

## CABINET MEMBER FOR ADULT SOCIAL CARE

Venue: Town Hall,  
Moorgate Street,  
Rotherham S60 2TH

Date: Monday, 7th November, 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. Minutes of last meeting (Pages 1 - 3)
4. Joint Strategic Needs Assessment (Pages 4 - 9)  
-  
<http://www.rotherham.nhs.uk/files/Organisational/Comissioning/JSNA%20Report%202011.pdf>  
Please note this is a large document and has not been included in the agenda pack

**(The Chairman authorised consideration of the following item to enable Members to be fully informed.)**

5. Adult Services Revenue Budget Monitoring to 30th September, 2011 (Pages 10 - 16)

**CABINET MEMBER FOR ADULT SOCIAL CARE**  
**Monday, 10th October, 2011**

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

**H25. MINUTES OF LAST MEETING**

Consideration was given to the minutes of the previous meeting held on 26<sup>th</sup> September, 2011.

Resolved:- That the minutes of the previous meeting held on 26<sup>th</sup> September, 2011, be approved as a correct record.

**H26. INTEGRATED COMMUNITY EQUIPMENT SERVICE**

In accordance with Minute No. H17 of the 11<sup>th</sup> July meeting, the Joint Commissioning Manager reported on the Equality Impact Assessment carried out in support of the Integrated Community Equipment Service Review recommendation to rationalise the standard stock item of equipment.

The rationalisation of the standard stock meant that the Integrated Community Equipment Service (ICES) would supply items of equipment based on assessed needs and that practitioners making recommendations would be required to indicate clear outcomes that were expected to be achieved by the customer/carer before issuing equipment. All equipment would be based on assessed Needs.

A summary of the Equality Impact Assessment was set out in the report submitted.

Adhering to the assessment would ensure that all customers with an assessed need would be fully supported by the Service. This also meant that efficiencies could be achieved by the Service through a reduction in cost related to the storage/delivery and collection of low cost and low impact items of equipment.

Service users/carers and various practitioners consulted as part of the assessment were fully supportive of the way the standard stock items of equipment had been rationalised. A rigorous EIA action plan had been developed to be implemented alongside the Service Review action plan.

The Service budget was overspent each year by an average of 6.7% and in the current Service configuration was expected to continue. This had been met each year by Health with no contribution from the Council required. The contract value for 2011/12 had been reduced by 10% by the Council and 4% by NHSR. As at July, 2011, the Service spend on standard equipment budget was 52.5%. Rationalisation of the standard stock list would enable the Service to focus on meeting the needs of high risk customers within the existing budget. This would contribute significantly towards reducing the risk of potential increase in waiting time for equipment during the later part of the financial year.

Resolved:- [1] That the completion of the Equality Impact Assessment pertinent to the rationalisation of the Integrated Community Equipment Service

standard stock of equipment be noted.

(2) That the proposal to rationalise the standard stock item of equipment, as set out in the report submitted, be approved.

## **H27. ADULT SERVICES REVENUE BUDGET MONITORING REPORT TO 31ST AUGUST 2011**

Consideration was given to a report, presented 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, 2012 based on actual income and expenditure to the end of August, 2011.

It was reported that the forecast for the financial year 2011/12 was a balanced budget against an approved net revenue budget of £76.725M.

It was explained that there were a number of underlying budget pressures which were at present being offset by a number of forecast underspends:-

The underlying budget pressures included:

- an overall forecast overspend within Older Peoples' Home Care Service mainly due to increased demand for maintenance care within the independent sector
- pressure on independent home care within Physical and Sensory Disability Services due to continued increase in demand
- shortfall in respect of income from charges within in-house residential care
- additional employee costs due to high dependency levels and cover for vacancies and long term sickness within older people inhouse residential care
- an overall forecast overspend on Direct Payments across all client groups due to increase in demand was being reduced by savings on independent and voluntary sector contracts as clients in those schemes moved to Direct Payments
- recurrent budget pressure on Learning Disabilities Day Care transport including income from charges

