

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING

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

Date: Monday, 11th April, 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 14th March, 2011 (Pages 1 - 2)
5. NHS Health Check in Rotherham. (copy attached) (Pages 3 - 16)
- presentation by Jo Abbott, Consultant in Public Health and Sally Jenks, Public Health Specialist.
6. Rotherham's Integrated Local Area Workforce Strategy (InLAWS) 2011/14 (Pages 17 - 51)
7. Resource Allocation System (Pages 52 - 55)

The Cabinet Member authorised consideration of the following extra item in order to keep members up to date on the current financial position:-

8. Revenue Budget Monitoring. (report attached) (Pages 56 - 66)
Mark Scarrott, Finance Manager (Adult Services), to report.
9. Exclusion of the Press and Public
The following items are likely to be considered in the absence of the press and public as being exempt under those paragraphs, indicated below, of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006)
10. Setting In House Residential Accommodation Charges 2011/12 (Pages 67 - 69)
(Exempt under Paragraph 3 of the Act - information relating to the financial or business affairs of any particular individual (including the Council)).

11. Review of Non Residential Service Charges (Pages 70 - 75)
(Exempt under Paragraph 3 of the Act - information relating to the financial or business affairs of any particular individual (including the Council)).

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
Monday, 14th March, 2011**

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

Apologies for absence were received from Councillors Jack and Steele.

H68. MINUTES OF MEETING HELD ON 28TH FEBRUARY, 2011

Consideration was given to the minutes of the previous meeting held on 28th February, 2011.

Resolved:- That the minutes of the previous meeting held on 28th February, 2011, be approved as a correct record.

H69. ADULT SERVICES REVENUE MONITORING

Consideration was given to a report, introduced by the Finance Manager, (Adult Services) which provided 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 January, 2011.

The forecast for the financial year 2010/11 was an overall underspend of £717,000 against the revised approved net revenue budget of £71.3 million.

A significant part of the forecast underspend was due to the higher than anticipated response to voluntary severance, additional savings through holding vacancies to facilitate redeployment of staff in support of the various structural reviews and an increasing number of residential care clients now receiving full continuing health care funding.

Underlying budget pressures included forecast overspends within home care, in-house residential care and direct payments. These were offset by underspends within independent residential care across all client groups and slippage on vacant posts within Assessment and Care Management. These were set out in detail in the report submitted.

Also reported, for the period April to January, 2011, was the total expenditure on Agency staff for Adult Services compared with an actual cost for the same period last year. Non-contractual overtime for Adult Services was also detailed.

The report set out the current position for the Department with a summary of the overall financial projection for each main service area/client group both against original approved budget and the revised budget approved by the Cabinet.

It was reported that to mitigate any further financial pressures within the service budget meetings with Service Directors and Managers were continuing to be held on a monthly basis to monitor financial performance against the revised approved budget and ensure expenditure was within this revised budget.

Reference was made to additional income from NHS Rotherham in respect of

additional funding announced by the Government for the support of social care both in 2010/11 and 2011/12.

Members raised a number of questions and discussion ensued on the following:-

- How much of the Home Care Service was being provided in-house or was this part of the Care Enablers Service.
- Merger of the Wardens and Care Enablers Service and the response to voluntary severance.
- Forecasted additional income within Rothercare Direct through the purchase of alarms.
- Projected underspends on Mental Health residential care and the supportive performance assistance to RDASH.
- Forecasted underspend on transport as a result of additional income and savings on leasing costs.
- Protocols for transportation and manoeuvres.
- Improved staffing provisions at Oaks Day Centre as a result of filling vacancies.
- Increased levels in continuing health care funding and the improvements being observed.
- Funding negotiations nearing resolution with the Primary Care Trust.
- Addressing the overspends in direct payments.
- Monitoring of financial performance against the revised approved budget.

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of January, 2011 for Adult Services be noted.

(2) That staff be thanked for their hard work in ensuring expenditure was kept within the revised budget.



NHS

Rotherham



NHS Health Check

Helping you prevent heart disease, stroke
diabetes and kidney disease.



Jo Abbott
Consultant in Public Health
Sally Jenks
Public Health Specialist
April 2011

Better Health,
Better Lives

What is the NHS Health Check?

‘The purpose of the NHS Health Check is to identify an individual’s risk of cardiovascular disease, for this risk to be communicated in a way that the individual understands, and for that risk to be managed by appropriate lifestyle advice, referral and clinical follow-up.’

Service Specification for NHS Health Check CVD Risk assessment

What the NHS Health check includes

Lifestyle Assessment includes:

- Diet
- Exercise
- Smoking
- Alcohol

Core Clinical Assessment includes:

- Age
- Gender
- Ethnicity
- Family History (CVD in first degree relative < 60 years)

Extended Clinical Assessment includes:

- Waist circumference
- Blood Sugar
- Serum creatinine

What the NHS Health check includes (continued)

Risk calculation:

- From the clinical and lifestyle assessment calculate the person's ten year risk of developing CVD by using the Framingham risk score or QRISK methods.

Recording of clinical information & patient explanation:

- Results of the individual components of the lifestyle and clinical assessment will be recorded onto the patient's electronic record.
- The patients overall risk status and explanation will be coded using specific read code (CVD risk less than 20%, CVD risk more than 20%)

National Policy

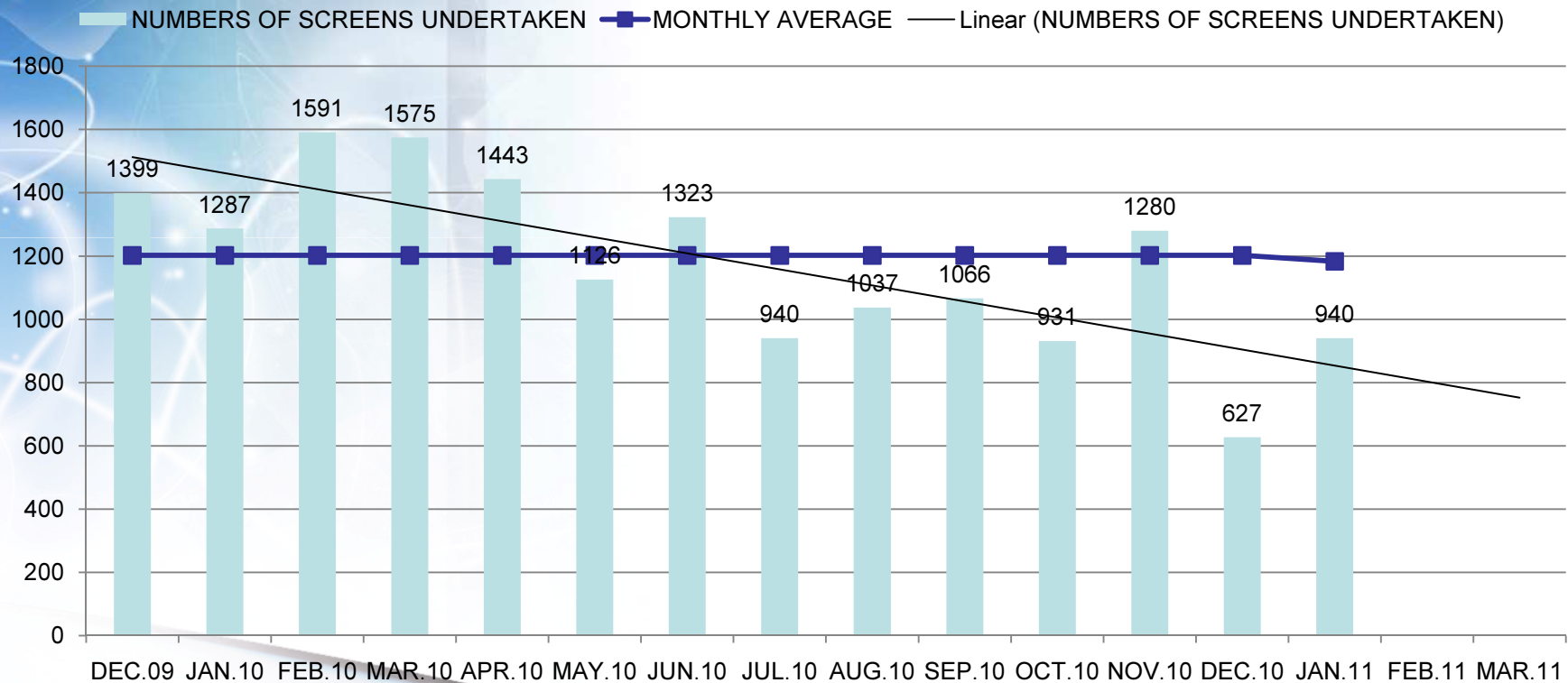
- NHS Health Check appears in the Public Health white paper '*Healthy Lives, Healthy People*' (November 2011) and the NHS Operating Framework.
- PCTs are expected to carry out NHS Health Checks on 18% of their eligible population each year.
- Uptake of NHS Health Check is a KPI (Key Performance Indicator) that PCTs are being measured on.

In Rotherham:

- The eligible population aged 40 -74 **not** already on a CVD disease register - **78,051**
- **23,636** screens plus an explanation of risk recorded have been carried out (27.72% of the eligible population)
- Practices receive a payment of £10 for every patient with a risk score and explanation of risk recorded, rising to £24.20 for every patient above 45% of the eligible practice population:
- 9 Rotherham practices have exceeded the 45% threshold for NHS Health Check

Monthly progress of NHS Health Check from all Rotherham practices

NHS ROTHERHAM CVD SCREENS



High performing practices

- Thrybergh
- York Road
- Morthen Road
- Clifton
- Chantry Bridge
- Wickersley
- Dalton
- Blyth Road
- Broom Valley Road

Regional comparison

- **Rotherham** and Barnsley have provided a high number of Health Checks compared to most other districts in Yorkshire and the Humber.
- Some districts have identified a small eligible population for the Checks (eg Leeds, Wakefield)
- Some districts have only funded NHS Health Checks through outreach or targeted services.(North Lincolnshire, Bradford)
- Some districts have chosen not to offer NHS Health Checks at all (eg Sheffield)

What the NHS Health Check is telling us

- Based on a Rotherham wide rate of 27.7% of eligible patients with risk score and explanation carried out **(23,636 people)** **16%** of screened patients have a CVD risk of >20%.
- QUEST data reveals that of the patients with a >20% risk
 - 71%** are overweight or obese
 - 31%** are current smokers
- **47%** of patients with a >20% risk of CVD have been prescribed statins.

