

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

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

**Date: Monday, 9th November, 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 meeting held on 26th October 2009 (Pages 1 - 4)
5. Centre for Independent Living (Pages 5 - 26)
6. Adult Services Revenue Budget Monitoring Report (herewith) (Pages 27 - 32)
7. 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)).
8. Carers Resource Centre (Pages 33 - 42)

**(The Chairman authorised consideration of the following two items to enable the matters to be processed.)**

9. Fee Setting - Independent Sector Residential and Nursing Care 2010/2011 (herewith) (Pages 43 - 45)
10. Re-Commissioning of VCS Contracts for Personalisation (herewith) (Pages 46 - 62)

**CABINET MEMBER FOR HEALTH & SOCIAL CARE**  
**Monday, 26th October, 2009**

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

Apologies for absence were received from Councillors Barron and Walker.

**46. MINUTES OF THE MEETING HELD ON 12TH OCTOBER 2009**

Resolved:- That the minutes of the meeting held on 12<sup>th</sup> October 2009 be approved as a correct record.

**47. MATTERS ARISING**

Common Assessment Framework for Adults – Phase Two Demonstrator Site Programme

The Strategic Director reported that the bid for Common Assessment Framework for Adults – Phase Two Demonstrator Site Programme had been unsuccessful. He confirmed that it was being investigated as to why Rotherham had been unsuccessful when other authorities had been successful and he would report back on the findings at a future meeting,

**48. DOMESTIC VIOLENCE CONFERENCE - 16TH NOVEMBER 2009**

Consideration was given to attendance at the Domestic Violence Conference in London on 16<sup>th</sup> November 2009. The Cabinet Member was asked to agree attendance for a member and a nomination was sought.

Resolved:- (1) That the Cabinet Member agree to attendance for a Member at the above conference;

(2) That Councillor Hilda Jack be nominated to attend.

**49. CHAMPION FOR PUBLIC HEALTH**

Consideration was given to the nomination of a Member to undertake the role of Champion for Public Health.

Resolved:- (1) That Councillor Jo Burton be nominated to undertake the role.

**50. LAUNDRY SERVICE OPTIONS APPRAISAL**

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which provided a summary of the options appraisal

regarding the future of the laundry service.

The laundry service currently ran from the Fitzwilliam Centre with around 180 individual service users. In addition there were a number of ongoing contracts with organisations including Breathing Space and Rotherham Hospice. It was a "one size fits all" service which collected laundry from pick up points, washed and dried it before returning it to the pick up point for the service user (or home carer) to collect. It ran on fixed days in particular areas and in this aspect was not personalised.

It had been agreed by Assessment and Care Management (Health and Wellbeing) that existing service users would receive individual care needs review and these were now underway. In terms of consultation, existing customers received a letter about the future of the service in April 2009 and this would be followed by a questionnaire.

Of the original 12 members of staff, 3 had been redeployed and one had retired, which left 8 working in laundry. They had all been interviewed by HR and Service Manager regarding redeployment and were considering a variety of options.

One of the key areas for consideration was the ongoing costs of repairs and maintenance which would be a major factor in determining future viability. The building on Fitzwilliam Road was owned by RMBC and there were some areas of routine maintenance which needed dealing with if the building was to continue being used. The main areas for consideration were:

- The boilers needed to be replaced at an approximate cost of £40,000
- Some re-wiring was required, possibly a full re-wire at a cost of up to £30,000.

RMBC were the only South Yorkshire Authority which provided an in-house service as Sheffield had no laundry service, Barnsley provided a continence service only and Doncaster provided an ordinary service only.

Other Authorities had no special internal arrangements to cover incontinence laundry and continence advice and support was routinely given by NHS and community nurses. This included provision of continence wear and bedding protection, following an assessment of need.

The options were appraised based on:-

- Strategic Fit
- Financial Issues

The options considered were:-

1. Retain current service provision
2. Review the current operation of the service to improve efficiency, reduce costs and increase income
3. Close the in-house service with no replacement
4. Develop a Social Enterprise in partnership with VAR (Voluntary Action Rotherham)
5. Tender the Service

The options were compared and the two least favoured were 1 and 5 as they did not meet financial or strategic intentions and priorities.

A SWOT analysis of the remaining 3 options was presented in the options appraisal and the analysis favoured option 3 to close the service, although option 2 also had some appeal dependent on strategic priorities. Option 4 was not considered to be an option because of the prospect of TUPE applying to existing staff. VAR had clearly stated this would present unacceptable financial risk to them and their partners and was, in effect, a "deal breaker".

A discussion ensued about option four and it was felt that more communication should have taken place if the only problem was the prospect of TUPE applying to existing staff. It was confirmed that there was also the matter relating to the cost of buildings and that staff could have justifiably taken the Authority to an employment tribunal which would have incurred costs.

A concern was raised about customers using the incontinence service. It was felt that there was a risk of infection spreading if laundry was done at home.

A query was raised as to the number of clients who were referred to the specialist service at the hospital to overcome incontinence. The Director of Health and Wellbeing was unsure of the exact figure but felt that of the 180 service users that there was very few accessing this service.

A discussion took place around the underuse of the Neighbourhood Centres and whether it was possible to encourage people to make more use of them. Confirmation was given that this was being looked at as part of the Neighbourhood Centre Review.

It was noted that not all customers had a washing machine in their home and the question was raised as to how this would be overcome. It was confirmed that each case would be dealt with on its merits and resolved accordingly.

One member queried why the option to increase the amount charged for the laundry service had not been explored. There were two reasons why this had not been put forward as an option:

1. It would need to be increased to £7-£9 per load, which most people

would be unwilling to pay.

2. Even with this sort of increase there would be very little income received as a result.

Members commented that the only alternative being offered appeared to be for laundry to be done at home. It was queried as to what other services were available to customers within the community. The Director of Health and Wellbeing confirmed that there were other service providers available at a cost, or there was the option of using launderettes.

Members queried how many customers used the laundry service with incontinence problems, and of those how many had learning difficulties. The Director of Health and Wellbeing was unable to give an exact figure but confirmed that any customer with these needs would be supported. With regard to the customers with learning difficulties, confirmation was given that these service users were supported by the Learning Disability Service and therefore were not included in the figure quoted of 180.

Resolved:- (1) That the conclusions of the Options Appraisal be noted.

(2) That the Cabinet Member confirm the closure of the laundry service with all service users being given a full assessment of needs and appropriate measures be introduced to meet those assessed needs in a personalised way.