These pressures had been offset by the following forecast underspends:-

- Forecast net underspend on Older People independent sector residential and nursing care due to an increase in the average client contribution and additional income from property charges
- Underspend on employee costs within Transport Unit plus income from increased activity
- Forecast underspend within Learning Disabilities residential and nursing care due to slippage on transitions from Children's Services and additional income from Health
- Slippage on developing Supported Living Schemes within Physical and Sensory Disabilities
- Review of care packages within Learning Disabilities Supported Living resulting in efficiency savings with external providers and additional funding

from Health

- One off slippage on vacant posts as part of restructure/reviews including voluntary early retirements
- Underspend on Rothercare Direct due to slippage on vacant posts and a reduction in expenditure on equipment including leasing costs
- Efficiency savings within Supporting People Contracts
- Vacancies with Assessment and Care Management and Safeguarding Teams

Total expenditure on Agency staff for Adult Services so far was £187,880 compared with an actual cost of £180,328 for the same period last year. The main costs were in respect of residential care and assessment and care management staff to cover vacancies and sickness. There had been no expenditure on consultancy to date.

Careful scrutiny of expenditure and income together with close budget monitoring remained essential to ensure equity of service provision for adults across the Borough within existing budgets. Any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care.

Discussion ensued on the report with the following issues raised:-

- Recruitment to vacant Social Worker posts would be taking place shortly
- Budget meetings and clinics were held regularly to monitor financial performance. The Panel that approved all placements of over 15 hours a week had been scrutinising every case presented together with spot checks
- Further work was needed to gain an understanding of demographic pressure and availability of service
- Every client that receiving Home Care and Direct Payments had been reviewed

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

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO Adults Social Care Cabinet Member</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Adults Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>7th November 2011</b>
<b>3.</b>	<b>Title:</b>	<b>Joint Strategic Needs Assessment</b>
<b>4.</b>	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

## **5. Summary**

Since April 2008, Local Authorities and Primary Care Trusts are under a statutory duty, under the Local Government and Public Involvement in Health Act to produce a Joint Strategic Needs Assessment (JSNA) which establishes the current and future health and social care needs of the Rotherham population. It informs the strategic priorities and targets which in turn informs commissioning priorities with a view to help improve outcomes and reduce health inequalities.

The refreshed, Rotherham's Joint Strategic Needs Assessment will be made accessible through the Rotherham MBC and NHS Rotherham internet and intranet sites from October 2011. This was produced by the Joint Commissioning Team working in collaboration with various key partners in Local Authority, Health and the Voluntary and Community sector.

## **6. Recommendations**

It is recommended that Cabinet Member;

- Note the completion of the Joint Strategic Needs Assessment refresh programme of work.
- Note the key conclusions that are emerging from the assessment of needs.
- Endorse the Refresh Rotherham JSNA 2011.

## **7. Proposals and Details**

### **7.1 Why we need a JSNA**

The Operating Framework for the NHS in England 2008/2009 refers to the importance of the JSNA in informing PCT Operational Plans. The JSNA underpins a number of the World Class Commissioning competencies and forms the basis of the new duty to co-operate. This partnership duty involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

### **7.2 The Refresh Programme**

The first Rotherham JSNA was produced in 2008. Good practice suggests that a refresh of the JSNA is important to ensure that the accuracy and validity of Rotherham's population needs assessment information is maintained. It is recommended that a refresh is undertaken within the first 3 years of producing a JSNA. Adults Board agreed for the refresh programme of work to be led and co-ordinated by the joint Commissioning team on its behalf.

This work began in autumn of 2010. The completion date was extended to 2011 due to changes within both NHSR and the Council therefore creating an opportunity for a much more comprehensive update to be undertaken. To progress the refresh programme a task and finish group was set comprising of key officers pertinent to the sections within the Rotherham JSNA. This ensured that the most appropriate service areas were fully engaged in leading the refresh of their respective data and information. Key representation included Alex Henderson (NHS Intelligence), Ruth Fletcher-Brown (Public Health), Miles Crompton (Policy), Shafiq Hussain (Voluntary Action Rotherham), Mel Daniels (Commissioning), and Deborah Johnson (CYP), each taking a lead role in revising and updating information within their area.

A brief consultation exercise carried out with key officers most likely to use the JSNA across the Health, Council and the voluntary sector suggests that the main areas of concerns as regards to the current JSNA are:

- Access to the document
- Navigating through the document
- Reliable & up to date information

To address these concerns the refresh JSNA, which now extends to approximately 350 pages has been updated and redesigned to take the form of an interactive online resource available via four websites - RMBC, NHSR, VAR and LASOS (South Yorkshire). A printable version will also be made available upon requests from October 2011.

