

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING

**Venue: Town Hall, Moorgate
Street, Rotherham S60
2RB**

Date: Monday, 14th February, 2011

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence
4. Minutes of meeting held on 31st January, 2011 (Pages 1 - 5)
5. Adult Services Revenue Budget Monitoring 2010/11 (Pages 6 - 12)
6. Adult Services Capital Budget Monitoring 2010/11 (Pages 13 - 16)
7. Assistive Technology - Update (Pages 17 - 27)
8. Exclusion of the Press and Public
The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs of any particular individual (including the Council))
9. Supporting People Programme (Pages 28 - 30)

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
31st January, 2011**

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

Apologies for absence were received from Councillors Steele and Walker.

H49. TRANSITION FROM ALIVE BOARD TO HEALTH AND WELLBEING BOARD

Dr. John Radford, Director of Public Health gave a brief outline background to the public health white paper and consultations taking place. He gave a presentation and highlighted points from the submitted report covering:-

- Healthy Lives, Healthy People : Department of Health Strategy for public health in England
- Health Lives, Healthy People : Consultation Overview
- Consultation process
- Consultation questions
- Outcomes framework for public health : consultation questions
- Funding and commissioning for public health : consultation questions
- Consultation process for outcomes framework
- The Health Background
- The New Approach
- Health and Wellbeing throughout life
- A New Public Health System
- Public Health England
- Proposed Role – The Director of Public Health
- Public health funding and commissioning
- Defining commissioning responsibilities - examples
- Public Health and the NHS
- Allocations and the health premium
- Accountability
- Public Health Outcomes Framework : Vision
- The Indicators
- Public Health Outcomes Framework : Alignment with NHS and ASC
- Summary Timetable
- Overall Transition
- Healthy Lives, Healthy People – A Consultation

Also submitted were:-

- HM Government Leaflet : Healthy Lives, Healthy People – The Government's plans for public health
- Department of Health Factsheets : Local Democratic Legitimacy
: Commissioning for patients

Discussion and a question and answer session ensued and the following issues were covered:-

- consultee range
- importance of Health and Social Wellbeing Board
- Joint accountability of local authorities and the Secretary of State
- Surgery follow up work by GP's.
- Migration from the Alive Board to the Health and Social Wellbeing Board
- Need to review the JSNA
- consultation deadline and resulting proposals timescale
- support for carers
- composition of Health and Social Wellbeing Board
- holding the GP consortium to account

Resolved:- That the information be noted and John Radford be thanked for his informative presentation.

H50. ROTHERHAM AIDS AND ADAPTATIONS POLICY

Consideration was to given to the submitted report detailing proposals for the Council's Aids and Adaptations Policy within the borough. It highlighted key implications for customers living within the borough.

The Aids and Adaptations (A&A) Team currently operated the statutory function of the Council to administer the Disabled Facilities Grant (DFG) and arranged relevant adaptations to properties within the Borough.

The policy was principally aimed to help people remain in their own homes through the provision of equipment and adaptations. However, adaptations were a last resort and as such all alternatives would be reviewed. The Council must therefore decide whether the applicants needs could best be met through:

- Adaptations within reasonable cost boundaries
- Issue of equipment, **or**
- Re-housing to an alternative adapted accommodation

Adaptations were split into three categories:

- Minor fixings (non means tested and under £1000 in value)
- Minor adaptations (non means tested and under £1000 in value, requiring some structural work)
- Major adaptations (means tested over £1000 in value)

A major adaptation could be made up of several minor adaptations.

The report set out more detailed information relating to:-

- Main Proposals
- Eligibility for Customers Requesting an Adaptation:
- Agency Fees:
- Decisions (customer choice):
- Grounds for Refusing an Adaptation
- Under Occupancy
- Mutual exchanges
- Reports not Submitted
- Split Households

Resolved:- That the Rotherham Aids and Adaptations Policy be noted.

H51. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (business/financial affairs.)

H52. BREASTFEEDING IN ROTHERHAM - UNICEF BABY FRIENDLY INITIATIVE

Anna Jones, Public Health Specialist, Children, Young People and Maternity, gave a presentation in respect of breastfeeding in Rotherham and the progress towards achieving the community Unicef Baby Friendly Initiative (BFI) in Rotherham (by 2013) and highlighted the risks of not achieving this quality standard.

Breast milk provided infants with the best start in life, it protected and reduced the risk of illness for both mother and child, which in turn reduced dependence on health services, resulting in short and long term NHS Savings.

Breastfeeding rates (both initiation in hospital and continuation at 6-8 weeks) in Rotherham had been steadily improving over the last 8 years. A range of robust systems were now in place to support women to continue to breastfeed as long as they wanted to. Whilst additional support, services and interventions were starting to show an impact on improved breastfeeding rates, Rotherham still had the poorest breastfeeding rates in Yorkshire and the Humber (and was in the bottom quintile nationally).

The presentation covered:-

- The UNICEF Baby Friendly Initiative and its implications for Rotherham
- What is the UNICEF Baby Friendly Initiative?
- seven point plan for sustaining breastfeeding in the community
- Implementing the UNICEF Baby Friendly Initiative means following and applying the set criteria laid down in their staged programme

- the breastfeeding policy
- staff education
- steps to attain UNICEF Baby Friendly Stages 2 and 3

Discussion and a question and answer session ensued and the following issues were covered:-

- evidenced savings
- need to continue the positive momentum
- maintaining staff training
- reasons for Rotherham lagging behind nationally
- initiatives to change attitudes towards breastfeeding

Resolved:- That the information be noted and Anna be thanked for an informative and interesting presentation.

