

**CABINET MEMBER FOR ADULT SOCIAL CARE  
22nd July, 2013**

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

An apology for absence was received from Councillor Steele.

**H14. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**H15. MINUTES OF PREVIOUS MEETING**

Consideration was given to the minutes of the meeting held on 24<sup>th</sup> June, 2013.

Resolved:- That the minutes of the meeting held on 24<sup>th</sup> June, 2013, be approved as a correct record.

**H16. HEALTH AND WELLBEING BOARD**

The minutes of the meeting of the Health and Wellbeing Board held on 12<sup>th</sup> June, 2013, were noted.

**H17. ASSESSMENT AND CARE MANAGEMENT QUARTERLY BRIEFING**

The Cabinet Member noted the quarterly briefing note on Community Services and Assessment and Care Management.

**H18. PROPOSED CHANGES TO THE RSAB STRUCTURE, GOVERNANCE AND OPERATIONS**

The Director of Health and Wellbeing reported that recent organisational changes in the NHS and the impending change in legislation arising from the Care and Support Bill required Safeguarding Adults Boards to refresh and reframe the way they worked. The legislative changes put the Boards onto a statutory footing, challenging partners to ensure that they were given equivalence to Safeguarding Children's Boards in relation to seniority of membership. It was also essential that the Board took a strategic approach to safeguarding adults ensuring that the services delivered were effective, safe and capable of continual improvement in line with national expectations and developments.

Rotherham's Safeguarding Adults Board had met on 8<sup>th</sup> May to review and refresh its vision, mission, strategic objectives, Governance Framework and Board structure. The report submitted outlined each of the areas of change and set out proposals to be agreed by the Board.

The Board recognised that, whilst it had been successful in implementing a range of improvements over the last 3 years, its focus had become increasingly operational in nature with the operational sub-groups having become much less successful over the last year. There was insufficient separation between the Board and sub-group business resulting in repetition and a lack of challenge. The following changes were proposed:-

- Membership – drawn from senior levels in the organisation that were represented and able to represent at Board level in the organisation and be effective decision makers
- Meetings – the Board would meet quarterly.
- Sub-Groups – a task and finish group would review the existing activities and report to the Board. Each sub-group should have effective Terms of Reference and a work plan. They would be able to hold partners to account for the rigour and quality of their assurance mechanisms. The sub-groups proposed were Prevent, Perform and Innovate
- Strategic Aims – a refreshed set of strategic aims, vision and mission
- Governance – the Board had agreed that it should focus on:-
  - Holding organisations to account for their Safeguarding practice
  - Ensuring that the Board's strategic aims were implemented, reviewed and refreshed with a clear statement of multi-agency commitment
  - Explicit commitments on membership
  - Board stakeholder involvement
  - Strategic leadership
  - Commitment to continual improvement
- Engagement with Customers – an annual forum to be held to engage with a wider group of customers some of who may have had experience of the Safeguarding process all of them with experiences of community or Service settings which supported them to feel safe or otherwise. An additional annual forum would be held with provider organisations, wider VCS organisation etc. as a way of ensuring extended membership of the Board
- Focus on Outcomes – in addition to a focus on Prevent and Protection, the Board should have a specific focus on Outcomes

The Board had also agreed to adopt a Safeguarding Adults Charter and a partnership agreement of commitment which would be adopted by all partner agencies.

In order to ensure that the plans were realised and to ensure that Board

reports and decision were able to go through the required governance processes, it was proposed that a Forward Plan be established.

The report also set out the 2013/14 priorities for the Board.

The report would be submitted to the Safeguarding Adults Board for final comment and then to the Health and Wellbeing Board for approval.

Discussion ensued on the report with the following comments made/clarified:-

- The Safeguarding Adults Charter would ensure that those individuals wishing not to go through the usual process, would still have the assurance of being safe/feeling safe
- Needed to take account of an individual's needs and made safe in a way that met their needs

Resolved:- That the report be noted.

#### **H19. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2013/14**

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, 2014, based on actual income and expenditure to the end of May, 2013.

It was reported that the forecast for the financial year 2013/14 was an overspend of £1.485 against an approved net revenue budget of £72.558M.

The latest year end forecast showed a number of underlying budget pressures which were being offset by a number of forecast underspends:-

##### **Adults General Management and Training**

- A slight overspend due to the cross cutting budgets (workforce planning and training and corporate charges)

##### **Older People**

- A forecast overspend on In-House Residential Care due to slippage on implementation of budget savings target and recurrent budget pressure on Part III income
- Increase in Direct Payments over budget
- Underspend on In House Transport.
- Forecast underspend on Enabling Care and Sitting Service, independent Residential and Nursing Care, Community Mental Health, Carers' Services and slippage on the recruitment to vacant posts within Assessment and Care Management

- Overspend on independent sector Home Care due to demand over the last 3 months
- Overall underspend on Rothercare due to slippage in Service Review including options for replacement of alarms

#### Learning Disabilities

- A forecast overspend on independent sector Residential Care budgets due to shortfall on Continuing Health Care income
- Forecast overspend on Day Care due to slippage on implementation of Day Care Review including increase in fees and charges plus recurrent budget pressure on transport
- Overspend in independent sector Home Care due to slippage on meeting budget savings and high cost placements in independent Day Care
- High cost Community Support placements resulting in forecast overspend
- Slippage on developing Supported Living Schemes plus additional funding from Health
- Efficiency savings on Service Level Agreements for advice and information and Client Support Services