The design and format of the refresh JSNA will act as an up to date platform to support the development the borough wide strategic needs assessment. It is also sufficiently versatile to support ongoing updates and addition of new areas of assessments.

### 7.3 Emerging Needs

- The key demographic issue facing Rotherham is the ageing population. With healthy life expectancy rising slower than life expectancy, the increased number of people aged 85+ puts growing pressure on health, social care, informal care and supported housing. Growing numbers of older people are living alone which increases the likelihood of need. There will not be enough informal carers to meet the needs of the growing older population, the average age of carers is rising and some are disabled themselves. Demand for services used by older and disabled people is rising so it is vital that the Council, NHS and partners respond to this.
- Another demographic issue is the growing ethnic diversity of Rotherham which has changed the community and customer profile, particularly for children and young people's services, and in the inner areas. Agencies need to be sensitive to different cultural needs and address barriers which make it difficult for some people to access services. New migrant communities in particular need help in understanding what services are available and in overcoming language barriers.
- The gap between the most deprived areas of Rotherham and the rest of the Borough is growing and mainstream funding needs to be targeted to address health, education and employment deprivation in particular.
- For housing, key issues are maintenance of existing stock and major structural repairs needed. The poorest housing condition tends to be in the private sector so working with home owners and landlords is vital. Energy efficiency in housing is crucial to meeting climate change targets, both in providing zero carbon new homes and more crucially improving the efficiency of the existing housing stock.
- High levels of unemployment and long term sickness are a major factor in Rotherham with rates now back where they were 10 years ago. Support for people to find work is needed, especially for the long term workless.
- The scale of lifestyle risk factors in Rotherham means that health and social care agencies need to work effectively with people to promote healthier lifestyles e.g. changing their patterns of exercise, diet, smoking and alcohol consumption. From a service provision perspective, programmes that increase people's healthy life expectancy have the potential to substantially improve the increased demand for services that would otherwise come from an aging population.
- Rotherham has the second highest rate of Accident & Emergency admissions in the region. Continued partnership between health and social care services is also essential to reduce this number. There are increasing numbers of people in Rotherham living with long term conditions and there is work to be done to promote healthier lifestyles with regard to preventing type 2 diabetes.
- Cancer deaths are above the regional and national averages and demand for radiotherapy services is expected to increase over the next 10 years.

- There is a need for mental health services to work in partnership, firstly to raise the awareness of mental health services available and secondly, to ensure that fewer people experience stigma and discrimination when accessing services.
- A significant number of improvements have already been achieved to realign and extend Older Peoples Mental Health Service in order to meet the changing needs of Rotherham's population. The main challenge is the development of an effective community service which promotes independence, maintains cognitive function, and prevents secondary conditions whilst supporting carers.
- There is a need to reduce health inequalities in terms of mental health related hospital admissions where deprivation and unemployment may be a factor.
- A key challenge for health and social care services is to respond to the increasing demand proposed by people living with learning disabilities for longer. As the needs of people living with learning disabilities are greater than those of the general population, services should be prepared for providing quality care by avoiding diagnostic overshadowing. Furthermore, a growing number of BME service users will require services which meet their cultural and spiritual needs.
- The seasonal flu immunization is of great importance to those who may be considered most vulnerable especially during the winter months.
- The uptake of Long Acting Reversible Contraceptives (LARC) is essential for reducing the teenage pregnancy rate in Rotherham due to their high rates of effectiveness and convenience.
- Various consultation highlighted high levels of satisfaction with many of the services delivered by both NHS Rotherham and Rotherham MBC. The challenge is to develop public and patient engagement so that both organisations can maintain a regular dialogue with service users and carers while implementing significant changes to the way we deliver services.
- Education and skills, health and disability and employment all impact on child poverty in Rotherham. Parents of disabled children should be supported in making the best possible choices for their child's health and social care needs. There is a need for more promotional literature about what services are currently available in order to make this happen.
- Deprivation and education & skills are highly correlated and there is need to increase the skill base of Rotherham's school leavers. A further need for children is to detect more cases of diagnosable mental health disorders due to the large disparity in diagnosis by ward.

