

CABINET MEMBER FOR HEALTH & SOCIAL CARE

**Venue: Eric Manns Building,
Moorgate Street,
Rotherham**

Date: Monday, 11th January, 2010

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 7th December 2009 (herewith) (Pages 1 - 12)
5. Adult Services Revenue Budget Monitoring Report 2009/10 (herewith) (Pages 13 - 18)
6. Workforce Strategy (herewith) (Pages 19 - 23)

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 7th December, 2009

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

Apologies for absence were received from Councillor Jack .

H65. MINUTES OF THE MEETING HELD ON 23RD NOVEMBER 2009

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

H66. ADULT SERVICES REVENUE BUDGET MONITORING REPORT

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 October 2009.

The approved net revenue budget for Adult Services for 2009/10 was £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.

The latest budget monitoring report for Adult Services showed some underlying pressures, however after taking account of a number of achieved savings and assuming the achievement of all management actions it was forecast that there would be an overall net overspend of £225k by the end of the financial year.

Management actions of £1.139m had been identified to reduce the budget pressures. A total of £640k had already been achieved to-date and were now included in the detailed forecasts. This reduced the underlying pressures to £724k and left a balance of £499k management actions to be achieved by the end of the financial year.

The latest year end forecast showed 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 (£674k). The 70/30 split was achieved at the end of July 2009 and the balance had now moved beyond 70/30 towards an 80/20 ration that the Cabinet recognised as the optimum level based on experience elsewhere in the country.
- Increase in residential and nursing care short stays over and above approved budget for clients with a physical and sensory disability

(+£144k).

- Independent sector home care provision for Physical and Sensory Disability clients had increased by an additional 970 hours since April 2009, a further 38 clients were now receiving a service. This was resulting in an overspend of £347k 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 was 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).
- Continued pressure on the cost of external transport provision for Learning Disability Day care clients (+£134k).

These pressures had been reduced by :-

- Additional income from continuing health care funding from NHS Rotherham (-£269k).
- Delays in the implementation of new supported living schemes within Learning Disability services (-£290k).
- Savings within independent residential care due to an increase in income from property charges (-£555k) and slippage in intermediate care spot beds (-£40k).
- Savings on the reconfiguration of Extra Care housing (-£315k).
- Planned delay in developing rehabilitation and supported living facilities for clients with a physical and sensory disability (-£157k).
- Slippage in recruitment to a number of new posts (-£78k) where additional funding was agreed within the 2009/10 budget process.

The Directorate continued to identify additional management actions to mitigate the outstanding budget pressures above. A number of management actions had already been achieved (£640k) and were included in the financial forecasts. These included 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.

To further mitigate the financial pressures within the service all vacancies continued to require the approval of the Directorate Management Team. There was also a moratorium in place on non-essential non-pay expenditure. Budget meetings with Service Directors and managers took 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.

Resolved:- That the latest financial projection against budget for the year based on actual income and expenditure to the end of October 2009 for Adult Services be noted.

H67. ADULT SERVICES CAPITAL MONITORING REPORT

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which informed members of the anticipated outturn against the approved Adult Services capital programme for the 2009/10 financial year.

It provided detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to the 18 November 2009 and the projected final outturn position for each scheme.

Actual expenditure to the mid November 2009 was £312k against an approved programme of £1.5m. The approved schemes were funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding.

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

Older People

The two new residential care homes opened in February 2009. The balance of funding (£230k) related to outstanding fees and the cost of any final minor works.

The Assistive Technology Grant (which included funding from NHS Rotherham) was being managed jointly and was being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. There was a procurement plan to spend the remaining funding which included lifeline connect alarms, low temperature sensors and fall detectors within peoples homes. A small element of the Department of Health specific grant (£13.5k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2009/10. Plans to spend the remaining balance of funding were being reviewed.

Learning Disabilities

The small balances of funding (£10k) carried forward from 2008/09 were to be used for the purchase of equipment for Parkhill Lodge and within existing supported living schemes.

The refurbishment at Addison Day Centre (Phase 2), funded from the Council's Strategic Maintenance Investment fund was now complete and awaiting final invoices.

Mental Health

A small balance remained on the Cedar House capital budget and would be used for the purchase of additional equipment.

A large proportion of the Supported Capital Expenditure (SCE) allocation had been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes.

Suitable properties continued to be identified and spending plans were being developed jointly with RDASH. The possibility of funding equipment purchased for direct payments was also being considered to reduce the current pressures on the mental health revenue budgets and was included as a management action (£50k). Further options were also being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which would support their independence with access to 24 hour support.