Risk management through lifestyle change

- Referral to all specialist lifestyle services following NHS Health Check has been low.
- **97%** of >20% risk smokers are given advice to stop smoking but only **17%** are referred to a smoking cessation advisor (source: QUEST).
- Rate of referral to exercise has been low, (200+ passes issued to date) **BUT** success rates for those patients referred has been high.

What the Patients say.....

“I completed the Kinetica journey and enjoyed it so much I joined the gym and am still going approx 3 times a week. I think it is very good value as it includes so much. I found the pass very useful and it has had a positive effect on my weight and well-being. I have now lost a stone and a half in total. The only downside is that I’ve dropped a dress size and have had to buy lots of lovely new clothes!”

*Mrs Irene Pepper
Health Trainer Service client*

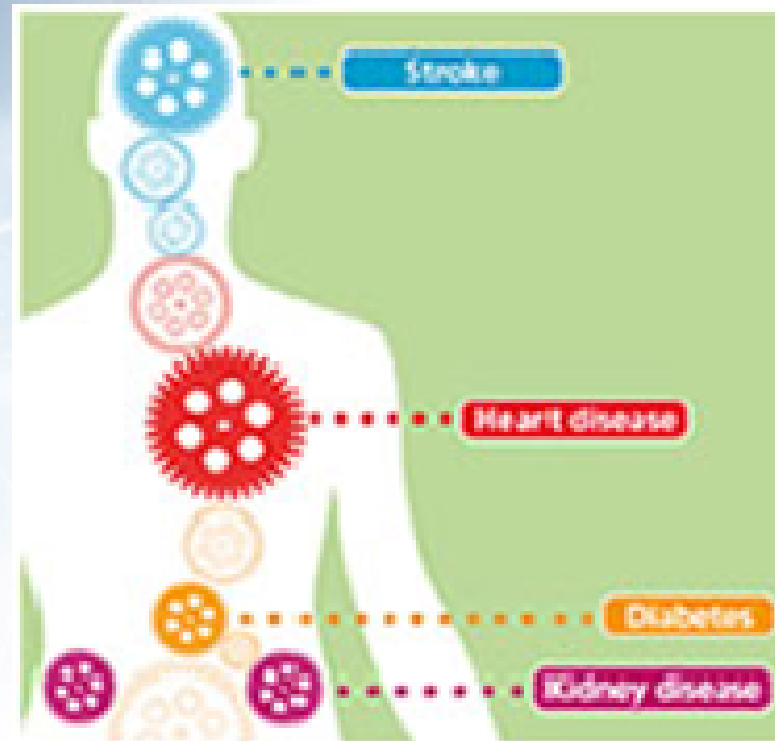
“My partner and I decided to go together. We use the gym at least once a week and I enjoy the Aquafit classes. I feel much fitter and have lost 10cm and my doctor has told me my blood pressure has come down. We have since both joined the Rotherham Leisure Complex.”

Kinetica journey client

Issues for the future

- Quality Assurance
- NHS Health Check organised as a screening programme
- 5 year call and recall
- Commissioning
 - Local Authorities?
 - NHS Commissioning Board?
 - Public Health England?
- Making Every Contact Count – staff competence
- Any qualified provider

Any Questions?



Better Health,
Better Lives

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
--

1	Meeting:	Cabinet Member for Adult Independence Health and Wellbeing
2	Date:	11th April, 2011
3	Title:	Rotherham's Integrated Local Area Workforce Strategy (InLAWS) 2011-2014
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

This report sets out a proposal for the implementation of Rotherham's Integrated Local Area Workforce Strategy (InLAWS) 2011-2014. This strategy will deliver the requirement to meet the statutory responsibility of the Director of Adult Social Services (DASS) for the professional leadership of the workforce.

The development and implementation of the InLAWS strategy demonstrates significant progress for Rotherham ahead of other authorities who are yet to fully deliver a comprehensive Workforce approach.

6 Recommendations

That Cabinet Member:

- **Agrees the strategic approach for Rotherham's Integrated Local Area Workforce Strategy (InLAWS) to meet the statutory workforce responsibility of the DASS.**
- **Notes the progress made to achieve InLAWS in Rotherham.**

7 Background

- 7.1 InLAWS is a methodology and includes practical tools designed to commission a skilled and competent workforce that is capable of providing services to vulnerable people. The outcome of InLAWS is that the requirement for the DASS to have a workforce that is appropriately trained is met.
- 7.2 Training will be commissioned to ensure that the entire social care workforce, both local authority and independent sector meet the required competencies to deliver services to both national and local standards. This approach is fully endorsed by the Association of Directors of Adult Social Services (ADASS) and Skills for Care (SfC).
- 7.3 The workforce scope of the Strategy covers all those providing services to vulnerable people in Rotherham. This includes NAS workforce, Rotherham's private, independent and voluntary sector social care workforce; Carers; Service User employers, and all those involved in universal services.
- 7.4 Every local authority is working towards the implementation of an InLAWS and Rotherham has made very substantial progress when benchmarked against other authorities.
- 7.5 The Strategy has six strategic workforce intentions: leadership, management and commissioning skills; recruitment and retention; workforce remodelling and commissioning; workforce development; joint and integrated working between social and health care; and regulation. InLAWS responds to these with a framework for leadership skills, identifying and planning for current and future skills needs and occupational gaps, establishing effective workforce planning, and identifying and planning for the workforce development needs of the whole social care workforce
- 7.6 The Strategy has been informed by Rotherham's Joint Strategic Needs Assessment (JSNA) and the National Minimum Data Set for Social Care (NMDS-SC) which provides social care workforce intelligence. InLAWS asserts that when you commission a service, you commission a workforce. The combination of the data from the JSNA and NMDS-SC therefore enables service commissioning, workforce commissioning and financial strategy to be integrated.
- 7.7 By analysing the JSNA and NMDS-SC data, and using the InLAWS toolkit, it has been possible to gather together the workforce current 'state of play' and identify key actions to take forward to ensure we meet the workforce vision for the social care workforce in Rotherham, that is, *we have the right workforce doing the right things at the right cost.*
- 7.8 To develop the right workforce an action plan, with clear responsibilities and timescales, has been developed with six strategic objectives for

workforce commissioning. These objectives have been adopted from *Working to Put People First: the Strategy for the Adult Social Care Workforce in England* and are:

- leadership and management,
- recruitment and retention,
- workforce remodelling and commissioning,
- workforce development,
- joint and integrated working, and
- regulation.

7.9 The successful implementation of the Strategy is dependent on effective *workforce commissioning* – the process of ensuring that service providing employers have access to competent workers with which to meet local priorities. It is also dependent on employers and providers carrying out effective *workforce planning* – the process to ensure they have the workforce capacity and capability to meet business goals. The action plan therefore details actions for commissioners, employers and providers.

7.10 Subject to the approval of the Strategy by Cabinet Member, the next steps to take forward its implementation using a project managed approach are detailed in the Strategy Implementation Plan below:

<u>Task</u>	<u>Timescale</u>	<u>Responsibility</u>
Set up an InLAWS Workforce Strategy Board (WSB) to deliver InLAWS and make workforce commissioning decisions	By April 2011	DASS
Assign a project manager to deliver the strategy, who will utilise a project management approach including risk management and key deliverables and mainstreaming of strategy	By May 2011	InLAWS lead officer
Produce evaluation reports as required to be included in the Neighbourhoods and Adult Services performance report	As required	InLAWS lead officer
Review and refresh the Strategy annually	Annually	InLAWS lead officer

8 Finance

8.1 Financial resources, internal to the Council, to drive forward workforce commissioning are a combination of the Neighbourhoods training budget and Adults Social Care Workforce Grant that is now ‘rolled into’ the formula grant.

8.2 Financial resources, external to the Council, are mainly the Training Strategy Implementation Fund and the Skills Enhancement Fund. SfC guide employers on accessing funding for workforce planning and workforce

development as it comes with strict funding limits, conditional access criteria, and is often for a fixed time period.

8.3 There is no further financial impact arising from this paper.

9. Risks and Uncertainties

9.1 The non adoption of the InLAWS approach could result in a lower quality workforce across Rotherham as there will have not been sufficient focus on ensuring that services prioritise the NMDS–SC.

9.2 That the statutory requirements of the DASS will not be delivered if the InLAWS approach is not supported.

10. Policy and Performance Agenda Implications

10.1 The policy and performance agenda for workforce is significant and clear responsibilities are held by the DASS, as detailed in the *Best Practice Guidance on the Role of the Director of Adult Social Services*. The agenda is also subject to change and new requirements, for example, the current implementation by the Social Work Reform Board in respect of the Social Work Task Force recommendations to improve social work practice and the profession.

10.2 Locally, the implementation of this Strategy should be consistent with the Corporate Plan and Neighbourhoods and Adult Services' Service Plan. Key areas include that vulnerable people are protected from abuse; carers get the help and support they need; more people have formal qualifications and skills; and the right people, with the right skills in the right place at the right time.

10.3 Nationally, the implementation should be consistent with national social care policy: *Our Health, Our Care, Our Say; Putting People First Concordat, Working to Put People First: the Strategy for the Adult Social Care Workforce in England; A vision for Adult Social Care: Capable communities and active Citizens*. Further, it should be consistent with workforce policy required by the Care Quality Commission in their *Essential Standards for Quality and Safety*, in particular outcomes 12, 13, 14 and 25 that concern staffing and training.

11. Background Papers and Consultation

11.1 This Strategy has been informed by the SfC's supporting publication *Step by Step workforce commissioning in adult social care – a detailed guide for local authorities and their partners*.

Contact Name: Chrissy Wright, Strategic Commissioning Manager
E-mail: Chrissy.wright@rotherham.gov.uk
Telephone: 01709 822308

Rotherham's Integrated Local Area Workforce Strategy

2011-2014

CONTENTS

Foreword	1
Executive summary	2
1 Introduction	4
2 Scope	6
3 Rotherham demographics	7
4 Rotherham's NMDS-SC Social Care Workforce Profile and Issues	8
5 National policy impacting on workforce	10
6 Local policy and plans impacting on workforce	12
7 Where we are now: the InLAWS Position Statement	13
8 Where do we want to be: developing the future social care workforce	18
9 Resources	23
10 Monitoring, reviewing and evaluation	24
11 How we will get there: action plan to deliver the future social care workforce	25

FOREWORD

The vision for the Social Care Workforce in Rotherham is that we have the right workforce doing the right things at the right cost.