#### **7.4 Summary**

These are the key issues for Rotherham MBC and NHS Rotherham which will need to be considered over the next 5 years.



- The impact of an ageing population.
- The most effective way to promote healthy living initiatives such as increasing physical activity and exercise, nutritional diet and raising awareness of risks of smoking and alcohol consumption
- The most effective way to reduce the gap between healthy and actual life expectancy
- The most effective way of increasing the independence of people with life limiting long-term conditions
- The most effective way of increasing independence, choice and control for people suffering with dementia and the development of new service models to address this effectively in the future
- The effectiveness of using preventative strategies to save future care costs
- Services created to refelcet the changes in the demographic profile of the learning disability population

### **7.5 Service User Engagement**

The Joint Commissioning team carried out a programme of service user / carers and stakeholder engagement as part of the refresh programme. The following key meetings were held as part of this action:

- Carer's Forum - May 2011
- ROPES( Rotherham Older People Experiencing service ) - May 2011
- Voluntary Action Rotherham - May 2011
- Magna Event - Oct 2010
- 'Adding Quality , Adding Value', event - Autumn 2010

It is accepted that this area of the JSNA as whole could be strengthened further and therefore feature as a priority within the action plan following the refresh programme.

### **7.6 Next Steps**

As the refreshed JSNA is indented to be a live, continually evolving document it is recommended that the following key steps could be taken to further enhance assessment & analysis information:

- Service user engagement – User perspective
- Deep and narrow analysis of key areas of suspected inequalities locally
- Migrant population
- Assessment and analysis of Assets.

## **8. Finance**

The JSNA is produced internally by RMBC and NHS Rotherham using mainstream resources. The JSNA will have financial consequences in that some of the needs identified have cost implications for services, such as rising demand from vulnerable older and disabled people for social and health care.

The PCT and Local Authority face very challenging years ahead in achieving financial balance. This is before the impact of an ageing more demanding population

takes effect. Before any consideration is given to further investment in any of the key areas highlighted above thought should be directed to the programme of disinvestment that will need to be achieved simply to keep the PCT and Local Authority in financial balance.

## **9. Risks and Uncertainties**

The key risks associated with the JSNA refresh programme of work are;

- Some inconsistency in engagement from service areas following publication of the document
- A change to the current national core data set as recommended by DoH guidance is limited
- Limited user and stakeholder consultation feedback

These risks elements have been reduced by project managing the various activities within the refresh programme and delegating responsibilities to key officers across the Council, Health and Voluntary sector. Key officers could be supported by respective service areas to maintain link with the new team responsible for maintenance of the JSNA. Whilst such risk can be minimised, current changes within service structures impacting on staffing resources and skills will remains a key risk.

The JSNA does not cover every aspect of need and data is always subject to change over time. The JSNA is an evolving document and should be used in conjunction with other data to gain the most accurate picture of need. Other needs assessments such as the JSIA, LEA and CYPS Audit of Need cover areas of need outside the remit of the JSNA and reference to these may provide a fuller picture of local trends.

## **10. Background Papers and Consultation**

- JSNA Main Report: Rotherham MBC and NHS Rotherham Intranet and Internet sites.

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<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
<b>2</b>	<b>Date:</b>	<b>Monday 7th November, 2011</b>
<b>3</b>	<b>Title:</b>	<b>Adult Services Revenue Budget Monitoring Report to 30th September 2011.</b>
<b>4</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Social Services</b>

## **5 Summary**

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2012 based on actual income and expenditure to the end of September 2011.

**The forecast for the financial year 2011/12 at this stage is a balanced budget, against an approved net revenue budget of £76.725m.**

## **6 Recommendations**

**That the Cabinet Member receives and notes the latest financial projection against budget for the year based on actual income and expenditure to the end of September 2011.**

## 7 Proposals and Details

### 7.1 The Current Position

7.1.1 The approved net revenue budget for Adult Services for 2011/12 is £77m. Included in the approved budget was additional funding for demographic and existing budget pressures together with a number of savings identified through the 2011/12 budget setting process. This budget will be subject to additional adjustments to reflect the outcome of a number of directorate wide reviews and the apportionment of a number of cross cutting budget savings targets across all Directorates.