## **THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO MEMBERS INFORMED**

### **51. CARERS ASSESSMENT**

Councillor Jack wished to place on record her appreciation to the department following the recent assessment which had taken place in respect of her husband. She confirmed that the support they had been given was excellent and she felt that recognition needed to be given to the staff involved.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</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>9th November, 2009</b>
<b>3.</b>	<b>Title:-</b>	<b>Centre for Independent Living</b>
<b>4.</b>	<b>Directorate:-</b>	<b>Neighbourhood and Adult Services</b>

### **5. Summary**

The Neighbourhoods and Adult Services Service Plan (2008/11) contained a strategic objective and priority action to 'explore the concept of and establish the need for a fit for purpose 'Independent Living' Centre in Rotherham'. This report provides the Cabinet Member with the outcomes of this work. This is needed to respond to an action agreed at a corporate performance clinic held on the Joint Disability Equalities Scheme (JDES) on the 30<sup>th</sup> September 2009.

### **6. Recommendations**

**That the development of a Centre for Independent Living is not recommended for the reasons outlined within the business case (appendix 1) which are principally about value for money.**

**To note the further work underway and support being given to the user led steering group to enable better access to services, information and advice to enable independent living.**

## 7. Proposals and Details

7.1 As part of the Service Plan for 2007/8 an action was agreed to establish an Independent Living Centre in Rotherham. Due to the change of Director mid year, this action rolled forward to 2008/9 but was revised to allow an analysis of the need for an ILC to be established. This included defining what an ILC could provide in Rotherham. It was agreed that the Innovations team would assist with this action, which was led by Shiv Bhurtun, Housing Access Manager. **Appendix 1** provides the review document.

7.2 CIL's are not homogeneous and within our immediate region they vary in terms of how they are delivered and why they were originally developed. In the main however, a CIL is a service which provides free and impartial assessment and information to any potential user on a range of issues, typically including:

- assistive technology and equipment such as aides, chairs, beds, kitchen equipments and stair lifts,
- information on benefits & employments,
- Careers training to enhance independence
- Advocacy services
- Support with Direct payments and Individual budgets

Where a dedicated centre is in place, staff based there usually consists of Occupational Therapists, technical instructors and referral co-ordinators. In some areas this also includes Physiotherapist, Social workers and administrators.

7.3 CIL's are typically non-residential, private, not for profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities. Their goal is to assist disabled people and their families / carers achieve their maximum potential within their home, life and communities. They serve as a focus for advocacy as well as pressure groups working to improve access to housing, employment, transportation, communities, recreational facilities, and health & social services. CIL promotes and enables a focus on delivering services for the vulnerable disabled groups in line with a 'social model of disability', by reducing barriers to access and changing attitude to improve inclusion.

7.4 DMT considered the review document last September and agreed that rather than commissioning a discreet Independent Living Centre, further work should be undertaken to improve access to and making better use of existing resources such as the South Yorkshire Centre for Inclusive Living at Doncaster, the Extra Care housing facilities and REWS. This work would then determine any gaps in existing services for disabled people that could then be identified in our commissioning priorities when developing the right CIL model.

This action was agreed to facilitate a much more comprehensive understanding from the customers and key stakeholders of the most

effective way to meet their needs. This was because the initial scoping exercise undertaken suggested, that a CIL would contribute to a range of strategic objectives in Rotherham, and that feedback provided from an initial customer survey carried out by the Innovation's team was overwhelmingly supportive of having a local CIL. However, the initial findings also suggested that most of functions that could be delivered are already being provided within the Borough through established service level agreements or contracts with various organisations. Many of these organisations were already providing added value to customers as a result of their extensive experience within communities as well as having an established relationship with RMBC. Assessment Direct, Care Enablers and Rothercare do have the potential to provide more information through signposting to existing services, however given that there is also already a South Yorkshire Centre for Inclusive Living in Doncaster that does not exclude people from Rotherham, there does not appear to be a strong business case for developing a dedicated centre that would be centrally located in Rotherham Town centre.

7.5 A task and finish group was established to explore:

- How can we ensure that the range of existing services are better coordinated so that disabled people, their families and carers can make the best use of the available resources in the Borough?
- How can existing services be improved to ensure that the needs of disabled people are better served and are there any gaps that need to be identified in our commissioning priorities?
- How and where should we direct our Preventative Technology Grant to establish demonstration sites to showcase the available equipment available to disabled and vulnerable people. That this should include exploring partnerships with commercial business such as the Parkgate Mobility centre or making better use of existing resources such as at our Extra Care Services, within REWS, hospitals or joint service centres and partnership developments venues such as Breathing Space.
- This group would also be able to obtain more feedback from stakeholders such as the PCT and joint service providers in mental health and learning disabilities.

7.6 This group was set up in November and key stakeholders and partners were invited to contribute and progress the above actions. The group membership gradually expanded to included representations from the following :

- VAR - Voluntary Action Rotherham
- Age Concern
- RMBC- Strategy team
- RMBC- Chief Executive team
- RDIS – Charlott Bailey
- Joint Equipment service-REWS
- Service User – Mr Qureshi



- User – Lizzie Williams (declined participation)
- SYCIL – South Yorkshire Centre for Independent Living
- South Yorkshire Transport
- Speak Up Advocacy service

7.7 The group progressed work up to April 2009 concluding with the following:

- That a centrally located CIL in Rotherham Town centre would not meet the needs of all the disabled residents within the Borough
- That similar activity in relation to the development of a CIL in Rotherham, by Charlotte Bailey and Mr Mohammed Qureshi and also the Chief Executive office through Zafar Saleem, would benefit from merging as one project.
- That such a project should be formally lead by service users with support from RMBC providing appropriate resources.

Parallel to the task & finish group work, progress was reported to the Adult planning board by the 'Independent Living' Director, ensuring key stakeholders' support.

7.8 It was clear through the task & finish group that a collective and co-ordinated approach supported with resources was key to progress further, which triggered group members to re-focus on developing a user-lead steering group with support from VAR, SYCIL and Speak Up. To further enhance support for this development, NHSR provided a one off grant of £ 6K to secure an experience information officer from SYCIL to work 2 days a week supporting the steering group, alongside support from Speak Up and VAR. The two primary objectives identified was to:

- Develop a User led Steering Group to lead on the development of a CIL
- Deliver an Independent Living Equipment Exhibition to raise awareness

To date the, Information Officer from SYCIL has been working towards building links and the exhibition for Independent Living Equipments took place on the 29<sup>th</sup> July of this year. Work is also ongoing on supporting plans for a model of providing brokerage / care navigation support for people moving onto Individual Budgets and the development of the most appropriate CIL model that would suit the Borough of Rotherham.

