,929	908,849	915,578	25,649	2.88	
Assess & Care Management-Health	0	0	0	0	0.00	
<b>Total Assessment &amp; Care Management</b>	<b>889,929</b>	<b>908,849</b>	<b>915,578</b>	<b>25,649</b>	<b>2.88</b>	
Residential Care In House	1,523,289	1,535,757	1,547,808	24,519	1.61	
Nursing/Res Care Independent	5,193,137	5,202,525	5,227,505	34,368	0.66	
<b>Total Residential &amp; Nursing Care</b>	<b>6,716,426</b>	<b>6,738,282</b>	<b>6,775,313</b>	<b>58,887</b>	<b>0.88</b>	
Supported & Other Accommodation	582,285	586,822	589,678	7,393	1.27	
Supported & Other Acc. Independent	1,934,577	1,653,368	1,692,608	-241,969	-12.51	
Other Services Independent	297,709	122,122	135,101	-162,608	-54.62	
Homecare Independent	33,760	17,405	17,406	-16,354	-48.44	
In House Care Other	204,754	190,993	192,590	-12,164	-5.94	
<b>Total Care in Peoples Homes</b>	<b>3,053,085</b>	<b>2,570,710</b>	<b>2,627,383</b>	<b>-425,702</b>	<b>-13.94</b>	
Day Care In House	3,104,888	3,204,686	3,232,400	127,512	4.11	
Day Care Independent	383,947	328,202	329,716	-54,231	-14.12	
Day Care Health	0	0	0	0	0.00	
<b>Total Day Care</b>	<b>3,488,835</b>	<b>3,532,888</b>	<b>3,562,116</b>	<b>73,281</b>	<b>2.10</b>	
Other Independent Services	334,204	332,239	325,386	-8,818	-2.64	
<b>Total Advice, Information etc.</b>	<b>334,204</b>	<b>332,239</b>	<b>325,386</b>	<b>-8,818</b>	<b>-2.64</b>	
Management & Admin Services	0	0	0	0	0.00	
<b>Total Management &amp; Admin</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	
<b>Total Learning Disability Services</b>	<b>14,482,479</b>	<b>14,082,968</b>	<b>14,205,776</b>	<b>-276,703</b>	<b>-1.91</b>	

## SERVICE UNIT: ADULT SERVICES - NET FIGURES

Revenue Outturn 2008/2009

April to March 2009

1.	2.	3.	4.	5.	6.
<u>Division of Service</u>	Approved Budget	Last BMR 27.04.09	Actual Outturn	Actual under(-) Over(+) Spend	Under/over spending as % of Budget
	£	£	£	£	%
<b>Mental Health Services</b>					
Assess & Care Management	1,431,231	1,382,231	1,445,471	14,240	0.99
<b>Total Assessment &amp; Care Management</b>	<b>1,431,231</b>	<b>1,382,231</b>	<b>1,445,471</b>	<b>14,240</b>	<b>0.99</b>
Residential Care In House	13,299	13,299	15,789	2,490	18.72
Nursing/Res.Care Independent	992,126	982,507	1,015,315	23,189	2.34
Supported & Other Accommodat.Independent	212,626	207,620	207,620	-5,006	-2.35
<b>Total Residential &amp; Nursing Care</b>	<b>1,218,051</b>	<b>1,203,426</b>	<b>1,238,725</b>	<b>20,674</b>	<b>1.70</b>
Homecare In House	12,807	15,855	16,070	3,263	25.48
Other Services Independent	417,644	411,033	411,603	-6,041	-1.45
Homecare Independent	148,187	95,581	95,581	-52,606	-35.50
<b>Total Care in Peoples Homes</b>	<b>578,638</b>	<b>522,469</b>	<b>523,254</b>	<b>-55,384</b>	<b>-9.57</b>
Day Care In House	297,707	290,125	282,154	-15,553	-5.22
Day Care Independent	223,129	215,346	215,346	-7,783	-3.49
<b>Total Day Care</b>	<b>520,836</b>	<b>505,471</b>	<b>497,500</b>	<b>-23,336</b>	<b>-4.48</b>
Other Independent Services	151,978	280,234	308,663	156,685	103.10
<b>Total Advice, Information etc.</b>	<b>151,978</b>	<b>280,234</b>	<b>308,663</b>	<b>156,685</b>	<b>103.10</b>
Management & Admin Services	1,675	1,891	1,888	213	12.69
<b>Total Management &amp; Admin</b>	<b>1,675</b>	<b>1,891</b>	<b>1,888</b>	<b>213</b>	<b>12.69</b>
<b>Total Mental Health Services</b>	<b>3,902,409</b>	<b>3,895,722</b>	<b>4,015,501</b>	<b>113,092</b>	<b>2.90</b>
<u>Service Totals</u>	<u>69,738,124</u>	<u>69,738,124</u>	<u>69,697,362</u>	<u>-40,762</u>	<u>-0.06</u>



## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

Revenue Outturn 2008/2009 - GROSS EXPENDITURE

## April to March 2009

1.	2.	3.	4.	5.	6.
<u>Division of Service</u>	<u>Approved Budget</u>	<u>Last BMR 27.04.09</u>	<u>Actual Outturn</u>	<u>Actual Under(-)/ Over(+) spend</u>	<u>Under/over spending as % of Budget</u>
	£	£	£	£	%
<b>Commissioning &amp; Partnerships</b>					
Human Resources Charge (RBT)	50,925	48,412	48,416	-2,509	-4.93
Director of Commissioning & Partnerships	200,716	173,140	189,645	-11,071	-5.52
Business Support costs	17,245	26,252	26,814	9,569	55.49
Strategy and Planning	474,863	421,337	537,769	62,906	13.25
Workforce, Planning, Dev & Training	1,199,665	1,169,665	1,146,296	-53,369	-4.45
Service Performance	334,959	400,463	370,172	35,213	10.51
Innovations	574,552	574,552	692,834	118,282	20.59
Service Quality	575,714	575,714	722,757	147,043	25.54
Business Unit	2,419,469	2,380,415	2,306,750	-112,719	-4.66
Administrative Support	210,629	188,455	196,459	-14,170	-6.73
Adults Corporate Costs	440,895	461,952	456,616	15,721	3.57
Supporting People	7,870,188	7,870,188	7,559,460	-310,728	-3.95
<b>Total Commissioning &amp; Partnerships</b>	<b>14,369,820</b>	<b>14,290,545</b>	<b>14,253,990</b>	<b>-115,830</b>	<b>-0.81</b>
<b>Assessment &amp; Care Management</b>					
<b>Older People</b>					
Assessment & Care Management	4,820,315	4,366,494	4,688,134	-132,181	-2.74
N/Home Placements-Res.Care Independent	17,384,613	18,143,611	26,336,551	8,951,938	51.49
Homecare Independent	4,583,818	4,230,434	4,266,290	-317,528	-6.93
Day Care Independent	430,842	430,842	430,842	0	0.00
Other Independent Services	716,134	734,453	799,955	83,821	11.70
<b>Total OP Assess &amp; Care Management</b>	<b>27,935,722</b>	<b>27,905,834</b>	<b>36,521,773</b>	<b>8,586,051</b>	<b>30.74</b>
<b>Physical &amp; Sensory Disabilities</b>					
Assess & Care Management	1,389,946	1,456,547	1,528,726	138,780	9.98
<b>Total Assessment &amp; Care Management</b>	<b>1,389,946</b>	<b>1,456,547</b>	<b>1,528,726</b>	<b>138,780</b>	<b>9.98</b>
Nursing/Res.Care Independent	1,114,114	1,488,136	1,742,661	628,547	56.42
Supported & Other Accommodatn.Independent	62,416	62,416	102,208	39,792	63.75
<b>Total Residential &amp; Nursing Care</b>	<b>1,176,530</b>	<b>1,550,552</b>	<b>1,844,870</b>	<b>668,340</b>	<b>56.81</b>
Other Services Independent	1,338,080	1,375,158	1,384,040	45,960	3.43
Homecare Independent	704,896	748,500	996,297	291,401	41.34
<b>Total Care in Peoples Homes</b>	<b>2,042,976</b>	<b>2,123,658</b>	<b>2,380,336</b>	<b>337,360</b>	<b>16.51</b>
Day Care Independent	312,897	312,897	347,986	35,089	11.21
<b>Total Day Care</b>	<b>312,897</b>	<b>312,897</b>	<b>347,986</b>	<b>35,089</b>	<b>11.21</b>
Other Independent Services	156,088	190,970	165,363	9,275	5.94
<b>Total Advice, Information etc.</b>	<b>156,088</b>	<b>190,970</b>	<b>165,363</b>	<b>9,275</b>	<b>5.94</b>
Management & Admin Services	0	0	0	0	0.00
<b>Total Management &amp; Admin</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>Total PDSI Assess &amp; Care Management</b>	<b>5,078,437</b>	<b>5,634,624</b>	<b>6,267,281</b>	<b>1,188,844</b>	<b>23.41</b>
Assess & Care Manag't - Safeguarding	85,973	85,973	63,889	-22,084	-25.69
<b>Total Assessment &amp; Care Management</b>	<b>85,973</b>	<b>85,973</b>	<b>63,889</b>	<b>-22,084</b>	<b>-25.69</b>
Manag't & Admin Support - Safeguarding	131,201	131,201	79,651	-51,550	-39.29
<b>Total Management &amp; Admin</b>	<b>131,201</b>	<b>131,201</b>	<b>79,651</b>	<b>-51,550</b>	<b>-39.29</b>
<b>Total Assessment &amp; Care Management</b>	<b>33,231,333</b>	<b>33,757,632</b>	<b>42,932,594</b>	<b>9,701,261</b>	<b>29.19</b>

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

Revenue Outturn 2008/2009 - GROSS EXPENDITURE

April to March 2009

1.	2.	3.	4.	5.	6.
<u>Division of Service</u>	<u>Approved Budget</u>	<u>Last BMR 27.04.09</u>	<u>Actual Outturn</u>	<u>Actual Under(-)/ Over(+)</u>	<u>Under/over spending as % of Budget</u>
	£	£	£	£	%
<b>Independent Living</b>					
Residential Care In House	419,552	441,636	433,175	13,623	3.25
Equipment In House	526,178	555,652	569,474	43,296	8.23
Extra Care Housing	950,931	819,931	776,279	-174,652	-18.37
<b>Total Independent Living</b>	<b>1,896,661</b>	<b>1,817,219</b>	<b>1,778,928</b>	<b>-117,733</b>	<b>-6.21</b>
<b>Health and Well being</b>					
<b>Older People</b>					
Residential Care In House	7,378,723	7,109,725	6,914,974	-463,749	-6.28
<b>Total Residential &amp; Nursing care</b>	<b>7,378,723</b>	<b>7,109,725</b>	<b>6,914,974</b>	<b>-463,749</b>	<b>-6.28</b>
Homecare In House	9,103,211	10,421,617	10,403,531	1,300,320	14.28
Meals In House	998,775	984,448	875,815	-122,960	-12.31
<b>Total Care in Peoples Homes</b>	<b>10,101,986</b>	<b>11,406,065</b>	<b>11,279,346</b>	<b>1,177,360</b>	<b>11.65</b>
Day Care In House	1,469,497	1,502,336	1,456,779	-12,718	-0.87
<b>Total Day Care</b>	<b>1,469,497</b>	<b>1,502,336</b>	<b>1,456,779</b>	<b>-12,718</b>	<b>-0.87</b>
Other Services Independent	167,668	163,368	203,508	35,840	21.38
<b>Total Advice, information etc</b>	<b>167,668</b>	<b>163,368</b>	<b>203,508</b>	<b>35,840</b>	<b>21.38</b>
Management & Admin Services	3,498,095	3,555,992	3,296,070	-202,025	-5.78
Director of Health and Well Being	209,646	216,430	252,982	43,336	20.67
<b>Total Management &amp; Admin</b>	<b>3,707,741</b>	<b>3,772,422</b>	<b>3,549,052</b>	<b>-158,689</b>	<b>-4.28</b>
<b>Total Older People Services</b>	<b>22,825,615</b>	<b>23,953,916</b>	<b>23,403,659</b>	<b>578,044</b>	<b>2.53</b>
<b>Learning Disability Services</b>					
Assess & Care Management	1,066,946	1,085,866	1,285,497	218,551	20.48
Assess & Care Management-Health	0	0	3,333,199	3,333,199	0.00
<b>Total Assessment &amp; Care Management</b>	<b>1,066,946</b>	<b>1,085,866</b>	<b>4,618,696</b>	<b>3,551,750</b>	<b>332.89</b>
Residential Care In House	1,642,310	1,654,778	1,675,189	32,879	2.00
Nursing/Res Care Independent	9,801,366	9,987,536	12,762,463	2,961,097	30.21
<b>Total Residential &amp; Nursing Care</b>	<b>11,443,676</b>	<b>11,642,314</b>	<b>14,437,652</b>	<b>2,993,976</b>	<b>26.16</b>
Supported & Other Accommodation	826,999	831,536	803,366	-23,633	-2.86
Supported & Other Acc. Independent	4,397,859	4,073,922	5,127,089	729,230	16.58
Other Services Independent	297,709	205,988	352,925	55,216	18.55
Homecare Independent	40,277	23,922	19,997	-20,280	-50.35
In House Care Other	235,079	235,079	232,032	-3,047	-1.30
<b>Total Care in Peoples Homes</b>	<b>5,797,923</b>	<b>5,370,447</b>	<b>6,535,410</b>	<b>737,487</b>	<b>12.72</b>
Day Care In House	3,411,647	3,511,445	3,522,530	110,883	3.25
Day Care Independent	449,837	394,092	444,616	-5,221	-1.16
Day Care Health	0	0	434,929	434,929	0.00
<b>Total Day Care</b>	<b>3,861,484</b>	<b>3,905,537</b>	<b>4,402,075</b>	<b>540,591</b>	<b>14.00</b>
Other Independent Services	521,865	519,900	515,577	-6,288	-1.20
<b>Total Advice, Information etc.</b>	<b>521,865</b>	<b>519,900</b>	<b>515,577</b>	<b>-6,288</b>	<b>-1.20</b>
Management & Admin Services	0	0	0	0	0.00
<b>Total Management &amp; Admin</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

