

CABINET MEMBER FOR HEALTH & SOCIAL CARE

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

Date: Monday, 20th July, 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 6th July, 2009 (Pages 1 - 3)
5. Mental Capacity Act 2005: Deprivation of Liberty Safeguards, s.75 partnership agreement for the Joint Supervisory Body (Pages 4 - 11)
6. Neighbourhood Centres Review Update (Pages 12 - 19)
7. National Home Council Conference - 6th October, 2009
- To agree attendance at the National Homecare Council Conference to be held in London on 6th October 2009 and to nominate a delegate to attend.
8. Home from Home (Pages 20 - 28)
(Exempt under Paragraph 3 of the Act – information relating to the financial or business affairs of any particular person)
9. Exclusion of Press and Public
The following item is likely to be considered in the absence of the press and public as being exempt under those paragraphs, indicated below of Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
10. Social Services Complaints Panel (Pages 29 - 35)
(Exempt under Paragraph 2 of the Act – information which is likely to reveal the identity of an individual).
11. Social Services Complaints Panel (Pages 36 - 43)
(Exempt under Paragraph 2 of the Act – information which is likely to reveal the identity of an individual)

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 6th July, 2009

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

16. MINUTES OF THE PREVIOUS MEETING HELD ON 22ND JUNE, 2009

Resolved:- That the minutes of the meeting held on 22nd June, 2009 be approved as a correct record.

17. ACCOMMODATION FOR OLDER PEOPLE IN ROTHERHAM

This item was withdrawn from the agenda.

18. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2009/10

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2010 based on actual income and expenditure to the end of May 2009.

The approved net revenue budget for Adult Services for 2009/10 is £72.9m which included additional funding for demographic and existing budget pressures together with a number of new investments and efficiency savings identified through the 2009/10 budget setting process.

The first budget monitoring report showed some underlying pressures of £256,000, however management actions were currently being identified to mitigate these budget pressures.

The latest year end forecast showed there were potential underlying budget pressures on Direct Payments, within Physical and Sensory Disabilities and Older People's Services due to increased numbers. These were being monitored closely. Additional one-off expenditure was being incurred in respect of security costs for the former residential care homes prior to transferring to the Council's property bank. Other budget pressures were due to delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of laundry and meals on wheels.

These pressures had been reduced by additional income from continuing health care funding from Health for placements within Learning Disability Services. Savings within independent residential care due to an increase in the number of discharges, further savings on the reconfiguration of extra care housing and slippage in recruitment to a number of new posts

where additional funding was agreed within the budget process. Further management actions were being identified within the Directorate to contain expenditure within the approved budget.

To ease the financial pressures within the service all vacancies continued to require the approval of the Service Directors. Budget meetings with Service Directors and managers had been arranged on a monthly basis to monitor financial performance against approved budget and consider potential options for managing expenditure within budget.

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

- When was Rothwel Grange to be de-commissioned? It was confirmed that this would happen in December 2009 unless 10 vacancies can be established at Davies Court before then.
- What steps were being taken to ensure that there wasn't another overspend as had happened in previous years. It was confirmed that monthly performance clinics had been arranged in order to monitor the situation. Problems had arisen the previous year due to the delays in implementing shifting the balance.
- Members asked for a breakdown cost analysis in respect of quality of care. Confirmation was given that there would be a similar exercise undertaken in respect of quality of care as had been done for home from home. Once this work had commenced it was agreed that a report would be brought to a future meeting.
- A request was made for an update report in relation to Meals on Wheels to the next meeting.

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of May 2009 be noted.

(2) That a report be presented to the next meeting in respect of the up to date position for Meals on Wheels.

19. 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 1 of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

20. HIGHFIELDS: DECISION ON CONTRACT

Tim Gollins, Acting Strategic Commissioning Manager presented the submitted report which detailed the recent history of Highfields and described the current position. The Cabinet Member was asked to decide whether to continue the current contract, or alternatively, to terminate it in

accordance with contract clause 13.5 (m).

Resolved:- (1) That the decision of the Care Quality Commission not to pursue actions against the owner be noted.

(2) That the decision of the police not to take any action against the owner by noted.

(3) That the contract with the owner be terminated.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER

1.	Meeting:	Health and Social Care Cabinet Member
2.	Date:	20 July 2009
3.	Title:	Mental Capacity Act 2005: Deprivation of Liberty Safeguards, s.75 partnership agreement for the Joint Supervisory Body
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

This report is to update Cabinet Members on the Council's responsibility as Supervisory Body and its partnership arrangements with NHS Rotherham under the Deprivation of Liberty Safeguards. It provides the background to the development of the Supervisory Body and proposes the approval of a section 75 agreement to support this body.

6. Recommendations

Cabinet Members are asked to consider the contents of this report; and

- **Approve the S75 agreement for a Joint Supervisory Body.**
- **Note that this report is presented to the Adults Planning Board.**

7. Proposals and Details

This report updates Cabinet Members on the key statutory responsibilities associated with the Deprivation of Liberty Safeguards and the Directorate's progress on implementation.

Background

The Deprivation of Liberty Safeguards have been introduced into the Mental Capacity Act by the Mental Health Act 2007 in response to the European Court of Human Rights (ECtHR) judgement in the case of *H.L. v United Kingdom* 2004, known as the 'Bournewood Judgement'. The Court found that a man with a learning disability, who lacked the capacity to decide about his residence and medical treatment, and who had been admitted informally into hospital, was unlawfully deprived of his liberty in breach of Article 5 of the Human Rights Act.

The safeguards are there to prevent further breaches and ensure that a deprivation of a person's liberty can only take place when it is in their best interest and authorised by the Supervisory Body. The Safeguards also give legal protection to the relevant person, including the right to:

- an independent representative to act on their behalf (Relevant Persons Representative);
- the support of an Independent Mental Capacity Advocate (IMCA);
- have their Deprivation of Liberty reviewed and monitored on a regular basis;
- challenge the Deprivation of Liberty through the Court of Protection;

The new statute in relation to the Deprivation of Liberty Safeguards (DoLS) came into force on **1st April 2009**.