7.1.2 The table below summarises the forecast outturn against approved budgets:-

Division of Service	Net Budget	Forecast Outturn	Variation	Variation
	£000	£000	£000	%
Adults General	4,041	3,995	-46	-1.14
Older People	34,552	34,759	207	+0.60
Learning Disabilities	17,108	16,647	-461	-2.69
Mental Health	5,320	5,475	154	+2.89
Physical & Sensory Disabilities	7,277	7,422	146	+2.00
Safeguarding	739	739	0	0
Supporting People	7,688	7,688	0	0
<b>Total Adult Services</b>	<b>76,725</b>	<b>76,725</b>	<b>0</b>	<b>0</b>

7.1.3 The latest year end forecast shows there are a number of underlying budget pressures which are at present being offset by a number of forecast underspends.

The main budget pressures include:

- An overall forecast overspend within Older Peoples' Home Care Service (+£509k) mainly due to increased demand for maintenance care within independent sector.
- Pressure on independent home care within the Physical and Sensory Disability Services (+£186k) due to a continued increase in demand. An additional increase of 62 new clients (+579 hours) on service since April.
- A budget shortfall in respect of income from charges within in-house residential care (+£157k).

- Additional employee costs due to high dependency levels and cover for vacancies and long term sickness within older people in-house residential care (+£183k).
- An overall forecast overspend on Direct Payments across all client groups due to increase in demand is being reduced by savings on independent and voluntary sector contracts as clients in these schemes move to direct payments (+£202k); a net increase of 32 clients since April.
- Recurrent budget pressure on Learning Disabilities Day Care transport (+£292k) including income from charges.

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

- Forecast net underspend on Older People independent sector residential and nursing care due to an increase in the average client contribution and additional income from property charges (-£315k).
- Underspend on employee costs within the Transport Unit plus income from increased activity (-£43k).
- Slippage on developing Supported Living Schemes (Shared Lives) within Physical and Sensory Disabilities (-£140k).
- Review of care packages within learning disabilities supported living resulting in efficiency savings with external providers and additional funding from health (-£491k).
- One-off slippage on vacant posts as part of restructure/reviews including voluntary early retirements (-£279k).
- Underspend on Rothercare Direct (-£93k) due to slippage on vacant posts and a reduction in expenditure on equipment including leasing costs.
- Slippage on recruitment to vacant posts within Older Peoples Assessment and Care Management teams (-£130k).

#### 7.1.4 Agency and Consultancy

Total expenditure on Agency staff for Adult Services for the six month period ending 30 September 2011 was £201,283 (of which £1,979 was off contract). This compares with an actual cost of £217,048 for the same period last year (of which £14,764 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 to-date.

#### 7.1.5 Non contractual Overtime

Actual expenditure to the end of September 2011 on non-contractual overtime for Adult Services was £165,746 compared with expenditure of £195,945 for the same period last year.

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

## 7.2 Current Action

To mitigate any further financial pressures within the service, budget meetings and budget clinics are held with Service Directors and managers on a regular basis to monitor financial performance and further examine significant variations against the approved budget to ensure expenditure remains within the cash limited budget by the end of the financial year.

## 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 together with the main reasons for variation.

## 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 particularly where the demand and spend is difficult to predict in such a volatile social care market. Any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care.

## 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 23 February 2011 –Proposed Revenue Budget and Council Tax for 2011/12.
- The Council's Medium Term Financial Strategy (MTFS) 2011-2014.
- Revenue Budget Monitoring – August 2011

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

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ADULT SERVICES SUMMARY									
PROJECTED REVENUE OUT-TURN AS AT 30th September 2011									
Last Reported Projected Net Variance as at 31/08/2011	Service Division	Net Expenditure						Revised Financial RAG Status	* Note
		Original Budget	Proj'd out turn	Variance (Over (+) / Under (-) Spend) to Original Budget	Current Financial RAG Status	Financial Impact of Management Action	Revised Projected Year end Variance Over(+)/Under(-) spend		
£		£	£	£		£	£		
0	<b>Adult Services - General</b>	4,040,837	3,994,881	(45,956)	Green	0	(45,956)	Green	1
	<b>Health &amp; Well Being</b>								
453,660	Older People	34,551,897	34,759,213	207,316	Red	0	207,316	Red	2
(581,265)	Learning Disabilities	17,107,906	16,646,571	(461,335)	Green	0	(461,335)	Green	3
115,915	Mental Health	5,320,299	5,474,608	154,309	Red	0	154,309	Red	4
194,690	Physical and Sensory Disabilities	7,276,597	7,422,263	145,666	Red	0	145,666	Red	5
(46,000)	Safeguarding	739,224	739,224	0	Green	0	0	Green	6
(137,000)	Supporting people	7,687,855	7,687,855	0	Green	0	0	Green	7
0	<b>Total Adult Services</b>	<b>76,724,615</b>	<b>76,724,615</b>	<b>0</b>		<b>0</b>	<b>0</b>		