H53. ACTION ON INFANT MORTALITY IN ROTHERHAM

Anna Jones, Public Health Specialist, Children, Young People and Maternity, reported on infant mortality in Rotherham and gave a presentation which covered:-

- Infant mortality updated 2006/09
- infant mortality rate
- identifiable actions to reduce the 2002-04 gap in infant mortality
- key findings
- action plan and development
- further developments
- action on infant mortality in Rotherham

Also submitted was a background paper on action on infant mortality in Rotherham, infant mortality equity audit 2010 and an updated action plan regarding reducing health inequalities in infant mortality covering:-

- Knowledge of infant mortality and the current position
- Comprehensive Preconception Services
- Early Intervention/prevention for high risk pregnancies
- Comprehensive postnatal service support/interventions
- Wider determinants to be considered

Discussion and a question and answer session ensued and the following issues were covered:-

- infant mortality equity audit 2010 breakdown by ward

- correlation between highest numbers of births and most deprived wards
- improvements in breastfeeding
- stillbirth review significance
- targeting resources
- low birth weight
- percentage of mothers smoking
- percentage of mothers breastfeeding

Resolved:- That the information be noted and Anna be thanked for an interesting and informative presentation.

H54. FEE SETTING - INDEPENDENT SECTOR RESIDENTIAL AND NURSING CARE 2011/12

Doug Parkes, Business Manager, Neighbourhood and Adult Services presented the submitted report which sought agreement to the increase in fees to Independent Sector Residential and Nursing Care Providers for 2011/2012 in accordance with the established inflation formula.

This inflation linked formula was a contractual commitment. Last year there was no increase in the contract price due to low rates of inflation.

The funding for these fee increases was included within the Directorate's budget requirements for 2011/12.

Resolved:- That the fee for Residential and Nursing Care Homes be increased, as now set out, with effect from April, 2011.

H55. LOCAL AUTHORITY CIRCULAR ON THE PERSONAL CARE AT HOME ACT 2010 AND CHARGING FOR RE-ABLEMENT LAC (DH) (2010) 7

Doug Parkes, Business Manager, Neighbourhoods and Adult Services presented the submitted report which set out the potential implications to the Council and recommended actions following the issue of Local Authority Circular LAC (DH) (2010) 7 – Personal Care Home Act and Charging for Re-ablement.

Resolved:- That, with effect from April, 2011, re-ablement be provided free of charge for the first six weeks.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Independence Health & Well Being
2	Date:	Monday 14th February, 2011
3	Title:	Adult Services Revenue Budget Monitoring Report 2010/11
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 2011 based on actual income and expenditure to the end of December 2010.

The forecast for the financial year 2010/11 is an overall underspend of £390,000, against the revised approved net revenue budget of £71.3m. A significant part of the forecast underspend is due to an overachievement in the savings associated with the merger of the wardens and care enablers service. The response to voluntary severance has been higher than anticipated. Additional savings have been achieved through holding vacancies to facilitate redeployment of staff in support of the various structural reviews. This has been underpinned by tight financial management within the service.

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 December 2010 for Adult Services.

7 Proposals and Details

7.1 The Current Position

7.1.1 The original approved net revenue budget for Adult Services for 2010/11 was £72.2m. 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 2010/11 budget setting process.

7.1.2 During 2010/11 a number of significant budget pressures emerged across the wider Council and as part of meeting these in year budget pressures, Adult Services have contributed a total of £868k savings from it's original approved budget (NAS Directorate £1.14m). These savings were approved by The Cabinet on 17 November 2010 and the revenue budget for Adult Services amended accordingly.

7.1.3 These savings included delaying the implementation of community based alternatives to residential care within Physical and Sensory Disabilities (£250k), increased levels of Continuing Health Care funding from Health (£500k) and efficiency savings within commissioning and training including a review of grant funding (£118k).

7.1.4 The table below summarises the forecasts against both the original and revised budgets:-

Service Area	Original Budget £000	Original forecast £000	Original Variation £000	Revised Budget £000	Revised forecast £000	Revised Variation £000
Commissioning & Partnerships	4,716	4,614	-102	4,598	4,513	-85
Assessment & Care Management	31,096	30,433	-663	30,446	30,189	-257
Independent Living	1,871	1,819	-52	1,871	1,823	-48
Health & Well Being	34,482	34,431	-51	34,382	34,382	0
Total	72,165	71,297	-868	71,297	70,907	-390

7.1.5 The latest year end forecast shows there are a number of underlying budget pressures which are offset by a number of forecast underspends. The underlying pressures include:

- An overall forecast overspend within Older Peoples' Home Care Service (+£746k) mainly due to actual contract hours greater than activity (In House) plus increased demand for maintenance care within independent sector.
- There is also a pressure on independent home care within Physical and Sensory Disability Services (+£72k) due to a continued increase in demand. An additional increase of 66 new clients on service since April (+882 hours).
- Budget shortfall in respect of income from charges within in-house residential care +£381k.
- Continued budget pressure on Learning Disabilities Day Care Transport (+£315k) due to an increase in demand and costs.
- A forecast overspend on Direct Payments (+£447k) across all client groups. A net increase of 58 new clients since April.