Management Information

The balance of the capital grant allocation (£85k) for Adult Social Care IT infrastructure was carried forward from 2008-09 and used with this years grant allocation to fund the Adults Integrated Solution as part of introducing electronic care management.

Resolved:- That the Adult Services forecast capital outturn for 2009/10 be received and noted.

H68. STRATEGIC REVIEW OF INTERMEDIATE CARE SERVICES

Consideration was given to a report presented by Dominic Blaydon in relation to the Strategic Review of Intermediate Care Services.

It was proposed that Day Care, Community Rehabilitation and Residential Teams be merged and co-located. A new multi-disciplinary health and social care team would be set up to support service users through the intermediate care pathway. The service would adopt the Common Assessment Framework and deliver integrated health and social care plans.

Millennium would become a dedicated hub for intermediate care services in Rotherham providing day rehabilitation, a Single Point of Access and a focal point for all service delivery. There were significant benefits to this service model. It would establish a clear service identity with a range of

services being delivered from the same site. Co-location of staff would facilitate effective communication and peer support. Greater integration would improve efficiency and help develop a person centred approach to rehabilitation.

The Strategic Review recommended that a programme of refurbishment was carried out on Millennium to make it fit for purpose and proposed that capital grant was transferred from the NHS Rotherham Operational Plan to Rotherham MBC to pay for the necessary works.

It was proposed that Rothwel Grange was decommissioned as an intermediate care facility and that a new residential unit be developed at one of the new local authority residential units. The plan was to convert one wing of 15 beds into intermediate care provision by December 2009. This was dependent on vacancies becoming available during this timeframe. Vacancies were being held at present, and used for respite provision in order to maintain bed occupancy.

The new-build homes are fully compliant with National Care Standards and the Disability Discrimination Act. Bedroom sizes are spacious, en-suite facilities are provided, doorways and corridors have been widened for the use of disability and bariatric equipment. There is also ramped access to the building.

It was proposed that Fast Response beds were decommissioned and that the savings made were reinvested to improve performance, outcomes and quality elsewhere in the service. There were a number of reasons why it was appropriate to decommission the service:

- The unit cost per patient was prohibitive.
- There was capacity in the intermediate care residential units to fill the gap left by loss of beds
- The intermediate care residential units could meet the needs of people referred into the service
- Reducing bed capacity would help improve performance on bed occupancy across the service
- Decommissioning would release savings that could be reinvested

It is proposed that the maintenance service was reconfigured so that it delivered time-limited rehabilitation and community integration programmes. The service would continue to provide day care services to current service users for up to 6 months. There were also 4 service users who originally attended the Crinoline House day centre in 1998. Upon closure of this centre, Elected Members promised that anyone who still wanted to attend in a social care capacity would be allowed to do so. Commissioners were fully supportive of honouring this agreement.

The new service would deliver time limited community integration and rehabilitation programmes, which focussed on; improving physical

function, training and support on healthy lifestyle, development of mental well-being, reducing social isolation, condition management and maintaining independence

It was proposed that the intermediate care team was enhanced so that it could deliver a broader range of health services. The service would introduce nurse practitioners, speech and language therapy and health support workers to support the residential service and those working in the community. The health support workers would deliver low level nursing **and** rehabilitation support.

It was felt that there needed to be more linkage between the community and hospitals and district nurses as communication was found to be weak.

Resolved:- That the recommendations set out in the Strategic Review and the positive impact this would have on service user outcomes and performance be supported.

H69. ADULT SOCIAL CARE 2ND QUARTER (APRIL TO SEPTEMBER) PERFORMANCE REPORT FOR 2009/10

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2009/10 Quarter 2 Key Performance Indicator (KPI) results for the Adult Social Care elements of the Directorate.

At the end of the quarter, 75% of Key Performance Indicators (KPIs) were on target compared to 57% at the end of the 1st Quarter.

The following performance measures did not achieve their quarter 2 targets;

- **NAS 1 (PAF D40) Percentage of clients receiving a review**

Productivity levels had improved since August but the indicator was currently rated as 'off target'. The indicator was slightly closer to target than reported in the 1st quarter performance report and, based upon the actions we had put in place following a corporate performance clinic held on 24th September 2009, it was predicted that we would achieve our year end target. Performance had increased from 17.92% to 35.59% since the 1st quarter of the year.

A performance clinic had been held with RDaSH (Rotherham, Doncaster and South Humberside Mental Health Trust) in August 2009 and since then they had doubled their review rate over the past two months and had put an action plan in place with an aim to review 100% of their clients by year end.

The following performance management actions were in place to improve performance;

- Team managers to authorise all reviews so that they can be counted.
- Arrangements made for telephone reviews to take place on clients in receipt of Rothercare service.
- Provider reviews to be undertaken and counted for clients in residential and nursing care placements.
- RDASH to update their records and ensure all reviews undertaken this year are counted.