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

**NOTES Reasons for Variance(s) and Proposed Actions**

*numbers or under performance against income targets) and*

	<p><b><u>Main Reasons for Variance</u></b></p>
1	<p><b><u>Adult Services General</u></b></p> <p>General cross cutting Directorate budgets including carers, training, RBT affordability and corporate recharges are forecasting an overall -£45k underspend.</p>
	<p><b><u>Health and Well Being</u></b></p>
2	<p><b><u>Older Peoples Services (+£206k)</u></b></p> <p>Vacancies with Assessment and care management plus forecast underspend in non-pay budgets (i.e. car allowances) (-£130k)  Overspend on In House Residential Care (+£340k) due to higher dependency levels, additional cover for long term sickness &amp; maternity leave plus budget pressure on Part III income.  Forecast overspend on Independent Sector Home Care budget (+£894k) due to increase in average weekly hours continuing from last year.  Underspend on employee costs within In-house Home Care (-£385k), overall underspend on In House Day Care (-£48k) due to vacancies.  An underspend on independent residential and nursing care (-£315k) due to increase in average client contribution, additional income from health and increased income from property charges.  Projected underspend on employees and leasing costs within Rothercare Direct reduced by potential pressure on income budget (-£93k).  Underspend on Transport due to increased income from additional contracts and slippage on vacant posts (-£43k)  Increased demand for Direct Payments over and above approved budget (+£30k).</p>
3	<p><b><u>Learning Disabilities (-£461k)</u></b></p> <p>Slippage on vacant posts due to reviews and voluntary early retirements (-£279k).  Additional unplanned placements into residential care over the last few months has reduced the initial forecast underspend to a balanced budget.  Review of care packages in supported living, additional funding from Health and ILF plus additional efficiency savings from providers (-£491k)  Underspend within in-house supported livings schemes and community support due to vacant posts (-£61k)  Recurrent budget pressure on Day Care transport (+£292k) including income from charges.  Overspend on Community Support due to additional care packages (+£78k) and increase in demand for Direct Payments (+£34k).</p>
4	<p><b><u>Mental Health (+£154k)</u></b></p> <p>Unachieved vacancy factor with Assessment and Care Management (+£91k).  Projected underspend on residential care due to additional funding (-£45k).  Slippage on implementing full budget saving target in respect of Rotherham Mind moving into Clifton Court (+£33k).  Increase pressure on Direct Payments (+£320k) reduced by efficiency savings on a number of contracts (-£233k).</p>
5	<p><b><u>Physical and Sensory Disabilities (+£146k)</u></b></p> <p>Restructure of directorate assessment teams and associated costs for IT support (-£26K) and one-off relocation costs from Kirk House (+£10k).  Continued Pressure on Independent Sector domiciliary care (+£186K) due to continue increase in demand (62 new clients = 579 hours since April)  Reduction in Continuing Health Care funding for client in Supported Living scheme being challenged (+£27k).  Further demand for Direct Payments (+£51k) offset by underspend on Crossroads SLA (-£86k) as clients are redirected to Direct Payments.  Forecast overspend on Residential and Nursing Care (+£98k) offset by slippage on developing shared lives schemes (-£140k).</p>
6	<p><b><u>Safeguarding (£0k)</u></b></p> <p>Forecast balanced budget, use of agency staff to cover difficulties in recruiting to vacant posts in order to meet service demands.</p>
7	<p><b><u>Supporting People (£0k)</u></b></p> <p>Forecast balanced budget after contribution to corporate savings target as part of improved commissioning.</p>
	<p><b><u>Proposed Actions to Address Variance</u></b></p> <p>Budget performance clinics continue to meet monthly to monitor financial performance against approved budget.</p>