7.9 As initial needs were identified by this steering group to focus around aids and equipments as well as Independent Advocacy it is the intention to involve this group in the wider review of the Joint Equipment service partnership agreement between RMBC and NHSR. This review is planned to be completed by January 2010 with a view to inform a new way of making aids and equipment accessible to disable customers which supports choice and control.

## **8. Finance**

- 8.1 It is important to note that resources to support the continued development of the user led steering group is pivotal to inform the most appropriate CIL model for disabled people in Rotherham. Indications are that the cost for supporting works currently being undertaken by the SYCIL; Information Officer, will not be sustainable beyond December 2009.

## **9. Risks and Uncertainties**

- 9.1 Should support for the development of the User led steering group cease, securing the most appropriate CIL model for Rotherham would be at risk.

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

- 10.1 The cross – government five year “Independent Living “ Strategy aims to ensure that disabled people who need support to go about their daily lives will have greater choice and control over how support is provided. Also that disabled people will have greater access to housing, transport, health, employment, education and leisure opportunities and to participation in family and community life. The strategy states that local organisations should consider the needs of disabled people within their community for support, information, advocacy and brokerage services and should consider co-ordinating their approaches through local strategic partnerships (LSPs). Supporting the work of the user led steering group will assist with this objective and will help build a case for any further investment into the sector. As part of the programme of work being taken forward, the Department of Health (DH) will be investing in Action and Learning Sites to ensure that by 2010, each locality will have a user-led organisation modelled on existing Centres for Independent Living (CILs). It may be that as a result of the learning from the pilots, there will be additional resources available. Engaging and coordinating providers, users and stakeholders as will position Rotherham well to take forward any further developments. The DH will also be examining the case for investment in advocacy support in situations where disabled people are particularly at risk of losing choice and control.

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

Independent Living - A cross-government strategy about independent living for disabled people, Office for Disability Issues, 2009.

Putting People First - a shared vision and commitment to the transformation of adult social care -

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndguidance/DH\\_081118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndguidance/DH_081118)

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**Appendix 1**

**Rotherham Metropolitan Borough Council  
Independent Living Directorate**

**Concept and establishing a need  
for an Independent Living Centre in Rotherham**

**Sept 2008**

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## **1 STRATEGIC FIT**

### **1.1 Description of Independent Living centre**

Independent Living centres (ILC) vary slightly across the region which is primarily due to how they have been developed and evolved. In the main however, an ILC is a service which provides free and impartial assessment and information to any potential user considering equipments, information on benefits, employments, and careers training to enhance their independence as a whole. Equipments range from the various types of chairs, beds, kitchen equipments and stair lifts.

The centre staffs consist of Qualified Occupational Therapists, technical instructors and referral co-ordinators. In some areas this also includes Physiotherapist, Social workers and administrators.

Independent Living Centres are typically non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their families and communities.

Also, Independent Living Centres serve as a strong advocacy voice on a wide range of national, state and local issues. They work to assure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health & social services. These are just a few of the services offered with potential for expansion in the future to reflect emerging needs and advances in medicine.

The role and purpose of one-stop shop is ever changing following its successful implementations across many Local Authorities key directorates, in enabling a seamless access to services. Independent centres for living; whilst not a substitute for one stop shop functions, offers an even more comprehensive and holistic way of enabling access to key services and support working in partnership with voluntary and the private sector as well as retailers.

The main focus of ILC's is to enable disabled people to be equal citizens with choice, control, rights and full economic social and cultural lives. In doing so ILC aims to remove barriers such as access, attitude towards vulnerable disabled people.

An ILC will offer easier access and most importantly choice and control to users who are self funders and also to those requiring state funding support.

### **1.2 Contribution to the Council's business strategy**

An ILC could contribute towards the key priorities of safeguarding vulnerable adults and improving access to safer Neighbourhoods teams through raising visibility, awareness and higher degree of responsiveness.

The success of an ILC is however dependent on the infrastructure adopted and the extent to which, public / provider / retailer, interaction is enabled. The use of such interaction should also inform service development, thus reflecting the service aim of enabling more control to customers over what affects their lives.

ILC could contribute towards the provision of an enhanced service in the longer term. Initial limitation, however would be dependant on level of participation from existing service areas such as advocacy service for learning disability and mental health; services which already exist and are accessible to the public.

#### ➤ Strategic Objective 1:

To improve access and standards of service where performance compares less well, with the best to contribute to an excellent rating by the year 2009

The concept of an ILC will go some way to enhance the access to services such as the provision of information, advice and support for self funders and enable earlier assessments for potential

vulnerable groups. However the implementation, across service areas of the 'Assessment Direct' initiative and the focus on consistent performance on reviews of social care packages would equally enhance early access and intervention. This means that an ILC could potentially duplicate efforts already engaged elsewhere.

➤ Strategic Objective 3

To increase affordable housing and make better use of available housing assets in all sectors in a way which improves the range and quality of housing to create lifetime home and sustainable neighbourhoods by the year 2011.

Increasing access to social and affordable housing could be enabled even more through the support service provided by an ILC. This means that customers could access and receive advice and guidance on housing options available to them both in the public and private sector from one single location. However, whilst this would enhance access to such service, the risk of duplication is high because the existing Choice base letting service is already providing a comprehensive service to all customers and an effective signposting function.

Furthermore, the infrastructures supporting the Key choices service and its easily accessible central location can only improve access for the vulnerable people.

➤ Strategic Objective 4

To modernise services so that they are designed in a way which maximises people independence by the year 2011.

Enabling Independence through health initiatives is also pivotal to the development of an ILC in particular through integrating promotion and prevention strategies / actions, to enable access and awareness. It could be argued that the ongoing development of the extra care housing schemes and activities surrounding transformation of Social Care alongside implementation of commissioning strategy will encompass the Health & Well being prevention agenda.

➤ Strategic Objective 5

To develop innovative services in a way which contributes to helping more people live at home.

ILC will contribute greatly in the providing access to many options available to the public in enabling sustainable independence within the home environment. It will however be challenging to enable access to the vast number of assistive technology and various equipments' which could help within ones home environment. The public can already access these throughout the borough at various private specialist retailers. It is however argued that majority of the vulnerable customers are not able to access and test out the various community Equipments' issued by Occupational Therapist in a more proactive way.