NI136 (Vital Signs 3) People supported to live independently through social services (LAA)

This indicator included a combination of people that were receiving care managed services following a community care assessment and those people that are receiving services from the voluntary sector.

Current performance levels indicated that 5,572 service users were being helped to live at home, which was an improvement of 61 since the 1st quarter. This score was based on last year's voluntary sector figures plus people currently in receipt of an assessed care package.

To achieve next year's target approximately 2,000 extra service users would need to be helped by the end of the year. The frustration with this indicator was that a lot of prevention activity was not captured within the definition for this indicator. So for example, the 900 telecare installations that would be undertaken this year and the provision of 14,000 items of equipment were not included within the definition. These were national issues which are being debated.

The following performance management actions are in place to improve performance;

- Intermediate Care and Community Rehabilitation services would be captured within the indicator (these were currently not included).
- The list of providers for our Grant Funded Services return (the mechanism we had to use to capture people receiving services within the voluntary sector) had been updated.
- All providers had been visited to ensure they understood the importance of completing this information and that this was used to inform commissioning decisions.
- Include Occupational Therapy equipment within the indicator as other Councils do (these were currently not included).
- Mental Health action plan in place which would ensure caseloads were up to date and all clients were included within the score.

NI 132 Timeliness of social care assessments

Performance had remained the same since the 1st quarter of the year. Based upon the actions put in place following a corporate performance

clinic held on 24th September 2009, it was predicted that the year end target would be achieved.

There had been a significant amount of management action undertaken on this performance indicator. Resources had been targeted to reduce a backlog of new assessments which was created last year following a knock on effect of prioritising a series of high profile safeguarding investigations. Weekly performance clinics had been put in place to recover performance levels. Additional RDaSH, who were one of the poor performing elements of the services, had put an action plan in place and assessment rates had doubled over the last quarter.

The following performance management actions were in place to improve performance;

- Review of the intake service had been completed which had identified delays within the assessment process which had been removed. Some of the staffing had been reconfigured so that we could concentrate on achieving the 28 day target. The team would also receive additional administrative support.
- Weekly report sent to all managers showing assessments due in the week ahead.
- Each social worker had been given a target of 4 countable pieces of activity per week and weekly performance monitoring was in place.
- Diary Management – All Team Managers to use electronic diaries and include tasks.
- Team meetings included Performance as a standing agenda item.
- Tight monitoring of contact details recorded by Assessment Direct to speed up the time taken from initial contact to the start of the assessment.
- Mental Health action plan was in place and they aim to carry out 100% of assessments within 28 days between October and March.

NI 133 (Vital Signs 13) Acceptable waiting times for care packages

Performance had deteriorated since the 1st quarter of the year with the amount of care packages being arranged within 28 days decreasing from 91.42% to 86.59%.

Performance clinics had been held to understand the reasons for delays which had identified areas for improvement. We were confident that the year end target would be achieved by implementing the following performance management actions;

- Clarification had been sought from Department of Health around measuring waiting times for transitional cases from CYPS and Direct Payments.
- We would monitor and reduce waiting times from assessment to request being sent to brokerage.

- Brokerage service to manage the domiciliary care waiting list and use in house home care in areas where supply is low.
- Mental Health action plan was in place. Between October and March, they aimed to have 100% of service users newly assessed and accepted for specialist care to have a completed care plan within 10 working days of undertaking the assessment.

Resolved:- That the results and the remedial actions in place to improve performance be noted.

H70. **SUPPORTING PEOPLE PROGRAMME PAPER 2 PROCUREMENT TIMETABLE**

This item was deferred to a future meeting.

H71. **CARE QUALITY COMMISSION (CQC)**

Tom Cray, Strategic Director for Neighbourhoods and Adult Services presented the submitted report which summarised the result and findings of the 2008 social care Annual Performance Assessment (APA) process for Rotherham conducted by CQC (Care Quality Commission) which was published on 2nd December 2009.