#### Mental Health

- Projected slight underspend on Residential Care budget and budget pressure on Direct Payments offset by underspend within Community Support Services
- Minor overspends on employees' budgets due to unmet vacancy factor and use of agency staff

#### Physical and Sensory Disabilities

- Continued pressure on Independent Sector Domiciliary Care and increase in demand for Direct Payments
- Underspend on community Support as clients were redirected to Direct Payments and underspend on Residential and Nursing Care due to slippage in developing alternatives to residential provision
- Vacant posts within Resource Centre and Occupational Therapists
- Underspend on equipment and minor adaptations
- Forecast savings on contracts with Voluntary Sector providers

#### Safeguarding

- Forecast balanced budget at present

#### Supporting People

- Efficiency savings on subsidy contracts had already been identified against budget

Total expenditure on Agency staff for Adult Services to the end of May, 2013, was £106,930 (no off contract) compared with an actual cost of £40,376 (£1,974 off contract) for the same period last year. The main costs were in respect of Residential and Assessment and Care

Management staff to cover vacancies and sickness. There had been no expenditure on consultancy to date.

There had been £59,115 spent up to the end of May, 2013, on non-contractual overtime for Adult Services compared with expenditure of £40,581 for the same period last year.

Careful scrutiny of expenditure and income and close budget monitoring remained essential to ensure equity of Service provision for adults across the Borough within existing budgets particularly where the demand and spend was difficult to predict in a volatile social care market. A potential risk was the future number and cost of transitional placements from Children's Services into Learning Disability Services together with any future reductions in Continuing Health Care funding.

Regional benchmarking within the Yorkshire and Humberside region for the final quarter of 2012/13, showed that Rotherham remained below average on spend per head in respect of Continuing Health Care.

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

- Rothercare – Project plan was now in place and the procurement process commenced
- Overriding pressure on Direct Payments
- Review of Direct Payments – everyone who had expressed a wish for Direct Payments had been reviewed. Quite a number had decided it was not the best option for them and had moved to a new provider

Resolved:- That the latest financial projection against budget for 2013/14 be noted.

## **H20. RESPONSE TO SCRUTINY REVIEW OF CONTINUING HEALTHCARE**

The Director of Health and Wellbeing reported that, following the above Scrutiny Review, a senior management working group consisting of both Council and NHR staff, had met to agree a set of actions to ensure effective multi-disciplinary working and deliver better outcomes for customers.

Unfortunately significant changes in the NHS including the transfer of responsibilities to the Clinical Commissioning Group and the local National Commissioning Board had resulted in some delays in agreeing the devised joint protocol reflecting the National Guidance for NHS Continuing Healthcare and NHS Funded Nursing Care and which addressed local issues identified by the Select Commission.

It had been agreed that training would be delivered jointly by Continuing Health Council/Local Authority leads and rolled out across hospital, community and social care teams.

The joint protocol had been drafted and would include how to resolve disputes as well as written guidance for staff to ensure consistency and compliance.

The RMBC/CHC Senior Management Group, Personalisation Workstream, would continue to meet and consider budget issues and to develop cost effective delivery of personal health budgets by 1<sup>st</sup> April, 2014, based on a pilot project implemented from 1<sup>st</sup> April, 2013.

All of the Review's recommendations had been accepted with the majority of the actions either completed or had a completion date stated.

Discussion ensued with the following comments made:-

- Problems that arose in trying to get a Continuing Health Care assessment completed
- When the process had commenced, if the individual was re-admitted to hospital the process had to begin again often meaning that the individual concerned was not receiving the Continuing Health Care funding to which they were entitled

Resolved:- That the report be noted.

## **H21. SCRUTINY REVIEW OF RMBC RESIDENTIAL HOMES**

The Director of Health and Wellbeing presented a report setting out the findings and recommendations of the Scrutiny Review of Council-run residential homes i.e. Lord Hardy Court and Davies Court.

The Review had been undertaken from September to December, 2012, in the context of the significant budget pressures being faced by the Council and the need to identify further efficiencies. It had taken place alongside an independent financial review commissioned by the Directorate and delivered by Price Waterhouse Cooper.

Senior Management, Residential Managers and Human Resources had been working together to consider a number of options and recommendations from the review and the financial review. The options and areas proposed were:-

- Restructure staffing within the Homes including a review of Terms and Conditions for staff to achieve some of the budget savings proposals
- Review and review shift patterns for all staff to ensure staffing requirements and Service provision was carried out safely to meet essential standards and Service user assessed needs
- Ensure there were effective and robust Shift Leaders to comply, maintain and deliver standards of care for the Service users

- Look at ways of maintaining Quality Assurance
- Work between Residential Managers and Procurement Officers looking at options to utilise different suppliers and contracts to ensure value for money and address potential savings
- Consideration to the social and activities programme provided
- Possible lease arrangements to generate income
- Discussions with EDS Building Manager with regard to fully utilising the role of Handy Person, now employed at each Home, and where savings could be achieved.

The Review reported under the 5 sub-headings of Staffing, Catering and Entertainment, Buildings and Maintenance, Costs and Comparison and Options for the Future. Each section had its own recommendations totalling 10. The response to the recommendations was set out in Appendix 2 of the report submitted.

Resolved:- That the report be noted.