I am delighted to introduce Rotherham's Integrated Local Area Workforce Strategy. The Strategy sets out the key areas of workforce priority and action that I wish to take forward, over the next three years, with statutory partners, social care employers and providers, and carers.

The Strategy has been produced at a time of significant policy change and during a financially challenging time for the local authority. The Strategy should be viewed as a work in progress being refreshed and evolving to align with the changing landscape of social care.

I am confident that the implementation of this strategy will support our workforce to continue to provide high quality services and continue to achieve better outcomes for all our adult social care service users and carers in Rotherham.

Tom Cray
Strategic Director of Neighbourhoods and Adult Services

EXECUTIVE SUMMARY

This Integrated Local Area Workforce Strategy (InLAWS) delivers the statutory requirement of the Director of Adult Social Services (DASS) to ensure that the workforce is appropriately trained to provide services to vulnerable people in Rotherham.

The Strategy has six strategic workforce intentions:

- Leadership, management and commissioning skills;
- Recruitment and retention;
- Workforce remodelling and commissioning;
- Workforce development;
- Joint and integrated working between social and health care;
- Regulation.

InLAWS responds to these with a framework for leadership skills, identifying and planning for current and future skills needs and occupational gaps, establishing effective workforce planning, and identifying and planning for the workforce development needs of the whole social care workforce.

The scope of the Strategy covers the entire Neighbourhoods and Adults Services (NAS) workforce; Rotherham's private, independent and voluntary sector social care workforce; Carers; Service User employers, and all those involved in universal services that provide important resources to assist customers to achieve their social care outcomes to improve their health and well being outcomes. The scope also includes networks of care such as community groups.

The Strategy is informed by Rotherham's Joint Strategic Needs Assessment (JSNA) which provides important demographic information to inform workforce commissioning. There are substantial increases in the population of people particularly those over the age of 65. There are high numbers of people in Rotherham who are carers providing unpaid informal care.

The Strategy is also informed by workforce data and workforce intelligence. One hundred and thirteen care providing organisations have completed the National Minimum Data Set for Social Care. This provides valuable information about the demographics of the workforce.

At a national level, the Strategy has been produced at a time of significant change in health and social care policy and workforce regulation - *A vision for Adult Social Care: Capable communities and active citizens* being the significant driver for workforce transformation, regulated by the Care Quality Commission's *Essential Standards of Quality and Safety*.

At a local level, the Council's Corporate Plan and NAS's Service Plan impact on the workforce strategy. Key areas are:

- Vulnerable people are protected from abuse;

- People in need of support and care have more choice and control to help them live at home;
- People in need get help earlier, before reaching crisis;
- Carers get the help and support they need;
- More people have formal qualifications and skills;
- Having the right people, with the right skills in the right place at the right time.

The InLAWS methodology provides an additional local context about leadership, balancing service commissioning with workforce and financial strategy, use of the National Minimum Data Set for Social Care, partnership working with providers, joint and integrated working, the direction of travel with information and advice services, workforce regulation, and safeguarding. By analysing these areas it has been possible to gather together the current 'state of play' and identify key actions to take forward to ensure the workforce vision for the Social Care Workforce in Rotherham, that is, *we have the right workforce doing the right things at the right cost* is met.

To develop the right social care workforce an action plan has been produced aligned against six strategic objectives for workforce commissioning. These are leadership and management, recruitment and retention, workforce remodelling and commissioning, workforce development, joint and integrated working, and regulation.

The successful implementation of the Strategy is reliant on effective workforce commissioning – the process of assessing the demand for the workforce related to service commissioning and financial strategy, and workforce planning by employers and providers – the process to ensure they have the workforce capacity and capability to meet business goals. Successful implementation is also reliant on resources. Organisational resources include Skills for Care, Social Care Institute for Excellence, Trade Unions, the General Social Care Council, and the NAS Learning and Development Team. The main financial resource is the Adult Social Care Workforce Grant.

This Strategy will be monitored, reviewed and evaluated by the InLAWS Workforce Strategy Board to ensure the best outcomes from the investment in the workforce. Fundamentally this strategy will make a significant contribution to improving the outcomes for customers and their carers through improving the quality of the workforce.

1.0 INTRODUCTION

- 1.1 The Integrated Local Area Workforce Strategy (InLAWS) aims to develop effective ways to support Directors of Adult Social Services (DASS) and their teams with their workforce commissioning role across the local area. It provides a common methodology and practical tools designed to develop a skilled, capable and competent workforce to meet the challenges as set out in *Putting People First* and *A Vision for Adult Social Care: Capable Communities and Active Citizens*. The purpose of InLAWS is to achieve a step-change in the commissioning and planning process by including the whole sector. This will increase ownership of the Joint Strategic Needs Assessment (JSNA) and provide the impetus and the means to modify, adapt, and develop people and services to achieve the outcomes identified in the JSNA.
- 1.2 Workforce commissioning describes systems and processes that ensure that partner service providing employers have access to an adequate supply of competent workers which can meet local priorities. InLAWS provides a systematic way – *analyse, plan, do, review* - of linking service commissioning with workforce strategy and financial strategy backed up with the National Minimum Data Set for Social Care (NMDS-SC).
- 1.3 Skills for Care say the benefits of InLAWS are that it:
- Enables user choice and control and contributes to the safety of services;
 - Engages and supports family and other carers;
 - Builds the social care market in the local community;
 - Integrates the social care workforce across the sectors - public, private, voluntary;
 - Improves partnerships with health, housing, leisure, sports and employment;
 - Ensures efficient and cost effective use of resources;
 - Raises workforce professionalism, capacity, productivity, competence and standards.
- 1.4 The Strategy's workforce intentions and how the InLAWS methodology will respond to these are summarised in the table below:

<u>Workforce intention</u>	<u>InLAWS response</u>
Leadership, management and commissioning skills to transform services	<p>Clear leadership is in place for social care workforce commissioning</p> <p>Leadership skills development is supported to deliver the vision for Adult Social Care</p> <p>Professionals meet registration and re-registration requirements</p>

	<p>A partnership is in place with universities to support social work education and continuing professional development</p>
<p>Recruitment and retention of quality staff drawn from a wide base of cultures, skills and attributes within local communities</p>	<p>Commissioned workforce development programmes and support meets identified current and future skill and/or occupational gaps</p> <p>Career pathways, placements, and volunteering opportunities in adult social care are in place</p> <p>Quality workforce data from the NMDS-SC supports workforce commissioning intelligence</p>
<p>Workforce remodelling and commissioning in new ways to re-shape the workforce so it has the right people with the right skills undertaking the roles and tasks which people using services want</p>	<p>Employers undertake structured workforce planning activity to improve services</p> <p>Employers use new ways of working to deliver improved services</p> <p>Assessed and Supported Year in Employment arrangements for Social Workers are in place</p>
<p>Workforce development to create a more confident, empowered and diverse workforce that is appropriately qualified and skilled</p>	<p>Workforce development and continuing professional development opportunities are in place for the whole social care workforce</p> <p>Workforce development provision is prioritised to meet demographic changes, legislation and guidance</p> <p>Workforce has access to e-learning modules</p>
<p>Joint and integrated working between social and health care and other services so that people who use services can be reassured that the workforce will work across organisational boundaries to meet their needs</p>	<p>InLAWS Workforce Strategy Board in place with a membership capable of making integrated working workforce commissioning decisions</p> <p>Joint training takes place between health and social care</p>

Regulation for quality in services as well as public assurance	Professionals meet registration and re-registration requirements Workforce regulation requirements are met Social Work reforms are implemented
--	--

- 1.5 The Strategy was initially developed from Rotherham's Integrated Local Area Workforce Strategy (InLAWS) conference held on 26th March 2010. This conference was attended by 96 delegates from Rotherham MBC, NHS Rotherham, Voluntary Agencies, Neighbouring Local Authorities, Providers and Partners. It included presentations and workshops about Rotherham's approach to InLAWS, InLAWS national and regional picture, the current social care workforce profile across Rotherham for both the Council and independent sector, and a population centric workforce planning framework. The Strategy was then further developed from the learning from the SfC Yorkshire and Humber region InLAWS progression days held between September 2010 and February 2011 and the supporting publication *Step by Step workforce commissioning in adult social care – a detailed guide for local authorities and their partners*.

2.0 SCOPE

- 2.1 This Strategy covers the entire Neighbourhoods and Adults Services workforce and Rotherham's private, independent and voluntary sector workforces involved in the delivery of social care services. Elements of the Strategy also cover our partner statutory agencies, Carers, Service User employers, and those involved in universal services that provide important resources to assist customers to achieve their social care outcomes.
- 2.2 The scope is also informed by the need to build social capital by developing relationships and networks of care and support between individuals, their carers and the local community including friends, family, neighbours or community groups. Elements of this strategy also cover people in these relationships.
- 2.3 The workforce scope of the Strategy is therefore far reaching and difficult to define, in that it covers all those working with and in contact with vulnerable adults. For the purpose of this Strategy the workforce scope should be defined as people in Rotherham working with disadvantaged and dependent adults that are vulnerable in their own homes, care homes, day care, or in the wider neighbourhoods or community.

3.0 ROTHERHAM DEMOGRAPHICS

- 3.1 Rotherham produced its first Joint Strategic Needs Assessment (JSNA) in 2008. This is currently being refreshed.

An ageing population and increasing BME population

- 3.2 The ageing population in Rotherham will have a significant impact on the costs of adult social care. The population of Rotherham is predicted to increase by 6% to 271,100 by 2018. The number of people over 65 is predicted to increase by over 33% from 42,200 to 56,365 by 2025. The increase in the number of people over 85 will be greater at 80% from 5,200 to 9,360 by 2025.
- 3.3 Rotherham's BME population is relatively small but growing and becoming increasingly diverse. It is estimated that there are 15,200 (6.2%) people from BME communities living in Rotherham. Population projections predict a 61% increase in the non-white population by 2030. The age profile of the current BME population is younger than the general population with a high concentration of people in their middle years.