SERVICE UNIT: ADULT SERVICES

Revenue Outturn 2008/2009 - GROSS EXPENDITURE

April to March 2009

1.	2.	3.	4.	5.	6.
<u>Division of Service</u>	Approved Budget	Last BMR <u>27.04.09</u>	Actual Outturn	Actual Under(-)/ Over(+) spend	Under/over spending as % of Budget
	£	£	£	£	%
<b>Total Learning Disability Services</b>	<b>22,691,894</b>	<b>22,524,064</b>	<b>30,509,409</b>	<b>7,817,515</b>	<b>34.45</b>

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

Revenue Outturn 2008/2009 - GROSS EXPENDITURE

April to March 2009

1.	2.	3.	4.	5.	6.
<u>Division of Service</u>	<u>Approved Budget</u>	<u>Last BMR 27.04.09</u>	<u>Actual Outturn</u>	<u>Actual Under(-)/ Over(+) spend</u>	<u>Under/over spending as % of Budget</u>
	£	£	£	£	%
<b>Mental Health Services</b>					
Assess & Care Management	2,307,449	2,258,449	2,356,508	49,059	2.13
<b>Total Assessment &amp; Care Management</b>	<b>2,307,449</b>	<b>2,258,449</b>	<b>2,356,508</b>	<b>49,059</b>	<b>2.13</b>
Residential Care In House	37,561	37,561	40,051	2,490	6.63
Nursing/Res.Care Independent	1,073,219	1,363,124	1,487,216	413,997	38.58
Supported & Other Accommodat.Independent	310,360	305,354	327,286	16,926	5.45
<b>Total Residential &amp; Nursing Care</b>	<b>1,421,140</b>	<b>1,706,039</b>	<b>1,854,553</b>	<b>433,413</b>	<b>30.50</b>
Homecare In House	43,283	46,331	46,546	3,263	7.54
Other Services Independent	450,284	443,673	444,243	-6,041	-1.34
Homecare Independent	148,187	95,581	151,642	3,455	2.33
<b>Total Care in Peoples Homes</b>	<b>641,754</b>	<b>585,585</b>	<b>642,431</b>	<b>677</b>	<b>0.11</b>
Day Care In House	399,754	392,172	387,298	-12,456	-3.12
Day Care Independent	223,129	215,346	215,346	-7,783	-3.49
<b>Total Day Care</b>	<b>622,883</b>	<b>607,518</b>	<b>602,644</b>	<b>-20,239</b>	<b>-3.25</b>
Other Independent Services	179,518	307,774	336,203	156,685	87.28
<b>Total Advice, Information etc.</b>	<b>179,518</b>	<b>307,774</b>	<b>336,203</b>	<b>156,685</b>	<b>87.28</b>
Management & Admin Services	13,915	14,131	14,128	213	1.53
<b>Total Management &amp; Admin</b>	<b>13,915</b>	<b>14,131</b>	<b>14,128</b>	<b>213</b>	<b>1.53</b>
<b>Total Mental Health Services</b>	<b>5,186,659</b>	<b>5,479,496</b>	<b>5,806,467</b>	<b>619,808</b>	<b>11.95</b>
<u>Service Totals</u>	<u>100,201,982</u>	<u>101,822,872</u>	<u>118,685,047</u>	<u>18,483,065</u>	<u>18.45</u>

## PROGRAMME AREA: SOCIAL SERVICES

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

## Revenue Outturn 2008/2009 - GROSS INCOME

## April to March 2009

1.	2.	3	4	5	6
<u>Division of Service</u>	<u>Approved Budget</u>	<u>Last BMR 27.04.09</u>	<u>Actual Outturn</u>	<u>Projected Under(-)/ Over(+) spend</u>	<u>Under/over spending as % of Budget</u>
	£	£	£	£	%
<b>Commissioning &amp; Partnerships</b>					
Human Resources Charge (RBT)	0	0	0	0	0.00
Director of Commissioning & Partnerships	-37,000	-37,000	-60,259	-23,259	62.86
Business Support costs	0	0	-220	-220	0.00
Strategy and Planning	-58,000	-58,000	-188,726	-130,726	225.39
Workforce, Planning, Dev & Training	-957,621	-1,117,059	-1,093,234	-135,613	14.16
Service Performance	0	0	-66,216	-66,216	0.00
Innovations	-481,295	-481,295	-376,624	104,671	-21.75
Service Quality	-144,856	29,144	-111,862	32,994	-22.78
Business Unit	-161,714	-161,714	-94,820	66,894	-41.37
Administrative Support	-22,184	-22,184	-31,139	-8,955	40.37
Adults Corporate Costs	0	0	0	0	0.00
Supporting People	-7,773,435	-7,773,435	-7,462,707	310,728	-4.00
<b>Total Commissioning &amp; Partnerships</b>	<b>-9,636,105</b>	<b>-9,621,543</b>	<b>-9,485,808</b>	<b>150,298</b>	<b>-1.56</b>
<b>Assessment &amp; Care Management</b>					
<b>Older People</b>					
Assess & Care Management	-153,777	-200,503	-458,430	-304,653	198.11
N/Home Placements-Res.Care Independent	-3,548,398	-4,429,698	-12,530,193	-8,981,795	253.12
Homecare Independent	-1,043,011	-1,043,011	-1,156,611	-113,600	10.89
Day Care Independent	-219,912	-205,013	-205,013	14,899	-6.77
Other Independent Services	-280,988	-280,988	-338,055	-57,067	20.31
<b>Total OP Assess &amp; Care Management</b>	<b>-5,246,086</b>	<b>-6,159,213</b>	<b>-14,688,302</b>	<b>-9,442,216</b>	<b>179.99</b>
<b>Physical &amp; Sensory Disabilities</b>					
Assess & Care Management	-86,726	-141,926	-168,108	-81,382	93.84
<b>Total Assessment &amp; Care Management</b>	<b>-86,726</b>	<b>-141,926</b>	<b>-168,108</b>	<b>-81,382</b>	<b>93.84</b>
Nursing/Res.Care Independent	-162,500	-329,955	-581,149	-418,649	257.63
Supported & Other Accommodat.Independent	0	-125,587	-184,400	-184,400	0.00
<b>Total Residential &amp; Nursing Care</b>	<b>-162,500</b>	<b>-455,542</b>	<b>-765,549</b>	<b>-603,049</b>	<b>371.11</b>
Other Services Independent	-66,474	-66,474	-124,064	-57,590	86.64
Homecare Independent	-866	-866	-169,519	-168,653	19474.97
<b>Total Care in Peoples Homes</b>	<b>-67,340</b>	<b>-67,340</b>	<b>-293,583</b>	<b>-226,243</b>	<b>335.97</b>
Day Care Independent	-32,252	-32,252	-32,252	0	0.00
<b>Total Day Care</b>	<b>-32,252</b>	<b>-32,252</b>	<b>-32,252</b>	<b>0</b>	<b>0.00</b>
Other In House Services	0	0	0	0	0.00
Other Independent Services	0	0	0	0	0.00
<b>Total Advice, Information etc.</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
Management & Admin Services	0	0	0	0	0.00
<b>Total Management &amp; Admin</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>Total PDSI Assess &amp; Care Management</b>	<b>-348,818</b>	<b>-697,060</b>	<b>-1,259,492</b>	<b>-910,674</b>	<b>261.07</b>
Assess & Care Manag't - Safeguarding	0	0	0	0	0.00
<b>Total Assessment &amp; Care Management</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
Manag't & Admin Support - Safeguarding	-73,014	-73,014	-12,261	60,753	-83.21
<b>Total Management &amp; Admin</b>	<b>-73,014</b>	<b>-73,014</b>	<b>-12,261</b>	<b>60,753</b>	<b>-83.21</b>
<b>Total Assessment &amp; Care Management</b>	<b>-5,667,918</b>	<b>-6,929,287</b>	<b>-15,960,055</b>	<b>-10,292,137</b>	<b>181.59</b>

## PROGRAMME AREA: SOCIAL SERVICES

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

## Revenue Outturn 2008/2009 - GROSS INCOME

## April to March 2009

1.	2.	3.	4.	5.	6.
<u>Division of Service</u>	<u>Approved Budget</u>	<u>Last BMR 27.04.09</u>	<u>Actual Outturn</u>	<u>Projected Under(-)/ Over(+) spend</u>	<u>Under/over spending as % of Budget</u>
	£	£	£	£	%
<b>Independent Living</b>					
Residential Care In House	-7,458	-7,458	680	8,138	-109.12
Equipment In House	0	-25,500	-11,928	-11,928	0.00
Extra Care Housing	-139,354	-139,354	-146,740	-7,386	5.30
<b>Total Independent Living</b>	<b>-146,812</b>	<b>-172,312</b>	<b>-157,988</b>	<b>-11,176</b>	<b>7.61</b>
<b>Health and Well being</b>					
<b>Older People</b>					
Residential Care In House	-1,676,975	-1,575,913	-1,540,820	136,155	-8.12
<b>Total Residential &amp; Nursing Care</b>	<b>-1,676,975</b>	<b>-1,575,913</b>	<b>-1,540,820</b>	<b>136,155</b>	<b>-8.12</b>
Homecare In House	-2,214,499	-2,114,499	-2,072,256	142,243	-6.42
Meals In House	-906,226	-906,226	-766,883	139,343	-15.38
<b>Total Care in Peoples Homes</b>	<b>-3,120,725</b>	<b>-3,020,725</b>	<b>-2,839,139</b>	<b>281,586</b>	<b>-9.02</b>
Day Care In House	-622,982	-563,945	-552,689	70,293	-11.28
<b>Total Day Care</b>	<b>-622,982</b>	<b>-563,945</b>	<b>-552,689</b>	<b>70,293</b>	<b>-11.28</b>
Management & Admin Services	-98,676	-170,206	-325,759	-227,083	230.13
Other Services Independent	0	-5,947	-30,828	-30,828	0.00
<b>Total Management &amp; Admin</b>	<b>-98,676</b>	<b>-176,153</b>	<b>-356,587</b>	<b>-257,911</b>	<b>261.37</b>
<b>Total Older People</b>	<b>-5,519,358</b>	<b>-5,336,736</b>	<b>-5,289,235</b>	<b>230,123</b>	<b>-4.17</b>
<b>Learning Disability Services</b>					
Assess & Care Management	-177,017	-177,017	-369,919	-192,902	108.97
Assess & Care Management-Health	0	0	-3,333,199	-3,333,199	0.00
<b>Total Assessment &amp; Care Management</b>	<b>-177,017</b>	<b>-177,017</b>	<b>-3,703,118</b>	<b>-3,526,101</b>	<b>1991.96</b>
Residential Care In House	-119,021	-119,021	-127,381	-8,360	7.02
Nursing/Res Care Independent	-4,608,229	-4,785,011	-7,534,958	-2,926,729	63.51
<b>Total Residential &amp; Nursing Care</b>	<b>-4,727,250</b>	<b>-4,904,032</b>	<b>-7,662,339</b>	<b>-2,935,089</b>	<b>62.09</b>
Supported & Other Accommodation	-244,714	-244,714	-213,688	31,026	-12.68
Supported & Other Acc. Independent	-2,463,282	-2,420,554	-3,434,481	-971,199	39.43
Other Services Independent	0	-83,866	-217,824	-217,824	0.00
Homecare Independent	-6,517	-6,517	-2,591	3,926	-60.24
In House Care Other	-30,325	-44,086	-39,442	-9,117	30.06
<b>Total Care in Peoples Homes</b>	<b>-2,744,838</b>	<b>-2,799,737</b>	<b>-3,908,027</b>	<b>-1,163,189</b>	<b>42.38</b>
Day Care In House	-306,759	-306,759	-290,129	16,630	-5.42
Day Care Independent	-65,890	-65,890	-114,900	-49,010	74.38
Day Care Health	0	0	-434,929	-434,929	0.00
<b>Total Day Care</b>	<b>-372,649</b>	<b>-372,649</b>	<b>-839,958</b>	<b>-467,309</b>	<b>125.40</b>
Other Independent Services	-187,661	-187,661	-190,190	-2,529	1.35
<b>Total Advice, Information etc.</b>	<b>-187,661</b>	<b>-187,661</b>	<b>-190,190</b>	<b>-2,529</b>	<b>1.35</b>
Management & Admin Services	0	0	0	0	0.00
<b>Total Management &amp; Admin</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>Total Learning Disability Services</b>	<b>-8,209,415</b>	<b>-8,441,096</b>	<b>-16,303,633</b>	<b>-8,094,218</b>	<b>98.60</b>