Establishment of an ILC could facilitate this; however it would present various other challenges such as:

- Geographical location which would be suitable for the entire population of the borough
- Capacity to store and have on display the various types of equipment at hand
- The provision of a qualified member of staff to provide appropriate advice on equipments'

In conclusion, there are various development and initiatives already being implemented such as Assessment Direct; Customers service centres across the borough and Web enable information access points, enabling access to information. Furthermore, RMBC is already engaged with a variety of sectors; voluntary, private and community, in delivering enabling services such as Advocacy, Housing advice, Employment, Drug & health promotion as well as Financial support services to vulnerable and the public as whole. The various method of delivery adopted by these organisations and there various geographical locations, already facilitate access to the Rotherham population. It could be argued that from a strategic perspective, whilst the facility to access and test out Community equipments' at central locations is lacking, many if not all of the key functions of an ILC is being delivered in Rotherham.

### **1.3 Objective of an ILC**

Key objectives link to an ILC are:

- Sign posting services
- Advocacy service
- Employment service
- Housing Advice
- Health promotion
- Benefit support service
- Community Equipment services and Assessment

All of the above functions are already being provided within the borough through established service level agreements or contracts with various organisations. Many of these organisations are providing added value to their customers which is based on extensive experience within their respective sector and the established relationship with RMBC.

The main gap evidenced, is the limited access for Rotherham people, to test and compare the various equipments they could acquire to sustain independent living within their own home. This is a key objective which could be delivered through an ILC; however it is not the only method available in addressing such gap.

## **1.4 Is there a need for this now?**

There are many bespoke service surrounding employment, advocacy and the joint equipment service dealing with disabled people as well as a variety of services a typical ILC could provide. Whilst there could be benefits to such a service in Rotherham, in particular facilitating access to community equipments and low level functional assessments for vulnerable customers, the demand for this is not fully established.

Discussion with retailers in Rotherham indicates a gradual increase in demand in this area of the market however a lethargic response from customers in expressing the need to test and compare equipments proactively. This was evident through discussion with a specialist retailer located in Parkgate. Further discussion revealed that the MS society engaged this retailer in the development of a similar scheme which failed. The main rational for this was the lack of interest from customers and carers.

South Yorkshire Centre for Inclusive living (SYCIL)<sup>1</sup> is an ILC which provides services for Disabled People, Health & Social Care professionals across the public, private and voluntary sector. The main focus of SYCIL is to enable disabled people to secure independent living and be part of the society in its fullest form. SYCIL services includes Advocacy, Information and advice on health improvement for the BME, Computer suits for ICT training, Employment Support, Equipment and Independent living units.

Support is accessed free of charge by users. Assessment for equipments is offered by an Occupational Therapist employed by the service; a service which is offered parallel to that of the services of a Community Occupational Therapist.

Discussion with the service indicates that the customers from across the region can access the assessment service and equipments before purchase. Discussion with Rotherham Occupational Therapist suggests that some customers have been supported in accessing SYCIL services.

## **1.5 Key Risk / Challenges**

Considering the concept of an ILC and key risks and challenges this will present are listed as follows:

- High cost in the initial stages ( set up cost – e.g. Accommodation, staffing, equipment)
- Geographical Location
- Duplication of services for customers
- Inconsistency due to the challenges in developing standardise advice service
- Compatibility of the various Information and Communication technology(ICT) currently in place
- Robust funding secured
- Partnership arrangement could destabilise funding agreements for existing contracts
- Poor customer satisfaction

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<sup>1</sup> SYCIL: [www.sycil.org.uk](http://www.sycil.org.uk)

It could be argued that based on the risk and challenges an ILC currently presents far outweighs the benefits which could be gained through existing services. This could be achieved through robust and intelligent commissioning processes and reconfiguration of poorly performing service level agreements to reflect emerging Needs.

## **1.6 Critical Success Factors**

An ILC could contribute to key performance areas and help promote Independent living, however this could prove complex to demonstrate through outcome base performance frameworks, nevertheless this remain a critical success factor.

Improve value for money, Efficiencies saving, bespoke tailored service offered to customers when they need it and Equity of access as well as improve outcomes for users area; all are critical success factors for an ILC development project. However, this is dependent on customers self funding equipments and the ability to ensure that all customers can indeed access this service quickly. Considering the geographical make up of the Borough facilitating this would be challenging in particular for vulnerable customers with disabilities. Furthermore, whilst ever an ILC is developed using a model similar to a one stop shop approach; the current model adopted by many Authorities, access by the community will not be comprehensive particular by the disabled and disadvantage groups.

It is therefore likely that an increase in self funders would be noted but equalities in enabling access by all the people in Rotherham would still pose a challenge for the Council as whole.

It could therefore be argued that an ILC would present key challenges in meeting and delivering on key areas for the most vulnerable adults.

## **1.7 Main stakeholder feedback**

The primary stakeholder in the development of an ILC is the customer. (See survey question – Appendix 1)

A telephone survey undertaken with 15 users at random who are either waiting or have received an occupational therapist assessment. Key area explored was to capture their views on the impact (advantage and or disadvantage) an Independent Centre for Living could have in Rotherham.

100% of the users surveyed indicated that an ILC will impact positively in Rotherham, however only 67% indicated that an ILC would enable them to access information on how and where to obtain equipments to help them in maintaining their independence.

- **Key benefit of an ILC identified by one user was captured as follows:**

*“It would be quicker and easier to pick the right one; I have been waiting since February for an assessment”*

*“Quicker to get equipment and to test different ones”*

*“Save waiting months and better for trying different types to see which is best”*

It is clear from this survey that the main expectation expressed by customers is likely to be rapid access to assessment service where community equipment is concern and adequate information of where this could be tested out by the users. The survey suggests that there is a historical assumption by users that Community equipment can only be provided following a Community Occupational Therapist assessment and by the local Authority.

No users surveyed indicated key benefits of an ILC to be the various other functions such as benefit, employment or advise which could prove to be beneficial to access at one central point.

As an ILC would engage in delivering a variety of services as listed above key strategic stakeholders were requested for their views on such a project. (See appendix 2)

- Tim Gollins in Commissioning and as the Supporting People lead
- Lynn Keirs Occupational Therapist lead
- Jackie Bickerstaff –Learning disability services
- Carol Bishop – Learning Disability services



- Dawn Brewer – Team Manager Physical Disabilities

Limited feedback has been provided to date but can be explored further following the review of the work carried out to date. Discussions with the Director of Health & Well Being have indicated that the development of a centrally located ILC service whilst beneficial to some would fall short of reaching out to the very people the Council is working to improve access to services. As such strategically this would fail in many areas. Support for the development of mobile service was indicated however this could limit the functions such a service would be able to offer to customers hence running the risk of rapidly becoming inefficient in a very short period of time.