Employment

- 3.4 71.8% of the working-age population is in employment, slightly below the regional average (73.3%) and national average (74.5%). Rotherham's average unemployment rate during 2007 was 5.1%, below the national (5.4%) and regional rates (5.6%). There were 3,870 people claiming Job Seekers Allowance or Pension Credit in 2008. 76.6% were males and 23.4% females.

Healthy life expectancy

- 3.5 The Rotherham population has been living longer over the last 20 years, but the additional years have not necessarily been in good health or free from disability or limiting illness. It is estimated that in 2008 there were 24,270 people over 65 in Rotherham with a limiting long-term condition, 10% of the population. By 2025, it is estimated that this will rise to 34,305, 13% of the population. It is estimated that 16,267 people in Rotherham aged 18-64 had a moderate or serious physical disability in 2008, 6.4% of the population. This is very close to the national average of 6.2%.

Mental Health

- 3.6 The most significant challenge to mental health services is the rise in the number of people with dementia. It is estimated that by 2025 the number of people with dementia will have risen to 4,397, an increase of 54% from 2008. Depression is also a challenge, as it is estimated that 35% of people with depression are not in contact with services.

Changing profile of Learning Disability population

- 3.7 There are approximately 2,000 people aged over 50 years in Rotherham who have a mild, moderate or profound learning disability. This is set to increase to 2,226 by 2015 (14%) and to 2,513 (27%) by 2025. The number of people over 80 years with a learning disability is predicted to increase by 69% in the next 13 years.

Carers

- 3.8 Around 30,000 people identify themselves as carers in Rotherham; this represents one in every eight adults. Of these, over 15,000 people juggle care with work and over 7,000 provide more than 50 hours of care per week. 67% of carers are women and 33% are men. There are 154 carers over 85; this is projected to rise to 262 carers by 2025. It is estimated that every year in Rotherham another 8,000 people become carers and this number is likely to rise over the next 10-15 years. By 2037 the number of carers could increase to more than 40,000.

Key issues

- 3.9 This demographic data informs workforce commissioning. It is clear that pressures will be faced by social care to meet the needs of the ageing population with an increase in those expected to need dementia and depression support. Workforce development provision will need to ensure adequate knowledge and skills development support in relation to end of life care, depression, equalities and diversity, and dementia. Recruitment and retention will need to attract the unemployed or those in other employment into social care, as although early intervention, prevention, and assistive technology will be used more and more the need for people to deliver personalised care will remain and grow. Increased support for Carers will be needed.

4.0 ROTHERHAM'S NMDS-SC SOCIAL CARE WORKFORCE PROFILE AND ISSUES

- 4.1 The National Minimum Data Set-Social Care (NMDS-SC) provides a profile of the social care infrastructure in Rotherham and acts as the primary data source on workforce issues. The base information for Rotherham at September 2010 shows that 113 care providing locations are registered in Rotherham on the NMDS-SC database. This compares with 1,853 in the Yorkshire and The Humber region and 24,708 nationally. There are 58 Care Quality Commission registered care providing locations that have not engaged with the NMDS-SC.
- 4.2 The 113 care providing locations is comprised of 22 care homes with nursing, 34 care homes without nursing, 10 other adult residential, 10 day care, 8 domiciliary care, 2 other adult domiciliary, 23 adult community care, and 4 other service type. The locations have 5,256 workers recorded with

3,526 worker records completed. This compares regionally with 60,122 recorded workers and 52,977 completed worker records, and nationally with 703,671 workers recorded with 543,367 completed worker records.

Vacancy rates

- 4.3 The vacancy rates for these care providing locations are lower than those organisations in the region and lower than those nationally. When looking at all jobs, Rotherham has 1.3% vacancies compared to 2.3% regionally and 3.3% nationally.

Turnover rates

- 4.4 The turnover rates for the locations are also lower than those organisations regionally and nationally, with the exception of registered managers regionally. For all job roles, Rotherham has a turnover rate of 10.76% compared regionally at 19.2% and 17.3% nationally. Registered managers' turnover in Rotherham is at 10.7% compared regionally at 12.00% and nationally at 10.4%. Senior care worker turnover in Rotherham is at 6.3% compared regionally at 12.9% and nationally at 10.4%. Care worker turnover is noticeably lower in Rotherham at 10.6% when compared regionally at 23.5% and nationally at 21.9%. Community support/outreach turnover at 10.9% is similar to national turnover levels at 11.8%, but noticeably lower than regional turnover at 18.5%. 4% of the Rotherham workforce moved to work in private or voluntary adult social care settings, 4% went to health and 2% to retail. 59% of the destinations were not known compared to a regional average of 18%.

Workforce demographics

- 4.5 Worker demographics show that the female workforce profiles similarly at 71% in Rotherham, with regional at 76% and national at 74%. The male profile is lower at 9% when compared regionally and nationally with both profiling at 15%. This might be indicative that in Rotherham 19% of gender is not recorded compared regionally at 10% and nationally at 11%. The age profile of the 3,526 Rotherham worker records show that the majority of workers, 1029, are between 40-49, 841 are between 50-59, 634 are between 30-39, 582 are between 20-29, 284 are over 60, 96 are unrecorded, and 60 are under 20 years of age.
- 4.6 The ethnicity shows that the majority of the workforce, 65%, are white, 20% were unrecorded, and 13% were not known, with only 1% black/black British and 1% mixed.

Key issue

- 4.7 It is clear that action is needed to increase the number of organisations and individual worker records held on the NMDS-SC to improve workforce intelligence.

5.0 NATIONAL POLICY IMPACTING ON WORKFORCE

5.1 The social care workforce will need to follow the priorities set out in national health and social care policy.

Health and social care policy

5.2 The main policy documents are:

- *Our Health, Our Care, Our Say* – The White Paper changed the way services are provided, placed greater choice and control in the hands of the people who use them.
- *Putting People First* – This ministerial agreement set up by the Labour government in 2007 established the collaboration between central and local government, the sector's professional leadership, providers and the regulators. It set out the shared aims and values to guide the transformation of adult social care recognising that the sector needed to work across agendas with people who use services, and with carers, to transform people's experience of local support and services.
- *Working to Put People First: the Strategy for the Adult Social Care Workforce in England* – This is the Department of Health's Adult Social Care Workforce Strategy. It outlined the workforce implications of *Putting People First* and provided a high level framework to support the transformation of adult social care through a programme of action to recruit, retain, manage and lead the workforce needed in the future.
- *Equity and Excellence: Liberating the NHS* – This is the White Paper devolving power from Whitehall to patients and professionals. Patients will get more choice and control with services being more responsive to patients and designed around them, rather than patients having to fit around services. Local authorities will be given statutory responsibility for bringing health and social care together. It is planned that primary care trusts and strategic health authorities will be abolished by 2013.
- *A vision for Adult Social Care: Capable communities and active citizens* – This is the Coalition Government's vision for adult social care that is built on seven principles of Prevention, Personalisation, Partnership, Plurality, Protection, Productivity, and People. The Coalition's 'big society' leading to service commissioning that empowers communities, redistributes power away from the state and fosters a culture of volunteerism.

Workforce guidance and standards

5.3 The workforce – paid or unpaid - will also need to follow workforce specific guidance and standards. These are:

- *The Common Core Principles to Support Self Care* – This sets out the underpinning value base for the health and social care workforces in practising self care and promoting people’s self-direction.
- *Care Quality Commission’s Essential Standards of Quality and Safety* - These highlight the importance and value of strong and comprehensive induction and ongoing learning and development.
- *Qualifications and Credit Framework (QCF)* – This replaced the National Qualifications Framework. The QCF provides a new way of recognising skills and qualifications, by awarding credit for qualifications and units (small steps of learning). It enables people to gain qualifications at their own pace along flexible routes throughout their career.
- *The Refreshed Common Induction Standards* – These reflect current policy and practice across the adult social care sector, with eight new standards mapped to the mandatory units of the new Health and Social Care Diploma.
- *Social Work Task Force* – This made fifteen recommendations for the comprehensive reform of the social work profession. In the past year the Social Work Reform Board has brought together key partners from across the sector to develop the taskforce’s recommendations for implementation, monitor and report on progress, and to advise and influence the sector and Government. The Reform Board has now published *Building a safe and confident future: One year on – progress report* giving an overview of Social Work Reform Board activity over the past year. The five areas of reform are overarching professional standards, standards for employers and a supervision framework, principles that should underpin a continuing professional development framework, proposed requirements for social work education, and proposals for effective partnership working.
- *National Minimum Data Set for Social Care (NMDS-SC)* – This gathers information about the social care sector. It has been designed to gather information about services and information about the social care workforce. The NMDS-SC provides a single source of basic information about services and workers that will enable employers to plan their business activity and determine the skills base needed by the workforce now and into the future. The NMDS-SC will provide reports to employers that will enable informed business decisions and enable employers to access different staff

development or business development funding. The NMDS-SC enables planning at a strategic level and guides workforce commissioning. For Commissioners, the NMDS-SC provides information about services, capacity and workforce skills. For contracting officers it provides up to date workforce information to support contracting and reviewing processes linked to the Care Quality Commission's (CQC) guidance document, *Essential Standards of Quality and Safety*.

- *National Competence Framework for Safeguarding Adults* – This provides details of the skills, knowledge and experience required for an individual's role and responsibility. The framework is endorsed by Skills for Care and Learn to Care.

6.0 LOCAL POLICY AND PLANS IMPACTING ON WORKFORCE

6.1 Rotherham Council has a Corporate Plan. The plan provides a clear statement of what the Council aims to achieve and reflects changes in policy direction and cuts in public sector spending. The plan comprises a 'Plan on a Page' and a more detailed plan. A single page summary details the five new high level priorities along with the principles by which business will be carried out. The more detailed plan identifies the key actions that will be taken to ensure that the priorities are delivered effectively. The priorities are:

- Making sure no community is left behind;
- Providing quality education;
- Ensuring people have opportunities to improve skills, learn and get a job;
- Ensuring care and protection are available for those people who need it most;
- Helping to create safe and healthy communities, and improving the environment.

6.2 The whole social care workforce clearly supports the care and protection for vulnerable people priority and the creating safe and healthy communities' priority. Further, by accessing workforce development activities the workforce contributes to the priority that people have opportunities to improve skills, learn and get a job. Key areas for this workforce strategy falling out of the Corporate Plan are that:

- Vulnerable people are protected from abuse;
- People in need of support and care have more choice and control to help them live at home;
- People in need get help earlier, before reaching crisis;
- Carers get the help and support they need;
- More people have formal qualifications and skills;
- Having the right people, with the right skills in the right place at the right time.