PROGRAMME AREA: SOCIAL SERVICES

DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

SERVICE UNIT: ADULT SERVICES

## Revenue Outturn 2008/2009 - GROSS INCOME

April to March 2009

1.	2.	3	4	5	6
<u>Division of Service</u>	<u>Approved Budget</u>	<u>Last BMR 27.04.09</u>	<u>Actual Outturn</u>	<u>Projected Under(-)/ Over(+) spend</u>	<u>Under/over spending as % of Budget</u>
	£	£	£	£	%
<b>Mental Health Services</b>					
Assess & Care Management	-876,218	-876,218	-911,037	-34,819	3.97
<b>Total Assessment &amp; Care Management</b>	<b>-876,218</b>	<b>-876,218</b>	<b>-911,037</b>	<b>-34,819</b>	<b>3.97</b>
Residential Care In House	-24,262	-24,262	-24,262	0	0.00
Nursing/Res.Care Independent	-81,093	-380,617	-471,901	-390,808	481.93
Supported & Other Accommodat.Independent	-97,734	-97,734	-119,665	-21,931	22.44
<b>Total Residential &amp; Nursing Care</b>	<b>-203,089</b>	<b>-502,613</b>	<b>-615,828</b>	<b>-412,739</b>	<b>203.23</b>
Homecare In House	-30,476	-30,476	-30,476	0	0.00
Other Services Independent	-32,640	-32,640	-32,640	0	0.00
Homecare Independent	0	0	-56,061	-56,061	0.00
<b>Total Care in Peoples Homes</b>	<b>-63,116</b>	<b>-63,116</b>	<b>-119,177</b>	<b>-56,061</b>	<b>88.82</b>
Day Care In House	-102,047	-102,047	-105,144	-3,097	3.04
Day Care Independent	0	0	0	0	0.00
<b>Total Day Care</b>	<b>-102,047</b>	<b>-102,047</b>	<b>-105,144</b>	<b>-3,097</b>	<b>3.04</b>
Other Independent Services	-27,540	-27,540	-27,540	0	0.00
<b>Total Advice, Information etc.</b>	<b>-27,540</b>	<b>-27,540</b>	<b>-27,540</b>	<b>0</b>	<b>0.00</b>
Management & Admin Services	-12,240	-12,240	-12,240	0	0.00
<b>Total Management &amp; Admin</b>	<b>-12,240</b>	<b>-12,240</b>	<b>-12,240</b>	<b>0</b>	<b>0.00</b>
<b>Total Mental Health Services</b>	<b>-1,284,250</b>	<b>-1,583,774</b>	<b>-1,790,966</b>	<b>-506,716</b>	<b>39.46</b>
<u>Service Totals</u>	<u><b>-30,463,858</b></u>	<u><b>-32,084,748</b></u>	<u><b>-48,987,685</b></u>	<u><b>-18,523,827</b></u>	<u><b>60.81</b></u>

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

**SERVICE UNIT: ADULT SERVICES**Revenue Outturn 2008/2009 - Reasons for Variance from Approved Budget

1.	2.	3.
Division of Service	Under(-)/ Over(+) Spending £	%  <u>Reasons for key variances (+/- £25k or +/- 5%)</u>
<b>Commissioning &amp; Partnerships</b>		
Human Resources charge (RBT)	-2,509	-4.93
Director of Commissioning & Partnerships	-34,330	-20.97 Underspend on AIDS/HIV support.
Business Support costs	9,349	54.21 Overspend on RBT affordability being partly offset by underspend on Business Support cost of equipment and fittings.
Strategy and Planning	-67,820	-16.27 Saving on Strategy and Policy managers vacant post, unbudgeted income from Health towards employee costs. Underspend reducing costs within Service Quality.
Workforce, Planning, Dev & Training	-188,982	-78.08 Planned saving on training and underspend on Mental Capacity c/fwd from 07/08 as part of management action to offset pressures within Innovations and Service Quality.
Service Performance	-31,003	-9.26 Income offsetting pressures from unfunded posts within Service Performance and Quality.
Innovations	222,954	239.07 Under recovery of income against budget, overspend on unfunded posts. Reduced by efficiency savings on non-pay budgets and RBT affordability charge less than budget.
Service Quality	180,037	41.79 Overspend on unfunded posts, under recovery of income, overspend on Service Quality non-pay budgets transferred from Neighbourhoods. Reduced by planned savings within overall Commissioning & Partnerships budgets.
Business Unit	-45,825	-2.03 Underspend on affordability charge from RBT plus pump priming income used to fund staffing costs for Personalisation.
Administrative Support	-23,125	-12.27 Additional income recovered by Court of Protection section and part year staff vacancy in Finance Team.
Adults Corporate Costs	15,721	3.57
Supporting People	0	0.00
<b>Total Commissioning &amp; Partnerships</b>	<b>34,467</b>	<b>0.73</b>



## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

Revenue Outturn 2008/2009 - Reasons for Variance from Approved Budget

1.	2.	3.
<u>Division of Service</u>	<u>Under(-)/ Over(+) Spending £</u>	<u>Reasons for key variances (+/- £25k or +/- 5%) %</u>
<b>Assessment &amp; Care Management</b>		
<b>Older People</b>		
Assessment & Care Management	-436,834	-9.36 Vacant posts within Social Work Teams plus underspend on intermediate care pooled budget.
N/Home Placements-Res.Care Independent	-29,857	-0.22 Additional income due to increase in placements plus underspend on intermediate care beds.
Homecare Independent	-431,128	-12.18 Delays in shifting the balance of home care from in-house to independent sector.
Day Care Independent	14,899	7.06 Under recovery of day care transport and meals income against budget.
Other Independent Services	26,754	6.15 PC support and Mobile phone rental costs over and above budget.
<b>Total OP Assess &amp; Care Management</b>	<b>-856,165</b>	<b>-3.77</b>
<b>Physical &amp; Sensory Disabilities</b>		
Assessment & Care Management	57,398	4.40 Overspend on Community Occupational Therapy agreement.
<b>Total Assessment &amp; Care Management</b>	<b>57,398</b>	<b>4.40</b>
Nursing/Res.Care Independent	209,899	22.06 Increased demand (+ 4 placements) and average cost of placement.
Supported & Other Accommod.Independent	-144,607	-231.68 Additional income over and above budget in respect of Rig Drive scheme.
<b>Total Residential &amp; Nursing Care</b>	<b>65,291</b>	<b>6.44</b>
Other Services Independent	-11,630	-0.91
Homecare Independent	122,747	17.43 Continued increase in demand over and above budget.
<b>Total Care in Peoples Homes</b>	<b>111,117</b>	<b>5.62</b>
Day Care Independent	35,089	12.50 Overspend on Scope Day care contract.
<b>Total Day Care</b>	<b>35,089</b>	<b>12.50</b>
Other Independent Services	9,275	5.94 Overspend on Accommodation costs for clients pending Asylum Seekers application.
<b>Total Advice, Information etc.</b>	<b>9,275</b>	<b>5.94</b>
Management & Admin Services	0	0.00
<b>Total Management &amp; Admin</b>	<b>0</b>	<b>0.00</b>
<b>Total PDSI Assess &amp; Care Management</b>	<b>278,170</b>	<b>5.88</b>

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

**SERVICE UNIT: ADULT SERVICES**Revenue Outturn 2008/2009 - Reasons for Variance from Approved Budget

1.	2.	3.
<u>Division of Service</u>	<u>Under(-)/ Over(+) Spending £</u>	<u>Reasons for key variances (+/- £25k or +/- 5%) %</u>
Assess & Care Manag't - Safeguarding	-22,084	-25.69 Underspend on salaries due to vacant posts
<b>Total Assessment &amp; Care Management</b>	<b>-22,084</b>	<b>-25.69</b>
Manag't & Admin Support - Safeguarding	9,203	15.82 Unbudgeted IT support costs
<b>Total Management &amp; Admin</b>	<b>9,203</b>	<b>15.82</b>
<b>Total Assessment &amp; Care Management</b>	<b>-590,877</b>	<b>-2.14</b>
<b>Independent Living</b>		
Residential Care In House	21,761	5.28 Overspend on employee costs at Grafton House.
Equipment In House	31,368	5.96 Overspend on running costs at Kirk House Resource Centre.
Extra Care Housing	-182,038	-22.43 Underspend due to re-configuration of Extra Care Housing, staffing vacancies were not filled pending the outcome of the review and the opening of the third unit at Backersfield Court.
<b>Total Independent Living</b>	<b>-128,909</b>	<b>-7.37</b>

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

Revenue Outturn 2008/2009 - Reasons for Variance from Approved Budget

1.	2.	3.
Division of Service	Under(-)/ Over(+) Spending £	% <u>Reasons for key variances (+/- £25k or +/- 5%)</u>
<b>Health &amp; Well Being</b>		
Residential Care In House	-327,594	-5.75 Underspend due to slippage in timetable for the move to the two new residential homes which were not fully operational until February 2009.
<b>Total Residential &amp; Nursing Care</b>	<b>-327,594</b>	<b>-5.75</b>
Homecare In House	1,442,563	20.94 Delays in the implementation of shifting the balance of home care to independent sector, overspend within home care management team, unachievement of budget savings within Laundry Service and a reduction in income in respect of Rothercare.
Meals In House	16,383	17.70 Overspend on running costs within Meals on Wheels.
<b>Total Care in Peoples Homes</b>	<b>1,458,946</b>	<b>20.90</b>
Day Care In House	57,576	6.80 Overspend on contract hire taxis due to rate increases, under-recovery on day care transport income, overspend on business rates.
<b>Total Day Care</b>	<b>57,576</b>	<b>6.80</b>
Other Services Independent	5,012	2.99
<b>Total Advice, Information etc.</b>	<b>5,012</b>	<b>2.99</b>
Management & Admin Services	-429,108	-12.62 Underspend on transport due to running costs including repairs and leasing costs being lower than expected (£255k), Additional income received from Scope contract and Courier Service recharges which are negotiated annually (£133k). Underspend on wages due to use of existing staff to cover vacancies rather than use of more expensive agency staff (£41k).
Director of Health and Well Being	43,336	20.68 Consultancy costs incurred in respect of Home Care reconfiguration.
<b>Total Management &amp; Admin</b>	<b>-385,773</b>	<b>-10.69</b>
<b>Total Older People</b>	<b>808,167</b>	<b>4.67</b>