For the relevant person to come within the scope of DoLS they must meet the requirements of the following assessments:

- **Age Assessment** (must be 18 years of age or over).
- **No Refusals Assessment** (would an authorisation conflict with another existing authority for decision making for that person).
- **Mental Capacity Assessment** (does the person lack capacity to decide whether to be admitted to, or remain in, the hospital or care home in which they are being, or will be, deprived of their liberty).
- **Mental Health Assessment** (is the person being deprived of their liberty suffering from a mental disorder within the meaning of the Mental Health Act 1983).

- **Eligibility Assessment** (is the person to be deprived of their liberty eligible under the DoLS i.e. not detained under the Mental Health Act, the subject of Guardianship, or object to being in hospital for the purpose of receiving treatment for a mental disorder).
- **Best Interest Assessment** (is the deprivation of liberty in the person's best interest and a proportionate response in respect of protecting them from harm).

All of the above assessments are undertaken to establish whether the relevant person meets these requirements. If the assessments show that all the requirements are met, as a Supervisory Body the Local Authority or PCT must issue a deprivation of liberty authorisation.

Those with dementia, severe learning disabilities and neurological conditions such as a brain injury are more likely to require the protection offered through DoLS.

Under the safeguards care homes must apply to the Local Authority and hospitals to the PCT for a DoLS authorisation if they believe they can only provide adequate care for a person in circumstances that amount to a deprivation of liberty.

There are two types of authorisation: standard and urgent.

Standard authorisations can be issued by supervisory bodies if the six statutory assessment requirements are met. Wherever possible a standard authorisation must be applied for in advance of a person being deprived of their liberty and only after rigorous care planning methods have indicated that less restrictive methods are inappropriate. The assessment process must be completed and a decision reached within 21 calendar days. A deprivation of liberty should last for the shortest period possible. The maximum authorisation period that can be applied is 12 months.

Urgent authorisations can be issued by managing authorities where there is a need to deprive someone of their liberty immediately, in their best interest, to protect them from harm. Urgent authorisations are valid for 7 calendar days. When issuing an urgent authorisation managing authorities must apply simultaneously for a standard authorisation to be issued within the period of the urgent authorisation. If there are exceptional reasons for doing so a supervisory body may extend the duration of the urgent authorisation by up to 7 calendar days.

An initial scoping exercise took place in Rotherham using the Department of Health's Regulatory Impact Assessment where it was estimated that 145 Deprivation of Liberty authorisation requests would be received by the Local Authority and PCT during 2009/10.

Supervisory Body responsibilities under the Deprivation of Liberty Safeguards

Supervisory Bodies are responsible for overseeing the DoLS process at a local level. It is their role to commission and co-ordinate the assessment process and appoint assessors.

DoLS regulations stipulate that assessors must:

- Have applied knowledge of the Mental Capacity Act 2005 and its Code of Practice.
- Be proficient in record keeping, with the ability to write clear and reasoned reports.
- Have undertaken the training programme made the Royal College of Psychiatrists (Mental Health Assessors).
- Have undertaken training provided, or approved by specified Universities (Best Interest Assessors).

A minimum of two assessors are required for each case. An assessor may carry out any assessment for which they are qualified but the mental health assessment and the best interest assessment cannot be undertaken by the same person.

The supervisory body must ensure that assessors have insurance and/or indemnity arrangements in place before appointing them to carry out assessments.

In Rotherham, the Council and NHS Rotherham has been working closely to promote awareness of the new provisions with care and health providers (designated as Managing Authorities) and they have developed a joint system for receiving applications for Deprivation of Liberty authorisations, carrying out assessments, and issuing the necessary authorisation to the managing authority. This process is currently being managed by a 'Memorandum of Agreement'.

However, due to difficulties being experienced around the insurance and indemnity of staff and agents working on behalf of each organisation an application for a section 75 agreement has been drafted and has been attached to this report for DMT's comments as **Appendix 1**.

Actions Required and Progress to Date

Section 75 Agreement

To further enable Local Authorities and PCT's to enter into a range of shared operational and administrative arrangements to most effectively carry out their DoLS functions, the Government has amended regulations to the NHS Bodies

and Local Authorities Partnership Arrangements Regulations 2000. Local Authorities and PCT's that enter into formal s75 partnerships will be able to carry out any of their functions on each other's behalf. It will mean, for example, that an assessor, who is employed by the Local Authority, may be covered by the indemnity/insurance of the PCT where they undertake the assessment on behalf of the PCT and vice versa.

NHSLA, the PCT's public liability insurance provider has made a statement to the DH confirming that this will be the case. AIG who provides public liability insurance to Rotherham MBC has quoted that without a section 75 agreement, assessors employed by the Local Authority will not be covered when undertaking Best Interest Assessments on behalf of the PCT. We are waiting for written confirmation that the draft agreement is acceptable and that they can provide us with a paragraph that can be included in the document.

Develop procedures to deal with authorisations

A multi-agency policy and procedure document has been developed and is undergoing some final minor amendments. A guide for Managing Authorities is also being developed with the help of the Quality Care Manager. With the introduction of DoLS it will also be necessary to review and update the Mental Capacity Act policy and procedure document.

Establish an Infrastructure to support the administration of DoLS

The Safeguarding Adults and Mental Capacity Act Co-ordinator will oversee the assessment process. This is a change to the current Safeguarding Adults Co-ordinators role which will become a 1WTE under the new Safeguarding structure. The role will be line managed by the Safeguarding Manager and will utilise existing administrative support within the Safeguarding team.

The assessment process needs to be signed off by the relevant Supervisory Body. In Rotherham this will be undertaken by the Director of Health and Wellbeing on behalf of the Council and the Director of Strategic Planning at NHS Rotherham.