The 2009 adult social care Annual Performance Assessment (APA) identified that Rotherham was '**Grade 4: Performing excellently**' Authority which, based upon a slightly different and now a harder test assessment methodology, was an improvement on the score achieved in 2008. The judgements were made on a sliding scale of 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

The following outcomes were just some of the reasons why CQC had rated the adult social care service as 'performing excellently' this year. Progress made included:

- Investigating an additional 275 safeguarding referrals during the year and training 2,000 staff to make people safer and feel safer,
- Social workers undertaking an additional 1,297 pieces of activity compared to the previous year meaning that we were able to change care packages as and when people's lives changed
- We had reduced the average length of stay in 'intermediate care' services from 55 days to 35 days meaning that people were going home quicker and staying at home which was where the vast majority of people wanted to be,
- 837 vulnerable people were given help through assistive technology such as bogus caller alarms targeting the elderly,
- The Consultation Cafe involved over 250 users of Meals on Wheels in a direct consultation - 97 % satisfaction rating from our customers.
- An additional 1,168 disabled people were provided with minor

- equipment this year to help them to continue to live independently,
- Waiting times for Occupational Therapy assessments had improved from 20 months to 7 weeks,
- The Council was helping 132 more people to live at home and carried out 219 more assessments on carers than last year,
- High levels of customer satisfaction for services,
- There had been significant improvements in waiting times for new social care assessments and care packages, and
- There was a reduction of 54 older people admitted to permanent residential and nursing care last year as they were able to remain at home.

Adult social care services were assessed under the methodology of the Social Care Outcomes Framework. The CQC report set out high level messages about areas of strength and areas for development for the next 12 months. The judgements were made under the following outcome areas;

- Improved health and emotional well being,
- Improved quality of life,
- Making a positive contribution,
- Exercise choice and control,
- Freedom from discrimination and harassment,
- Economic well being,
- Maintaining dignity and respect, and a separate and now unscored judgement relating to;
- Leadership, and
- Commissioning and Use of Resources.

The key areas of strength affecting people using our services noted within the CQC report were:-

- Working with partners the council could demonstrate improvement in the differences in how healthy people were
- The council had a range of information on healthy living and the activities to promote health
- The council could demonstrate positive end results for people who used intermediate care and reablement services
- Provision of assistive technology to promote the safety and well-being of people in their own homes
- The council's work with organisations in reducing crime and making people feel safer
- The council's approach to customer services and the way they listened to customers
- The council's approach to working with carers and setting up systems that support direct payments for carers
- The development of a single point of contact through Assessment Direct
- The high number of direct payments for carers
- The attainment of the Cabinet Office Customer Service Excellence

and compliance with level 5 of the Local Government Equality Scheme

- Implementing the neighbourhood 'no calling zones'
- Improving access for older people from BME communities
- The council's systems and process to support and advise the people of Rotherham and carers in accessing employment and managing their finances
- The council had raised the profile of adults safeguarding and made good progress in raising awareness
- The council could demonstrate that it managed incidents of institutional abuse and poor standards of care
- The council could demonstrate that it was fulfilling its duties as a supervisory body in relation to the deprivation of liberty standards

The key areas for development identified within the report were contained within our 'sustaining excellence plan'. 9 out of the 13 areas were 'continue to' recommendations which acknowledge the progress we had made and that CQC would be ensuring that they kept a close eye upon over the next 12 months. The areas for development were:

- The council should continue to work with NHS Rotherham in sustaining improvements in the differences in how healthy people were and to ensure that the pace of improvement is in line with national comparators.
- Continue to review and implement the findings from the review of the use and availability of adaptations and equipment and the timeliness of care packages.
- Continue to work on developing the market management strategy in order to identify gaps in the market and further support work on its services that were tailored to meet people's own individual needs agenda.
- Continue to implement the recommendations from the CQC's Service Inspection in July 2009.
- To increase the number of assessments completed within 4 weeks and the numbers of first contact assessments to ensure people received packages of care in a timely manner.
- To ensure that people with a physical disability and/or sensory impairment could access and use an individual budget.
- To continue the council's work with the Young Adult Transitions team within the physical disability service, to ensure young adults from the age 14 years onwards received the care in a safe and timely manner.
- Continue to implement the finding from the Service Inspection for the development of advocacy services for all groups of people.
- Continue to invest in technology to support people feeling safe at home.
- Continue its activities to get more people with a mental health problem into employment.
- To increase employment for people in vulnerable groups.
- To address all of the recommendations from the Service Inspection

relating to safeguarding arrangements.

- To continue work to ensure the council fulfilled its duties as a supervisory body in relation to the deprivation of liberty standards.

Members commented that it was important that all staff were made aware of how much they were valued. Confirmation was given that staff were constantly praised for their work and this was filtered down to front line staff. The Cabinet Member wished to place on record his personal thanks to all staff for their efforts.

Resolved:- (1) That the outcome of the assessment be noted

(2) That the 'Sustaining Excellence Plan' put in place to improve the areas for development identified within the report be endorsed.