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

Revenue Outturn 2008/2009 - Reasons for Variance from Approved Budget

1.	2.	3.
Division of Service	Under(-)/ Over(+) Spending £	Reasons for key variances (+/- £25k or +/- 5%) %
<b>Learning Disability Services</b>		
Assessment & Care Management	25,649	2.88 Overspend on running costs at Nelson Street due to the delay in transfer to CYP. Agreed additional staffing in Community Team to eliminate back logs being partially offset by additional Health income.
<b>Total Assessment &amp; Care Management</b>	<b>25,649</b>	<b>2.88</b>
Residential Care In House	24,519	1.61
Nursing/Res.Care Independent	34,368	0.66 Lower than forecast continuing health care income following mid-year budget transfer.
<b>Total Residential &amp; Nursing Care</b>	<b>58,887</b>	<b>0.88</b>
Supported & Other Accommodation	7,393	1.27
Supported & Other Acc. Independent	-241,969	-12.51 Delay in start up of Supported Living scheme. Full cost to be incurred in 09/10.
Other Services Independent	-162,608	-54.62 Underspend on Mencap SLA due to increase in Supporting People funding. Additional Health income than forecast on Community Support.
Homecare Independent	-16,354	-48.44 Reduction in clients within Independent Homecare.
In House Care Other	-12,164	-5.94 Underspend on payments and additional income collected on Family & Friends scheme.
<b>Total Care in Peoples Homes</b>	<b>-425,702</b>	<b>-13.94</b>
Day Care In House	127,512	4.11 Transport rates reviewed and agreed corporately mid-year. Continuing pressure on taxi/transport budget despite review and efficiencies made within service.
Day Care Independent	-54,231	-14.12 Vacancy in Day Care Ethnic Communities post and review of Older Peoples Drop in Centre resulted in efficiencies.
<b>Total Day Care</b>	<b>73,281</b>	<b>2.10</b>
Other Independent Services	-8,818	-2.64
<b>Total Advice, Information etc.</b>	<b>-8,818</b>	<b>-2.64</b>
Management & Admin Services	0	0.00
<b>Total Management &amp; Admin</b>	<b>0</b>	<b>0.00</b>
<b>Total Learning Disability Services</b>	<b>-276,703</b>	<b>-1.91</b>

## DIRECTORATE: NEIGHBOURHOODS AND ADULT SERVICES

## SERVICE UNIT: ADULT SERVICES

Revenue Outturn 2008/2009 - Reasons for Variance from Approved Budget

1.	2.	3.
Division of Service	Under(-)/ Over(+) Spending £	%  <u>Reasons for key variances (+/- £25k or +/- 5%)</u>
<b>Mental Health Services</b>		
Assessment & Care Management	14,240	0.99
<b>Total Assessment &amp; Care Management</b>	<b>14,240</b>	<b>0.99</b>
Residential Care In House	2,490	18.72 Overspend on RDASH admin salaries costs.
Nursing/Res.Care Independent	23,189	2.34
Supported & Other Accommodat.Independent	-5,006	-2.35
<b>Total Residential &amp; Nursing Care</b>	<b>20,674</b>	<b>1.70</b>
Homecare In House	3,263	25.48 Higher than predicted usage of Carers support service
Other Services Independent	-6,041	-1.45
Homecare Independent	-52,606	-35.50 Additional Health income over and above budget.
<b>Total Care in Peoples Homes</b>	<b>-55,384</b>	<b>-9.57</b>
Day Care In House	-15,553	-5.22 Vacant managers post at Clifton Court and over-recovery on income due to increased service take up.
Day Care Independent	-7,783	-3.49
<b>Total Day Care</b>	<b>-23,336</b>	<b>-4.48</b>
Other Independent Services	156,685	103.10 Increased demand for Direct payments despite management actions being applied to contain overspend.
<b>Total Advice, Information etc.</b>	<b>156,685</b>	<b>103.10</b>
Management & Admin Services	213	12.69 Unbudgeted running costs at Swallownest Court outreach.
<b>Total Management &amp; Admin</b>	<b>213</b>	<b>12.69</b>
<b>Total Mental Health Services</b>	<b>113,092</b>	<b>2.90</b>
<b>Total Adult Services</b>	<b>-40,762</b>	<b>-0.06</b>

**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>Monday 8 June 2009</b>
<b>3.</b>	<b>Title:</b>	<b>Adult Services Capital Expenditure Outturn Report 2008/09</b> - All Wards affected
<b>4.</b>	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

**5. Summary**

To inform Members of the Capital Outturn against approved budget for Adult Services for the 2008/09 financial year.

**6. Recommendations**

**That Members receive the 2008/09 Capital Outturn report for Adult Services.**

## **7. Proposals and Details**

The Capital Outturn for Adult Services for the financial year 2008/09 is £8,687,786 against an approved budget of £9,112,781, resulting in an overall underspend of £424,995. The main variations from budget were underspends on the two new residential care homes at Rawmarsh and Dinnington and slippage on developing supported living schemes in Mental Health Services.

The following information provides a brief summary of the Outturn position for each project:

### Older People

The construction of the two new residential care homes was completed during the year and both homes became fully operational in February 2009.

The procurement of Assistive Technology equipment including lifeline connect alarms, low temperature sensors and fall detectors will enable more people to live independently in their own homes. The spending profile was revised during the year and the balance of unspent funding carried forward into 2009/10 to meet future commitments.

A small balance was carried forward from 2007/08 from the specific grant for Improving the Care Home Environment for Older People allocated by the Department of Health to improve the environment within residential care provision. The grant has been allocated mainly across the independent sector however, a small balance remains and has been carried forward into 2009/10.

### Adult Services - Learning Disabilities

The refurbishment at Addison Day Centre was completed during the year funded from the Council's Strategic Maintenance Investment fund. The refurbishment at REACH Day Centre was delayed due to insufficient funding and will now commence early in 2009/10.

### Adult Services – Mental Health

A large proportion of the Supported Capital Expenditure (SCE) allocation has been carried forward due to difficulties in finding suitable accommodation for the development of supported living schemes. Suitable properties continue to be sought and spending plans are being developed with our partner, RDASH. Further options are being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which will allow clients to live in the community with access to 24 hour support.

## Management Information

The final balance of the Improving Information Management Grant was fully used during the year to develop Electronic Social Care Records working with the Council's Strategic Partner, RBT.

A new Social Care IT Infrastructure grant was awarded in August 2008. This grant has been carried forward into 2009/10 to also fund the development of Electronic Social Care Records which is scheduled to be completed by the end of July 2009.

## **8. Finance**

Appendix 1 shows the detailed financial information for each capital project, including budget, actual expenditure and method of funding.

## **9. Risks and Uncertainties**

The outturn figures within this report are subject to quality assurance work on the statement of accounts, which will be undertaken during May/June 2009.

## **10. Policy and Performance Agenda Implications**

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

## **11. Background Papers and Consultation**

Department of Health Local Authority Circular (2008) 6 : supported capital expenditure (capital grant) for Adult Social Care IT infrastructure.

Department of Health Local Authority Social Services Letter (2008) 4 : Adult personal social services specific revenue and capital grant allocations.

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

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



**CAPITAL EXPENDITURE OUTTURN 2008-09**

Directorate Adult Services

Monitoring Period : 1 April 2008 to 31 March 2009

Expenditure Code	Scheme description	Approved Capital PROGRAMME 2008/09 £	Outturn £	Supported Capital Expenditure (SCE) £	Scheme 2008/09 Funding Profile				RAG Status	Comment Note number	
					Specific Grant		Other Contributions				Unsupported Borrowing/Capital Receipts £
					£	Detail	£	Detail			
	<b>Older People</b>										
UXB149	Adult's Older Peoples Modernisation Strategy	8,298,964	8,068,436					8,068,436	G	1	
UXB150	Assistive Technology	165,000	243,912			243,912			G	2	
UXB151	Residential Care - Improving the Environment	20,560	6,975		6,975	DoH Grant			G	3	
	<b>Learning Disabilities</b>										
UXL128	Addison Day Centre/Parkhill Lodge	1,895	0					0	G	4	
UXL135	LDDF for Supported Living	0	0					0	G	5	
	<b>Strategic Maintenance Investment Programme</b>										
UXZ004	Addison Day Centre - Alterations	248,754	225,026					225,026	G	6	
UXZ005	Oaks Day Centre Alterations - Phase 2	2,720	2,854					2,854	G	7	
UXZ011	REACH Day Centre	50,000	0					0	A	8	
	<b>Mental Health</b>										
UXH098	Cedar House	12,428	70					70	G	9	
UXH101	Supported Capital Expenditure	86,500	19,734					19,734	A	10	
UXH102	Mental Health Single Capital Pot	20,000	0	0					A	11	
	<b>Management Information</b>										
UXT002	Improving Information Management Grant	120,057	120,057		120,057	DoH Grant			G	12	
UXT003	Social Care IT Infrastructure Capital Grant	85,903	722		722	DoH Grant			A	13	
<b>TOTALS</b>		<b>9,112,781</b>	<b>8,687,786</b>	<b>0</b>	<b>127,754</b>		<b>243,912</b>	<b>0</b>	<b>8,316,120</b>		

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

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>8<sup>th</sup> June 2009</b>
<b>3.</b>	<b>Title:</b>	<b>The Supporting People (SP) Programme</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Neighbourhoods and Adult Services</b>

## **5. Summary**

5.1 As part of the 2008/09 Local Government Finance Settlement Ministers announced changes to the funding of the SP grant.

Summary of changes:

- For 2009/10 the SP programme grant will be paid as an unringfenced named grant. Lifting the current ringfence from the grant means paying funds to local areas without the current grant conditions.
- In 2010/11 the grant will be paid as part of the Area Based Grant. This means the funding will be delivered in one single payment made to council's each month.

5.2 This paper outlines the potential for changes to the programme resulting from the two major changes identified above.

5.3 Recommendations are made by Supporting People Commissioners on how these changes should be managed.

## **6. Recommendations**

**6.1 From April 2009 there is a seamless transition to the governance arrangements for the Area Based Grant.**

**6.2 The currently established commissioning structures for Supporting People are maintained until March 2010 to deliver the 2008-13 Supporting People Strategy (see Appendix1).**

## **7. Proposals and Details**

- 7.1 The lifting of the ring fence to the budget in April 2009 provides
- additional freedom to LAs,
  - and allows them to tailor services to meet the needs of service users.
- 7.2 As the SP grant remains a specific named grant for a further year (2009/10), there will still be some grant conditions applied, although these will not state how the funding should be spent. Communities and Local Government (CLG) are shortly to consult on the revised grant conditions
- 7.3 A package of measures is being developed to support LAs during this period of change, including a financial modelling tool, which will provide evidence at a local level on the financial benefits of investment in housing support.
- 7.4 An Audit Commission Report is due out in spring 2009 (not yet produced) to inform LAs on the contents of the transition package.
- 7.5 In 2010/11 the grant will be paid as part of the Area Based Grant. This means the funding will be delivered in one single payment made to council's each month. From 2010/11 the SP programme will not exist as a separate named funding stream.
- 7.6 The implications of the changes in grant conditions means that from April 2009 governance structures for the programme grant could change, and that there are opportunities to commission services that have previously been outside the remit of Supporting People.
- 7.7 SP commissioners consider that the current Commissioning Group governance structures should continue during 2009-10 to make sure that fair and transparent decisions continue to be made about allocations of funding that is available, and pursue delivery of the agreed 2008-13 strategic priorities, see appendix 1 for full details
- 7.8 The 2008-13 strategy identified financial commitments for extra care housing, physical disability and sensory impairment (PDSI) services, and homelessness prevention

## **8. Finance**

- 8.1 The SP budget in 2008/09 for Rotherham is £7,567,131 and remains an annual commitment from CLG until 2010/11.
- 8.2 The Administration grant is £206k for 2008/09 and reduces to £190k in 2009/10 and to £163k in 2010/11.

- 8.3 The recently (2007) re-structured Supporting People team is structured to meet its external funding amount at the 2010/11 level, that is, £140K per year including non-staff costs
- 8.4 The external funding for the Supporting People administration grant will end in March 2011, at which point the current team will need to be resourced from the mainstream staffing establishment budget; this issue has been raised with the finance department.