Provide adequate numbers of Assessors

The Joint Supervisory Body has 7 qualified Best Interest Assessors who can be utilised by the Local Authority and NHS Rotherham (subject to resolving outstanding issues around insurance and indemnity) and are employed by the Council. 2 further RMBC employees are currently undertaking the training programme and 2 nominations have been put forward by NHS Rotherham for the next available course. The Council intends to train all Social Workers in the Safeguarding Adults team as Best Interest Assessors over time. The Best Interest Assessors are being deployed on a rota basis so the numbers of assessments are evenly spread across the pool, whilst still trying to appoint an assessor with the relevant background and experience that is appropriate to the person being assessed under the Safeguards.

There are 8 Section 12 doctors who have undertaken the appropriate training and are now available as Mental Health Assessors. NHS Rotherham has drafted honorary contracts to formalise these arrangements.

Training

A number of multi agency training sessions have been commissioned specifically around the Deprivation of Liberty Safeguards and 2 sessions have been provided specifically for ‘managing authorities’. An appointment has been made to the newly created, joint funded post of ‘Safeguarding Adults and Mental Capacity Act Training and Development Manager’. It is envisaged that a comprehensive training plan will be developed through a multi-agency working group.

Deprivation of Liberty Authorisation Requests

The Supervisory Body has received a number of enquiries to date from Local Authority and PCT employees to unpick some of the issues relating to individual cases and common scenarios. DoLS is a complex subject area that at the moment is open to interpretation. This is making it difficult for health and social care professionals to determine the difference between restriction and deprivation, however, things may become clearer as case law develops.

2 standard authorisation requests have been received from managing authorities. One is currently in progress; the first resulted in an authorisation for DoL being granted for a period of 12 months with a review after six months. Lessons learned from each DoL will be evaluated and actions implemented.

The number of authorisation requests is comparable to other Local Authorities in the region. Below are statistics taken from the national figures produced on 27th May 2009.

	In Progress	Auth. Denied	Auth Granted
Barnsley	4	0	2
Doncaster	0	1	0
Rotherham	1	0	0
Sheffield	3	5	2

Local Authorities and PCT’s are being asked to report to the DH why the number of authorisation requests is falling below those predicted back in December 2008. A further scoping exercise will need to be undertaken to make sure that Managing Authorities:

- have an appropriate understanding of the Act and the associated Codes of Practice; and
- are aware of how to make referrals to the Co-ordinator.

8. Finance

All Local Authorities and PCT's have received funding to meet responsibilities in respect of the Mental Capacity Act. Rotherham has received the following allocation through Area Based Grant (ABG). In 2009/10, the Local Authority has had the uplift from the 2008/09 ABG removed and placed into corporate funds.

	2009/10	2010/11
Council	(177,000)143,400	171,000
PCT	32,000	Not known

For planning purposes it is estimated that the assessment of an individual will cost approximately £600. This would cover the costs of all necessary associated procedures and paperwork. Costs would be higher where an authorisation is granted because of the extra work involved (e.g. appointment of a representative) and lower where an authorisation is not given. The figure of £600 represents an average across both categories.

In order to deliver the Best Interest Assessments that are likely to be required there will be some pressure on Assessment & Care Management capacity, and funding may be required to secure the time needed from staff trained as Best Interest Assessors.

Consideration will need to be given to purchasing and commissioning implications where a request for authorisation is not agreed. In such a situation the managing authority would be responsible for ensuring that it did not deprive a person of their liberty. The supervisory body, assessment & care managers and commissioners will need to be satisfied that an appropriate care package is put in place to ensure that the person can be cared for or treated without the need for recourse to deprivation of liberty. This could have purchasing and commissioning implications. However, it is not possible to be specific about what may be needed at this time.

9. Risks and Uncertainties

There are no foreseeable financial or legal risks involved with entering into a section 75 agreement with the PCT based on knowledge at the present time. The Area Based Grant from the Government is expected to continue until at least 2012 and from a legal perspective, each public authority will remain responsible for the decision as to whether to authorise a deprivation of liberty. The partnership working is about sharing of assessment arrangements and making sure that assessors are insured and indemnified whilst undertaking a statutory function on behalf of the Local Authority or PCT.

10. Policy and Performance Agenda Implications

The Deprivation of Liberty Safeguards will have implications for a number of Performance Indicators.

NI 131 – Delayed transfers of care from hospitals

NI 133 - Timeliness of Social Care Package

NI 145 – Adults with a Learning Disability in settled accommodation

AS LPI 102 – Number of protection plans in place

BV 196 – Acceptable wait for time care packages

A number of local performance indicators are being developed in respect of the Safeguards.

NAS Service Plan 2009-12 Strategic Objective 1 “To strengthen the approach we take to prevent adult abuse, working together with our partner agencies to reduce the number of cases of abuse by 2012”.

CQC Mission: Protecting the rights of people who use services, particularly the most vulnerable and those held under the Mental Health Act.

11. Background Papers and Consultation

The Mental Capacity Act 2005 Deprivation of Liberty Safeguards *Draft Addendum To The Mental Capacity Act 2005 Code Of Practice.*

Mental Capacity (Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence) Regulations 2008 Mental health assessor training

Mental Capacity (Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence) Regulations 2008 Best Interests Assessor Information

Local Authority Circular LAC (DH) (2008) 4 The Mental Capacity Act: Financial arrangements to support implementation of MCA by Councils
Department of Health Circular giving details of financial support to PCTs for implementation of Mental Capacity Act

Contact Name: Shona McFarlane
Director of Health & Wellbeing

Tel: 01709 823928

Email: shona.mcfarlane@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting	Cabinet Member for Health and Social Care
2.	Date	20th July 2009
3.	Title	Neighbourhood Centres Review Update
4.	Directorate	Neighbourhood & Adult Services

5. Summary

On the 2nd March 2009, Min No: 157 refers, the Cabinet Member for Neighbourhoods received a report which included an overview of the review being undertaken by the Neighbourhood Investment Service, on behalf of the Director of Independent Living, of the 58 neighbourhood centres attached to sheltered housing schemes.

It was agreed that a further progress report relating to the review of neighbourhood centres would be submitted to the Cabinet Member for Housing and Neighbourhoods in June 2009.