7.1.6 These pressures have been offset by the following forecast underspends:-

- Forecast net underspend on Older People independent sector residential and nursing care due to placements less than planned (-33), additional continuing health care funded placements and income from property charges (-£505k).
- Continued underspend on employee costs within Extra Care Housing (-£266k) which is under review as part of the wardens and enabling care merger.
- Underspend within Transport Unit within employees and leasing costs plus additional income (-£155k).
- Forecast underspend within Learning Disabilities residential and nursing care due to admissions less than planned (-£519k).
- Additional Continuing Health Care Income plus a underspend on Supported Living Schemes within Physical and Sensory Disabilities (-£146k).
- Slippage on vacant posts within Assessment & Care Management (Older People and Mental Health, -£341k).
- Forecast underspend on Richmond Fellowship SLA (-£65k) as clients move to Direct Payments.
- Underspend within Mental Health Residential and Nursing Care (-£169k) mainly due to increase in income from health.
- Slippage on developing Adult placement scheme within Physical and Sensory disabilities has resulted in a forecast underspend of -£150k.
- Vacancies during the year within the Safeguarding team (-£50k).

The latest forecast outturn includes forecasts against the savings and investments agreed as part of the budget setting process and excludes any costs associated with Voluntary Early Retirements and Voluntary Severance.

7.1.7 For the period April to December 2010 total expenditure on Agency staff for Adult Services was £288,019 (of which £34,113 was off contract). This compares with an actual cost of £379,665 for the same period last year (of which £42,611 was off contract).

The main costs were in respect of residential care and assessment and care management staff to cover vacancies and sickness. There has been no expenditure on consultancy.

7.1.8 Actual expenditure to the end of December 2010 on non-contractual overtime for Adult Services was £262,277, broken down as follows:-

- Assessment and Care Management £7,079.
- Health and Well Being £255,198.

The actual costs of both Agency and non contractual overtime are included within the financial forecasts.

7.1.9 The forecast also excludes any additional income from NHSR in respect of additional funding announced by the Government for the support of social care. In October 2010 the Department of Health announced an additional £70m would be allocated to Primary Care Trusts nationally to promote better services for patients upon discharge from hospitals. In January 2011 a further national allocation of £162m was allocated to Primary Care Trusts for spending on social care services that would benefit the NHS during the winter period and required that this should be transferred to Council's under section 256 of the NHS Act 2006. Negotiations are taking place with NHSR to determine the most appropriate way of utilising this funding in 2010-11 and beyond.

7.2 Current Action

To mitigate any further financial pressures within the service, budget meetings with Service Directors and managers continue to be held on a monthly basis to monitor financial performance against the revised approved budget and ensure expenditure is within this revised budget.

8. Finance

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 both against original approved budget and the revised budget approved by The Cabinet.

9. Risks and Uncertainties

There are a number of underlying pressures within the service which continue to be reviewed and closely monitored. The report includes forecasts against the savings approved as part of the budget setting process which include increasing fees and charges, review of management structures, review of the cost of placements within physical and sensory disabilities and day care services within Learning disability services and the achievement of the corporate savings targets in respect of agency staff, printing, mileage etc.

Close monitoring of the impact of winter pressures over the coming months is essential in order to ensure any additional budget pressures are contained within the revised cash limited budget.

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 24 February 2010 –Proposed Revenue Budget and Council Tax for 2010/11.
- The Council's Medium Term Financial Strategy (MTFS) 2008-2011.
- 2010-11 Budget Report to The Cabinet – 17 November 2010.

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.*

SUMMARY												
PROJECTED OUT-TURN AS AT 31 DECEMBER 2010												
Last Reported Projected Net Variance as at 31/11/2010 £000	Service Division	Net Expenditure									Revised Financial RAG Status	* Note
		Original Budget £000	Proj'd out turn £000	Variance (Over (+) / Under (-) Spend) to Original Budget £000	Revised Budget	Proj'd out turn £000	Variance (Over (+) / Under (-) Spend) to Revised Budget £000	Current Financial RAG Status	Financial Impact of Management Action £000	Revised Projected Year end Variance Over(+)/Under(-) spend £000		
16	Commissioning, Quality & Performance	4,716	4,614	(102)	4,598	4,514	(85)	Green	0	(85)	Green	1
	Assessment & Care Management											
103	Older People Assessment & Care Management	24,080	23,783	(297)	23,680	23,575	(105)	Green	0	(105)	Green	2
(116)	Physical Dis Assessment & Care Management	7,016	6,650	(366)	6,765	6,613	(152)	Green	0	(152)	Green	3
(13)	Total Assessment Care Management	31,096	30,433	(663)	30,446	30,188	(257)		0	(257)		
(52)	Older People Independent Living	1,871	1,819	(52)	1,777	1,729	(48)	Green	0	(48)	Green	4
	Health & Well Being											
305	Older People Health & Well Being	13,904	14,210	306	13,998	14,521	523	Red	0	523	Red	5
(144)	Learning Disabilities	16,010	15,766	(244)	15,910	15,548	(362)	Green	0	(362)	Green	6
(113)	Mental Health	4,568	4,455	(113)	4,568	4,407	(161)	Green	0	(161)	Green	7
49	Total Health & Well Being	34,482	34,431	(51)	34,476	34,476	(0)		0	(0)		
0	Total Adult Services	72,165	71,297	(868)	71,297	70,907	(390)	Green	0	(390)		