6.3 The six Strategic Objectives and Priority Actions 2019-2013 of Neighbourhoods and Adult Services have been informed by regional and national priorities and shaped by customers. Workforce development plans support the delivery and achievement of all of these six objectives but require targeted workforce development interventions in respect of:

- Objective 1, 'we will prevent and protect vulnerable citizens from abuse'
- Objective 4, 'we will extend greater roll-out of personal budgets to give people and their carers more control...'

6.4 Prevention and protection of vulnerable citizens from abuse requires that we offer 'Bronze to Platinum' levels of both safeguarding adults and Mental Capacity Act training to key staff from across the Council, partners and independent sector workforces. Extending the roll-out of personal budgets to give people and their carers more control and choice requires that we offer a range of 'personalisation' training programmes to key staff from across the Council, partners and independent sector workforces. The further roll-out of our social care e-learning catalogue will continue to help raise awareness and develop skills across the whole social care workforce at cost-effective prices.

7.0 WHERE WE ARE NOW: THE INLAWS POSITION STATEMENT

7.1 There are seven areas that make up the InLAWS position statement for workforce commissioning. By analysing these areas it has been possible to gather together the current 'state of play' in Rotherham and consider key actions to take forward to meet our workforce vision for Rotherham. The seven areas are:

- Leadership – This concerns a clear vision for adult social care, where the workforce is clear about their roles, knowledge and skills and that the workforce is being developed.
- Balancing service commissioning with workforce and financial strategy – This concerns commissioning capacity and commissioning capability.
- Use of the National Minimum Data Set for Social Care – The single source of basic information about services and workers.
- Partnership working with providers - This concerns the sharing of expectations in respect of personalisation, prevention and protection with service providers and their workforces.
- Joint and integrated working - This concerns the extent to which workforce strategy identifies how and what is required to more effectively progress the InLAWS approach through the JSNA.

- The direction of travel with information and advice services - This concerns plans to develop roles of social workers, brokerage and advocacy services, job redesign, and support for workforce development.
- Workforce regulation and safeguarding - This concerns assuring the public that standards in workforce are met and that processes and practices ensure effective assessment and management of risk.

The leadership role of the director of adult social services (DASS), commissioner and the rest of the team

- 7.2 Rotherham has a named InLAWS lead for service commissioning, for workforce commissioning and for financial strategy. These officers are in addition to the named leads already in place to support the delivery of the personalisation agenda and ensure that the vision and purpose of adult social care is clearly understood by the workforce, our customers, and the people of Rotherham.
- 7.3 The InLAWS Workforce Strategy Group was responsible for overseeing the production of this Strategy; its membership included representatives from the Council, Health agencies, and Independent Sector. From April 2011 the Group will be replaced by a newly formed Workforce Strategy Board. The Board will be representative of the whole workforce and partners and be capable of making social care workforce commissioning decisions across Rotherham. Rotherham's approach to service commissioning and its market position statement will inform the Board's future workforce commissioning decisions.

Balancing service commissioning with financial and workforce strategy

- 7.4 The Voluntary and Community Sector provider market is well engaged and well respected by political leaders, the Council and NHS Rotherham. Salaries are offered on a par with public sector and tend to be small or medium sized enterprises rather than associated with large national providers. Rotherham has 40 plus providers in supporting people programme; 30 plus adults social care providers; 30plus Children and Young People providers.
- 7.5 The independent market is more fluid. Rotherham has a mix of block and spot arrangements for home support services (8 providers currently), delivering over 9,000 hours per week to 1,000 people. This is more than double the size of the in-house service who deliver 4,000 hours per week to 400 people. The demand for service is rising but there is competition for commissioned services from self-funding customers and those using direct payments to buy their own support. Rotherham has over thirty independent residential/nursing care homes serving 700 people.

- 7.6 Rotherham in-house has two older people care homes providing 120 beds, one intermediate care unit providing 22 beds with an average stay of 4 to 6 weeks for each customer, two learning disability respite care units with 12 beds, and one residential learning disability home, with respite, with 17 beds. Rotherham spends over 55% of its Adult budget on residential care and there is a drive to reduce this to 40% and provide more services in the community.
- 7.7 Work has been undertaken to define where to commission new roles to manage and support personal budgets. For example, there has been work undertaken to develop the Personal Assistant role and to engage potential workers. There is a commissioned resource, A4e and Schools First, to work with customers and Personal Assistants to refine and understand their role and employment responsibilities.
- 7.8 Rotherham is looking now to invest to save in early intervention and prevention; for example, looking at new initiatives with the private sector such as Social Bonds to finance the initiatives front end and deliver profits at the end.
- 7.9 Rotherham works with providers to complete value for money workbooks for all their services and offer support to them to find efficiencies. Commissioners undertake Impact Assessments and make sure we do not disadvantage high value small providers disproportionately when going to tender using good procurement practice. We keep commissioned providers informed and offer proactive support on compliance issues through dedicated relationships with our contracts team. We work on transition planning with good providers who are likely to be casualties in the take up of Direct Payments, to allow them to change their service delivery and their staffing structures so that they can compete in the Direct Payments market.
- 7.10 Skills are required to develop a social care market with a choice of personal, preventative and safe services; as such the development of commissioners is a key part of this workforce strategy. A learning and development framework for Commissioners will be developed, built on the National Occupational Standards for Commissioners in Public Care, to ensure their skills and qualifications are continually improving.
- 7.11 Service quality is maintained by specifying CQC standards and using National Occupational Standards in contracts. Where any concerns may arise these are managed by commissioners via appropriate compliance procedures linked to a contracting concerns database that is accessible by the Council's intranet. This provider contracting concerns database is to be revised and improved to accommodate in-house and non-commissioned services and to identify workforce issues. Quality is also maintained by revised default protocols and the use of Service Improvement Plans.

Using the data and information from the National Minimum Data Set for Social Care

- 7.12 The Council's in-house 'front line' establishments have completed the NMDS-SC and update their information bi-annually. Plans are in place for other teams to commence completion in early 2011. Some private and voluntary sector establishments have also completed the NMDS-SC. Personal assistant data is a gap in the current intelligence. Further work is required to increase the levels of completion amongst the sector to get the full workforce commissioning intelligence value from the dataset.

Partnership with providers

- 7.13 Rotherham opened Carers Corner in May 2010. Support and guidance is provided from partners who offer money advice, welfare and benefits advice, legal support, employment opportunities, volunteer opportunities, access to partner agency services, and training opportunities.
- 7.14 Commissioners have already carried out significant work with providers and voluntary agencies around personalisation and transformation. In respect of personalisation, prevention and protection there are a number of providers and voluntary groups who are now delivering services differently such as Mind, Richmond Fellowship, Crossroads, Age UK, and SENSE.
- 7.15 Provider forum meetings are held regularly enabling joint discussion between commissioners and providers to discuss transformation progress. Providers attend their respective provider forums and then send delegates to the Contracting for Care Forum which is chaired by members of Adult Independence Health and Wellbeing Cabinet. Providers have scheduled meetings with the Chief Executive to discuss key issues. This is backed-up by and supported by a regular newsletter to keep all informed.
- 7.16 Commissioners have also produced in conjunction with providers a Provider Self-Assessment Toolkit to assist providers consider their business planning.
- 7.17 The Council facilitate 'Meet the Buyer Events' to interface with providers around commissioning and procurement plans and to offer support with accessing business support.
- 7.18 Workforce development resources are available to all providers and a member of the Learning and Development team attends provider forums. A standard agenda item for all future forum meetings will be InLAWS.

Joint and integrated working

- 7.19 Putting People First consortium alongside SCIE and Care Providers Alliance are working with service providers to help them adjust to the requirements of the transformation agenda and increase the overall number of providers in the market. Monitoring is done through the Putting

People First Commissioning action plan, which identifies the milestones for the Association of Directors of Adult Social Services (ADASS) Putting People First programme of transformation.

- 7.20 Rotherham recognises that there needs to be a dedicated approach across all sections of the JSNA to identify and prioritise workforce issues. This will be built into the review of JSNA next year. New commissioning plans should integrate workforce with operational delivery issues rather than giving lip-service to 'training' as plans may have done in the past.

Direction of travel with information, advocacy and advice services

- 7.21 An end to end review of Assessment and Care Management is taking place within the Council to determine and clarify the role for social work (intake, assessment, safeguarding, reviewing), support brokerage, advocacy, Assessment Direct signposting, and e-marketplace. There may be workforce implications that result from this review.
- 7.22 The Voluntary Community Sector provides a key role in filling any gaps left by traditional social work.

Safeguarding

- 7.23 Safeguarding remains the number one priority in Rotherham. Rotherham has built on the learning from the inspection of our safeguarding practice in 2009 and have embedded processes and procedures that support an aspiration to stamp out all forms of abuse. Our Safeguarding Adults Board is now making a clear and forward thinking contribution to the culture that is developing within Rotherham. We have delivered against all of the areas for development identified in the safeguarding adult's inspection in June 2009. Independent customer satisfaction surveys tell us that everyone who was supported through a safeguarding incident expressed confidence and satisfaction with the quality of the services they received. As a result of this 95% felt safe with our involvement and support.
- 7.24 Safeguarding processes have been reviewed and new processes agreed by all key stakeholders. An Easy Read Safeguarding Guide was produced as an outcome from the review. Rotherham Council and partners have held two Safeguarding campaign weeks to raise awareness of safeguarding with all citizens of Rotherham.
- 7.25 The Safeguarding Adults Board agreed a Learning and Development Policy in February 2009. This provides a structured 'Bronze to Platinum' training programme regarding the safeguarding of adults from basic awareness to complex skills. Bronze level is applicable to all; it is about induction and basis awareness and is available by e-learning. Silver level is for those that come into contact with vulnerable adults; it is more detailed awareness level and is a one-day taught programme. Gold level is for staff involved in safeguarding beyond initial reporting. Platinum level is for those staff in specialist safeguarding roles.