This report provides a further update on the review and details the review findings to date, including emerging proposals and recommendations relating to future use.

A full summary, including site location maps, investment requirements and other financial information is attached at Appendix 1 and is also available in the Members Room Library at the Town Hall.

6. Recommendations

That the Cabinet Member notes the content of the report.

7. Proposals and Details

7.1 Background - On the 29th September 2008, the Cabinet Member for Neighbourhoods agreed that a full asset review should be undertaken of 62 neighbourhood centres. The Neighbourhood Investment Service is also undertaking a detailed review of community buildings in partnership with colleagues in EDS and this is being aligned with the neighbourhood centres review to further develop and support final recommendations. To manage the workload, the Neighbourhood Investment Service were tasked with reviewing 58 of the centres attached to a sheltered or aged persons housing complex, with a further four internal sheltered scheme centres to be reviewed separately. It is now proposed that this work is completed between October 2009 – 2010 and is jointly delivered with 2010 Rotherham Ltd.

7.2 Sheltered Housing Neighbourhood Centres – the Sheltered Housing Neighbourhood centres are located in various settlements throughout the Borough and have formed an integral part of the Council's sheltered housing provision. The centres were created as purpose built communal facilities offering many benefits to aged persons, such as reducing social isolation and maintaining independence. For many residents living on sheltered housing schemes the centres often acted as a key focal point by allowing them to participate and socialise through the provision of activities at a local level. In many cases the centres also incorporate warden accommodation, a guest bedroom and laundry facilities.

7.3 Neighbourhood Centre Review - The review findings to date highlight that the use of the centres, revenue expenditure and investment required in each centre varies significantly. Initial findings and recommendations relating to each of the centres are provided in an overview which is attached as Appendix 1, the details include:

- Centre Location
- Ward
- The facilities available within each centre
- Condition of the centre
- Service requirements/usage
- Risks
- Rental income, expenditure and the payback period
- Costs to improve to ensure 'fit for purpose' and DDA compliance
- Initial community comments/concerns/aspirations
- Other community facilities located within the neighbourhood.

7.4 Consultation with Ward Members - Initial Ward Member consultation is now complete. 63% of all ward members or at least one ward member within each ward has attended meetings with the Neighbourhood Centres Manager and Neighbourhood Investment Service to discuss and develop initial recommendations and assess the potential impact of the review

findings for each centre within their ward. Of those involved, the following issues were raised:

- The importance of the centres in preventing isolation and social exclusion.
- Loss of laundry as some bungalows cannot accommodate independent washing facilities: in addition reduction of borough wide laundry service.
- Further loss of services for aged persons following changes to e.g. meals on wheels service, laundry services etc.
- The rental income exceeds the expenditure on the majority of centres and no visible or recent investment or ring fencing of monies is apparent.
- Misuse of centres by Council and 2010 Ltd operatives.
- The need to explore the potential to opt out of the charge and service.
- Support for increased use e.g. NHS locality based services, and Safer Neighbourhood Teams, mobile workers etc at appropriate charge.
- Sensitive letting of void flats and accommodation attached to centres.

7.5 Emerging recommendations - Based upon the identified use, investment requirements, revenue expenditure and proximity to other communal facilities, initial recommendations are as follows:

- 46 centres (79%) to be retained and their use maximised.
- 5 centres (9%) need further investigation to determine options for alternative use.
- 7 centres (12%) – more detailed resident consultation is required to be undertaken to inform recommendations due to the potential for these to be decommissioned.

7.6 Retain and maximise use - the centres proposed for retention are reasonably or very well used by residents for a range of activities and have a lower investment requirement and revenue cost. These centres will be programmed for essential repairs and improvements as per the indicative 15 year investment programme attached as Appendix 2. A questionnaire has been circulated to residents within schemes where centres are proposed for retention. The questionnaire seeks to identify ways in which centres can be more proactively used by residents and others. Encouraging increased use of the centres will also provide additional income to support the investment programme and long term sustainability. The survey has identified that tenants would like to see the following improvements within their centres :-

- Increased activities e.g. bingo, coffee mornings, games etc.
- Investment and refurbishment

RMBC would need to determine how social activities will be facilitated and managed, particularly if any changes to the role of the Warden were made in the future. A suitable investment programme will also need to be drawn up subject to the outcome of final recommendations for each centre.

7.7 Investigate options for alternative use - These are centres with little or no current use and/or are located within close proximity to other communal

facilities where there is the potential for combined facilities. Investigating an alternative use has included:

- Potential conversion to a residential unit or disabled persons unit
- Demolition and redevelopment of land (where permissible)
- Office accommodation for mobile or locality based officers

To assist this work, the Forward Planning Service has been instructed to commence site appraisals of all centres with a target completion date of end of June. An analysis of the current planning regulations attached to the buildings will enable a better understanding of the scope for future use and any proposed conversions and will identify any planning constraints for each site. The majority of the neighbourhood centres adjoin bungalows. In this case, demolition of the centre and retention of the adjoining bungalow would be difficult and expensive. As such, this option is not being recommended.

NHS Rotherham, Safer Neighbourhood Teams, and mobile workers may be interested in utilising the centres for locality based service provision and in support of Neighbourhood Management. This would help to support and achieve the council's aims and objectives set out within the NAS service plan, corporate priorities and Worksmart objectives. Options will be further developed in advance of ward member and resident consultation being undertaken to determine views on proposed alternative uses.

7.8 Further resident consultation - In-depth on site resident consultation will be undertaken with residents attached to centres with little or no use commencing at the beginning of July and concluding by the end of August. This will be confirmed with Ward Members prior to commencing the process. Initial resident questionnaires will be sent to enable us to establish their circumstances and their preferred option for the future of the centres. Following the questionnaire, consultation events will take place with affected residents, Parish Councils, Ward Members and TARA's where they will be provided with the survey results, further information relating to the review and the next steps. Individual home visits will take also place by agreement with those unable to attend formal meetings. The consultation will be undertaken to determine whether the tenants would like the centres to be retained, agree to an alternative use being investigated or agree to the potential conversion of void accommodation for RMBC and SNT office bases. The consultation timetable is attached as appendix 3.