Reason for Variance(s), Actions Proposed and Intended Impact on Performance

NOTES Reasons for Variance(s) and Proposed Actions

or under performance against income targets) and actions proposed intended to address budget variances on Key Performance

	<p><u>Main Reasons for Variance</u></p>
1	<p><u>Commissioning & Partnerships</u></p> <p>Pressures on unfunded posts are being offset by vacancies, secondments and Voluntary Early Retirements approved as part of the review of Policy and Performance. Government announcement to cut Supporting People Admin grant (£162k) has been contained within procurement process and non recruitment to vacant posts.</p>
	<p><u>Assessment and Care Management</u></p>
2	<p><u>Older Peoples Services (Independent)</u></p> <p>Overspends on Independent Sector Home Care budget (+£454k) and Direct Payments (+£127k). Underspend on independent residential and nursing care due to placements less than forecast (-33) and additional income from health and property charges (-£505k). Slippage on recruitment to vacant posts within Assessment and Care Management (-£291k). Overspend on Fast Response employee costs (+£60k)</p>
3	<p><u>Physical & Sensory Disabilities</u></p> <p>Slippage of establishing Shared Lives Scheme (-£150k) Continuing health care income on supported living scheme at Rig Drive (-£66K) and underspend on Crossroads contract (-£85k). Pressure on Independent Sector domiciliary care (+£72K) due to continue increase in demand (additional 66 clients = 882 hours since April) Further demand for Direct Payments (net increase 19 clients since April) reduced by one off income from Supporting People (+£150k).</p>
4	<p><u>Independent Living</u></p> <p>Forecast additional income within Rothercare Direct (-£37k) plus slippage on vacant posts within Extra Care Housing (-£11k).</p>
	<p><u>Health and Well Being</u></p>
5	<p><u>Older Peoples Services (In House)</u></p> <p>Forecast shortfall against income budget for In house Residential care (+£381k) plus overspend on employee costs due to agency and sickness cover (+£190k). Continue overspend on In House Home Care employees costs and non pay (+£292k) due to contract hours being greater than hours delivered plus a reduction in average income from clients plus overspend on Home Care Operations team (+£49k). Underspend on Extra Care Housing costs (-£266k). Forecast underspend on Transport (-£155k) due to additional income and savings on leasing costs.</p>
6	<p><u>Learning Disabilities</u></p> <p>Slippage on vacant posts due to reviews and voluntary early retirements (-£75k). Recurrent overspend against budget on day care transport (+£315k). Admissions to residential care less than forecast plus additional health funding (-£519k). Underspend on Direct Payments (-£44k)</p>
7	<p><u>Mental Health</u></p> <p>Projected underspend on residential care due to additional discharges (-£169k) . Underspend on Assessment & Care Management due to vacancies (-£50k) Projected overspend on Direct Payments (+£164k) - an additional 58 clients since April being offset by reduction in Richmond Fellowship SLA (-£65k).</p>
	<p><u>Proposed Actions to Address Variance</u></p> <p>Budget performance clinics continue to meet monthly to monitor financial performance against approved budget. Close monitoring of the impact of winter pressures over the coming months is essential in order to contain any additional budget pressures within the approved cash limit.</p>

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet Member for Adult Independent Health & Well Being
2.	Date:	Monday 14 February 2011
3.	Title:	Adult Services Capital Budget Monitoring Report 2010/11 - All Wards affected
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

To inform members of the anticipated outturn against the approved Adult Services capital programme for the 2010/11 financial year.

6. Recommendations

Members receive and note the Adult Services forecast capital outturn for 2010/11.

7. Proposals and Details

This capital monitoring report provides 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 19 January 2011 and the projected final outturn position for each scheme.

Actual expenditure to mid January 2011 was £331k against a revised programme of £800k for 2010/11. Capital schemes are funded from a variety of different funding sources including, unsupported borrowing, allocations from capital receipts, Supported Capital Expenditure and specific capital grant funding. Appendix 1 shows actual expenditure to date against the approved budget together with the forecast outturn position.

8. Finance

The following information provides 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 (£135k) relates to landscaping costs and outstanding fees.

The Assistive Technology funding from NHS Rotherham is being managed jointly and is being used to purchase Telehealth and Telecare equipment to enable people to continue to live in their own homes, including alarms and fall monitors. The remaining funding is fully committed in 2010/11.

A small element of the Department of Health specific grant (£5k) issued to improve the environment within residential care provision was carried forward into 2010/11. The remaining balance of funding is being spent within in-house residential care services.

Learning Disabilities

The refurbishment programme at Addison Day Centre is now complete and the balance of funding is held in respect of any final invoices including fees.

The capital scheme to refurbish the respite centre at Treefields has now been completed from the Council's Strategic Maintenance Investments fund. The final account including outstanding fees is yet to be charged for which funding is earmarked.

Mental Health

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

A large proportion of the Supported Capital Expenditure (SCE) allocation has been rolled forward into future years while spending plans are finalised.

Committed spend in 2010/11 relates to the purchase of equipment for EMI clients within the two in-house residential care homes.

Management Information

The balance of the capital grant allocation (£62k) for Adult Social Care IT infrastructure was carried forward from 2009/10 to meet the ongoing commitments to fund the Adults Integrated Solution as part of introducing electronic care management.

A new Transformation in Adult Social Care capital grant was announced for 2010/11. Spending plans are currently being finalised including the cost of transferring direct payments to the Social Care SWIFT system.