## 2 Option

- ***Review and improve existing services, contracts and service level agreement through the commissioning process:***

An example of this is the current review of the Community Equipment services Service level Agreement and the Community Occupational therapist service. In doing so, emphasis should be to deliver an outcome based service level agreement with robust performance management framework being an integral part of the agreement.

Key strength:

1. Low risk
2. High level of customer satisfaction
3. Low disruption level of services and services to customer
4. Familiar services with improving access in the future
5. Good communication with customers is maintained
6. Control of process and time line
7. Personalised service

Weaknesses:

1. Variation in service performance continues until new SLA / Contract are established
2. Pace of change out runs emerging needs of customers
3. Inequalities in access continues for longer than anticipated
4. Inability to complete all reviews and contracts in a timely way

- ***Redirecting funding from existing services to establish an ILC***

The Council could negotiate with the various partners and providers to explore the establishment of an ILC through redirecting funding from current SLA's & Contracts to secure funding and deliver various services from one single point. However, this option should be regarded as a high risk strategy and wider consultation is vital.

Key strength:

1. Could achieve better Value for money
2. High level of customer satisfaction in the future
3. Centralised approach
4. Good communication with customers is maintained
5. Control of process and time line
6. Personalised service

Weaknesses:

1. Pace of change out runs emerging needs of customers
2. Inequalities in access continues
3. Unfamiliar services for existing vulnerable customers

4. Inability to secure funds
5. Not all SLA's and Contracts could be terminated simultaneously
6. Centralised approach would not be accepted by many stakeholders
7. Level of confusion would lead to high level of dissatisfied customers

- **Partnering approach to deliver an ILC for Rotherham**

This model would require the appointment, via competitive process, of a management partner to co ordinate the existing and proposed arrangements for developing of an ILC.

Key strength:

1. One partner leads to a pre determined quality /price/consistent access
2. Larger contract so flexibility / cross tenure service could be specified
3. Simpler more efficient contracting and contract management of the ILC
4. Good communication with customers is maintained
5. Control of process and time line
6. Personalised service
7. Shared risk and efficiencies gained

Weaknesses:

1. Unsure if provider with such capacity exist
2. Highly complex contract structure could impact on implementation time
3. Pace of change out runs emerging needs of customers
4. Inequalities in access continues for longer than anticipated
5. Contractual cost could not be agreed to produce meaningful outcome for the users

- **Competition**

The council could contract with one or more partners in delivering a ILC using a method to which could be determine by the procurement strategy.

Key strength:

1. Provider would pen up more oppportunity to invest in service and technology
2. High level of customer satisfaction
3. Better contractual control from Council
4. improving access in the future
5. Good communication with customers
6. Control of process and time line
7. Personalised service

Weaknesses:

1. Service could become more remove from users as focus is on profit
2. No guarantee of better value for money
3. Unknown provider market
4. High resistance from users and stakeholders
5. High cost for technology
6. Retailer engagement may lead to conflict of interest

### 3 Preferred option

Review and improve existing services, contracts and service level agreement through the commissioning process is the preferred option because this could be achieved in a more realistic way and with minimal disruption of services to vulnerable customers.

## **4 Affordability / Costing**

### **4.1 Available Funding**

There are no funds identified for Local Authorities to access directly. One - off funding could be sought through bidding process lead by various other organisations not part of statutory services.

### **4.2 Whole life cost**

Due to limited data and commercially orientated services currently delivering ILC services this could not be established.

## **5 Conclusion**

An ILC is another way of promoting and enabling access to key services such as employment, education, information & advice, advocacy and community equipment to vulnerable adults, disabled people, carers and the wider population. Not all ILC's offer a similar types of services but rather a range of services depending on their geographical location, architectural infrastructure and funding arrangements.

In the main the majority of ILC's focuses toward delivering a one stop shop model of access to various key services which enables independence within the community.

There are various types of services already in existence within the Rotherham borough (see appendix 3) and ongoing development of comprehensive services such as Assessment direct, Customers services centres to enable access to services.

RMBC is currently delivering on all its strategic objectives and developing new and reconfiguring existing services to increase access to service enabling more independence within the community.

Time scale for Occupational Therapist Assessment has been radically reduced and likely to be sustained in the future through the development of a new SLA.

There is however no facilities for disabled customers to test and compare community equipment such as wheel chairs, specialist beds and stair lifts in simulated home environment. Demand for this however, is not fully established within Rotherham and the level of use of such services provided at SYCIL by Rotherham Occupational Therapists is not measured. This indicates low utilisation.

The current review of the Community Occupational Therapist service SLA and Rotherham Equipment & Wheel chair service SLA will create a good opportunity to establish a much more accurate baseline to indentify demand for such facilities in Rotherham.

Nevertheless, enabling access to customers of the option of comparing and testing equipment is important. This could be facilitated through existing services such as Extra care schemes where the current infrastructures would support the delivery of such facilities. This will also act as a catalyst and contribute toward integrating extra care schemes into the wider community.

In addition the services delivered by SYCIL could be accessed more effectively by Rotherham Residents considering low level assessments or advice for equipments in a similar fashion that a local retailer would provide.

## **6 Recommendation**

Developing a fit for purpose ILC service is not recommended at this stage because existing facilities are delivering on intended strategic objectives and these can be further enhanced through innovative commissioning process.

It is however proposed that by delivering Strategic Objective (5) within the service plan (08/11) through carrying out a fundamental review of current approach to Extra Care to meet future demographic challenges,

the element of enabling access to community equipments to customers can be achieved through Extra Care services.

In so doing this would increase integration of services into the community and contribute towards enabling access to more services by vulnerable disabled adults and carers more effectively and at low cost.

**Appendix 1 Customer survey carried out by Innovation team.**

**Inspection Team** – 1 Female customer inspector.

**Inspection Scenario** – Carry out a telephone survey to customers who are awaiting and have received an occupational therapist assessment to gain their views on the impact (advantage and or disadvantage) an Independent Living Centre could have in Rotherham.

**Headline results-**

- The Customer Inspector found that 100% of customers asked would like an Independent Living Centre in Rotherham.

