

**ADULT SOCIAL CARE AND HEALTH  
22nd September, 2014**

Present:- Councillor Doyle (in the Chair); Councillors Andrews and Pitchley.

**H1. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**H2. MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the meeting held on 21<sup>st</sup> July, 2014.

Resolved:- That the minutes of the meeting held on 21<sup>st</sup> July, 2014, be approved as a correct record.

**H3. ADULT SERVICES REVENUE BUDGET MONITORING REPORT  
2014/15**

Consideration was given to a report presented by Mark Scarrott, Finance Manager (Neighbourhoods and Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to 31st March, 2015, based on actual income and expenditure for the period ending August, 2014.

It was reported that the forecast for the financial year 2014/15 was an overspend of £1.270m against an approved net revenue budget of £69.290m. The main budget pressures related to budget savings from previous years not fully achieved in respect of additional Continuing Health Care Funding plus recurrent pressures and increasing demand for Direct Payments. There were also delays on achieving budget savings proposals within Learning Disability Services.

Management actions were being developed with the aim of containing expenditure within the approved cash limited budget by the end of the financial year.

The first financial forecast showed there remained a number of underlying budget pressures. The main variations against approved budget for each Service area were as follows:-

**Adults General**

- This area included the cross cutting budgets of Workforce planning and training and corporate charges and was forecasting an underspend due to higher than anticipated staff turnover within the Contract and Reviewing Officers Team

### Older People

- Recurrent budget pressure on Direct Payments over budget. Client numbers had increased since April together with an increase in the amount of a number of care packages
- Forecast underspend on Enabling Care and Sitting Service based on current level of Service together with an underspend within Independent Sector Home Care which had experienced a slight reduction in demand as at the end of August
- Overspend on Independent Residential and Nursing Care due to delays in achieving the savings target for additional Continuing Health Care (CHC) income. Additional income from property charges was reducing the overall overspend
- Planned delays on recruitment to vacant posts within Assessment and Care Management plus additional income from Health resulting in an overall underspend
- Overall underspend on Rothercare due to savings on maintenance contracts on the new community alarm units and supplies and services
- Underspends in respect of vacancies within Community Support and Carers
- The forecast now included one-off Winter Pressures funding from the CCG to increase Social Worker capacity and prevent delayed discharges from hospital

### Learning Disabilities

- Independent sector Residential Care budgets forecasting an underspend due to additional Health funding. Work continued on reviewing all CHC applications and high cost placements
- Forecast overspend within Day Care Services due to a recurrent budget pressure on external transport plus provision for 7 specialist transitional placements from Children's Services. This was being reduced slightly due to staff turnover higher than forecast
- Overspend in Independent Sector Home Care due to increase in demand
- New transitional placements from Children's Services into Supported Living plus additional demand for Shared Lives was being offset by additional CHC and one-off funding resulting in an overall forecast underspend
- Delays in meeting approved budget savings on Contracted Services for Employment and Leisure Services had increased due to extended consultation to the end of the financial year
- Forecast pressure on changing the provision of residential care to delivering of Supported Living by RDaSH
- Staff turnover lower than forecast within In-house Residential Care reduced by saving on RDaSH administration support

### Mental Health

- Projected underspend on Residential Care budget due to a reduction of 4 placements since April 2014 plus additional Public Health funding for substance misuse

- Pressures on employee budgets due to lower than expected staff turnover together with review of night cover arrangements reduced by underspend on Direct Payments plus additional Public Health funding

#### Physical and Sensory Disabilities

- Further increase in demand for Direct Payments in addition to a recurrent budget pressure and forecasting an overspend
- Savings from closure of respite care provision at Grafton House plus minor underspend on residential and nursing care due to a net reduction in placements since April
- Efficiency savings on contracts for advice and information

#### Safeguarding

- Includes Safeguarding Assessment and Social Work Teams together with Domestic Violence and Court of Protection forecasting a balanced budget
- At present additional pressures for the increase in demand for assessments under Deprivation of Liberty Safeguards being contained within existing budgets

#### Supporting People

- Efficiency savings on supplies and services budget

Total expenditure on Agency staff for Adult Services to the end of August, 2014, was £70,192 (no off contract) compared with actual expenditure of £216,978 (no off contract) for the same period last year. The main areas of spend were within Assessment and Care Management Social Work Teams. There had been no expenditure on consultancy to date.