(3) That the report be taken to the next Cabinet meeting as a requirement of CQC

(4) That it be noted that this report will be shared with the Councils external auditors (KPMG), which was also a requirement of CQC.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Health and Social Care
2	Date:	Monday 11 January 2010
3	Title:	Adult Services Revenue Budget Monitoring Report 2009/10.
4	Directorate :	Neighbourhoods and Adult Services

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 November 2009.

The forecast for the financial year 2009/10 is an overspend of £189k 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 November 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, however after taking account of a number of achieved savings and assuming the achievement of all management actions implemented to address identified pressures it is forecast that there will be an overall net overspend of £189k by the end of the financial year.

7.1.3 Management actions of £1.139m have been identified to reduce the budget pressures. A total of £954k have already been achieved to-date and are now included in the detailed forecasts. This reduces the underlying pressures to £374k and leaves a balance of £185k identified management actions to be achieved by the end of the financial year. The Directorate is continuously reviewing planned spend to identify any further potential opportunities to mitigate the remaining forecast overspend.

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 (+£572k). 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.
- Increase in residential and nursing care short stays over and above approved budget for clients with a physical and sensory disability (+£147k).
- 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 £352k 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 (+£280k), reduced by Social Care Reform Grant Allocation of (-£100k).
- 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 (+£241k), laundry (+£125k) and the bathing service (+£40k).
- Continued pressure on the cost of external transport provision for Learning Disability Day care clients (+£134k).

7.1.5 The above pressures have been reduced by :-

- Additional income from continuing health care funding from NHS Rotherham (-£222k).
- Delays in the implementation of new supported living schemes within Learning Disability services (-£395k).
- Savings within independent residential care due to an increase in income from property charges (-£586k) and slippage in intermediate care spot beds (-£40k).
- Savings on the reconfiguration of Extra Care housing (-£340k).
- Planned delay in developing rehabilitation and supported living facilities for clients with a physical and sensory disability (-£157k) plus agreed delay in developing respite care provision (-£157k).
- Slippage in recruitment to a number of new posts (-£74k) 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 (£954k) 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.

7.1.7 Members have requested details of expenditure on Agency and Consultancy to be included within budget monitoring reports. The following table shows the monthly spend on Agency for Adult Services, there is no expenditure on consultancy to date.

Month	On Contract	Off Contract	Total
	£	£	£
April	22,495	1,298	23,793
May	10,667	3,853	14,520
June	19,381	545	19,926
July	40,654	11,248	51,902
August	25,474	3,286	28,760
September	55,276	265	55,541
October	46,438	2,113	48,551
November	57,149	8,140	65,289
Total	277,534	30,748	308,282

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 uncommitted, 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 progress on delivering the proposed management actions and to 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 (currently £185k). 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.*

**ADULT SOCIAL SERVICES
REVENUE BUDGET MONITORING SUMMARY**

Last Net Projected Variance £	Directorate/Service Area	EXPENDITURE/INCOME TO DATE (As at 30 November 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 £
	Commissioning, Quality & Performance																	
(108)	Commissioning & Partnerships	8,140	8,200	60	(6,761)	(6,823)	(62)	1,379	1,377	(2)	5,116	5,109	(7)	Green	0	(7)	Green	1
	Assessment & Care Management																	
(116)	Older People Assessment & Care Management	23,409	23,789	380	(7,813)	(8,399)	(586)	15,596	15,390	(206)	24,254	23,945	(309)	Green	(100)	(409)	Green	2
148	Physical Dis Assessment & Care Management	3,799	4,353	554	(370)	(770)	(400)	3,429	3,583	154	6,088	6,319	231	Red	(35)	196	Red	3
32	Assessment Care Management	27,208	28,142	934	(8,183)	(9,169)	(986)	19,025	18,973	(52)	30,342	30,264	(78)		(135)	(213)		
	Independent Living																	
(61)	Older People Independent Living	1,997	1,987	(10)	(190)	(213)	(23)	1,807	1,774	(33)	1,632	1,548	(84)	Green	0	(84)	Green	4
	Health & Well Being																	
917	Older People Health & Well Being	11,418	11,861	443	(1,922)	(1,622)	300	9,496	10,239	743	15,766	16,793	1,027	Red	0	1,027	Red	5
(438)	Learning Disabilities	16,754	16,554	(200)	(8,762)	(8,854)	(92)	7,992	7,700	(292)	15,693	15,257	(436)	Green	0	(436)	Green	6
(117)	Mental Health	3,669	3,762	93	(289)	(413)	(124)	3,380	3,349	(31)	4,304	4,256	(48)	Green	(50)	(98)	Green	7
225	Total Adult Social Services	69,186	70,506	1,320	(26,107)	(27,094)	(987)	43,079	43,412	333	72,853	73,227	374		(185)	189		

Reason for Variance's)