**Independent Living Centre**  
**Customer Feedback**

An 'Independent Living Centre' provides customers with impartial assessments and an information service to anyone who is looking for equipment to enhance their independence within their home. Equipment which could be included are wheel chairs, shower chairs, stair lift etc etc. The centre staff also provides assessments and demonstrate the uses of a range of equipment available within settings such as a kitchen, bathroom, bedroom etc.

**Q1:** Would you use an Independent Living Centre more as compared with waiting to be assessed by a Community Occupational Therapist?

Yes	<b>100%</b>
No	<b>0%</b>

**Q2:** If there was an Independent Living Centre in Rotherham, do you think customers would use this to have an Occupational Therapy Assessment rather than waiting to have an Occupational Therapy Assessment in their own home

Yes	<b>100%</b>
No	<b>0%</b>

**Q3:** Would the ability to try and test out equipments such as a shower chair, and various types of wheel chairs for example benefit you in accessing equipment independently?

Yes	<b>100%</b>
No	<b>0%</b>

**Q4:** Do you think it would be beneficial for external providers of equipment to sell their goods in this type of centre, i.e. Mobility Shop or Boots

Yes	<b>100%</b>
No	<b>0%</b>

If no – why do you think external providers should not sell their products?

Q5: Do you think we could utilise this type of centre to deliver other types of services, i.e. Benefits advice or financial assessments?

Q5: Would the ability to access information on how and where to obtain equipments help you in maintaining your independence?

Yes	67%
No	33%

Q6: What would you see as the key benefit and the key problems associated with Independent Living Centre?

**Key benefit:**

“it would be quicker and easier to pick the right one, I have been waiting since February for an assessment”

“Quicker to get equipment and to test different ones”

“Save waiting months and better for trying different types to see which is best”

**Key difficulties:**

“Could be difficult to get there, it would depend on where it was”

“none”

Your feedback is most welcome, have you any further comments, views or suggestions you would like to make, please use the box below to capture further information

**t**

**Appendix 2 - Stakeholder Feedback**



**Neighbourhoods &  
Adult Services**

**Independent Living Centre**  
**Key Stakeholders Feedback**

Neighbourhood & Adult Services would like to capture feedback from key stakeholders on the impact (advantage and/or disadvantages) an Independent Living Centre could have in Rotherham.

An 'Independent Living Centre' provides customers with impartial assessments and an information service to anyone who is looking for to enhance their independence. The centre staff could also provide training, assessments and also demonstrate the uses of a range of equipments available within settings such as a kitchen, bathroom, bedroom etc.

Your views would be of great help in supporting this feasibility / Option appraisal exercise being carried out by the Independent Living Directorate.

**Please provide comprehensive responses to the questions below.**

**Q1:** In your opinion how would an Independent Centre for Living be developed in Rotherham?

**Q2:** In your opinion can you identify what the key:

- ❖ Aims
- ❖ Objectives
- ❖ Outputs
- ❖ Outcome / benefit

Would be for Rotherham customers.

- ❖ Aims
- ❖ Objectives
- ❖ Outputs
- ❖ Outcome / benefit

**Q3:** In your opinion what do you see as the main risks for developing such a centre in Rotherham?

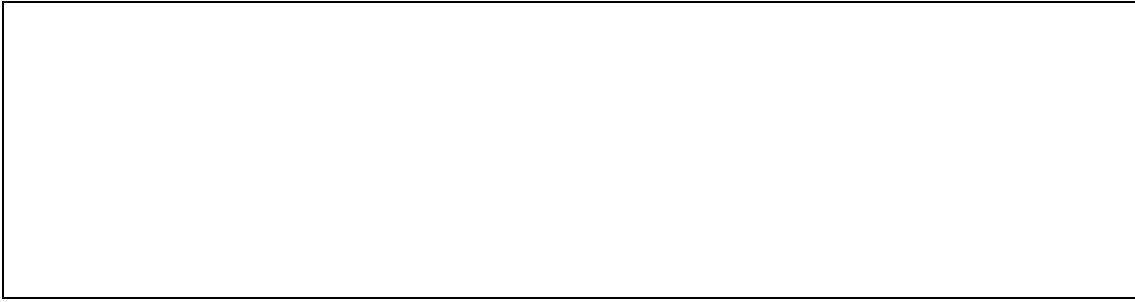
**Q4:** In your opinion should such a centre be delivered locally or this type of service be accessed from a regional centre?

**Q5:** In your opinion what types of services would like to see delivered from an Independent Centre for Living?

**Q7: Please add any other comments to facilitate this process. Feel free to use the few prompts highlighted.**

Key challenges  
Impact on current services  
Long term impact or benefit





Please provide your contact details if you would like personal feedback on your views, or if you have made a suggestion so that we can get back in contact with you:

Name.....

Address

.....  
.....

Telephone number.....

E.mail address.....

Thank you for your views .

Appendix 3

List of existing services and brief description of functions

**Rotherham's Support Services**

**Homelessness & Accommodation**

Housing Options Team  
Asylum Project Team  
Rush House Project  
NOMAD  
Thursday Project  
Action Housing  
Salvation Army  
Rotherham Women's Refugee  
Stoneham  
Key Ring  
Rainer  
Resettlement Service  
Ricochet

These services look at the most vulnerable group of people in housing need in Rotherham and offer timely and much needed housing support. They collectively cover; people who may have a learning disability or mental health problem, ex prisoners, those seeking refuge from domestic violence and people seeking asylum.

**Health**

SOVA Project  
Know The Score  
Pathways  
Youth Start  
Mind  
Risky Business  
The Gate Surgery  
Assertive Outreach Team

People who are experiencing various health problems and whom reside in Rotherham can access these services which are delivered within the community and cover a wide age range. They offer drop in services, counselling sessions, medical assessments and needle exchange.

**Financial**

Benefits Agency  
Money Advice  
Social Fund

Direct Payments  
FACE  
Rotherham Money Advice

Anyone facing financial hardship, regardless of age, race, religion and disability is offered these financial services

### **Ethnic Minorities**

Rotherham Interpretation and Translation Service  
Language Line  
Apna Haq  
Yemeni Advocacy Project

Rotherham's Ethnic Minority Community can access most services which are on offer, however, these services are the more specialist provision we have.

### **Employment & Education**

Action 4 Employment  
Action Team for Jobs  
The Ace Project  
Formula For Success  
Connexions  
Mencap  
Pathway Employment Service  
Action for Employment  
Job Centre  
RCAT

Most support services will support people in accessing education and employment and will often work in conjunction with Rotherham's specialist provision, which is offered to everyone in Rotherham.