## 9. Risks and Uncertainties

9.1 Without due financial and strategic governance the following benefits of the programme could be put at risk:

- Effectiveness of the outcomes for service users in KPI 1 (NI142) and KPI 2 (NI 141) which is a stretch target currently being met in the LAA.
- The cost benefit / financial savings that the programme delivers for statutory services as outlined in the CLG's recently published report<sup>1</sup>.
- The programme has the most mature holistic partnership approach to governance, procurement, commissioning and contracting available in the local authority, as referenced in the 2004 Audit Commission inspection report.
- The programme provides services to the socially excluded that prevent more expensive services being necessary. For example many SP service directly prevent homelessness, and each incidence of homelessness costs the local authority £6000, costs which would otherwise have to be paid, see the SP strategy 2008-13 for further details.
- Effectiveness of the outcomes achieved for service users – the programme contributes to increased employment and training, support around mental and physical health, support around substance misuse, support around gaining independent living skills, tenancy maintenance, offending behaviour, and social/community contacts/links. Full details of the outcomes achieved by the programme for its users can be provided on request.
- The contribution of SP services to LAA outcomes. Services not only deliver directly to NI 141 the establishment of

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<sup>1</sup> The CLG commissioned CAP Gemini to produce a report about the financial benefits of the SP programme as part of work to inform the recent CSR.

independent living and 142, the maintenance of independent living but support indirectly also a number of other NIs in the LAA.

- Delivery of a balanced needs led programme. SP commissioning is informed by a strategy which is supported by a needs analysis and a prioritisation process. The three priorities set are extra care housing, PDSI and homelessness prevention. Changes to the commissioning plans would potentially negatively affect the delivery of these needs led priorities.

## **10. Policy and Performance Agenda Implications**

10.1 None.

## **11. Background Papers and Consultation**

11.1 The 2008-13 Supporting People Strategy (Appendix 1).

**Contact Name:** Tim Gollins, Strategic Commissioning Manager  
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# 2008-13 Supporting People Strategy

Rotherham Metropolitan Borough Council  
December 2007

## INTRODUCTION

The Commissioning Group's agreed vision for Supporting People is that:

*Vulnerable people in Rotherham have fair access to a range of strategically relevant, good quality and efficient services that maintain and promote independence*

The 2005-10 strategy resulted in significant outcomes for users. These outcomes include newly commissioned services as well as many new units delivered by re-modelling services<sup>1</sup>:

- Accommodation for people awaiting a decision on a homelessness assessment
- Physically or sensory disabled people now have a cross tenure Guide communicator service
- Teenage parents now have new accommodation floating support and outreach services
- Women fleeing domestic violence have access to modern accommodation and there are now two cross tenure support services including a specific BME service
- People with learning disability have greater access to low level support services
- Older people have two new extra care housing schemes with support services

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<sup>1</sup> Full details of changes in services and spend by client group and service type are available on the RMBC Supporting People web site:

<http://www.rotherham.gov.uk/graphics/Care/Adult+Social+Service/Supporting+People/>

- Vulnerable people in the private housing sector can now access a home improvement agency handy person service and a community alarm with the possibility of telecare and telehealth additions
- There are now more support packages for substance misusers and offenders
- There is more support available for refugees
- People with HIV (AIDS) and Hepatitis C can now also access an appropriate support service
- A traveler needs assessment and strategy development officer was funded to develop the council's work in this area

The first five year strategy also delivered more joined up work between partners. For example, there is now an established pathway for substance misusers in supported accommodation to access treatment services, and 18 new units of move-on accommodation for vulnerable people funded from capital investment from the Housing Corporation.

The Active in Age partnership with the Primary Care Trust has led to better support for older people with support needs in sheltered housing. This in turn helps them remain independent and away from secondary care services for as long as possible.

The first five year strategy has also been effective in driving up the quality of services. The number of providers with 'level B' scores on the Quality Assessment Framework has increased from 21% in 2005-6 to 50% in 2006-7. In addition the measurable risk of contract failure has fallen by 7.5%.

Outcomes monitoring from April 2007 also shows that short-term Supporting People providers in Rotherham are delivering a range of service based outcomes for users including:

- Maximizing Income
- Reducing debt
- Getting participation in work-like activity
- Establishing contact with groups or family
- Managing drugs and alcohol
- Providing adaptations to increase independence

- Maintaining tenancies
- Compliance with Probation
- Managing self-harm
- Getting people into positive leisure activity
- Helping people manage physical health
- Helping people manage their mental health
- Helping people avoid harm to others
- Helping people avoid harm from others
- Increasing choice and control

In summary, the previous 2005-10 strategy has been delivered early because £1.3 Million was 'liberated' from legacy funding and re-invested in new services commissioned on a needs-led basis. In addition the programme has increased the quality, diversity and performance of remaining contracted provision despite recognized levels of under funding (40%), and a real term cut from central Government of 7% over the period. However, it is also clear that more needs to be done. There are continuing challenges to delivery of the programme as well as new governance issues facing the local authority.

This 2008-13 strategy aims to set out what the priorities are for Supporting People over the next five years and what plans are in place to address the key challenges facing the Council and its partners in delivering effective support to vulnerable people.

## **Production**

This strategy is based on a gap analysis for each of the client groups<sup>2</sup>. The gap analysis is produced by through analysis of a supply in relation to the evidenced needs of the different vulnerable groups in Rotherham. The supply map has been produced through analysis of the contract payments system and the needs map has been developed with service users and their representatives, providers and partners. The Commissioning Group has drawn conclusions from the gap analysis evidence, and consultations with partners, providers and users. The Commissioners have also been informed by funding issues, particularly the

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<sup>2</sup> Please see the RMBC Supporting People web site for details:  
<http://www.rotherham.gov.uk/graphics/Care/Adult+Social+Service/Supporting+People/>



RMBC Supporting People forward financial plan<sup>3</sup>. The outcomes of this work are three action plans:

1. To deliver the identified commissioning priorities
2. To deliver agreed partnership work
3. To revise governance arrangements

These action plans will be reviewed annually by the Supporting People Governance Groups<sup>4</sup>. Below the commissioning priorities for 2008-13 are set out and explained. Action points refer to the action plans at the end of the document, which detail the necessary actions to implement the plans.

### **Approval**

The following approval process has been scheduled:

- The Inclusive Forum will comment upon the strategy January 2008
- Core Strategy Group will comment on the strategy January 10<sup>th</sup> 2008
- Compact consultation will formally end 7<sup>th</sup> March 2008
- Commissioning Group will sign off the strategy 24<sup>th</sup> April 2008

## **THE COMMISSIONING PRIORITIES<sup>5</sup> FOR 2008-13:**

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<sup>3</sup> Commissioners anticipate that they will have only £200K additional money to commission new services with over the next five years

<sup>4</sup> A consultation event on the 12<sup>th</sup> December 2007 is designed to identify the key issues, from a wide perspective, that need to be addressed to deliver them effectively

<sup>5</sup> The criteria for according priority and the assessment of commissioning options can be seen on the RMBC web site: <http://www.rotherham.gov.uk/graphics/Care/Adult+Social+Service/Supporting+People/>

**ACTION POINT 1.0**

**Frail Elderly: Extra Care Housing**

Commissioners have prioritized this for the following reasons:

- a) The expected rapid increase in the older population. For example an estimated 26% increase in people over 85 year old in Rotherham in next 20 years
- b) The higher than average incidence of limiting life-long illnesses in Rotherham (17% compared to 13% for England)
- c) The increasing aspirations and expectations of ageing generations which are affecting the standards of properties older people expect (Regional Housing Strategy)
- d) The increase in the diversity of household types influencing the tenure choices of older people (ONS 2003)
- e) £10K a year savings expected from each property in reduced secondary care admissions

**ACTION POINT 1.1**

**Physical Disability and Sensory Impairment: suitable adapted accommodation-based provision**

Prioritized because:

- a) 17.4% of the population, 26,151 adults of working age (16-64) in Rotherham consider themselves to be suffering from a limiting long term illness or impairment
- b) Supporting People spend 0.2% of its £7.5 million on people with physical and sensory impairments
- c) Population of sensory impaired people is expected to rise by 9% over the next five years
- d) The percentage of older people with physical disability is increasing with the increasing older population
- e) Physically disabled people and sensory impaired children have evidenced aspirations for increased independence in the future

- f) There is a potential for savings of £620K a year on out of town placements

**ACTION POINT 1.2**

**Cross tenure homelessness prevention and access**

Prioritized because:

- a) 130 general needs clients from local authority properties enter SP services each year, to subsequently increase demand for accommodation 'down stream'. Many of these moves may be preventable (client record data JCCHR)
- b) Potentially these preventable moves to Supporting People provision cost up to £1million a year
- c) Private sector initiatives delivering access to private landlord accommodation for vulnerable homeless people are increasingly necessary because:
- Trends in local authority stock availability show that vacancies are falling due to choice based letting and property ladder effect (prices out of reach of first time buyers). For example, in 2003-4 there were 2925 vacant properties and in 2006-7 this fell to 1811
  - A downward trend in Right to Buy instances is expected to turn in the opposite direction when decent homes investment is completed over the next 3 years. In 2005-6 there were 469 and in 2006-7 this figure had fallen to 198.
  - The amount of temporary accommodation is halved by 2010

The next section identified the key partnership commitments that will be delivered by the Supporting People programme over the next five years

**IDENTIFIED COMMITMENTS FOR PARTNERSHIP WORK  
2008 – 2013:**

Specifying, costing and benchmarking:

**ACTION PLAN 2.0**

**Develop a model and costs for a foyer service for refugees**

The need for new services for refugees has been discussed within the refugee Prevention and Support Team in the Council who also work with the Home Office. The conclusion drawn is that, at present, there is no discernible pressure to increase the current support services to new refugees. The current arrangements are reported to be working smoothly and new refugees are well supported by Refugee Housing.

However, there is reason to believe a rapid increase in the need for refugee support services could occur in the short-medium term<sup>6</sup> of the strategy. This is because the Home Office, in April 07, introduced the 'New Asylum Model', the full implications of which are not yet known. However, in anticipation of a potential negative impact the development of a foyer project in Rotherham will be explored and potential specifications developed.

**ACTION POINT 2.1**

**Develop a model and cost a traveller support service**

Gypsies and Travellers have a life expectancy of ten years less than the national average and face chronic health problems from cradle to grave. 17.6 per cent of Gypsy and Traveller mothers have experienced the death of a child, compared to 0.9 per cent in the settled population. It is not only in the field of health that Gypsies and Travellers suffer extreme social exclusion. Gypsies and Travellers have the poorest educational achievement of any ethnic minority in the country. They are the only group in the country whose academic performance at GCSE level is actually declining despite initiatives to reverse the trend.

In the Council's 2007 Gypsy and Traveller strategy there is an identified need for 16 pitches throughout the borough at any one time. This is evidenced in the regionally commissioned needs mapping work. The requirement from Supporting People for this development is unclear, principally because of the difficulties in gaining access to effectively establish the housing related support needs of the community, and then credibility to deliver a service.

Nevertheless, with contribution from Cara Irish Housing Association amongst others a service specification will be agreed that could potentially deliver tangible outcomes and support that would add value to well managed Gypsy and Traveller Sites in the future

**ACTION POINT 2.2**

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<sup>6</sup> Short-term 0-1 year, medium term 1-3 years, and long-term 3-5 years

**Develop a model and cost a 24 hour young person accommodation-based support service**

Cross authority movement analysis (available on the RMBC Supporting People web site) indicates that in 2006-7 9 young single homeless people who are not subject to statutory intervention have to leave the borough to get direct access or crisis homelessness (non-statutory) accommodation. These figures have fallen by 12% since 2004-5. Nevertheless, anecdotal evidence from community drugs workers in the field tells us of a small population of young people sleeping rough who are not picked up through the rough sleeping count completed annually. In addition, supported housing for young people most at risk, delivered in partnership with the Council's Children and Young People's service, has proved to be difficult to manage. It is clear that to properly accommodate this challenging population alternative provision with much more intensive support and housing management needs to be considered. Preferred models include facilities and funding for education and training.