Workforce regulation

- 7.26 Provider contracts require workforce standards to be in place and Commissioners monitor and give support on that basis against the *Essential Standards of Quality and Safety*, in particular, outcomes 12, 13, 14 and 25 concerning staffing and training.
- 7.27 Newly qualified social workers are supported to complete the NQSW programme in partnership with the other three South Yorkshire local authorities. All Council Social Workers are entitled to claim reimbursement of their GSCC registration fees. Social workers have access to the Social Work Post Qualifying Awards Framework for consolidation, enabling others, safeguarding modules and full awards.
- 7.28 Workforce development resources and support are available to all registered managers. Commissioners run a learning and development funding application scheme to support training from induction to post qualification levels, in addition to open training programmes. Support includes assistance with workforce planning activities and workforce development planning.

8.0 WHERE DO WE WANT TO BE: DEVELOPING THE FUTURE SOCIAL CARE WORKFORCE

- 8.1 The vision for adult social care is such that the workforce of today will be different to that of the future. To deliver the future workforce requires this Strategy to have in place an action plan with clear objectives and deliverables that are owned by the InLAWS Workforce Strategy Board.
- 8.2 The Action Plan for the Strategy, Chapter 11, has been aligned against six strategic objectives for workforce commissioning. The objectives, their deliverables, and the rationale of what will be done to develop the future workforce are outlined below:

Leadership and management

- 8.3 Leadership is paramount to drive forward the continual transformation of social care and meet new policy developments. Effective leadership and management practices build enthusiasm for change, motivate the workforce, instil a culture of continuous improvement via learning from customers, and ensure a retained focus on the customer and their experience.
- 8.4 Employers and providers must recognise and value the contributions and achievements of the workforce, and the quality of their workforce by retaining or working towards recognised quality standards such as Investors in People or Customer Service Excellence award.

- 8.5 Continuing professional development opportunities, utilisation of evidence based practice through research, and effective supervision build the capacity of the workforce.
- 8.6 *We will develop leadership, management and commissioning skills to transform services by:***
- *Retaining the Investors in People and Customer Service Excellence Awards for the Council.*
 - *Recognising the contributions of individuals, groups or teams by routinely submitting nominations for Skills for Care Accolades and other national, regional or local workforce awards.*
 - *Commissioning the Social Care Information and Learning Services (SCILS) to provide access to research and training resources.*
 - *Commissioning leadership development activities to meet identified learning and development needs including Becoming a Better People Manager and the Post Qualification Awards Framework for Social Work.*
 - *The workforce receiving an annual performance and development review/appraisal with an agreed and reviewed continuing professional development plan.*

Recruitment and retention

- 8.7 Recruitment and retention of quality staff is vital to ensuring that there is an available workforce supply to deliver social care services, currently and in the future, and that this supply should be reflective of the diversity of the community.
- 8.8 Defining current and future skills is the starting point to effective recruitment, retention and career pathways. The full completion of the NMDS-SC is needed to help plan to meet future skills needs by providing intelligence on the existing workforce.
- 8.9 Attracting 'new' people into the social care workforce is paramount to build future capacity. Care Ambassador programmes enable workers to visit schools and promote carers in social care. Work placements enable students to experience social care work first-hand. Apprenticeships provide training and employment opportunities for both young people and those entering a second career. Trainee programmes enable those already in social care employment to acquire qualifications to fill identified skill gaps.
- 8.10 *We will develop recruitment and retention of quality staff drawn from a wide base of cultures, skills and attributes within local communities by:***
- *Commissioning a Care Ambassador programme to run across Rotherham.*
 - *Commissioning an affordable social care apprenticeship scheme to run across Rotherham.*

- *Commissioning an affordable work placement / volunteering programme to run across Rotherham.*
- *Contracting and monitoring with all social care providers to require the full completion and bi-annual update of the NMDS-SC.*
- *Working with Service User employers and encouraging the full completion and bi-annual update of Personal Assistant records on the NMDS-SC.*
- *Commissioning workforce development programmes and support to meet identified current and future skill and/or occupational gaps such as 'Grow Your Own' Social Worker training schemes.*

Workforce remodelling and commissioning

8.11 The need for remodelling and new ways of working will be informed by a number of drivers including:

- The economic climate;
- The changing demographic profile of Rotherham;
- The increased use of assistive technology;
- The recognised longer term budgetary advantages of early intervention and prevention;
- Occupational skills shortages;
- Prevention and early intervention;
- Recruitment and retention challenges;
- The greater involvement of service users and carers;
- Increasing independent sector provision;
- Contracting concerns;
- Commissioning arrangements within health and the Council.

8.12 Specifically for Social Workers, the future of social work will be informed by the work of the Social Work Reform Board. For care workers, care and support worker roles will continue to move to being provided by Personal Assistants employed by Service User employers in receipt of personal budgets/direct payments. The independent residential and domiciliary care markets will evolve also as a result.

8.13 Employers will need to actively engage in workforce planning and workforce development to ensure that they have the required workforce for today and the future. Skills for Care have produced *Taking Steps: a guide to workforce planning for providers of adult social care* to assist employers with their workforce planning. Similarly, commissioners have also produced their own Provider Self-Assessment Toolkit to be used in conjunction with CQC's *Essential Standards of Quality and Safety*.

8.14 *We will re-shape the workforce so it has the right people with the right skills undertaking the roles and tasks which people using services want by:*

- *Commissioning workforce planning practice and skills improvement workshops and support to embed the use of Taking Steps: a guide to workforce planning for providers of adult social care and the Council's Provider Self-Assessment Toolkit.*
- *Commissioning with education providers of social work and social care vocational and academic qualification programmes to meet identified current and future workforce commissioning needs.*

Workforce development

- 8.15 Workforce development provision will meet the requirements of the Skills for Care Workforce Development Strategy and cover the whole social care workforce. It will ensure the workforce has appropriate qualifications for the jobs and roles undertaken and that they are equipped with the necessary skills to be capable and competent when carrying out duties.
- 8.16 Workforce development provision will be blended in approach including access and support for:
- E-learning resources and materials, research and information;
 - Meeting the training and qualification requirements of *Essential Standards of Quality and Safety*;
 - Continuing professional development and meeting registration and re-registration requirements;
 - Functional skills with a special focus on computer skills to enable wider access to e-learning materials;
 - Meeting demographic changes such as end of life care;
 - Meeting service plan priorities such as Safeguarding Adults, Carers Support and Commissioning.
- 8.17 At times of financial constraint justifying investment in learning and development will come under close scrutiny. The justification for learning and development activities will clearly link to service commissioning, workforce planning, and improving performance and service quality. Maximising external funding for training will be a priority alongside sub-regional and pan-regional approaches to workforce development commissioning.
- 8.18 *We will develop workforce development to create a more confident, empowered and diverse workforce that is appropriately qualified and skilled by:***
- *Commissioning an affordable annual workforce development programme to meet identified learning needs of the whole social care workforce - at individual, occupational and organisation levels - to meet regulatory, statutory and best practice requirements.*
 - *Developing a progressive learning and development framework for commissioners to improve their skills and qualifications based on national occupational standards.*

- *Commissioning 'Bronze to Platinum' workforce development programmes to up skill the workforce to meet demographic pressures: End of life, Dementia, Equalities and diversity.*
- *Reviewing and refreshing the Bronze to Platinum Safeguarding Adults training programme.*
- *Commissioning an e-learning management system to support blended learning, training efficiencies, and make learning accessible.*
- *Working with Learn to Care to identify possible training efficiencies from sub-regional or pan-regional commissioning of learning and development.*
- *Commissioning a training and support programme for informal Carers.*

Joint and integrated working

8.19 Building joint workforce planning arrangements between the Council and health, aided by sharing of workforce intelligence, will become paramount to deliver the future social care workforce. And addressing barriers across public, private and independent sectors will be helped by joint training.

8.20 *We will develop joint and integrated working between social and health care and other services so that people who use services can be reassured that the workforce will work across organisational boundaries to meet their needs by:*

- *Commissioning joint training programmes for the workforce.*
- *Putting in place an InLAWS Workforce Strategy Board with a sector representative membership capable of making integrated working workforce commissioning decisions.*

Regulation

8.21 *The Essential Standards of Quality and Safety* will inform workforce regulation.

8.22 The College of Social Work will hold the learning and development frameworks for the social work profession and workers will need to be engaged in its work.

8.23 At present minimum standards are held by the General Social Care Council. From 2012 social workers will be required to register with the Health Professions Council.

8.24 The Social Work Reform Board will require partnerships for social work education between higher education institutions and employers to assist with demand and supply planning for qualification programmes.

8.25 *We will develop regulation for quality in services as well as public assurance by:*

- *Completing an annual social work health check / assessment and publish findings monitoring induction, training, supervision, workload management.*
- *Commissioning a Social Worker Assessed and Supported Year in Employment scheme for newly qualified social workers.*
- *Social Workers maintaining their professional registration.*
- *Putting in place a partnership agreement with universities to provide social work student practice learning opportunities and meet placement targets.*

9.0 RESOURCES

- 9.1 There are organisational and financial resources available to employers and providers to help develop their social care workforce.

Organisational resources

- 9.2 Skills for Care (SfC) is part of the Sector Skills Council for Care and Development. SfC works in consultation with carers, employers and service users to modernise adult social care by ensuring qualifications and standards continually adapt to meet the changing needs of people who use care services. Skills for care operates both nationally and regionally. To access a wide range of resources visit <http://www.skillsforcare.org.uk>
- 9.3 The Social Care Institute for Excellence (SCIE) aim is to improve the experience of people who use social care by developing and promoting knowledge about good practice in the sector. Using knowledge gathered from diverse sources and a broad range of people and organisations, they develop resources which support those working in social care and empowering service users. To access a wide range of resources visit <http://www.scie.org.uk>
- 9.4 Trade Unions and their representatives play a part in developing the social care workforce by raising awareness about learning and development opportunities.
- 9.5 The General Social Care Council (GSCC) was established in October 2001 under the Care Standards Act 2000 and is the workforce regulator and guardian of standards for the social care workforce in England. GSCC are responsible for the codes of practice, Social Care Register and social work education and training.
- 9.6 Neighbourhoods and Adult Services Directorate employs a Learning and Development Team. The team provides a workforce development service to the whole social care workforce and a practice learning service for the social work degree.

Financial resources

- 9.7 The Adult Social Care Workforce Grant is used to support the implementation of this Strategy and is managed by the Learning and Development Team.