There had been £77,167 spent up to the end of August, 2014, on non-contractual overtime for Adult Services compared with expenditure of £162,845 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 took place with the following issues raised and clarified:-

- The Physical and Sensory Disabilities Services was now being provided by the independent sector
- A performance clinic was to be held on Direct Payments on processes to track them as the client moved through the various Services
- The CCG was addressing the staffing resource issues with regard to CHC assessments

Resolved:- That the latest financial projection against budget for 2014/15, as now reported, be noted.

#### **H4. CARE ACT STOCKTAKE**

Nigel Parr, Team Manager, presented a report on the stocktake that had been completed as part of the Local Government Association's national audit of progress in implementation of the Care Act. The results of the stocktake of all local authorities would be used to inform the Local Government Association's understanding of Councils' concerns, if any, with regard to the implementation of the Care Act in 2015/16.

The initial estimate on the impact of additional demand for early assessments and carers assessments had been completed using a model developed by Lincolnshire County Council as requested by the Department of Health and ADASS.

The Government had recently issued a consultation on the funding formula for the new burdens of implementing the Care Act in 2015/16 in respect of additional assessments, introduction of universal deferred payment agreements and social care in prisons.

Both proposed options would result in a reduction in funding for Rotherham of between £292,000 and £370,000 in 2015/16 compared to what was illustrated in the December 2013 financial settlement. It was expected that there would be an increase in carer's assessments and staff time in carrying out assessments.

It was forecast that the estimated cost to the Council of implementing the Care Act would be £727,000 together with a further estimated cost associated with demographic and inflationary pressures of £2M for 2015/16.

Once the national criteria was known, consideration would be given to the training and supporting of staff. There would be need for enhanced work with other agencies.

Resolved:- (1) That the Council continue to consult and work with all partners to ensure that there was successful implementation of the Care Act with the resource implications of the Act to be assessed and planned for.

(2) That the Cabinet Member be kept informed of any developments or pressures arising.

#### **H5. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) AND CONSULTATION PLAN**

Consideration was given to a report presented by Dr. John Radford, Director of Public Health, on the Pharmaceutical Needs Assessment (PNA).

A PNA was a legal document used to make decisions about a range of services which needed to be provided by local community pharmacies (chemists), internet pharmacies and dispensing appliance contractors. These were part of local health care and Public Health Services and affected budgets. Such an Assessment was used when deciding if new pharmacy services and shops were needed. Applications were made by independent pharmacy owners and large pharmacy companies to NHS England.

The Health and Wellbeing Board must publish its PNA by 1<sup>st</sup> April, 2015, have 60 days of public consultation and have been signed off by the Board.

The Assessment was valid for 3 years unless any major changes occurred locally.

Discussion ensued with the following issues raised/clarified:-

- Medication management in care homes was an issue that needed further work
- Provision of a 100 hour pharmacy in the Town Centre once the Walk-in Centre moved to its new location

Resolved:- (1) That the draft Pharmaceutical Needs Assessment be approved for the 60 day consultation period.

(2) That the document be submitted to the Health Select Commission as part of the consultation.

#### **H6. ADULT SOCIAL CARE YEAR END PERFORMANCE**

Consideration was given to a report by Scott Clayton, Performance Improvement Officer, which outlined the 2013/14 key Performance Indicator results for the Adult Social Care elements of the Directorate together with current performance and new reporting requirements for 2014/15.

Rotherham had seen continued improvements across the range of 19 national Adult Social Area Outcomes Framework (ASCOF) measures

reported in 2013/14 with 14 out of 18 comparable measures (78%) recording improvement since 2012/13 and 16 measures (89%) showing improvement over the last 2 year period since 2011/12.

The improvement has also been reflected in regional comparisons as Rotherham now had 7 measures in the regional top 3 and only 1 (Mental Health employment) in the bottom 3. A similar positive comparison was seen when judged against its 'nearest neighbours IPF model with 5 measures in the top 3 and only 1 (Re-ablement – offered) in the bottom 3.