**ACTION POINT 2.3**

**Continue benchmarking work with the regional Supporting People group**

The regional group conducted benchmarking work in 2005, however because there has been much re-modelling of provision and a movement to steady state contracts, there is a need to update this information

**ACTION POINT 2.4**

**Work with the Regional Supporting People group to develop a comprehensive regional gap analysis of needs in relation to supply**

Recent regional research is showing that whilst local Supporting People teams have a good understanding of the supply side, the assessment of unmet needs and a resulting gap analysis together with potential service responses are weak. Rotherham Supporting People is committed develop this work across the region,

Performance management:

**ACTION POINT 2.5**

**To deliver on targets set by client group and service type for each new service procured from January 2008**

Between 2003 and 2006 the service review programme was able to establish systematic approaches to value for money and deliver a performance management framework. Monitoring of performance, particularly over the last 2 years has established good quality robust performance data for the suite of performance indicators. Targets have been set for primary client groups and by service type based on historical performance and appropriate stretch. Providers

gaining contracts to deliver re-procured services will be required to design services to meet these targets

#### ACTION POINT 2.6

##### **Publish the outcome data for services and in emphasise the need for education, training and employment outcomes for short term services**

The analysis of outcome data for short-term services between April and September 2007 (see the RMBC web site) demonstrates that Rotherham services are good at delivering the outcomes highlighted earlier in the document. However, it needs to improve at delivering:

- Access to training and education
- Getting people into paid work
- Getting people to gain a qualification

The Supporting People team will work with providers and partners to address the difficulties providers have in achieving outcomes in these key areas for their service users<sup>7</sup>.

#### ACTION POINT 2.7

##### **Increase fair access for BME users**

Client record data (see the RMBC supporting People web site) shows that the following client groups, having over 10 placements into service, have only white British clients accessing services:

- Young people leaving care
- Teenage parents
- Drug problems
- Offenders
- Older people with support needs
- Learning disabilities

In some cases this is because there are very few potential referees from the BME sector in Rotherham within the identified vulnerable group. For example, the leaving care population is mostly white British, and there are very few teenage parents identified as vulnerable by the PCT from a non white British background.

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<sup>7</sup> Providers have not indicated specific barriers to attainment in the CLG outcome data set

However, in the other cases there are issues of fair access because there are known BME users in the referred population. In these cases services will be tasked to improve fair access and improve performance on the Quality Assessment Framework Core objective 1.6 Fair Access and Diversity

**ACTION POINT 2.8**

**Increase understanding of gendered access to services**

In England, across all types of service, there is only a 2.5% difference in placement rates for men and women. However, analysis of client record data shows that 11% more men than women access supported housing services whilst 15% more women than men access floating support services. This pattern is also found in Rotherham, women are 12% more likely to be placed than men in floating support services, but in supported housing men are 16% more likely to be placed than women. Overall in Rotherham, women are 16% more likely to get placed in Supporting People services than men, reflecting their access to specific services for women at risk.

Rotherham Supporting People team will seek to confirm the suitability of this pattern of placement, and take action accordingly.

**ACTION POINT 2.9**

**Deliver the Communities and Local Government (CLG) outcome monitoring programme across long-term providers as well as short-term providers and cost, locally, the benefits of delivering those outcomes as far as possible**

The Supporting People short-term and long-term services outcome monitoring frameworks were both introduced in 2007, with a pilot on the long-term framework until July.

Supporting People in Rotherham will ensure both frameworks are delivered in future and cost the benefits of these outcomes as far as possible.

**ACTION POINT 2.10**

**Develop joint performance management of sheltered housing with the Primary Care Trust (PCT). The object of which is to ensure that sheltered housing reduces hospital admissions and promotes early discharge as far as possible**

A partnership group has been developed with a specific work programme to address key issues regarding the re-procurement of sheltered housing in Rotherham. This group has agreed terms of reference and is working alongside Neighbourhoods and Adult Service and the PCT. The work involves information sharing at a strategic level between Supporting People and the PCT within the rules set out in the joint RMBC PCT information sharing protocol. The group will specify sheltered housing support services and training standards that will be

procured in the future, identify the need for specialist services, and map the need for cross tenure floating support services for older people

**ACTION POINT 2.11**

**Continue work with drugs services to ensure fair access to supported accommodation and drug treatment for Supporting People clients**

Currently local monitoring is established by Supporting People to measure the uptake of drug treatment by vulnerable people with a drugs problem. A baseline of 5% of has been established for the number of people accessing short-term services with drug problems (as a primary or secondary client group designation). Access to services will be monitored in relation to this baseline. In addition a 90% access to treatment target has been established where a user self identifies as a drug user (primary or secondary need). This target will be monitored on a service by service basis in partnership with the Drug Strategy Team.

**ACTION POINT 2.12**

**Evaluation of the effectiveness of the new Support Champion Service for older people**

In 2003 the RMBC sheltered housing services were reviewed and a modernisation plan put in place. The services have now been re-modelled through a pilot programme that has been rolled out through 2007. The effectiveness of this new service needs to be evaluated.

Capital priorities:

**ACTION POINT 2.13**

**Continue to address move-on issues from Supported Housing**

In 2004 the move-on needs of Supporting People were assessed as part of the previous strategy. The data indicated that 96 people at anyone time were ready to move on from short-term supported accommodation-based services but could not due to the lack of suitable long-term tenancies (move-on accommodation). The repeated snap shot exercise at the same month in 2007 showed a reduction to 66, 36 with support needs, and 30 without<sup>8</sup>. The predominant housing requirements were 1 bedroom accommodation (38 instances). The main reasons for delay were:

- Waiting times for Key Choices properties

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<sup>8</sup> See the RMBC Supporting People web site for further details:  
<http://www.rotherham.gov.uk/graphics/Care/Adult+Social+Service/Supporting+People/>



- Private sector accommodation for young people who are on benefits is limited.
- Bonds are not affordable and few young people are able to access Robond
- Limited availability of Housing Association properties
- Lack of suitable housing in the public or private sector and tenancy support schemes

The current strategy to address this issue, which in financial terms costs £500K a year in unnecessary expenditure, is:

- a) To build, with capital commitments from the Housing Corporation, 18 units of accommodation pepper potted around the borough in 2007-8. The units will be general needs accommodation but with a specific referral route from Supporting People short-term services
- b) New capital bids have been submitted for 30 units a year of designated move-on accommodation. The units will be delivered as part of any new residential development in the borough
- c) To work with the Council in reviewing its allocation policy so that access to mainstream accommodation is fair for vulnerable people
- d) To develop initiatives to enable access to the private sector by vulnerable people
- e) Continue to invest in bond schemes and associated support services to the private sector

Success to date on this key issue is as follows:

- 18 units of move-on accommodation will become available from April 2008
- Capital bids for future investment have been submitted
- Review of the council's allocation policy has taken into consideration the need for fair access by vulnerable people. A revised policy is expected by April 2008
- In 2007 a new Quality Landlord Service was developed by Neighbourhoods and Adult Services, and a Supporting People funded priority offender service enabling access to private landlords with support was also delivered

This strategy commits Supporting People to delivering further capital investment in move-on units on an annual basis, continuing to support the review of the

allocations policy, developing access to the private sector housing, and also reducing demand for supported housing through homelessness prevention.

Specific partnership work:

**ACTION POINT 2.14**

**Continue the Active In Age Partnership with the PCT in both council and Registered Social Landlord sheltered schemes**

Since the 2003 review of sheltered housing a partnership has been developed with the PCT. Supporting People providers of support to older people with support needs are able to benefit from the Active in Age training programme run by the PCT. Therefore participating wardens and scheme managers have been trained in delivering / addressing the following with their sheltered housing tenants:

- Exercise classes
- Reminiscence training
- Onset of later life drinking

The most extensive participation in this training programme has been from the Registered Social Landlord sector, but the development of the new RMBC sheltered housing support champion service will see greater involvement from the council. Supporting People is committed to delivering these preventative training programmes with the PCT, and expanding them to cover falls training and nutrition advice.

**ACTION POINT 2.15**

**Continued commitment to work within the Compact, particularly on issues of procurement e.g. full cost recovery and consultation time scales**

Over the last two years the Supporting People programme has been working closely with the Supporting People Provider Forum, Voluntary Action Rotherham and the Local Strategic Partnership to ensure the programme responds positively to the 3<sup>rd</sup> sector, specifically, that its structures and particularly procurement processes are Compact compliant. Some of the key areas of work have been:

- Understanding TUPE: transfer of undertakings, and agreeing appropriate requests for indemnities and warranties
- Drawing up procurement timescales and timetables
- Delivering assessment methods for tenders
- Development of framework agreements

In this strategy Supporting People renews its commitment to being Compact compliant and working in partnership with the voluntary sector

**ACTIONPOINT 2.16**

**Delivery of the commitment in the domestic violence strategy to maintain Supporting People spend on domestic violence services as long as funding settlements from central government allow**

The 2007 domestic violence strategy requested that Supporting People agree to sustain the current level of investment in domestic violence services in Rotherham. This was pertinent as the Supporting People commissioners prioritised women at risk in the 2005-10 strategy, increasing spend from £190K to 500K by 2007.

Whether or not this commitment can be delivered, however, depends upon central government allocations. Which if above 2% consecutively should alleviate the need for cuts to provision, this is the commitment made to women at risk.

User involvement:

**ACTION POINT 2.17**

**Continue the user involvement work we have begun to deliver through the work of the Inclusive Forum**

The Inclusive Forum has proved to be very successful over the last year and a half. Three meetings have taken place, each one gaining increased numbers of attendees. Contractually providers have also been required to involve users in the way they deliver services and to connect service users with the Supporting People programme locally. These two areas of activity have meant that an active sub-group of users has been developed with 50 users registered as participants.

The sub-group involves users in a number of different areas of the programme:

- Involvement in options appraisal
- Procurement
- Quality assessment
- Mystery shopping on service standards
- Commenting on commissioning priorities

Recent outcomes have been:

- Agreement with the Supporting People manager of a budget allocation for the user group of £2000 annually, subject to performance and availability
- Designated staff time from the Supporting People team to support the forum
- An investigation into service quality following users discussing staff behaviour at options appraisal
- Re-drafting the QAF documents to be more user friendly
- Developing a work plan to improve the influence of users in programme
- Linking in of the Supporting People Inclusive Forum to the Neighbourhoods and adult Services service improvement team

A statement on the work of the Inclusive Forum and their plans for the future can be seen on the RMBC Supporting people web site. A commitment is made to continue supporting the Inclusive Forum in their work with Supporting People

#### Procurement

##### ACTION POINT 2.18

#### **Continued commitment to the 3rd sector to ensure fair competition in procurement**

The development of framework agreements for the re-procurement of Supporting People steady state contracts has been done with the full involvement of provider organisations and partners. One of the key elements of the process involves allocating contracts to approved providers in ways that promote fair competition and partnership wide value for money. Supporting People will continue to pursue these principles.

##### ACTION POINT 2.19

#### **Continued focus on developing the private sector housing market for vulnerable people**

Several new contracts over the last few years have targeted the private sector housing market. For example, the Home Improvement Services contract and High Priority Offender service, continued development of access to this market by vulnerable people is important for future accommodation options. It will remain a focus for future commissioning.

##### ACTION POINT 2.20

**Development of the personalisation of Supporting People funding as far as possible, for both long and short term services, informed by the Individual Budget pilots**

Central government is committed to delivering more personalised services for vulnerable adults. The focus of attention is on long-term services, particularly, in Rotherham, mental health. Over the life-time of this strategy Supporting People will work to make an effective contribution of Supporting People to the individual budget process for long-term services. However, it will also explore how appropriate individual payments may be made in a cost effective way for short-term services. There is no commitment, at this stage, to any implementation of the findings.

**ACTION POINT 2.21**

**Continuing joint working with the Learning Disability service to support individual flexibility and the responsiveness of services**

Supporting People is currently working with RMBC learning disability service to develop a pooled funding agreement, so that Supporting People money can, within certain conditions, be used more flexibly to support users. This work aims to be in place for April 2008. Current leaning disability contracts will be extended (with cabinet member approval) one year to enable re-procurement jointly between RMBC LD service and Supporting People for contracts beginning April 2009.