10.0 MONITORING, REVIEWING AND EVALUATION

- 10.1 The InLAWS Workforce Strategy Board will monitor and evaluate the impact of this Strategy, reporting to the Neighbourhoods and Adults Services Directorate Leadership Team and the Adult Independence Health and Wellbeing Cabinet. Strategy progress will be tracked against the action plan with achievements being celebrated and where any remedial action is needed, appropriate action will be taken.

11.0 HOW WE WILL GET THERE: ACTION PLAN TO DELIVER THE FUTURE SOCIAL CARE WORKFORCE

REF:	KEY OBJECTIVE AND DELIVERABLES	RESPONSIBILITY	COMPLETION BY	PROGRESS
11.1	Develop leadership, management and commissioning skills to transform services			
11.1.1	Retain the Investors in People and Customer Service Excellence Awards for the Council.	The Council	March 2012	
11.1.2	Recognise the contributions of individuals, groups or teams by routinely submitting nominations for Skills for Care Accolades and other national, regional or local workforce awards.	Employers and providers	March 2012	
11.1.3	Commission the Social Care Information and Learning Services (SCILS) to provide access to research and training resources.	Learning and Development Commissioner	June 2011	
11.1.4	Commission leadership development activities to meet identified learning and development needs including Becoming a Better People Manager and the Post Qualification Awards Framework for Social Work.	Learning and Development Commissioner	June 2011	
11.1.5	Workforce receives annual performance and development review/appraisal with an agreed and reviewed continuing professional development plan.	Employers and providers	March 2012	
11.2	Develop recruitment and retention of quality staff drawn from a wide base of cultures, skills and attributes within local communities			
11.2.1	Commission a Care Ambassador programme to run across Rotherham.	Learning and Development	March 2012	

		Commissioner		
11.2.2	Commission an affordable social care apprenticeship scheme to run across Rotherham.	Learning and Development Commissioner	March 2012	
11.2.3	Commission an affordable work placement / volunteering programme to run across Rotherham.	Learning and Development Commissioner	March 2012	
11.2.4	Contract and monitor with all social care providers to require the full completion and bi-annual update of the NMDS-SC.	Service Commissioner	March 2012	
11.2.5	Work with Service User employers and encourage the full completion and bi-annual update of Personal Assistant records on the NMDS-SC.	Service Commissioner	March 2012	
11.2.6	Commission workforce development programmes and support to meet identified current and future skill and/or occupational gaps such as 'Grow Your Own' Social Worker training schemes.	Learning and Development Commissioner	June 2011	
11.3	Develop workforce remodelling and commissioning in new ways to re-shape the workforce so it has the right people with the right skills undertaking the roles and tasks which people using services want			
11.3.1	Commission workforce planning practice and skills improvement workshops and support to embed the use of <i>Taking Steps: a guide to workforce planning for providers of adult social care</i> and the Council's Provider Self-Assessment Toolkit.	Learning and Development Commissioner	September 2011	
11.3.2	Commission, with education providers of social work and social care vocational and academic	Learning and Development	September 2011	

	qualification programmes, to meet identified current and future workforce commissioning needs.	Commissioner		
11.4	Develop workforce development to create a more confident, empowered and diverse workforce that is appropriately qualified and skilled			
11.4.1	Commission an affordable annual workforce development programme to meet identified learning needs of the whole social care workforce - at individual, occupational and organisation levels - to meet regulatory, statutory and best practice requirements.	Learning and Development Commissioner	June 2011	
11.4.2	Develop a progressive learning and development framework for commissioners to improve their skills and qualifications based on national occupational standards	Learning and Development Commissioner	September 2011	
11.4.3	Commission 'Bronze to Platinum' workforce developments programmes to up skill the workforce to meet demographic pressures: End of life, Dementia, Equalities and diversity.	Learning and Development Commissioner	September 2011	
11.4.4	Review and refresh the Bronze to Platinum Safeguarding Adults training programme.	Learning and Development Commissioner	September 2011	
11.4.5	Commission an e-learning management system to support blended learning, training efficiencies, and make learning accessible to host modules such as: Safeguarding Adults	Learning and Development Commissioner	June 2011	

	End of Life Care Choice and Control Dementia			
11.4.6	Work with Learn to Care to identify possible training efficiencies from sub-regional or pan-regional commissioning of learning and development.	Learning and Development Commissioner	September 2011	
11.4.7	Commission a training and support programme for informal Carers.	Learning and Development Commissioner	June 2011	
11.5	Develop joint and integrated working between social and health care and other services so that people who use services can be reassured that the workforce will work across organisational boundaries to meet their needs			
11.5.1	Commission joint training programmes for the workforce such as Safeguarding Adults, Mental Capacity Act, Dementia, and End of Life Care.	Learning and Development Commissioner	September 2011	
11.5.2	InLAWS Workforce Strategy Board in place with a sector representative membership capable of making integrated working workforce commissioning decisions	Service Commissioner	June 2011	
11.6	Develop regulation for quality in services as well as public assurance			
11.6.1	Complete an annual social work health check / assessment and publish findings monitoring induction, training, supervision, workload management.	Workforce Strategy Board	September 2011	
11.6.2	Commission a Social Worker Assessed and Supported Year in Employment scheme for newly	Workforce Strategy Board	March 2012	

	qualified social workers.			
11.6.3	Social Workers maintain their professional registration.	Employers and providers	March 2012	
11.6.4	Partnership agreement is in place with universities to provide social work student practice learning opportunities and placement targets met.	Learning and Development Commissioner	March 2012	

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
--

1.	Meeting:	Cabinet Member for Adult Independence, Health and Wellbeing
2.	Date:	11th April, 2011
3.	Title:	Increasing the Resource Allocation System (RAS) to take account of inflation
4.	Directorate:	Neighbourhoods and Adult Services

5. **Summary**

5.1 This report sets out a proposal to increase the Resource Allocation System (RAS) to reflect the impact of inflation.

6. **Recommendations**

- **It is recommended that the RAS is increased by 2.32% from April the new rates as set out in Appendix 1.**

7. **Proposals and Details**

- 7.1 The aim of the Resource Allocation System (RAS), linked to the allocation of personal budgets, is to provide a clear and rational way to calculate how much money it is likely to cost to meet a persons assessed needs.
- 7.2 The RAS is made up of a series of questions which are used to determine a person's assessed needs. Each question carries a point score, the points are weighted to take account of levels of dependency. The total points are converted into an 'indicative cash allocation'. This is an approximate amount of money which is likely to be needed to meet a person's outcomes as determined in their support plan.
- 7.3 In April 2010 Rotherham adopted the Association of Directors of Adult Social Services (ADASS) common resource allocation framework. This framework includes a scorecard which allocates a cash figure to a range of points. Following a pilot exercise the ADASS RAS was calibrated to take account of Rotherham's Adult Social Care budget.
- 7.4 The RAS has to be revised each year to take account of changes in social care budgets and support costs. It should take account of key cost drivers affecting personal budgets and not just the overall adult social care budget. The ADASS framework advises that future proofing the RAS will need to be determined locally taking account of the local financial climate.
- 7.5 At the moment the key cost drivers are Direct Payments and the costs of independent sector community based services. The Council's inflation provision for these cost drivers is 2.32% and it is therefore proposed that the RAS scorecard is increased by 2.32%.
- 7.6 Failure to apply this inflation provision to the RAS scorecard will result in some people being unable to continue to meet the cost of their care.

8. **Finance**

- 8.1 The cost of this proposal has been included in the Directorate's inflation budget allocation for 2011/12.
- 8.2 This proposal should not affect the Directorate's ability to achieve its savings proposal 'More effective use of Personal Budgets £250,000'. This savings proposal is associated with utilising the RAS to develop more innovative cost effective ways of meeting people's needs.

9. **Risks and Uncertainties**

- 9.1 Failure to apply this inflation provision to the RAS scorecard will result in some people being unable to continue to meet the cost of their care.

9.2 The Council could be open to challenge if it doesn't provide sufficient funding to meet an individuals assessed need. It can only reduce this funding if a reassessment of need has been undertaken and the individual's needs have been shown to have reduced.

10. **Policy and Performance Agenda Implications**

10.1 Agreement to this proposal will enable the Council to continue to meet its commitment to the Putting People First personalisation agenda.

11. **Background Papers and Consultation**

11.1 ADASS Common Resource allocation framework October 2009

11.2 The Councils MTFS Plan 2011 and beyond

11.3 This proposals have been discussed with the Strategic Director of Finance

Contact Name: Doug Parkes
Business Finance and Commissioning Manager
Ext 23927
E-mail doug.parkes@rotherham.gov.uk

Resource Allocation System - Scorecard April 2011

Score	2010 £ per pt	2011 £ per pt	Score	2010 £ per pt	2011 £ per pt	Score	2010 £ per pt	2011 £ per pt	Score	2010 £ per pt	2011 £ per pt	Score	2010 £ per pt	2011 £ per pt
1	£6	£6	21	£70	£71	41	£252	£258	61	£556	£568	81	£978	£1,001
2	£6	£6	22	£76	£77	42	£264	£270	62	£574	£587	82	£1,002	£1,025
3	£7	£7	23	£82	£83	43	£277	£284	63	£592	£605	83	£1,027	£1,051
4	£8	£9	24	£89	£91	44	£290	£297	64	£611	£625	84	£1,052	£1,077
5	£10	£10	25	£96	£98	45	£304	£311	65	£630	£645	85	£1,078	£1,103
6	£11	£11	26	£103	£106	46	£317	£324	66	£649	£664	86	£1,103	£1,128
7	£12	£12	27	£112	£114	47	£330	£338	67	£670	£685	87	£1,128	£1,154
8	£14	£15	28	£120	£123	48	£344	£352	68	£690	£706	88	£1,154	£1,181
9	£17	£17	29	£128	£131	49	£359	£367	69	£710	£727	89	£1,181	£1,208
10	£19	£20	30	£137	£140	50	£373	£382	70	£731	£748	90	£1,207	£1,235
11	£23	£23	31	£145	£149	51	£389	£398	71	£751	£769	91	£1,235	£1,263
12	£26	£27	32	£155	£158	52	£404	£414	72	£773	£791	92	£1,262	£1,292
13	£30	£31	33	£164	£168	53	£420	£430	73	£794	£813	93	£1,290	£1,320
14	£34	£34	34	£174	£178	54	£436	£446	74	£816	£835	94	£1,318	£1,348
15	£37	£38	35	£185	£189	55	£451	£462	75	£839	£858	95	£1,345	£1,376
16	£42	£43	36	£196	£200	56	£468	£479	76	£862	£882	96	£1,374	£1,406
17	£47	£48	37	£206	£211	57	£485	£496	77	£884	£905	97	£1,403	£1,435
18	£52	£53	38	£217	£222	58	£502	£513	78	£907	£928	98	£1,432	£1,465
19	£58	£59	39	£228	£233	59	£520	£532	79	£930	£952	99	£1,462	£1,496
20	£64	£65	40	£240	£246	60	£538	£550	80	£954	£976	100	£1,500	£1,535

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
--

1	Meeting:	Cabinet Member for Adult Independence Health & Well Being
2	Date:	Monday 11 April 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 February 2011.