Full details of all Yorkshire and Humberside regional rankings of the ASCOF measures were listed in Appendix A.

Performance highlights in 2013/14 included:-

- Customer satisfaction levels of Adult Social Care were the best regionally and in the top 10 nationally
- 6,871 customers had been reviewed, 59 more than 2012/13
- Almost 5,360 clients receiving Services had had the opportunity to access services of their choice via a personal budget, best in region
- Reduced admission of older people to 24 hour care by 21 than in 2012/13 and 179 less than the 2011/12 rate. Supporting more people to achieve their wish of remaining to live at home.
- 100% performance in acting quickly to report safeguarding concerns helping to keep people safe
- All 8 Council registered CQC services 100% compliant, providing high quality safe personal care

Areas for improvement in 2014/15 included:-

- People supported in Mental Health Employment had fallen from a 3 year high, and placed Rotherham in the bottom 3 regionally. Work was taking place with partners to find ways to improve performance
- Plan to improve how many people could benefit from the Re-ablement Service by increasing the number of people who, when discharged from hospital were 'offered' the successful Service

The national reporting requirements had seen major changes in 2014/15 with longstanding annual statistical returns ceasing and a transition to reporting new more short and long term outcome based range of returns following implementation of the zero based reviews. Data capture recording of the new returns had commenced as from April and performance reporting would be phased in over the 2014/15 reporting year. A combination of 16 ASCOF or local initial measures were able to be reported either as at Quarter 1 or July data. These were currently showing 88% either on or slight variation to target with 2 Delayed Transfers of Care measures currently being rated as off target.

The current Adult Social Care KPI suite for 2014/15 was under final review following consideration of national benchmarking and publication of the ASCOF technical guidance.

Resolved:- (1) That the year end performance results and the 2014/15 performance requirements be noted.

(2) That a precise of the report be prepared for the Cabinet Member for circulation to Members.

(3) That the Cabinet Member's appreciation be placed on record for the efforts of those involved in the performance figures.

#### **H7. EXCLUSION OF THE PRESS AND PUBLIC**

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

#### **H8. PLACES FOR PEOPLE FLOATING SUPPORT SERVICE FOR REFUGEES**

Consideration was given to a report presented by Claire Smith, Operational Commissioner, on the analysis of the current floating support provision for refugees. The purpose had been to identify the current needs of clients and assess the impact of the expiry of the contract in March, 2015. Subsequently an Equality Assessment had been completed.

The review of the provision had established that, although the Service was running at capacity, in general the needs of the clients accessing the Service could be picked up by other floating support services funded through Supporting People (Housing Related Support Services) or the existing local voluntary sector.

It was proposed that the contract not be extended past 31<sup>st</sup> March, 2015. Services users would be supported to access alternative support services through the voluntary and community sector within the last 6 months of the contract (September, 2014-March, 2015).

Resolved:- (1) That the current Service provider be given 6 months' notice that the Service would not be extended or re-commissioned post 31<sup>st</sup> March, 2015.

(2) That the provider and commissioners work to ensure that current Service users were signposted to alternative services that could meet their needs.

(3) That the report be referred to the Health Select Commission for information.

**H9. REQUEST FOR A WAIVER OF STANDING ORDERS - ROTHERCARE MONITORING PLATFORM (JONTEK)**

Consideration was given to a report presented by Sarah Farragher, Contact and Enablement Service Manager, seeking approval for exemption of Standing Orders and an extension to the Rothercare monitoring platform for a further 2 years.

The current contract was due to expire in October, 2014, however, Rothercare call handling had increased in size since 2011/12 and continued to do so as assistive technology developed as a method of providing oversight support. Work was in progress to look at the future options of such Service provision. Given the changes, it was difficult to accurately specify what the future requirements for a monitoring platform would be, therefore, it was proposed that the current contract be extended with some minor adjustments to improve the workability of the current system.

Resolved:- That Standing Orders be waived and that the contract be awarded to Jontek for a further 2 years.