General

A budget of £125k has been earmarked from the Adult Social Services Single Capital Pot allocation for the purchase and implementation of an electronic home care scheduling system by April 2011 for care enablers.

9. Risks and Uncertainties

Capital projects funded through Supported Capital Expenditure or capital grants where spending must be in accordance with certain spending conditions and in line with national priorities. Any shortfall in capital funding will delay implementation and may result in the Directorate not meeting national agendas and performance targets.

10. Policy and Performance Agenda Implications

The approved capital budget for 2010/11 allows Adult Services to invest and develop its assets to improve and maintain existing levels of service to support the most vulnerable people and continues to contribute to meeting the Council's key priorities.

11. Background Papers and Consultation

Department of Health Local Authority Social Services Letter LASSL(DH)(2008)3-Adult's Personal Social Services: Distribution of Single Capital Pot and Specific Capital Allocations in 2009-10 and 2010-11.

Department of Health Local Authority Circular (2008) 6 – Supported Capital Expenditure (Capital Grant) for Adult Social Care IT Infrastructure – 2008-09, 2009-10 and 2010-11.

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

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

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CAPITAL EXPENDITURE MONITORING 2010-11

Directorate Adult Services

Monitoring Period : 1 April 2010 to 19 January 2011

Expenditure Code	Scheme description	Approved Capital PROGRAMME 2010/11 £	Actual Expenditure 19.01.11 £	Year End Projection £	Scheme 2010/11 Funding Profile					RAG Status	Comment Note number	
					Supported Capital Expenditure (SCE) £	Specific Grant		Other Contributions				Unsupported Borrowing/Capital Receipts £
						£	Detail	£	Detail			
	<u>Older People</u>											
UXB149	Adult's Older Peoples Modernisation Strategy	135,686	99,643	135,686					135,686	G	1	
UXB150	Assistive Technology (NHSR)	221,352	179,183	221,352				221,352	NHSR	G	2	
UXB151	Residential Care - Improving the Environment	5,374	0	5,374		5,374	DoH Grant			G	3	
	<u>Strategic Maintenance Investment Programme</u>											
UXZ004	Addison Day Centre - Alterations	23,728	0	23,728					23,728	A	4	
UXZ011	Addison Day Centre - Phase 2	7,885	0	7,885					7,885	A	5	
UXZ012	Treefields - refurbishment	67,052	51,732	67,052					67,052	G	6	
	<u>Mental Health</u>											
UXH098	Cedar House	12,358	0	12,358					12,358	G	7	
UXH101	Supported Capital Expenditure	100,000	0	100,000	100,000					A	8	
	<u>Management Information</u>											
UXT003	Social Care IT Infrastructure Capital Grant	62,165	415	62,165		62,165	DoH Grant			A	9	
UXT004	Transformation in Adult Social Care Grant	40,000	0	40,000		40,000	DoH Grant			A	10	
	<u>General</u>											
UXU001	Adult Social Services Single Capital Pot	125,000	0	125,000	125,000					A	11	
TOTALS		800,600	330,974	800,600	225,000	107,539		221,352	0		246,709	

Comments

- 1 Balance of funding to cover cost of outstanding fees and any final minor works. Residential Care Homes opened in February 2009.
- 2 Funding for the purchase of Telehealth and Telecare equipment brought forward from 2010/11 and fully committed.
- 3 Department of Health Capital Grant balance carried forward from 2010/11. Spending plans being reviewed.
- 4 Scheme is now completed and balance of funding held to meet any final fees.
- 5 Scheme complete, awaiting final account and outstanding fees.
- 6 Scheme now completed awaiting final account and fees.
- 7 Balance of funding committed to providing support for early interventions and crisis move on.
- 8 Committed funding to purchase EMI equipment within the two new residential care homes.
- 9 2009-10 grant allocation plus balance of funding brought forward from 2010-11 to fund Adults Integrated Solution as part of introducing electronic care management.
- 10 New grant allocation in 2010-11 - spending plans being developed include development of an e-market place, transfer direct payments to SWIFT, the majority of the funding has been rolled into 2011-12.
- 11 Additional allocation in 2010-11 - spending plans being developed including introduction of electronic home care monitoring for in-house provision, provider has been selected and estimated implementation date is April 2011.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER

1	Meeting:	Cabinet Member for Adult Independence, Health & Wellbeing
2	Date:	14th February, 2011
3	Title:	Assistive Technology – Update on Progress
4	Programme Area:	Neighbourhood and Adult Services

5 Summary

The Adult Social Care and Health Scrutiny panel undertook a scrutiny review of Assistive Technology (AT) in October 2010. The scrutiny report provided the background to the development of AT within RMBC and made a number of recommendations. These recommendations have been considered and this report provides an update on progress to date and evaluates our current position.

6 Recommendations

THAT CABINET MEMBER:

- **Notes the NAS response to the scrutiny review.**
- **Notes the progress that has been made in delivering assistive technology within Rotherham.**

7 Proposals and Details

7.1 Background – Assistive Technology (AT) / Telecare involves the provision of equipment that can be used to enable people to live independently. The aim of the provided equipment is to monitor and assist customers in their daily living and to encourage confidence and independence. Appendix A of this report gives two case studies that illustrate the personalised outcomes that may be obtained from the provision of such technology.