NOTES	Reasons for Variance's) and Proposed Actions	Performance
	<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>
	Main Reasons for Variance	
1	<p>Commissioning & Partnerships</p> <p>Forecast pressures on a number of unfunded posts offset by management actions including planned slippage on recruitment to new posts and a review of grant funding.</p>	<p>Physical Disabilities</p> <p>Performance indicator C29 - physical disability users helped to live at home (2009-10 Target = 3.2). Current performance = 2.95 against a monthly target of 3.1, below target.</p>
2	<p>Assessment and Care Management</p> <p>Older Peoples Services (Independent)</p> <p>19 more placements than budgeted being offset by the additional income generated by additional admissions and increased income from property charges and Continuing Health Care (-£586k). Reduced spend on intermediate care spot beds (-£40k). Current forecast overspend on Direct Payments (+£280k) 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 reduced by (-£100k) SCRG. 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 (+£160k) as balance of provision now exceeds 70%. Net underspend on assessment Social Work staff due to vacant posts (-£105K). Management Actions of (-£100k) refers to slippage on developing community support services for people with dementia.</p>	<p>Residential/Nursing Care</p> <p>Performance indicator NAS 3 - Older People in residential care. (2009-10 Target = 237) Current performance = 198 against a monthly target of 240, exceeding target.</p> <p>Home care</p> <p>Performance Indicator C32 - Older People helped live at home (2009-10 Target = 96.32) Current performance = 65 against a monthly target of 87, below target.</p> <p>Direct Payments</p> <p>Performance Indicator N130 - Self Directed Support (all clients), (2009-10 Target = 300) Current performance = 275 against a monthly target of 255, exceeding target.</p>
3	<p>Physical & Sensory Disabilities</p> <p>Pressure on Home Care Independent sector (+£352k) 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 (+£100k), further analysis being undertaken Pressures on Residential and Nursing Care due to overspend on short stays (+£147k) offset by additional Continuing care income on supported living schemes (-£61k). Implemented management action includes deferring full implementation to develop care and rehabilitation in a residential setting (-£157k) plus defer development of respite care services (-£157k). Outstanding Management Actions of -£35k include savings from the review of Direct Payments and out of authority residential care placements.</p>	
4	<p>Independent Living</p> <p>Forecast underspend on employee costs within Extra Care Housing (-£35k) Underspend on Assessment Direct staffing (-£27k) and Rothercare (-£20k).</p>	
5	<p>Health and Well Being</p> <p>Older Peoples Services (In House)</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, cost of utilities in new homes, shortfall on income against budget (+£540k). Slippage on meeting agreed savings for Laundry Service (£125k), Meals on Wheels service (£241k) & Bathing service (£40K) agreed in budget setting process. Supernumery staff from decommissioned MOW & laundry service (+£81K) Forecast overspend on in-house home Care due to slippage in achieving 35/65 split by end March 2009 (+£412k) plus more contract hours than demand. Overspend on employee costs within Home Care operations team (+£49k), Reconfiguration of Extra Care Housing, Bakersfield Court including additional slippage identified from new investment (-£305K), utilisation of grant monies b/fwd (-£64k). Planned delay on recruitment to vacant posts (-£74K) to reduce overall pressures. Underspend on Transport (-£50K).</p>	
6	<p>Learning Disabilities</p> <p>Additional Continuing care income (-£123K) from health, slippage on employee costs (-£114k), slippage on supported living schemes (-£290k), underspend on homecare budget (£-22k), forecast underspend on Direct Payments (-£5K), Underspend reduced by continuing pressure on day care services (+£134k) mainly on external transport hire costs.</p>	
7	<p>Mental Health</p> <p>Projected overspend on residential and nursing care (+£53k) - 6 new admissions this year. Savings on review of Voluntary sector contracts (-£76k) and underspends on staffing budgets at Dinnington Outreach and Clifton Court (-£20k). Direct Payments delay in uptake drugs & alcohol placements (+£11K) plus additional income from Supporting People (-£29k). Outstanding Management Actions (-£50k) in respect of capitalisation of revenue expenditure on equipment.</p> <p>Finance Performance Clinics</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. Moratorium on non essential non-pay expenditure in place.</p>	

ROTHERHAM BOROUGH COUNCIL

1.	Meeting:	Cabinet Member for Health and Social Care
2.	Date:	11th January 2010
3.	Title:	Workforce Strategy
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

The Neighbourhoods and Adult Services Workforce Strategy sets out 6 main objectives which have been informed nationally and regionally. These actions will support our Strategic and Year Ahead commitments along with the implementation of personalisation across Rotherham in preparation for the development and implementation of an Integrated Local Area Workforce Strategy (InLAWS). Neighbourhoods and Adult Services recent Care Quality Commission inspection recommended that our workforce strategy and training plan had a clear action plan that detailed how key milestones would be met. This Strategy reflects these recommendations and its action plan clearly sets out the journey that will transform the service.