**ACTION POINT 2.22**

**Continue remodelling arrangements in partnership with Rotherham, Doncaster and South Humberside Mental Health Trust (RDASH) to enhance the provision of mental health services**

Following the service review programme mental health services have undergone a significant re-structure. This has included decommissioning some services and procuring others, based upon a joint plan with RMBC and RDASH. This work is ongoing, and a continuing commitment is made to this effect

**ACTION POINT 2.23**

**Seek to drive forward regional collaboration on procurement**

The regional Supporting People group aims to share best practice and develop regional procurement where appropriate. Rotherham is committed to exploring these opportunities in the future

The next section of the strategy deals with the future governance of the programme

## **THE NATIONAL AND CORPORATE CONTEXT**

The Government recently set out its priority outcomes - expressed through the Public Service Agreements (PSAs) set out in the Comprehensive Spending Review 2007, or Departments' Strategic Objectives (DSOs). The delivery of housing support relates to a number of these, including for example:

- PSA 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training
- PSA 17: Tackle poverty and promote greater independence and wellbeing in later life
- PSA 23: Make communities safer
- PSA 25: Reduce the harm caused by alcohol and drugs
- Communities and Local Government DSO: Improve the supply, environmental performance and quality of housing that is more responsive to the needs of individuals, communities and the economy

### **The national indicator set**

From PSAs and the DSOs is derived the national indicator set. The outcomes they measure and the indicators themselves provide a clear statement of Government's priorities for delivery by local government and its partners over the next three years. These will be the only indicators on which central government will be able to monitor performance in local government.

Housing support is embedded within the set of 198 local government performance indicators. The set includes the two current Supporting People KPIs:

- NI 141 Number of vulnerable people achieving independent living
- NI 142 Number of vulnerable people who are supported to maintain independent living

A full list of all the national indicators can be found by following this link:

<http://www.communities.gov.uk/documents/localgovernment/pdf/505713>

### **Local Area Agreements (LAAs)**

From the national indicator set, up to 35 priority improvement targets will be agreed for inclusion in the Local Area Agreement (currently being negotiated between the Local Strategic Partnership (LSP) and the Government Office). The

targets will focus on addressing local priorities, identified by the local authority and its partners, drawing on:

- The local Sustainable Community Strategy
- The findings of the Comprehensive Area Assessment when these are undertaken
- An understanding of the changing needs of the locality.

**Supporting People Governance and the LAA:**

The Local Government White Paper stated that - as far as possible - all funding which cannot be included in mainstream grant formula will be allocated through a single area based grant (and this grant will be unringfenced by 2009). CLG have stated that it is their intention to deliver the Supporting People programme through area-based grant at the earliest opportunity. This will no doubt, be subject to the evaluation of the impact of the removal of the ringfence, but the national Supporting People strategy set out their clear expectation that authorities should be prepared to do this by April 2009.

**The possible contribution of Supporting People locally to the LAA**

Supporting People in Rotherham currently supports partners (Police Probation, Primary Care Trust and the Council) to achieve various priorities through the provision of welfare services and housing related support. Should specific indicators (possible ones are listed below) be selected to be in the 35 identified stretch indicators for the local authority, it is suggested that Supporting People would have a significant responsibility commissioning services to meet the target. However, if no or few additional resources were allocated to the programme this would mean generating additional spend in the following ways:

1. Working with currently contracted providers to re-model current services (as necessary) to ensure delivery on the National Indicator priorities
2. Re-procuring current contracts to specify delivery of services directly relevant to identified national Indicator priorities
3. Decommissioning less relevant services to free up resources to commission new services directly relevant to national indicator priorities
4. Generating savings through procurement of contracts that could be used to commission services that deliver specifically on the national indicator priorities

It should be noted that, where current services are remodelled or decommissioned there could be significant negative effects upon outcomes to users currently receiving service. The Council will therefore lobby the

Government to address the 40% under funding of the Supporting People programme in Rotherham.

The table below in appendix 1 shows the national indicators relevant to Supporting People in Rotherham. It also highlights the kinds of services that currently deliver on these indicator areas and rates the extent to which the services contribute to the indicator. One star suggests the services support partners in a relatively minor way, because the partners are the main protagonists. Two stars suggests the role of the support services is much more central to achievement of the outcome, and finally three stars suggests the identified Supporting People services have the lead responsibility for delivery on the indicator.

**ACTION POINT 3.0**

**To agree with the LSP and the Council the mechanism for continuing to fund the administrative costs of the Supporting People programme. These are 3% of the programme grant**

**ACTION POINT 3.1**

**To deliver a governance structure linking Supporting People, RMBC and the LSP that is able to effectively manage an unringfenced programme grant by March 2009**

**ACTION POINT 3.2**

**To make as robust a case as possible to the LSP for inclusion of some of the indicators listed in appendix 1 in the Rotherham LAA**

**ACTION POINT 3.3**

**Lobby central Government for funding allocations to Rotherham that reflect its socio-economic profile**

Appendix 2 contain the action plans for the identified action points above

**Appendix 1: The 'Fit' of Supporting People Rotherham to the National Indicators**

National indicator description	Services relevant to delivering the indicator	Relevance rating: * Minor role supporting partner agencies e.g. getting users into employment ** Major role supporting partners e.g. getting users into accommodation *** Lead responsibility



<u>Safer Communities</u>		
NI 18 Adult re-offending rates for those under probation supervision	Offender supported housing and floating support services, substance misuse	**
NI 19 Rate of proven re-offending by young offenders	Young people at risk accommodation services	**
NI30 Re-offending rate of prolific and priority offenders	High Priority Offender service	**
NI32 Repeat incidents of domestic violence	Women's refuge and floating support services	**
NI38 Drug related (Class A) offending rates	Offender supported housing and floating support services for substance misusers	**
NI 39 Alcohol-harm related hospital admission rates	Alcohol floating support service	*
NI 40 Drug users in effective treatment	All short-term services accepting drug misusers	**
NI 45 Young offenders engagement in suitable education, employment or training	Young people at risk accommodation-based provision	*
NI 46 Young offenders access to suitable accommodation	Young people at risk accommodation-based provision	**

<p><u>Children and Young people</u></p> <p>NI 112 Under 18 conception rate</p> <p>NI 115 Substance misuse by young people</p> <p>NI117 16-18 year olds who are not in education, training or employment</p>	<p>Homeless prevention services (to be commissioned 2008-13 see commissioning priorities)</p> <p>All young people at risk accommodation-based services</p> <p>All young people at risk accommodation-based services</p>	<p>**</p> <p>*</p> <p>*</p>
<p><u>Adult Health and wellbeing</u></p> <p>NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently</p>	<p>All non local authority and local authority sheltered housing, community alarm services and home improvement agency services</p>	<p>**</p>
<p><u>Tackling exclusion and promoting equality</u></p> <p>NI 141 Number of vulnerable people achieving independent living</p> <p>NI 142 Number of vulnerable people who are</p>	<p>All KPI 2 (short-term) services</p> <p>All KPI 1 (long-term) services</p>	<p>***</p> <p>***</p>

supported to maintain independent living		
NI 143 Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence	All offender services	**
NI 144 Offenders under probation supervision in employment at the end of their order or licence	All offender services	*
NI 145 Adults with learning disabilities in settled accommodation	All learning disability services	**
NI 146 Adults with learning disabilities in employment	All learning disability community support services	*
NI 147 Care leavers in suitable accommodation	Care leaver services	**
NI 148 Care leavers in employment	Care leaver services	*
NI 149 Adults in contact with secondary mental health services in settled accommodation	Mental health accommodation-based services	**
NI 150 Adults in contact with secondary mental health services in	Mental health accommodation-based services	*

<p>employment</p> <p>NI 156 Reducing the amount of temporary accommodation in the borough</p> <p><u>Environmental sustainability</u></p> <p>NI 187 Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating</p>	<p>Short-term accommodation based services provide a principle way of reducing the use of temporary accommodation such as B&amp;B in the borough</p> <p>Home Improvement Agency services</p>	<p>***</p> <p>**</p>
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## Appendix 2: The 2008-13 Action Plan:

Ref no.	OUTCOME	TARGET DATE FOR COMPLETION	Actions / MEASURES OF SUCCESS
ACTION POINT 1.0	<u>New Commissions</u> <b>Frail Elderly: Extra Care Housing</b>	April 2009	CONTRACTED FOR SUPPORT FOR LONGFELLOW DRIVE WITHIN THE ALLOCATES £110K A YEAR
ACTION POINT 1.1	<b>Physical Disability and Sensory Impairment: suitable adapted accommodation-based provision</b>	April 2010	CONTRACTED SUPPORT FOR A SUITABLE ACCOMMODATION-BASED SERVICE WITHIN THE ALLOCATED £77K A YEAR
ACTION POINT 1.2	<b>Cross tenure homelessness prevention and access</b>	March 2009 By 2013	Specify service required  CONTRACT FOR A NEW SERVICE
ACTION POINT 2.0	<u>Specifying, costing and benchmarking:</u> <b>Develop a model and costs for a foyer service for refugees</b>	March 2010	Specify and cost an appropriate service
ACTION POINT 2.1	<b>Develop a model and cost a traveller support service</b>	March 2010	Specify and cost an appropriate service
ACTION POINT 2.2	<b>Develop a model and cost a 24 hour young person accommodation-based support service</b>	March 2010	Specify and cost an appropriate service

ACTION POINT 2.3	<b>Continue benchmarking work with the regional Supporting People group</b>	April 2009	Provide information to the regional coordinator and receive returned regional analysis
ACTION POINT 2.4	<b>Work with the Regional and sub-regional Supporting people groups to develop a comprehensive regional gap analysis of needs in relation to supply</b>	December 2007 - 2013	Contribute fully to the Tribal Consulting (Regional Housing Board funded) research and work with the regional group to address arising issues
ACTION POINT 2.5	<u>Performance management:</u>  <b>To deliver on targets set by client group and service type for each new service procured from January 2008</b>	January 2008 – March 2011	Specify performance management requirements for all new tenders  Deliver the procurement schedule  THE PROCUREMENT SCHEDULE COMPLETED ON TIME
ACTION POINT 2.6	<b>Publish the outcome data for services and emphasise the need for education, training and employment outcomes for short term services</b>	January 2008  January 2009	Promote access to the JCSHR web site Deliver a workshop on long-term outcomes monitoring requirements  Deliver a Presentation to the Provider Forum showing what it tells us and how we are using the outcomes information
ACTION POINT 2.7	<b>Increase fair access for BME users</b>	March 2010	Explore issues with partners and providers  Develop regional analysis

			<p>Instigate actions</p> <p>Monitor and review performance</p>
ACTION POINT 2.8	<b>Increase fair access for women</b>	March 2013	<p>Explore issues with partners and providers</p> <p>Develop regional analysis</p> <p>Instigate actions</p> <p>Monitor and review performance</p>
ACTION POINT 2.9	<b>Deliver the Communities and Local Government (CLG) outcome monitoring programme across long-term providers as well as short-term providers and cost, locally, the benefits of delivering those outcomes as far as possible</b>	March 2013	<p>As 2.6 plus undertake, with partners, efforts to cost the benefits evidenced</p> <p>COSTED BENEFITS OF DELIVERING HOUSING RELATED SUPPORT SERVICES</p>
ACTION POINT 2.10	<b>Develop joint performance management of sheltered housing with the Primary Care Trust (PCT). The object of which is to ensure that sheltered housing reduces hospital admissions and promotes early discharge as far as possible</b>	March 2009	<p>Share data with PCT</p> <p>Identify access to secondary care by sheltered service</p> <p>Discuss findings with service managers and contract owners</p> <p>TARGETS SET TO REDUCE HOSPITAL ADMISSIONS BY SERVICE</p>

ACTION POINT 2.11	<b>Continue work with drugs services to ensure fair access to supported accommodation and drug treatment for Supporting People clients</b>	March 2013	Annual review of data collected and shared with drugs service  Development of agreed actions  TARGETS SET BY SERVICE
ACTION POINT 2.12	<b>Evaluation of the effectiveness of the new Support Champion Service for older people</b>	March 2010	CONTRACT REVIEW COMPLETED
ACTION POINT 2.13	<b>Continue to address move-on issues from Supported Housing</b>	March 2013	18 UNITS IN 2008  120 UNITS BY 2013
ACTION POINT 2.14	<u>Specific partnership work:</u>  <b>Continue the Active In Age Partnership with the PCT in both council and Registered Social Landlord sheltered schemes</b>	March 2009	Training events delivered  ATTENDANCE BY 90% OF ALL CONTRACTED SHELTERED HOUSING SERVICES
ACTION POINT 2.15	<b>Continued commitment to work within the Compact, particularly on issues of procurement e.g. full cost recovery and consultation time scales</b>	January 2008 – March 2011	PROCUREMENT PROGRAMME DELIVERED ON SCHEDULE VIA COMPACT COMPLIANT FRAMEWORK AGREEMENTS