7.2 A report was received in October 2010 from the Adult Services and Health Scrutiny Panel that evaluated the use of AT in Rotherham. The report contained certain findings and recommendations. This report shows how these issues have been addressed.

7.3 The recommendations that were made were as follows

- That the Council and NHS Rotherham produces a joint and overarching long term Assistive Technology strategy, with a view to developing a 'single point of entry' for service users and carers.
- A robust monitoring system for AT is put into place to record savings in terms of the prevention of avoidable admissions to hospital, the prevention / delay of admission to long-term residential care, and savings from individualised homecare packages.
- The Council continually seeks to expand and promote the Assistive Technology it has to offer.
- The Council examines ways for more cost effective approach to excessive usage or repair.
- That awareness of AT/Telecare across professionals, including domiciliary care providers, is continued and strengthened so that all view it as an option for all Service Users and Carers.
- Good quality information and signposting needs to be provided by the Council and NHS Rotherham for both Carers and Service Users to enable them to understand their AT options and so to self assess with confidence.

7.4 A number of significant changes have been made to the delivery of AT that address the issues raised within the Scrutiny report. These include

- **The appointment of a dedicated Assistive Technology Officer.** In order to ensure that the advantages of AT were realised it was agreed that an officer should be appointed on a temporary secondment basis to raise the profile of AT and to address some of the issues that had been raised by Scrutiny. This had the added

benefit of giving a focal point to the provision of equipment so that staff find it easier to provide support easily and without blockages

- **A series of visioning events at which staff were able to identify the difficulties that they associated with the provision of AT.** From these events the process for recommending AT was simplified to take the onus away from bureaucratic complexity to simple and appropriate recommendations. This has seen a significant improvement in the numbers of staff who are now considering AT as a viable alternative to reduce expensive care packages.
- **The establishment of a system to monitor and demonstrate the savings that AT can bring about.** As part of the process of allocating equipment a database has been established to show the savings that have been occasioned by such provision. When staff are requesting AT support they are also asked to detail the provision that they would have made under traditional care packages.
- **A change in emphasis during the assessment process.** The introduction of a new Independent Social Care Assessment (ISCA) brought about by changes linked to personalisation also allowed the opportunity to include a question in the assessment process that involved the provision of AT. Whereas in the past the assessment had asked staff to give reasons why they believed that AT was necessary. This has now been changed to ask the Social Worker to give reasons why they had decided **not** to recommend AT provision. This change in emphasis has highlighted the importance of AT and engaged staff in greater deliberation about the provision of support.
- **Identification of simple and direct access to equipment.** Following comments made by staff and customers that they were confused about AT a session was held with providers, staff, customers and carers to identify the main items of equipment that would benefit vulnerable people. These packages were then presented as a series of cards that were allocated to all staff. The Carer Package, Medication Management Package, Epilepsy Package, Environmental Package, Purposeful Walking Package and Falls Package are included as Appendix B to this report. This innovative way of identifying the most frequently allocated packages has been seen by one of our major providers as an excellent way of raising the profile of AT and they will be rolling out the Rotherham example across the whole country.
- **Highlighting good news stories with an emphasis on outcomes.** In order to encourage and convince staff that there are significant benefits to the provision of AT a number of case studies have been circulated to emphasise the personal dimension to successful implementation of support. Such case studies have always proved to be an effective vehicle for demonstrating the benefits to the customer that can be shown by positive processes and the provision of AT is no exception to this rule.

- **Better use of our available information.** At the time of writing we are just about to introduce a piece of work that will give us credible data to demonstrate the benefits of AT provision in one particular area. One of the major benefits of AT is to vulnerable people who may suffer from falls within the home. We have established with Rothercare the one hundred customers who have contacted their service the most over the last 12 months with alerts related to falls. These people will be allocated a falls package that will monitor their wellbeing at home. The results will be studied to better understand the savings that can be made from the allocation of such packages. Analysis of changes in outcomes for these 100 people will help to demonstrate the improvements that can be made by such provision.
- **Prevention of avoidable admissions to hospital and the prevention / delay of admission to long term residential care.** The card scheme outlined earlier in this report places emphasis on a defined package matrix that clearly identifies how assessment for AT equipment can be linked to delaying residential care, supporting the provision of domiciliary care and improving the support we give to carers. This link between the issuing of equipment and improving our customers lives is essential to the success of AT. We are developing an ethos of preventing problems before they happen and AT is vital to this ethos. These cards are also included as part of Appendix B
- **The provision of information and signposting.** A campaign to raise the profile of AT in Rotherham has been started with a dedicated AT week to take place in March. A fixed display of available equipment has been set up in Rotherham Carers' Corner and visits have been arranged to various groups in order to demonstrate the benefits of AT.
- **Direct involvement of staff in developing AT.** Aside from the work that has taken place with staff to understand the main provision of AT outlined above we have also encouraged staff to pursue more unusual solutions to problems. The appointment of an Assistive Technology Officer has meant that we now have a resource who can research and benchmark equipment rather than relying on the same handful of solutions. This has meant that we are far more flexible in our responses to individual issues as the Officer works with the member of staff to ensure that the solution is the best individually personalised outcome for the customer. Such personalised solutions are then reported back to staff on a regular basis to encourage such thought and to showcase achievements.
- **Better use of resources.** We have started to demonstrate the financial savings that can be brought about by intelligent allocation of resources and at the same time assisted in the assessment process. An example of this has been encouraging staff to use the 'Just Checking' package. This package allows the 24/7 monitoring

of a customer in order that the Assessing Officer may develop a more accurate picture of the needs of the person being assessed. This process leads to more accurate allocation of packages and a better understanding of how to support the customer. We now have seven of these packages in Rotherham and they are all being used on a regular basis.