7.9 Unoccupied living accommodation - There are currently 13 flats unoccupied where schemes have been de-designated from sheltered housing schemes to aged persons units and no longer have resident wardens occupying tied tenancy accommodation. The flats are located on the first floor and have shared and direct access in many cases into the centre, which causes security implications if letting to the general waiting list. The Neighbourhood Centre Manager is currently liaising with Key Choices and the Empty Homes Team at 2010 Ltd to establish a sensitive lettings policy. The potential to utilise void accommodation for SNT, Neighbourhood Partnership teams and Worksmart mobile workers as office bases has been identified however these teams will require a larger than average unit to

accommodate approximately 15 staff with secure storage areas for SNT police teams, to include a separate meeting room. Currently 2 storey centres with unoccupied flats would enable the SNT and NPT to occupy the first floor accommodation whilst keeping the ground floor open for community use. Further inspections by the SNT Inspector are taking place in order to confirm suitability and the funding requirements for conversion.

8. Finance

8.1 Any changes to the way the centres are provided and funded in the future could impact significantly on their viability in that currently they rely solely on income from tenants, or small amounts of income from activities. Any proposals need to ensure that a suitable funding structure is in place to support final recommendations. All tenants who reside on a Sheltered or Aged Persons Scheme with a communal facility pay £4.08 per week communal facility charge. This is payable whether or not they use the communal facilities. The annual combined income is estimated currently at £445,000. This income is the only source of income available in relation to everyday maintenance, refurbishment, running costs and the Neighbourhood Centres Manager salary. This income could be lost or reduced if a permanent alternate use was agreed, and would need to be replaced by formal income arrangements with individual organisations. Any alternate use by Council and any partner agencies would require a significant contribution being made in order to balance and maintain current income levels and running costs as without this, centres could not be sustained. Any additional monies generated from the new hire charges would also need to be credited back to the capital budget allocation and reinvested back into the centres to support increasing management and running costs.

8.2 As part of the review analysis, it has emerged that under Health and Safety regulations it will be a requirement to have in place an asbestos monitoring procedure, legionella checks, fire risk assessments and PAT testing that must take place and be reviewed annually. If carried out by EDS, this would be subject to a fee estimated at approximately £59k. 14 centres are supplied with district heating via a central boiler house and it has been determined recently that costs for the centres up to now has been borne by 2010 Rotherham Ltd. It is estimated that the annual increased cost will require an additional estimated £72k. Currently, the wardens are allocated 5 hours per week to clean the neighbourhood centres, however any changes to the role of the wardens role will require an alternative arrangement. EDS have indicated that a separate cleaning contract would cost in the region of £105k per annum. These potential additional costs will now need to be factored into centre running costs for those being retained and will have an impact on the balance of revenue and expenditure for individual centres. This would need to be considered and reflected in any final recommendations and could alter the weekly amount charged for sheltered housing tenants.

8.3 The investment required for the 46 centres proposed for retention is **£2,517,346** to undertake essential repairs and carry out improvements to the

building. These costs would need to be scheduled to take place over 15 years as detailed in Appendix 3. Funding to undertake the investment profile will be subject to resources being identified within the HIP programme or a successful bid for resources from the Corporate Medium Term Capital programme.

9. Risks and uncertainties

- 9.1** There are legal implications relating to the alternative use of Neighbourhood Centres. Currently tenants have to pay for the centre as a communal facility and the Council are obliged to provide it. It may be necessary to change the terms of the tenancy agreements if the communal facility is to be no longer available or changed to a nearby site. Also if the alternative facility is too far from the site or shared with properties of a different status there may be a danger that sheltered properties will lose their immunity from right to buy claims.
- 9.2** A number of tenants have already complained about paying for a communal facility that they neither need nor use. Complaints could rise if the facility is moved off-site, and it could be harder to resist calls to make use and payment for the facility optional rather than obligatory. If however residents are allowed to opt out of paying for the facility, it may become non-viable thus depriving those residents who do need the service and the opportunity to use it. Also if an opt out is allowed and a sufficient number of residents withdraw the immunity from the right to buy may be lost.
- 9.3** The removal of an on-site communal facility which some residents use and which forms an essential part of their sheltered housing might also be considered as an interference in their home or family life, which would be a contravention of the Council's obligations under Article 8 of the European Convention on Human Rights having effect in UK law by virtue of the Human Rights Act 1998. The details of each proposal will need to be examined with support from Legal services to determine whether there is such interference and if so if there is a relevant exception.
- 9.4** Before final recommendations are agreed for each centre, the range of issues detailed throughout this report will need to be carefully examined. In addition to those detailed above, these can be summarised as:
- The costs attached to any proposed change of use or conversion and the availability of funding to support any investment required need exploring. Funding requirements will also need to be considered on a programmed basis and would be subject to available HIP resources or an early bid to the Corporate Capital Programme.
 - Planning restrictions following the site appraisals may restrict the scope of available options for future use.
 - Risks attached to the letting and subsequent management of former warden accommodation will need to be carefully mitigated.

10. Policy and Performance Agenda Implications

10.1 Neighbourhood Centres have the potential to be a thriving community resource to assist and support older people and vulnerable people to live independently whilst offering opportunities to act as a base for more integrated local service delivery. However since they were developed, the use of the centres, the social profile of the tenants and the role of the warden has changed significantly and many now require refurbishment to a modern, contemporary standard. Policy developments around self directed support and enabling older people to retain their independence does not necessarily mean that older people will want to use an on site facility, preferring instead to access community and commercial facilities available to the wider community.