The forecast for the financial year 2010/11 is an overall underspend of £946,000, 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. Increasing numbers of residential care clients are now receiving full funding through continuing health care. This has been underpinned by tight financial management within the service.

In addition to the forecast underspend of £946,000, additional income from NHSR in respect of 2010/11 funding announced by the Government for the support of social care has been confirmed. Negotiations have now concluded with NHSR to transfer funding under a section 256 agreement of £1.1m towards the delivery of reablement services and the prevention of hospital admissions, including winter pressures.

6 Recommendations

Members are asked to note:

- 1. The latest financial projection against budget for the year based on actual income and expenditure to the end of February 2011 for Adult Services.**
- 2. Note the additional funding from NHSR towards the costs of reablement and the prevention of hospital admissions.**
- 3. Note that the underspend achieved on the Council's budget following confirmation of the additional health funding (£1.1m) has been earmarked to support the Council's 2011/12 budget.**

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 forecast outturn against both the original and revised budgets (excluding additional income from health):-

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	4,496	-102
Assessment & Care Management	31,096	30,433	-663	30,446	30,054	-392
Independent Living	1,871	1,819	-52	1,777	1,622	-155
Health & Well Being	34,482	34,431	-51	34,476	34,179	-297
Total	72,165	71,297	-868	71,297	70,351	-946

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

- An overall forecast overspend within Older Peoples' Home Care Service (+£691k) mainly due to actual contract hours greater than activity (In House), under recovery of income plus increased demand for maintenance care within independent sector.
- There is also a pressure on independent home care within Physical and Sensory Disability Services (+£79k) due to a continued increase in demand. An additional increase of 68 new clients on service since April (+933 hours).
- Shortfall in respect of income from charges within in-house residential care +£390k.
- Additional employee costs to cover vacancies and sickness within in-house residential care (+£218k).
- An overall forecast overspend on Direct Payments (+£404k). A net increase of 42 new clients since April 2010.

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 overall placements less than planned, additional clients moving to fully funded continuing health care (+77) and greater than expected income from property charges (-£620k).
- Continued underspend on employee costs within Extra Care Housing (-£283k) 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 (-£106k).
- Forecast underspend within Learning Disabilities residential and nursing care due to admissions less than planned (-£550k).
- Additional Continuing Health Care Income plus a underspend on Supported Living Schemes within Physical and Sensory Disabilities (-£137k).
- Slippage on vacant posts within Older Peoples Assessment & Care Management(-£375k).
- Forecast underspend on Richmond Fellowship SLA (-£63k) as clients move to Direct Payments.
- Underspend within Mental Health Residential and Nursing Care (-£219k) mainly due to discharges and an increase in income from health.
- Slippage on developing the Adult placement scheme within Physical and Sensory disabilities has resulted in a forecast underspend of -£150k.
- Underspend on Rothercare Direct (-£125k) due to vacant posts, additional income and reduced leasing costs.
- Vacancies during the year within the Safeguarding team (-£80k).

This forecast outturn excludes any costs associated with Voluntary Early Retirements and Voluntary Severance.

7.1.7 For the period April 2010 to February 2011 total expenditure on Agency staff for Adult Services was £312,893 (of which £42,155 was off contract). This compares with an actual cost of £452,926 for the same period last year (of which £43,746 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 during the year.

7.1.8 Actual expenditure to the end of February 2011 on non-contractual overtime for Adult Services was £307,106, broken down as follows:-

- Assessment and Care Management £9,314.
- Health and Well Being £297,792.

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

7.1.9 The report refers to the 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 concluded with NHSR in March to finalise the most appropriate way of utilising this funding in 2010/11 and in 2011/12.

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

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 28 February 2011												
Last Reported Projected Net Variance as at 31/01/2010 £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		
(85)	Commissioning, Quality & Performance	4,716	4,614	(102)	4,598	4,496	(102)	Green	0	(102)	Green	1
	Assessment & Care Management											
(255)	Older People Assessment & Care Management	24,080	23,783	(297)	23,680	23,365	(315)	Green	0	(315)	Green	2
(164)	Physical Dis Assessment & Care Management	7,015	6,650	(365)	6,766	6,689	(77)	Green	0	(77)	Green	3
(419)	Total Assessment Care Management	31,095	30,433	(662)	30,446	30,054	(392)		0	(392)		
(132)	Older People Independent Living	1,871	1,819	(52)	1,777	1,622	(155)	Green	0	(155)	Green	4
	Health & Well Being											
449	Older People Health & Well Being	13,904	14,210	306	13,998	14,548	550	Red	0	550	Red	5
(339)	Learning Disabilities	16,010	15,766	(244)	15,910	15,237	(673)	Green	0	(673)	Green	6
(191)	Mental Health	4,568	4,455	(113)	4,568	4,394	(174)	Green	0	(174)	Green	7
(81)	Total Health & Well Being	34,482	34,431	(51)	34,476	34,179	(297)		0	(297)		
(717)	Total Adult Services	72,164	71,297	(867)	71,298	70,351	(946)	Green	0	(946)		

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 (+£478k) and Direct Payments (+£125k). Underspend on independent residential and nursing care due to placements less than forecast and additional income from health and property charges (-£620k). Slippage on recruitment to vacant posts within Assessment and Care Management (-£375k). Overspend on Fast Response employee costs (+£50k)</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 (-£71k). Pressure on Independent Sector domiciliary care (+£79K) due to continue increase in demand (additional 68 clients = 933 hours since April) Further demand for Direct Payments (net increase 18 clients since April) reduced by one off income from Supporting People (+£151k).</p>
4	<p><u>Independent Living</u></p> <p>Forecast additional income and savings from leasing costs within Rothercare Direct (-£125k), slippage on vacant posts within Extra Care Housing (-£12k) & Grafton House (-£17k).</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 (+£390k) plus overspend on employee costs due to agency and sickness cover (+£218k). Continue overspend on In House Home Care employees costs and non pay (+£213k) due to contract hours being greater than hours delivered plus a reduction in average income from clients plus overspend on Home Care Operations team (+£74k). Underspend on Extra Care Housing costs (-£283k). Forecast underspend on Transport (-£106k) 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 (-£80k). Admissions to residential care less than forecast plus additional health funding (-£550k). Underspend on Direct Payments (-£32k)</p>
7	<p><u>Mental Health</u></p> <p>Projected underspend on residential care due to additional discharges (-£219k). Savings on MIND SLA as clients move to direct payments (-£30k). Projected overspend on Direct Payments (+£160k) - an additional 59 clients since April being offset by reduction in Richmond Fellowship SLA (-£63k).</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.</p>



SUMMARY												
PROJECTED OUT-TURN AS AT 28 February 2011												
Last Reported Projected Net Variance as at 31/01/2010 £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		
(85)	Commissioning, Quality & Performance	4,716	4,614	(102)	4,598	4,496	(102)	Green	0	(102)	Green	1
	Assessment & Care Management											
(255)	Older People Assessment & Care Management	24,080	23,783	(297)	23,680	23,365	(315)	Green	0	(315)	Green	2
(164)	Physical Dis Assessment & Care Management	7,015	6,650	(365)	6,766	6,689	(77)	Green	0	(77)	Green	3
(419)	Total Assessment Care Management	31,095	30,433	(662)	30,446	30,054	(392)		0	(392)		
(132)	Older People Independent Living	1,871	1,819	(52)	1,777	1,622	(155)	Green	0	(155)	Green	4
	Health & Well Being											
449	Older People Health & Well Being	13,904	14,210	306	13,998	14,548	550	Red	0	550	Red	5
(339)	Learning Disabilities	16,010	15,766	(244)	15,910	15,237	(673)	Green	0	(673)	Green	6
(191)	Mental Health	4,568	4,455	(113)	4,568	4,394	(174)	Green	0	(174)	Green	7
(81)	Total Health & Well Being	34,482	34,431	(51)	34,476	34,179	(297)		0	(297)		
(717)	Total Adult Services	72,164	71,297	(867)	71,298	70,351	(946)	Green	0	(946)		

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 (+£478k) and Direct Payments (+£125k). Underspend on independent residential and nursing care due to placements less than forecast and additional income from health and property charges (-£620k). Slippage on recruitment to vacant posts within Assessment and Care Management (-£375k). Overspend on Fast Response employee costs (+£50k)</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 (-£71k). Pressure on Independent Sector domiciliary care (+£79K) due to continue increase in demand (additional 68 clients = 933 hours since April) Further demand for Direct Payments (net increase 18 clients since April) reduced by one off income from Supporting People (+£151k).</p>
4	<p><u>Independent Living</u></p> <p>Forecast additional income and savings from leasing costs within Rothercare Direct (-£125k), slippage on vacant posts within Extra Care Housing (-£12k) & Grafton House (-£17k).</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 (+£390k) plus overspend on employee costs due to agency and sickness cover (+£218k). Continue overspend on In House Home Care employees costs and non pay (+£213k) due to contract hours being greater than hours delivered plus a reduction in average income from clients plus overspend on Home Care Operations team (+£74k). Underspend on Extra Care Housing costs (-£283k). Forecast underspend on Transport (-£106k) 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 (-£80k). Admissions to residential care less than forecast plus additional health funding (-£550k). Underspend on Direct Payments (-£32k)</p>
7	<p><u>Mental Health</u></p> <p>Projected underspend on residential care due to additional discharges (-£219k). Savings on MIND SLA as clients move to direct payments (-£30k). Projected overspend on Direct Payments (+£160k) - an additional 59 clients since April being offset by reduction in Richmond Fellowship SLA (-£63k).</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.</p>



Document is Restricted

Document is Restricted