### **Advocacy**

Rotherham Advocacy Partnership  
Speakup Self-Advocacy  
Mind  
Right 2 Rights  
Age Concern

Rotherham has a variety of Services which will advocate on a persons behalf whilst working through several other issues. These services are aimed at; people with learning difficulties, anyone who is or ever has been 'looked after', people with mental health problems and anyone facing age related issues.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
------------------------------------------------------

<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>2</b>	<b>Date:</b>	<b>Monday 9 November 2009</b>
<b>3</b>	<b>Title:</b>	<b>Adult Services Revenue Budget Monitoring Report 2009/10.</b>
<b>4</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Services</b>

## **5 Summary**

**This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2010 based on actual income and expenditure to the end of September 2009.**

The forecast for the financial year 2009/10 is an overspend of £225k after assuming achievement of a number of management actions to offset pressures identified within the budget.

## **6 Recommendations**

**Members are asked to note:**

**The latest financial projection against budget for the year based on actual income and expenditure to the end of September 2009 for Adult Services.**

## 7 Proposals and Details

### 7.1 The Current Position

- 7.1.1 The approved net revenue budget for Adult Services for 2009/10 is £72.9m. Included in the approved budget was 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.
- 7.1.2 The latest budget monitoring report for Adult Services shows some underlying pressures of £2m, however after taking account of a number of achieved savings and assuming the achievement of all management actions it is forecast that there will be an overall net overspend of £225k by the end of the financial year, a reduction in the forecast overspend by £95k since the last report.
- 7.1.3 Management actions of £1.004m were endorsed by the Cabinet Member on 14 September 2009. Since the last report a further £135k Management Actions have been identified to reduce the budget pressures. A total of £408k has already been achieved to-date and are now included in the detailed forecasts. This reduces the underlying pressures to £956k and leaves a balance of £731k management actions to be achieved by the end of the financial year.
- 7.1.4 The latest year end forecast shows the main budget pressures in the following areas:-
- Home Care as a result of delays in shifting the balance of provision to the independent sector (£740k). The 70/30 split was achieved at the end of July 2009 and the balance has now moved beyond 70/30 towards an 80/20 ration that the Cabinet recognises as the optimum level based on experience elsewhere in the country.
  - Independent sector home care provision for Physical and Sensory Disability clients has increased by an additional 970 hours since April 2009, a further 38 clients are now receiving a service. This is resulting in an overspend of £332k against the approved budget.
  - A significant increase above approved budget in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services (£380k).
  - Additional one-off expenditure is being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them transferring to the Council's property bank (£200k).
  - Delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels (£240k), laundry (£160k) and the bathing service (£40k).
- 7.1.5 These pressures have been reduced by :-
- Additional income from continuing health care funding from NHS Rotherham (-£305k).

- Delays in the implementation of new supported living schemes within Learning Disability services (-£205k).
- Savings within independent residential care due to an increase in income from property charges (-£428k).
- Savings on the reconfiguration of Extra Care housing (-£315k).
- Slippage in recruitment to a number of new posts (-£78k) where additional funding was agreed within the 2009/10 budget process.

7.1.6 The Directorate continues to identify additional management actions to mitigate the outstanding budget pressures above. A number of management actions have already been achieved and are included in the financial forecasts. These include additional savings on supported living, residential short stay placements, independent residential care costs within Older People services and savings from the decommissioning of in-house residential care.

## 7.2 Current Action

To further mitigate the financial pressures within the service all vacancies continue to require the approval of the Directorate Management Team. There is also a moratorium in place on non-essential non-pay expenditure. Budget meetings with Service Directors and managers take place on a monthly basis to robustly monitor financial performance against approved budget including achievement against the proposed management actions and consider all potential options for managing expenditure within the approved revenue budget.

## 8. Finance

The finance details are included in section 7 above and the attached appendix shows a summary of the overall financial projection for each main client group.

## 9. Risks and Uncertainties

There are a number of underlying pressures within the service which continue to be reviewed and closely monitored. The report assumes the achievement of the savings in respect of the outstanding management actions. However, the report does not include any potential costs in respect of any possible redundancies associated with the decommissioning of in-house services.

Management Action Plans have been developed to address the initial budget pressures and include the impact of any decisions on the Key Performance Indicators. Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets.

## 10. Policy and Performance Agenda Implications

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for

Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

**11. Background Papers and Consultation**

- Report to Cabinet on 25 February 2009 –Proposed Revenue Budget and Council Tax for 2009/10.
- The Council's Medium Term Financial Strategy (MTFS) 2008-2011.
- Action Plan to address Adult Services Budget Pressures – Cabinet Member for Health & Social Care – 14 September 2009

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

**Contact Name:** Mark Scarrott – Finance Manager (Adult Services), *Financial Services x 2007*, email [Mark.Scarrott@rotherham.gov.uk](mailto:Mark.Scarrott@rotherham.gov.uk).

**ADULT SOCIAL SERVICES  
REVENUE BUDGET MONITORING SUMMARY**

Last Net Projected Variance £	Directorate/Service Area	EXPENDITURE/INCOME TO DATE (As at 30 September 2009)									PROJECTED OUT-TURN					Revised Financial RAG Status	Note	
		Expenditure			Income			Net			Net							
		Profilled Budget £	Actual Spend to date £	Variance (Over (+) / Under (-) Spend) £	Profilled Budget £	Actual Income to date £	Variance (Over (+) / Under (-) Recovered) £	Profilled Budget £	Actual Net Expenditure to date £	Variance (Over (+) / Under (-) Spend) £	Annual Budget £	Proj'd out turn £	Variance (Over (+) / Under (-) Spend) £	Current Financial RAG Status	Financial Impact of Management Action £			Revised Projected Year end Variance Over(+)/Under(-) spend £
	<b>Commissioning, Quality &amp; Performance</b>																	
(58)	Commissioning & Partnerships	6,613	6,638	25	(5,326)	(5,338)	(12)	1,287	1,300	13	5,116	5,246	130	Red	(194)	(64)	Green	1
	<b>Assessment &amp; Care Management</b>																	
(17)	Older People Assessment & Care Management	17,727	18,101	374	(5,632)	(5,917)	(285)	12,095	12,184	89	24,254	24,432	178	Red	(195)	(17)	Green	2
8	Physical Dis Assessment & Care Management	2,938	3,158	220	(464)	(519)	(55)	2,474	2,639	165	6,088	6,417	329	Red	(292)	37	Red	3
(9)	<b>Assessment Care Management</b>	20,665	21,259	594	(6,096)	(6,436)	(340)	14,569	14,823	254	30,342	30,849	507		(487)	20		
	<b>Independent Living</b>																	
11	Older People Independent Living	1,533	1,504	(29)	(162)	(162)	0	1,371	1,342	(29)	1,632	1,571	(61)	Green	0	(61)	Green	4
	<b>Health &amp; Well Being</b>																	
846	Older People Health & Well Being	8,969	9,178	209	(1,365)	(1,147)	218	7,604	8,031	427	15,766	16,619	853	Red	0	853	Red	5
(305)	Learning Disabilities	12,633	12,544	(89)	(5,989)	(6,110)	(121)	6,644	6,434	(210)	15,693	15,274	(419)	Green	0	(419)	Green	6
(165)	Mental Health	2,735	2,861	126	(197)	(296)	(99)	2,538	2,565	27	4,304	4,250	(54)	Green	(50)	(104)	Green	7
320	<b>Total Adult Social Services</b>	53,148	53,984	836	(19,135)	(19,489)	(354)	34,013	34,495	482	72,853	73,809	956		(731)	225		