10.2 The asset review when complete needs to take into account the broader developments across the Council to ensure that the remaining centres compliment, rather than duplicate existing resources available locally. The review and its outcomes contribute to and are reflected within the Individual Well-being and Healthy Communities outcome framework, as follows:

- Improved Quality of Life – by creating opportunities for improved housing standards to meet household aspirations and an improved quality of life, through facilitating Empty Properties brought back into use to meet identified housing needs and removing obsolete housing and environmental blight.
- Exercise Choice and Control – through enabling a range of housing options to be presented to households affected by regeneration programmes; ensuring individuals can exercise choice and control over their housing options and home life (Objective 6)
- Personal Dignity and Respect – through creating housing choices and tools which promote independent living, personal dignity and respect, investing in quality neighbourhoods, ensuring residents can enjoy a comfortable, clean and orderly environment.
- Freedom from discrimination or harassment – through providing quality housing and independent living, targeted to meet specific need, to support improved health and well-being, facilitated by a transparent process agreed with the client from the outset (Objective 2). The Brief appended at Appendix 2 contains requirements to provide move-on accommodation for vulnerable client groups.
- Economic well-being – providing high quality housing, through high design standards and meeting identified needs in order to create sustainable neighbourhoods, offering high quality and extended choice of housing provision, to meet current and future aspirations.

10.3 Alignment with Community Strategy and the Corporate Plan is clear from Rotherham Safe. Dealing with empty properties is clearly an aspect of the Corporate Priority “Rotherham Safe”, where the cleaner, greener agenda is set out, emphasising a preventative approach. In addressing the

Rotherham Safe priorities the strategy contributes to delivering the following key strategic actions;

- Maintaining the current overall low crime rate in Rotherham, as well as in continuing to address people's concerns about anti-social behaviour and their fear of crime.
- Aiding the development of a sustainable housing stock.
- Supporting the Rotherham Renaissance Masterplan and reinforcing the town centre's role as a place for urban living.
- Increase satisfaction with local neighbourhoods.
- Making the connection between national and local strategies.
- Providing a link between regional, national and local organisations

In addition it will contribute to the **Sustainable Development** cross cutting theme by protecting and enhancing the environment, **Rotherham Alive** by ensuring a place where people feel good, are healthy and active, **Rotherham Achieving** by helping raise the quality of life in the most deprived communities and **Rotherham Proud** by increasing the satisfaction in the local area as a place to live and putting pride in the hearts of our communities.

Alignment with delivery of four themes of the Neighbourhood Renewal Strategy: Community of Interest – All communities of interest can be affected by Empty Properties and benefit by their re-use.

11. Background Papers and Consultation:-

Sheltered Housing Community Building Review – 2nd April 2007
Neighbourhood Centres Review update – 29 September 2008
Sheltered Housing Review of Charges- 2nd March 2009

Contact Name: Sharon Pedersen, Property Investment Co-ordinator,
Neighbourhoods and Adult Services,
Tel: 01709 (33) 4972 sharon.pedersen@rotherham.gov.uk

EXEMPT

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1.	Meeting:	Cabinet Member for Health and Social Care
2.	Date:	20th July 2009
3.	Title:	Quarterly Update on Home from Home
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

- 5.1 Home from Home is a new and innovative way of raising standards in contracted residential and nursing care homes in Rotherham. The framework increases the quantity of the assessments on any single home from one a year to three. Whereas previously there was one assessment from a contract and review officer, now this is supplemented with an assessment from customers, led by the service quality team, and another by NHS Rotherham of the quality of health care provided in the home.
- 5.2 Since the last report dated 27th April 2009 a further 20 homes have been assessed. See appendix 1 for the current list of ratings that have been awarded.

6. Recommendations

- 6.1 Cabinet Member to receive details of the progress on Home from Home.**

7. Proposals and Details

- 7.1 To complete the first round of assessments by September 2009, evaluate and benchmark the process and note any learning to inform the next round of inspections to take place between September 2009 and end March 2010.
- 7.2 Of the 27 homes that have now been assessed 17 have completed reports and have been issued with ratings. One home, Meadow View, has achieved a GOLD rating. Of the others 10 have been rated SILVER and 6 have been rated BRONZE. (See appendix 1).
- 7.3 From the reports it can be noted that the key issues which tender to differentiate good homes from weaker homes are broadly as follows:

Choice of Home

Information provided can be variable. The higher quality information provided includes brochures, newsletters, satisfaction results and feedback from surveys and consultation.

Health and Personal Care

Care planning in some homes is better than others. Better quality providers demonstrate clearly person centred planning and care plan documentation is well written and contains clear and personalised information. In better quality homes medication records are generally well kept, issues noted mainly concerned missing signatures and codes. IN better quality homes residents all state that their personal care is dealt with privately, with respect and their dignity is maintained.

Daily Life and Social Activities

Satisfaction with meals is a key issue. Residents are mostly satisfied with the meals that are provided in homes of better quality. Activities vary greatly between homes, varying hours of activity co-ordinators, designated budgets, availability of transport and consultation with residents determine how active and stimulated residents are. Relatives raise this as an issue and feel that more could be done in some homes.

Environment

Issues with the environment in the poorer quality homes have included odour prevention, cleanliness of bedrooms and use of specialist equipment. Some homes are modern purpose built whilst others are converted premises, usually previously being large houses. Some have different areas for different activities, such as watching TV or reading, others have pleasant

conservatories to sit in and gardens or outdoor seating areas. All have secure access and visitors are asked to sign in and out.

Complaints and Protection

In better quality homes all residents spoken to have felt safe living in the various homes and would report any matters of concern. In homes requiring some improvement not all residents have known about the formal complaints process but would all complain to the manager or staff if they had an issue. In better quality homes the majority of staff have been trained in safeguarding issues and the homes have whistle blowing policies.

Staffing

The numbers of staff who have taken the time to complete the staff surveys has varied from home to home. Most complaints from staff have been around staffing levels, workload and equipment available. Staff have generally said they work as teams and support each other, share knowledge and have relevant training.

Management and Administration

Consultation with staff, residents and relatives varies between the homes. Most homes have stated that including relatives is challenging. Most homes try some sort of consultation, with the better ones using different methods, feeding back results and showing improvements made as a result.