An InLAWS approach will provide us with:

- smooth pathways for customers
- effective workforce planning across organisational and professional boundaries
- change which delivers efficiencies
- whole system career pathways – interchangeable between organisations
- strong, strategic and active leadership
- motivated and trained workforce facilitators - both in HR and frontline services
- good knowledge sharing systems
- synchronised planning cycles
- thinking and acting in 'whole-systems' - involving stakeholders, staff and partners

6. Recommendations

- Cabinet Member endorse the workforce strategy and the InLAWS approach
- The Strategy is presented to Cabinet for Health and Social Care and Cabinet Member for Housing and Neighbourhoods for endorsement
- The Strategy is presented to Adults Board for Joint Endorsement

7. Proposals and Details

Working in consultation with Health, Voluntary and the Independent Sector, the Association of Directors of Adult Social Care and Skills for Care (SfC) aims to modernise adult health social care in England, and create a local area, integrated

workforce for health and social care for the 21st Century. There are currently 1.25 million people employed in Social Care across the Country, and the workforce development Strategy will assist Rotherham in identifying a universal workforce, across all sectors, so that more integrated services and closer working arrangements deliver efficiency gains and better outcomes for our customers.

A specific element of national policy that will affect how Neighbourhoods and Adult Services transform its entire workforce is the drive for personalisation. Through a shift in emphasis within local government to deliver joint local services within the Borough we aim to place choice and control firmly in the hands of our customer through a preventative and personalized approach.

Regionally, key organisations are working together to integrate services within communities (known as universal services) in line with national policy. The Governments approach to more integrated local area working is not new, but for the first time, it has set out mechanisms to achieve true integrated working through the Integrated Local Area Workforce Strategy (InLAWS) and has set a timeframe for implementation to be March 2011. The framework requires Local Authorities to join with Health, Housing, Independent, Private and Voluntary sector organizations to work together to minimize duplication and deliver a more efficient, streamlined and joined up service to customers.

In Rotherham, our approach will be to implement Personalisation and InLAWS as one programme of change through our Workforce Strategy where services will fit to people – not people to services.

For Rotherham to continue to deliver new ways of working in response to what our customer want and aspire to, the Neighbourhoods and Adult Services Workforce Strategy will support the implementation of personalisation. This will be done through the personalisation steering group, workforce sub group and the personalisation overarching milestone plan which is based on the ADASS 'putting people first' milestone plan and by working with staff, Customers and Partners. Personalisation impacts on how we work within neighbourhoods, within communities of interest, within social care and with the Borough as a whole. To prepare staff for this transformation, this Strategy will drive forward a number of critical actions:-

Objective 1: Developing strong leadership and accountability - so that leading change is placed in the hands of frontline workers and becomes part of everyone's role.

Objective 2 – Recruitment and Retention - to address issues of sustainable employment not only for core workers across the Directorate, but for Paid Carers and Personal Assistants and to ensure our workforce is representative of the community it serves.

Objective 3 - Workforce re-modeling and commissioning - identifying, analyzing and developing a diverse workforce that reflects the community it serves.

Objective 4 - Workforce Development – based on customer needs and aspirations we will remove duplication of roles and responsibilities across partner organizations

through joint multi-agency collaboration to produce an integrated local area workforce strategy (InLAWS) for Rotherham.

Objective 5 - Joint and integrated working – creating universal services which are integrated, crossing professional boundaries and which go beyond traditional housing, health and social care into community/neighbourhood service delivery.

Objective 6 – Regulation – retaining standards across all integrated services to ensure customers are safeguarded and standards are maintained in line with specific agency performance and inspection regimes.

InLAWS is a concept that offers huge promise to mount such an assessment. Breaking that down; 'integrated' indicates the intent to include the whole social care workforce and all employers; 'local area' to place the task firmly in the context of Local Strategic Partnerships and the joint commissioning agenda; and 'workforce strategies' to recognise the number of dimensions related to the JSNA (and that the remit is different to regular organisational workforce planning).

Rotherham has an ambitious vision that identifies its priorities for developing preventative personalised services for its customers across the Borough. Neighbourhoods and Adult Services has strong leadership from senior managers and politicians, and are working effectively with wider council departments and partner agencies to improve support to individuals, communities and neighbourhoods. Rotherham is effectively addressing the personalisation agenda and is aware of the direction of travel. *CQC Inspection Feedback 2009.*

Rotherham achieved the Gold Standard for Investor in People under a new 'Your Choices', framework which is a more robust assessment against 185 indicators. During this re-inspection, Neighbourhoods and Adult Services reduced its 17 non compliances down to just one, as it sailed through the Customer Service Excellence Inspection for a third year.