- **Better liaison with Rothercare.** A large proportion of the AT available depends on the customer receiving a service through the lifeline monitors that are issued as part of Rothercare. There has been closer working with Rothercare staff to solve issues related to the fitting of equipment and identifying exactly how Rothercare will respond to any given alert. This improved understanding of the process has been brought about by the training of Rothercare staff that has taken place since October.
- **Development of benchmarking opportunities.** Adrienne Lucas is the Regional Assistive Technology Manager for Yorkshire and Humber. She has provided Rotherham with excellent support for improving our processes and demonstrating outcomes based on AT provision. She recently used Rotherham at an Association of Directors of Adult Social Services (ADASS) meeting as the example of an authority that had improved provision of Telecare and suggested that she will use our card scheme across other authorities as an example of best practice. She attended the Fairs Fayre event that was held in October and paid particular attention to the promotion of AT at the event. She recently commented that, **'I was just having a look through the information for the conference in November and am struck by the pathway that Rotherham has travelled. I would like to use Rotherham as an indicator of success in a report to ADASS this week.'**

7.5 This section specifically addresses the recommendations that were raised in the original Scrutiny report

- **That the Council and NHS Rotherham produces a joint and overarching long term Assistive Technology strategy, with a view to developing a 'single point of entry' for service users and carers.**
- An AT strategy has been developed within NAS with an action plan that has monitored the improvements and progress that has been outlined above. The initial targets for the AT Officer centred around the promotion of AT and the collection of data that would demonstrate the outcomes and financial savings that can be achieved. The demonstration of achievable savings will lead to the discussions that are needed to ensure that RMBC are working with colleagues in health to develop a joint strategy. There are significant savings to be made by both organisations and this has been identified as the next major area for development.

- **A robust monitoring system for AT is put into place to record savings in terms of the prevention of avoidable admissions to hospital, the prevention / delay of admission to long-term residential care, and savings from individualised homecare packages.**
- A database has been built up to demonstrate the financial savings that can be made from the provision of AT. The next stage is to start to demonstrate that the provision of AT can lead to significantly improved outcomes for our customers. Two pilots are being set up in February based around provision to customers who are susceptible to falls and customers who have Alzheimers. A comparison between pre and post AT provision will start to give the kind of detail that is required to address this recommendation. The packages that have been established and the card scheme that supports their allocation focuses entirely on these areas. Copies of the cards will be made available at the meeting to demonstrate this.
- **The Council continually seeks to expand and promote the Assistive Technology it has to offer.**
- There has been a concerted campaign to raise the profile of AT among customers, carers, staff and Members. Case studies have been promoted to demonstrate the outcomes that are possible with AT and there are regular updates to staff and Members to demonstrate how AT can improve lives. Regular meetings are held with the major providers that we are always aware of the latest technology that is available. Staff have been encouraged to outline details of cases to the AT Officer who has been instrumental in suggesting solutions that would not have been considered before.
- **The Council examines ways for more cost effective approach to excessive usage or repair.**
- Previously a significant proportion of the AT grant had been used to replace lifeline units that were no longer appropriate. Discussions have started with the major supplier to bring about a change in such provision. New lifeline units are now put in when the customer has extra equipment added rather than as part of a rolling programme. This means that the units are fit for purpose. It is our intention to encourage the provider to provide these units at nil cost to RMBC based on the increased amount of business that is being generated through the strategy outlined in this report.
- **That awareness of AT / Telecare across professionals, including domiciliary care providers, is continued and strengthened so that all view it as an option for all Service Users and Carers.**
- The allocation of AT is now the default option in every social care assessment that takes place in Rotherham. Social Workers now

have to explain why they have **not** considered allocating AT and they have to show the savings that they have made by allocating the equipment. Training has taken place with all Social Workers in order to identify less bureaucratic and simplified processes. Training is about to take place with care enablers in order that they are fully aware of the benefits of AT. There has not been specific training yet with external domiciliary care providers but this is included in the next phase of the action plan.

- **Good quality information and signposting needs to be provided by the Council and NHS Rotherham for both Carers and Service Users to enable them to understand their AT options and so to self assess with confidence.**
- An awareness raising campaign will focus around an AT week in March modelled around the success of previous weeks that have focused on safeguarding adults and personalisation. One of the major AT providers is setting up a fixed display in the Carers' Centre in order that carers are made aware of the benefits of AT. The aim is that aspects of AT can be self assessed and available direct from the Carers' Centre. Work has begun on developing information for customers and this will be part of the campaign of raising awareness.

8 Finance

- 8.1 RMBC continues to hold £232,351 on behalf of NHSR, in the form of the Strategic Capital Grant (SCG). An unspent total of £90,000 was carried forward to 2010/11 and this will be spent as part of the continuing development of AT outlined in this report.
- 8.2 RMBC increased it's spend on AT by £ 225,000. More staff have started to allocate AT solutions and the simpler pathways and removal of blockages has led to an understanding of the funding that is available and the outcomes that can be realised. Expenditure to date has centred predominantly around the packages identified in appendix B of this report. A significant indicator of staff being more aware of how to allocate AT may be illustrated by the fact that prior to October 2 members of staff has issued AT and since October 54 staff have allocated packages.
- 8.3 An example of the kinds of benefits that may be brought about by the allocation of AT can be seen by considering the allocation of an epilepsy package. The hardware available is fitted to the client's bed at the cost of around £ 280. It generates an alert whenever a seizure is detected and immediately lets the carer know that there is a problem. The package removes the need for waking night care. The care that is saved could cost the Council around £ 15,000 per annum.