- 7.4 The scheme has been well received by the homes and has increased standards and is forging positive relationships with the managers and staff. Revisits have been undertaken by the Service Quality Team, to a number of the homes first visited in December to speak to residents to ascertain if improvements have been noticed. Residents commented for example, that there have been improvements in meals and consultation on activities
- 7.5 Issues have been raised by members of the team regarding rating the homes if the different elements of the assessment result in different ratings. A simple weighting scheme has been used, along with discussions with the officers concerned, to come to a decision. More weight is given to issues such as the quality of care planning, medication and safeguarding. A mechanism is to be developed to formalise the weighting and the decision process if the individual teams disagree on the rating, by the end September 2009.
- 7.6 Examples of good practice have been noted whilst visiting the homes and a Good Practice Guide is to be developed and shared amongst the homes so that all can share ideas and learn

from each other. For example, 'Down Memory Lane' discussion topics, shop selling birthday cards and small gifts for residents to purchase, communication boards in bedrooms and 'claim and rename' days for laundry.

- 7.7 The web page is updated as reports are completed to enable customers to compare ratings and read and download reports. (<http://www.rotherham.gov.uk/graphics/Care/Adult+Services/Home+from+Home+-+Residential+and+Nursing+Care.htm>.)
- 7.8 Future plans include promoting the scheme to ensure prospective and current residents and their relatives are aware of the scheme and make reading the reports part of the decision making process.

8. Finance

- 8.1 The cost of implementing Home from Home has been one additional salary at Band I, paid for by the commissioning team, and the non-pay costs of administering the programme paid for by the Service Quality Team, such as back office costs such as desks, office space and reprographics etc.
- 8.2 Additional costs are incurred by Supporting People for the involvement of Age Concern in running user led focus groups at £60 per home
- 8.3 The future staffing costs paid for through additional investment from April 2009 include two new contract and reviewing officer posts one of whom will act as co-ordinator with the safeguarding team.
- 8.4 Finally there will be the costs, which are absorbed by the Commissioning team, of an administrator at Scale C and costs to develop an interactive web site for Home from Home.
- 8.5 Total additional costs in 2009 will be £125,000, including the premiums given to Gold and Silver rated homes.

9. Risks and Uncertainties

- 9.1 Risk is an important concept to the Home from Home scheme. Specifically the risks addressed are the risk of contractual non-compliance, the risk of abuse, and the risk of poor or ineffective health care provision.
- 9.2 The three assessments in the Home from Home scheme are designed to reduce these risks. In addition, the services are prioritised in relation to their assessment of quality in these areas. A quality matrix is used to monitor the month by month

performance of all the residential and nursing care homes. This matrix is updated with information on the following areas:

- The latest Care Quality Commission rating
- The number of substantiated contracting concerns for the home in the previous two years to date
- The number of substantiated safeguarding issues in the home for the previous two years to date
- The incidence and grade of pressure sores in the home for the previous two years to date

9.3 These four indicators inform the priority of the service for full review under the Home from Home schedule.

9.4 Any service found to be below rating standard is prioritised for early intervention.

9.5 All services have an ongoing action plan in place to deliver continuous improvement contributing to the Personal Dignity and Respect Outcome.

10. Policy and Performance Agenda Implications

10.1 The work of the contract and reviewing team links with the work of the new adult safeguarding team, and new protocols are needed to ensure maximum efficiency in all areas of work. This means balancing proactive monitoring of contracts with prevention in mind through Home from Home, with reactive safeguarding interventions once concerns are raised.

10.2 Home from Home also links to the work of the Care Quality Commission and Primary health care services such as district nursing services. Feedback from all partners will be sought to evaluate the schemes effectiveness in future

11. Background Papers and Consultation

11.1 Background papers on each home or the scheme assessments can be provided on request.

11.2 Appendix 1 – Current ratings

Author: Jo swift, Home from Home co-ordinator

Contact Name:

Tim Gollins, Strategic Commissioning Manager – Ext. 3929

Email: tim.gollins@rotherham.gov.uk

Home From Home

Name & Address	Owner	Residential Beds	Nursing Beds	Dual Beds	EMI Residential Beds	EMI Nursing Beds	EMI Dual Beds	Intermediate Care Beds	Total No. of Beds	CSCI Rating	Home from Home Rating
Abbeys (The), High Street, Rawmarsh, Rotherham, S62 6LT, Tel: 01709 528878	Southern Cross Healthcare	27	28		20				75	** Good	SILVER
Ackroyd Clinic, 183 Moorgate Road, Rotherham, S60 3AX, Tel: 01709 364422	Saleem Hasan	20	14					6	40	** Good	SILVER
Alexandra Care Centre, Doncaster Road, Thrybergh Rotherham, S65 4AD, Tel: 01709 850844	Southern Cross Healthcare	13	33						46	** Good	BRONZE
Athorpe Lodge, Falcon Way, Dinnington, Sheffield S31 7NY, Tel: 01909 568307	Athorpe Healthcare Ltd	30	31		29				90	** Good	SILVER
Beeches (The) Residential Care Home, Carr Road, Wath-upon-Deerne, Rotherham, S63 7PN, Tel: 01709 761803	Winnie Care (Highgrove Ltd)				44				44	* Adequate	Not yet rated
Broadacres, Naylor Street, Parkgate, Rotherham, S62 6BP, Tel: 01709 526455	Four Seasons Healthcare	21			29				50	*** Excellent	SILVER
Broom Lane Nursing Home, 174 Broom Lane, Rotherham, S60 3NW, Tel: 01709 541333	Four Seasons Healthcare	26	27					8	61	** Good	BRONZE
Byron Lodge, Dryden Road, West Melton, Rotherham S63 6EN, Tel: 01709 761280	Mimosa	31	6		10	13			60	** Good	Not yet rated