This year Neighbourhoods and Adult Services have been through four rigorous inspections for Personal Dignity and Respect (Performing Well), Quality of Life (Performing Adequately), Choice and Control (Performing Well) along with Promising Prospects for Leadership assessed against the Directorate's capacity to continue to improve.

The commitment of Neighbourhoods and Adult Service staff is clearly visible through improvements in services, in performance and in customer satisfaction. This has been a passionate and challenging journey for every member of staff since the creation of the new Directorate. 84% of Neighbourhoods and Adult Services staff currently state they are happy at work compared to 27% in 2006, with a 75% improvement against the overall survey, confirming that staff remain committed in their role, are driving improvements and leading change, and feel they are valued employees within Neighbourhoods and Adult Services Directorate.

Neighbourhoods and Adult Services achievements over the last year are testament to the Core Values which are reflected through every member of staff within the Directorate:-

- customer is paramount
- honesty and integrity
- teamwork
- performance and quality
- financial management
- clear sense of direction
- clear approach to change management

Neighbourhoods and Adult Services are proud that they are the only Directorate in the Council to improve each year under the Comprehensive Performance Assessment 'Harder Test' regime, and this is testament to the improvements made over the last few years around placing customers at the heart of service delivery.

8. Finance

The Area Based Grant – Social Care Workforce (Adults) provides funding to invest in the development of social care workers in Rotherham. The grant allocation for Rotherham for 2009/10 is £666,000. 50% of the available monies will be spent on Council employees and 50% on independent sector employees.

As part of implementing personalisation and InLAWS, there will be a selection of training that is delivered jointly with Partners and in these instances, financing of the courses will be shared, reducing the impact on the Directorate budget.

9. Risks and Uncertainties

The Audit Commission recently warned that only one in four English councils are in possession of adequate – let alone effective – workforce plans. This is worrying and does not bode well for wider labour market workforce strategies in social care. The current skills shortage is in danger of becoming structural, influenced by such factors as the rise in self-directed models of service challenging both our capacity and capability to respond to government policy and exacerbated by the struggle to attract younger recruits.

The response lies in a holistic assessment of community needs that includes a detailed local labour market appraisal. Any skills gaps in adult social care – whether in direct employment, contracted independent sector organisations, self-employment or simply in the community – will thus be clearly identified and an effective response put in place. This will provide the best platform to deal with the wider issues, which without the right workforce, would be overwhelmingly difficult to address.

10. Policy and Performance Agenda Implications

Numerous policy drivers are impacting on integrated workforce development. The Department of Health Operating Framework for 2008/9 moves the NHS towards transforming NHS organisations to enable communities to have greater autonomy in determining their own priorities. The new Local Area Agreements (June 2008) require health and social care to agree priorities for local people that improves their health and well-being. The Government's policy, Our Health, Our Care, Our Say, focuses on personalising and shaping individual care; ADASS 'Putting people first' which deems effective workforce planning across health and social care as critical to achieve these policy expectations.

Progress made against the Strategy Action Plan and performance indicators below, will be monitored by the NAS Workforce Development/Collaborative Group which is Chaired by the Director of Commissioning and Partnerships. Progress will also be reported on a six monthly basis to the Adults Board.

RAG Status	Indicator
1	Number of staff trained in safeguarding (SAS)
2	% of staff directly employed that left during the year (SAS)
3	% of adult services directly employed posts vacant (SAS)
4	% of adult services working days/shifts lost to sickness absence during the year (SAS)
5	% of staff in post at 30 September where ethnicity not stated (SAS)
6	% of services gross expenditure on staffing which was spent on training the Council's directly employed staff during the year (SAS)
7	% of training grants spent on Council staff / independent sector
8	% of progress with InLAWS strategy action plan (KPI's)
9	% of staff who say that they enjoy their jobs
10	% of staff who are trained to meet National Minimum Standard
11	% of staff who understand the vision for social care
12	% of PDR's completed

Employee-centred Performance Management

As part of Neighbourhoods and Adult Services overall performance management system, we adopted a single performance planning and monitoring system to ensure that all staff are effectively managing change and meeting objectives set out in both team and individual PDR's. The system supports the Corporate Golden Thread approach and clearly maps out our single system of supporting an equality of access for staff and our Investor in People culture. Supervision of social workers is undertaken as part of a system that ensures that case files and outcomes are monitored as part of overall performance management and quality assurance.

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