**Reason for Variance's)**

<b>NOTES</b>	<b>Reasons for Variance's) and Proposed Actions</b>	<b>Performance</b>
	<i>Indicate reasons for variance (e.g. increased costs or client numbers or under performance against income targets) and actions proposed to address the variance which produce</i>	<i>(List key targets and RAG status- highlight impact of actions intended to address budget</i>
	<b><u>Main Reasons for Variance</u></b>	
1	<p><b><u>Commissioning &amp; Partnerships</u></b></p> <p>Forecast pressures on a number of unfunded posts offset by management actions (-£194k) including planned slippage on recruitment to new posts and a review of grant funding.</p>	<p><b><u>Physical Disabilities</u></b></p> <p>Performance indicator C29 - physical disability users helped to live at home (2009-10 Target = 3.2). Current performance = 2.87 against a monthly target of 3.05, below target.</p>
2	<p><b><u>Assessment and Care Management</u></b></p> <p><b><u>Older Peoples Services (Independent)</u></b></p> <p>12 more placements than budgeted being offset by the additional income generated by additional admissions and increased income from property charges (-£428k). Current forecast overspend on Direct Payments (£272k) due to clients transferring from former Age Concern Day care where budget cut as part of budget setting process in 2007-08 and 2008-09. Overspend on running costs of PC's and mobile phones (£36k). Running costs for Manvers accommodation (£50k) , increase in running cost for CRT transport (£10K). Increased costs on independent sector homecare (£215k) as balance of provision now exceeds 70%. Net overspend on associated employee costs for assessment Social Work staff (£20K) Outstanding Management Actions of -£195k include slippage on developing community support services for people with dementia (-£120k), reduced spend on intermediate care spot beds (-£40k) and further reduction in costs of purchasing Independent Sector Residential Care (-£35k).</p>	<p><b><u>Residential/Nursing Care</u></b></p> <p>Performance indicator NAS 3 - Older People in residential care. ( 2009-10 Target = 237) Current performance = 201 against a monthly target of 242.</p> <p><b><u>Home care</u></b></p> <p>Performance Indicator C32 - Older People helped live at home (2009-10 Target = 96.32) Current performance = 66 against a monthly target of 83, below target.</p> <p><b><u>Direct Payments</u></b></p> <p>Performance Indicator N130 - Self Directed Support (all clients), (2009-10 Target = 300) Current performance = 255 against a monthly target of 232, exceeding target.</p>
3	<p><b><u>Physical &amp; Sensory Disabilities</u></b></p> <p>Pressure on Home Care Independent sector (£332k) due to increased hours (+ 970 hours), more expensive care packages, including backdated costs. Pressure on Direct Payments budgets as number of clients increase (21 new care packages since April (£105k), further analysis being undertaken. Additional Continuing care income on supported living scheme (-£146K) Outstanding Management Actions of -£292k include deferring full implementation to develop care and rehabilitation in a residential setting (-£157k), savings from the review of Direct Payments and out of authority residential care placements (-£35k) and review of the development of specialist respite care provision (-£100k).</p>	
4	<p><b><u>Independent Living</u></b></p> <p>Forecast underspend on employee costs within Extra Care Housing (-£35k)</p>	
5	<p><b><u>Health and Well Being</u></b></p> <p><b><u>Older Peoples Services (In House)</u></b></p> <p>Additional one-off costs for decommissioning former residential care homes including security costs, boarding up, removal of utilities, overspend on employee costs of community support services (+£393k) Slippage on meeting agreed savings for Laundry Service (£156k), Meals on Wheels service (£241k) &amp; Bathing service (£40K) agreed in budget setting process. Forecast overspend on in-house home Care due to slippage in achieving 35/65 split by end March 2009 (£436k) plus more contract hours than demand. Overspend on employee costs within Home Care operations team (+£40k), Reconfiguration of Extra Care Housing, Bakersfield Court (-£96K) plus additional slippage identified from new investment (-£184K) Utilisation of grant monies b/fwd (-£64K). Planned delay on recruitment to vacant posts (-£78K) to reduce overall pressures. Underspend on Transport (-£50K)</p>	
6	<p><b><u>Learning Disabilities</u></b></p> <p>Additional Continuing care income (-£123K) from health, slippage on employee costs (-£154k), slippage on supported living schemes (-£205k), underspend on homecare budget (£-25k), forecast underspend on Direct Payments (-£9K), Underspend reduced by continuing pressure on day care services (+£139k) mainly on transport costs.</p>	
7	<p><b><u>Mental Health</u></b></p> <p>Projected over spend on residential care (£51k) - 5 new admissions this month. Savings on review of Voluntary sector contracts (-£61k) and underspends on staffing budgets at Dinnington Outreach and Clifton Court (-£16k). Direct Payments delay in uptake drugs &amp; alcohol placements (-£21K) Outstanding Management Actions (-£50k) in respect of capitalisation of revenue expenditure on equipment.</p>	
	<p><b><u>Finance Performance Clinics</u></b></p> <p>Monthly finance clinics are held with each Service Director and their budget holders to monitor actual and planned spend against approved budget. Management actions are currently being identified to offset the additional budget pressures.</p>	

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of the Local Government Act 1972.

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