Name & Address	Owner	Residential Beds	Nursing Beds	Dual Beds	EMI Residential Beds	EMI Nursing Beds	EMI Dual Beds	Intermediate Care Beds	Total No. of Beds	CSCI Rating	Home from Home Rating
Cambron House, 3 Flanderwell Lane, Bramley, Rotherham, S66 0QJ, Tel: 01709 543197	Klirsten Properties				21	15			35	** Good	BRONZE
Cherry Trees, Simmonite Road, Kimberworth Park, Rotherham, S61 3EQ, Tel: 01709 550025	Exemplar	15	17		17	17			66	* Adequate	SILVER
Cliff Field House, 48 Station Street, Swinton Mexborough, S64 8LU, Tel: 01709 582695	David Van Dyk	26							26	* Adequate	Not yet rated
Clifton Meadows, Badsley Moor, Lane Clifton, Rotherham, S65 2BA, Tel: 01709 838639	Anchor Trust	40			25				65	* Adequate	Not yet rated
Davies Court, Dinnington	RBC	30			30				60		Not yet rated
Eastwood House, Doncaster Road, Rotherham S65 2BL, Tel: 01709 363093	Dr R Sandhi	25			12				37	* Adequate	Not yet rated
Egerton House, 113 Hill Top Lane, Kimberworth, Rotherham, S61 2ER, Tel: 01709 559643	Parneet View	21							21	Not Yet Rated	Not yet rated
Emyvale House, 29 Brampton Road, West Melton, Rotherham, S63 3AR, Tel: 01709 874910	Stephen Oldale/ Susan Leigh	16							16	** Good	Not yet rated
Greensborough Res/N.H, Potter Hill, Greensborough, Rotherham, S61 4NU, Tel: 01709 554644	Dr M H Hussain	16	43						59	** Good	Not yet rated
Highfield N H, Highfield House, Woodsetts Road, North Anston, Sheffield, S31 7EQ, Tel: 01909 566055	Mr Balaratnam	23	8		12				43	* Adequate	Not yet rated
Ladyfield N H, Peck Mill View, off Ladyfield Road, Kiveton Park, Sheffield, S26 6UY, Tel: 01909 771571	Ashbourne Healthcare	18	8		24				50	** Good	Not yet rated

Name & Address	Owner	Residential Beds	Nursing Beds	Dual Beds	EMI Residential Beds	EMI Nursing Beds	EMI Dual Beds	Intermediate Care Beds	Total No. of Beds	CSCI Rating	Home from Home Rating
Laureate Court Care Centre, Wellgate, Rotherham, S60 2QP, Tel: 01709 838278	Southern Cross Healthcare				34	47			81	** Good	SILVER
Layden Court, All Hallows Drive, Maltby, Rotherham S66 8NL, Tel: 01709 812808	Southern Cross Healthcare	20	20		32	17			80	** Good	Not yet rated
Lord Hardy Court, Rawmarsh	RBC	30			30				60		Not yet rated
Meadow View N H, Randerson Drive, Highborne, Kilnhurst, Rotherham, S62 5UW, Tel: 01709 586603	Craegmoor Healthcare	14	17		7	10			48	** Good	GOLD
Melton Court, 62 Blyth Road,, Maltby, Rotherham S66 7LF, Tel: 01709 812464	Imran Zahir	24							24	** Good	SILVER
Moorgate Croft, Nightingale Close, Moorgate, Rotherham, S60 2AB, Tel: 01709 838531	Rotherham Healthcare Ltd	28							28	** Good	BRONZE
Moorgate Hollow, Nightingale Close, Moorgate, Rotherham, S60 2AB, Tel: 01709 789790	Rotherham Healthcare Ltd				24				24	** Good	Not yet rated
Moorgate Lodge, Nightingale Close, Moorgate, Rotherham, S60 2AB, Tel: 01709 789790	Rotherham Healthcare Ltd	15	46						66	** Good	BRONZE
Queens Care Centre, Millard Lane, Maltby, Rotherham S66 7LZ, Tel: 01709 818181	Zak Health Care Ltd	40							40	** Good	Not yet rated
Rotherwood, Doncaster Road, Rotherham, S65 2DA Tel: 01709 820025	Mr C. Husband and Mr. P. Hill	24							24	** Good	Not yet rated

Name & Address	Owner	Residential Beds	Nursing Beds	Dual Beds	EMI Residential Beds	EMI Nursing Beds	EMI Dual Beds	Intermediate Care Beds	Total No. of Beds	CSCI Rating	Home from Home Rating
Sandygate Residential Home, Sandygate , Wath-upon-Dearne, Rotherham, S63 7PN, Tel: 01709 877463	Winnie Care (Highgrove Ltd)	33			21				54	** Good	SILVER
Silverwood Care Centre, Flanderwell Lane, Sunnyside, Rotherham, S66 0QT, Tel: 01709 532022	Ashbourne Ltd Southern Cross	15			49				64	** Good	SILVER
Swallownest Care Centre, Chesterfield Road, Swallownest, Sheffield, S26 4TL, Tel. 0114 2540608	Southern Cross Healthcare	36	29						65	** Good	Not yet rated
Swinton Lodge, Wortley Avenue, Swinton, Mexborough. S64 8PT, Tel. 01709 586704	Absolute Care Homes (Swinton) Ltd)	13	6		14	20			53	* Adequate	BRONZE
Treeton Grange, Wood Lane, Treeton, Rotherham S60 5QS, Tel. 0114 2692826	Saleem Hasan	28	20						48	** Good	Not yet rated
Wentworth Hall, Church Drive, Wentworth, Rotherham S72 7TW, Tel. 01226 748618	Mr. P. Crabtree Mrs. G. Crabtree	23							23	** Good	Not yet rated
West Melton Lodge, 2 Brampton Road, West Melton Rotherham, S63 6AW, Tel. 01709 879932	Susan Leigh and Stephen Oldale	11	15						26	* Adequate	Not yet rated
Whiston Hall, Chaff Lane, Whiston, Rotherham, S60 4HE, Tel. 01709 367337	Mr J Hill Mr S Cobb Heathcotes Care Ltd	45							45	** Good	Not yet rated

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