9. Risks and Uncertainties

- 9.1 The increased staff awareness of AT is already leading to greater demand for equipment. The budget of £ 225,000 may be exceeded by demand. One area that may be considered is top-slicing the Adult Social Care budgets to provide AT. The case for achievable savings must be made in order to assure that this process would lead to savings.
- 9.2 The Assistive Technology Officer allocated to raise the profile of solutions and improve ease of access returns to her substantive post at the end of March. The secondment has been very successful and good practice in other authorities certainly suggests that a dedicated officer is needed in order to maintain profile, performance and outcomes.
- 9.3 Any increase in telecare provision within Rotherham needs to be tempered with the fact that Supporting People will fund the £3.00 per week cost of Rothercare for customers who qualify for support. The maximum Supporting People capacity has never been achieved by Rothercare however any increase in service could mean the requirement for Rothercare waiting list. This will be particularly important next year when the number of people qualifying for such support will, almost certainly, outweigh the funding available. Currently Supporting People fund the weekly charge for customers who need financial support but they only have the capacity to fund a further 200 customers.

10. Policy and Performance Agenda Implications

- 10.1 Performance Indicator NI136, relating to supporting people to live independently will only be measured for any new customers who are provided with telecare following assessment through the FACs criteria.
- 10.2 Currently the only statutory returns relate to the Self Assessment Survey (SAS).
- 10.3 Inclusion of telecare on the Adult Integrated System and the ISCA will allow performance monitoring of the effectiveness of telecare to be effectively monitored.
- 10.4 Yearly surveys to all Rothercare users will be interrogated to ensure that Rothercare continues to deliver a platinum service.

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Appendix A

Two case studies outlining the benefits of Assistive Technology

THIS MAKES ME A BETTER CARER

‘This is a great idea – it answers the question who cares for the carers’ – Mr Albert Corker

Mr Albert Corker’s life changed a year ago when his wife was diagnosed with Alzheimer’s / Dementia.

‘My main worry was that during the night she would get out of bed and I was so nervous that she would fall down the stairs which are so very steep in our home. It got to the stage where I could not look after her properly during the day because I was not sleeping at night. Even when she did not get up I would never get a deep sleep as I was worried.’

“Unless people have been through this experience they do not know what we have gone through. We had fantastic support from Social Services right from the start but night time was becoming a real problem – leading to me being worried about how I could cope in the day. We were on the verge of getting support at night but another solution was offered us.”

‘Before Christmas we had a Telecare system fitted. Now as soon as she gets out of bed a vibrator under my pillow wakes me up. If I am in another room I have a portable monitor that rings and vibrates. It even occurred to me that if the carer was deaf the system would still be brilliant as the vibration is enough to wake the carer. Now I get a good nights sleep and I feel more secure about my own health. We have also had a Rothercare box fitted as I have a heart condition and I can summon support at the press of a button. I would recommend Telecare support to anybody – it has literally given me back my sleep and I am much more alert during the day – I can care for my wife and have the security of knowing that I can care for myself. It probably saves money as well for the Council as we need less support and respite because I feel better in myself.

It’s a 24/7 job being a carer but at least you know that there is support and help available that can provide a simple solution to what could be a massive problem
Well done to everyone in Rotherham Council for this support”

SAFETY FIRST

‘It’s not just a benefit to my Mum – I feel more confident that she is safe and sound when I can’t be there’ – Paul Hart

Mr Paul Hart lives in Sheffield but his Mum; Mrs Hart is Rotherham born and bred and lives in Rawmarsh.

They are both benefiting from innovative use of technology in the form of a special assistive home package that has been fitted into Mrs Hart's Rawmarsh home.

Mrs Hart already benefited from the peace of mind that being part of the Rothercare scheme gave her but both she and her son now feel even more secure due to an additional 'falls package' that has been added to her Rothercare unit.

Paul explained, "I used to worry about my Mum falling during the day. She lives alone and sometimes forgets to wear her Rothercare alert pendant. With this new technology if she falls over and can not reach the phone an alert goes directly through to Rothercare and help is on hand. It has made her more confident around the house and she is much happier now. They even fitted a sensor to her bed – if she gets up at night and does not come back in a set time then the alert is sounded. It's a fantastic and reassuring package – I think that everybody who wants to remain safe and confident in their own homes should have one. I think this is a great example of a Council offering first class support to help people help themselves "

Mrs Hart added, "It took them about 20 minutes to fit the system and straight away I felt better. I love living at home and this has made me more confident about getting about.. You don't have to worry about batteries or anything as all that is taken care of. I think this has changed my life and I know my son feels that I am much safer than I was."

The difference that a simple telecare package can make to a person's life is immeasurable. They feel more confident and independent and in many cases there are significant financial savings as the person requires less expensive support. The falls package is just one of the innovative ways that allows customers, family and carers more independence and peace of mind.

APPENDIX B

The AT packages identified in the report that have been developed with staff, customers and carers are included here as attachments.

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