ACTION POINT 2.16	<b>Delivery of the commitment in the domestic violence strategy to maintain Supporting People spend on domestic violence services as long as funding settlements from central government allow</b>	December 2007	Confirmation of agreement to request following 3 year settlement announcement
ACTION POINT 2.17	<b>Continue the user involvement work we have begun to deliver through the work of the Inclusive Forum</b>	-	See the User's own plan on the RMBC web site
ACTION POINT 2.18	<u>Procurement</u> <b>Continued commitment to the 3rd sector to ensure fair competition in procurement</b>	January 2008	FRAMEWORK AGREEMENT PROCUREMENT PROCESS IMPLEMENTED ON SCHEDULE
ACTION POINT 2.19	<b>Continued focus on developing the private sector housing market for vulnerable people</b>	March 2010	INCREASED ACCESS TO THE PRIVATE SECTOR BY VULNERABLE HOMELESS (NON STATUTORY) PEOPLE
ACTION POINT 2.20	<b>Development of the personalisation of Supporting People funding as far as possible, for both long and short term services,</b>	January 2008 March 2009 March 2010	INCLUSION OF SUPPORTING PEOPLE AT THE IMPLEMENTATION GROUP  INDIVIDUALISED MENTAL HEALTH PAYMENTS

	<b>informed by the Individual Budget pilots</b>	March 2011	INDIVIDUALISED LEARNING DISABILITY PAYMENTS  INDIVIDUALISED OLDER PEOPLE PAYMENTS  Specification of a system for short-term services
		March 2013	Consultation and evaluation with short-term services
ACTION POINT 2.21	<b>Continuing joint working with the Learning Disability service to support individual flexibility and the responsiveness of services</b>	April 2008	NEW POOLED BUDGET ARRANGEMENT OPERATIONAL
		March 2009	JOINT PROCUREMENT COMPLETED ON SCHEDULE
ACTION POINT 2.22	<b>Continue remodelling arrangements in partnership with Rotherham, Doncaster and South Humberside Mental Health Trust (RDASH) to enhance the provision of mental health services</b>	April 2008	CONTRACT FOR WOMEN'S MENTAL HEALTH SERVICE SIGNED
		March 2013	Continue monitoring of changes to services
ACTION POINT 2.23	<b>Seek to drive forward regional collaboration on procurement</b>	December 2007 – March 2011	Participation in Regional Housing Board - Tribal research  Development of regional action plan  MONITORING OF IMPLEMENTATION ON REGIONAL ACTION PLAN

ACTION POINT 3.0	<p><u>Governance</u></p> <p><b>To agree with the LSP and the Council the mechanism for funding the administrative costs of the Supporting People programme. These are 3% of the programme grant.</b></p>	<p>January 2008</p> <p>March 2009</p>	<p>Paper to Commissioning Group</p> <p>Cabinet report</p> <p>LSP report</p>
ACTION POINT 3.1	<p><b>To deliver a governance structure linking Supporting People, RMBC and the LSP that is able to effectively manage an unringfenced programme grant by March 2009</b></p>	<p>March 2009</p>	<p>Paper to Commissioning Group</p> <p>Cabinet report</p> <p>LSP report</p>
ACTION POINT 3.2	<p><b>To make as robust a case to the LSP for inclusion of some of the indicators listed above in the Rotherham LAA</b></p>	<p>January 2008</p>	<p>Sharing / presentation of this strategy</p>

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>8<sup>th</sup> June 2009</b>
<b>3.</b>	<b>Title:</b>	<b>Voluntary and Community Sector Review</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Neighbourhoods and Adult Services</b>

**5. Summary**

- 5.1 This paper is a summary of the contract review process for the voluntary and community contracts held by Neighbourhoods and Adult Services. Appendix 1 contains a table naming the contracted providers and it provides a summary of the recommendations and main findings.
- 5.2 The reviews show the need for some contracts to be renewed, others to be re-specified in light of the personalisation programme, and all contracts to become more outcome focussed.

**6. Recommendations**

- 6.1 Cabinet member is asked to note the contents of the report and the work being undertaken with each provider on their contract.**
- 6.2 Cabinet member is also asked to note the work being undertaken to develop a strategic commissioning framework for the VCS.**

## 7. Proposals and Details

- 7.1 The services identified in Appendix 1 are all contracted on a block basis. This means that the council purchases the service on behalf of the customer who is then offered a place on the service. This mechanism for customers accessing services is not personalised and in some instances needs to be changed. This is a recommendation made in three cases: Sense Supported Living, Age Concern Handyperson Service, and Crossroads Sitting Contract.
- 7.2 A second set of contracts need their service specifications tightening to be outcome led, after which a tendering exercise could deliver better value for money. These are: Age Concerns Advocacy, the Carers Forum, Alzheimer's Support Group, RNIB Information Service.
- 7.3 One contract requires full renewal of cost and volume purchase basis because of the essential function the service performs (Sense), the RNID communication service is also essential and needs to be re-contracted, whilst the RNID equipment services needs to be re-organised as demand and complexity mean the current specification and operating model requires updating. This will be done in partnership with RNID over the next year, resulting in a revised service that can be tendered.
- 7.4 A key factor in the review was strategic relevance of the services in light of personalisation in particular and the approach to deciding this was led by a set of working priorities. These are detailed in Appendix 2. Over the next six months these working priorities will be revised and replaced by a comprehensive strategic commissioning approach. This approach is being developed in partnership with the Voluntary Sector led by Voluntary Action Rotherham

## 8. Finance

- 8.1 The current annual contract values are:

Age Concern Advocacy:	£22K
Age Concern Handyperson:	£34K
Carers Forum:	£36K
Alzheimer's Support:	£24K
Crossroads Sitting Service:	£100K
RNIB Information:	£88K
RNID Equipment:	£44K
RNID Communication:	£21K
Sense Supported Living:	
1	£2377 per week (recharged in full to NHS Rotherham)
2	£ 762 per week from RMBC
3	£ 762 per week from RMBC

**9. Risks and Uncertainties**

9.1 At this stage the pace of change in relation to personalisation is not known so a six month contract extension has been given to providers, all of whom have agreed except for the Carers Forum. Negotiations are underway to maintain the service to customers while the service can be re-procured.

**10. Policy and Performance Agenda Implications**

10.1 The services all contribute to the preventative agenda, and in future many will be funded through personal budgets,

**11. Background Papers and Consultation**

11.1 Appendix 1 Review document.

11.2 Appendix 2 Commissioning framework for the Voluntary and Community Sector (VCS).

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**Table summarising individual recommendations of contract reviews**

Strategic approach	Service	Strategic Relevance	Demand	Performance	Quality	Recommendations	Notes/Comments
2	Age Concern Advocacy.	✓	✓	X	✓	<ol style="list-style-type: none"> <li>1. Extension to September 2009.</li> <li>2. Revised, outcomes-based specification.</li> <li>3. Tender.</li> </ol>	<p>Safeguarding action plan requires increased advocacy within res homes.</p> <p>Service Users include self funders.</p> <p>Transfer of Employment Undertakings (TUPE regulations) may apply</p>
1	Age Concern Handyperson	✓	✓	X	✓	<ol style="list-style-type: none"> <li>1. Extension to September 2009</li> <li>2. Redraft to phase out over three years</li> <li>3. Enable ACR to make service financially independent from RMBC</li> </ol>	Anchor runs a similar scheme.
2	Carers Forum (RAIN)	✓	X	X	X	<ol style="list-style-type: none"> <li>1. Extend until September 2009</li> <li>2. Review and strengthen spec according to needs and then re-tender</li> </ol>	<p>RAIN has given formal notice and VAR have agreed to continue provision until a longer term tendered solution can be found</p> <p>Transfer of Employment Undertakings (TUPE regulations) may apply</p>
2	Alzheimer's Support Worker	✓	✓	✓	✓	<ol style="list-style-type: none"> <li>1. Extend to September 2009</li> <li>2. Revise and strengthen specification</li> </ol>	

**Table summarising individual recommendations of contract reviews**

Strategic approach	Service	Strategic Relevance	Demand	Performance	Quality	Recommendations	Notes/Comments
						3. Re-issue for 3 years	
2	Crossroads Sitting contracts	✓	✓	✓	✓	1. Extend to September 2009 2. Revise and strengthen specification 3. Re-issue for 3 years	Possibility of personalisation
2	RNIB Information Services	✓	✓	✓	✓	1. Extend to September 2009 2. Review/strengthen specification in relation to the RNID service (below) 3. Re-issue for three years	Discussions with RNIB could result in this service being mutually agreed to be include this in a re-specified tender next year
2	RNID Equipment	✓	✓	✓	✓	1. Extend to march 2010 2. Full commissioning exercise to discuss requirements and appraise options.	Partnership work with RNID to re-specify the service following changes to demand and complexity of cases. This is also linked to RNIB service (above) and communication service (below) both of which may be incorporated into a single service for greater efficiency
2	RNID Communication	✓	✓	✓	✓	1. Renew contract for 3 years	Essential service required to meet DDA. Discussion needed with RNID to see if this can be effectively included in a 'wrap around' service covering above two functions also (see above)



**Table summarising individual recommendations of contract reviews**

Strategic approach	Service	Strategic Relevance	Demand	Performance	Quality	Recommendations	Notes/Comments
1	Sense – Supported Living	✓	✓	✓	✓	<ol style="list-style-type: none"> <li>1. Extend to September 2009</li> <li>2. Introduce use of costing tool to assess VFM and resolve minor financial dispute with Sense</li> <li>3. Consider offering IBs to service users</li> </ol>	<p>Highly specialised services for three severely impaired service users.</p> <p>SW conducts regular reviews which takes account of SU views.</p>

NAS strategic priorities for the  
Voluntary and Community sector (VCS)

**1. Reforming delivery in terms of prevention and personalisation**

Long term contracts need to change to seed funding and personalised micro commissioning

**Current contracts addressing this requirement:**

- *Day Services*
  - Services able to be personalised through a three year financial reduction of up to a third a year, with funding channelled through personal budgets.
- *Age Concern handyperson service*
  - Proposals support the service to become financially independent through the development of personalisation.
- *Sense supported living*
  - *Proposals are made to personalise this service. But careful support and advice services would be needed prior to this going ahead because of the specific and profound needs of the users*

**2. Building capacity**

Supporting, advising and providing support to carers, and users by contracting with the VCS sector

**Current contracts addressing this requirement:**

- *Crossroads Sitting service*
  - Provides important regular and crisis response 'at home' respite services to carers
- *Age Concern advocacy*
  - Working in residential homes ensuring self funders gets proper advice and advocacy to make informed decisions.
- *Alzheimer's support*
  - Service addresses the requirements of the national dementia strategy. In addition maintaining the service will enable the possible development of personalised support and brokerage in the future.
- *RNIB advocacy and advice service*
  - Maintaining the preventative service enables the potential development of a support or brokerage service under personalisation.

It may also be possible to combine this service with others for greater efficiency

- *RNID Equipment Service*
  - Provides highly valued equipment and advice on its use to users, which whilst needing to be re-specified and re-tendered is increasingly relevant because of new telecare options in future, which will be increasingly available through personalised payments
- *RNID Communication Service*
  - The council contracts for this service because it enables users to effectively convey wishes, requirements and points of view, and enables the council to communicate its response. Essential for properly supporting and advising this vulnerable group with specialist communication needs. There are possibilities for combining some contracts for greater cost efficiency
- *Carers Forum*
  - Although in need to re-specification and tender is an important service supporting carers a key component of personalisation and prevention.

### **3. Developing the Compact**

Develop consistency across departments and partners e.g. NHS Rotherham

An important area of work is to share such things as pre-qualification questionnaires (PQQs) and standardise procurement and needs mapping processes as far as possible so duplication and inefficiency is driven out for providers

- New corporate commissioning group
- Corporate procurement group

### **4. Encouraging volunteering**

Prevention strategy and personalisation provide opportunities to develop volunteering, an activity the VCS organisations, and particularly Voluntary Action Rotherham, do well

- RNIB use volunteers currently, and this is an area that needs to be expanded

### **5. Better communication**

Clear lines of accountability and understood responsibilities need to be developed between statutory and VCS bodies

- Agreed forums with VAR presence and agreed remit alongside other elected representatives of the VCS

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of the Local Government Act 1972.

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