

ADULT SOCIAL CARE AND HEALTH
Monday, 8th December, 2014

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

Councillor M. Vines was also in attendance at the invitation of the Chairman.

H34. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H35. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 17th November, 2014.

Resolved:- That the minutes of the meeting held on 17th November, 2014, be approved as a correct record.

Arising from Minute No. H21 (White Ribbon Campaign), it was noted that an informal launch had been held at MyPlace.

Arising from Minute No. H31 (Crisis Care Concordat), it was noted that Cabinet had endorsed the Council's commitment to the Concordat as had the Clinical Commissioning Group and South Yorkshire Police.

H36. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 12th November, 2014, were noted.

H37. PETITION - ROTHERHAM DEAF FUTURE

Shona McFarlane, Director of Health and Wellbeing, reported receipt of a petition from Rotherham Deaf Future, containing 700 signatures, regarding their request for assistance relating to Council issues and services.

The background to the petition was given including the restructuring of the Assessment and Care Services sometime ago which had resulted in the changes made to the service provided.

Resolved:- (1) That the petition be noted.

(2) That the issues raised be investigated and a report submitted thereon as soon as possible.

H38. EMERGENCY HORMONAL CONTRACEPTION

Sue Greig, Locum Consultant in Public Health, presented a report on the proposed expansion of the Emergency Hormonal Contraception (EHC) Sexual Health Services commissioned from community pharmacies across Rotherham and the development of care pathways and safeguarding reporting mechanisms for all young people accessing the services.

The current Public Health Services contract (from April, 2013) in relation to Emergency Hormonal Contraception with pharmacists operating in Rotherham specified that they provide the service, free of charge, to females aged 16 years and over. This was an alternative choice of provision within the community to that which was offered by General Practitioners, Outreach Nurses and the Rotherham Integrated Sexual Health Service.

It was acknowledged that by extending the Service to 14-16 year old females, providers needed to be especially vigilant in relation to any Safeguarding issues that may arise especially concerns around the possibility of Child Sexual Exploitation. It was acknowledged that there were also specific Safeguarding issues in relation to this vulnerable group of young women which needed to be taken into consideration. Any pharmacist supplying EHC to a young woman aged 14-15 years of age would automatically refer through to the Rotherham Integrated Youth Service where support, appropriate referral and a further risk assessment would be carried out.

The proposal to extend the provision of EHC at pharmacies had been considered by the Local Pharmaceutical Committee who had agreed in principle to the necessary variations to the local contract. The variation would include the necessity for all participating pharmacists to have successfully completed the Council's online training package on CSE and sexual abuse.

Discussion ensued with the following issues raised/clarified:-

- Referral pathway for pharmacists dispensing EHC to young women had been developed
- Electronic recording system in use to allow more accurate monitoring
 - data collected would give a much clearer picture of the use of pharmacy accessed EHC
- The age/date of birth would automatically cause an alert for a young woman aged 14 and 15 years and highlight the required referral process
- Currently if a 14 year old female went to her GP for EHC it would be down to the GP's professional judgement as to whether a referral was made. Under this proposal pharmacies had to make a referral
- If there were a number of risk factors a referral would be made to MASH and the CSE Team. However, even if there were no concerns a referral would be made to Youth Start for an assessment and further work. If the young person declined the offer it would trigger a note of

- concern through the system
- A similar conversation now needed to take place with CASH and GPs with regard to flagging up if a 14/15 year old presented at their service
 - The electronic system would enable services to ascertain if there was a pattern
 - The Youth Offending Service had not raised any concerns about the possible increased referrals
 - It was highly likely that the young person would be known to the Youth Service and would, therefore, be another piece of intelligence
 - Monthly monitoring data would be received through the community pharmacy route
 - Community pharmacists were skilled professionals and the training would support them in asking the questions to draw out the information – if they did not undertake the training they could not offer the service
 - It was hoped to have the first pharmacy offering the service in January, 2015

Resolved:- That the proposal set out in the report for the provision of Emergency Hormonal Contraception Sexual Health Services be approved.

H39. INTRODUCTION OF A NEW APPROACH TO MOBILE TECHNOLOGY INTO ROTHERCARE (M-CARE).

Shona McFarlane, Director of Health and Wellbeing, presented a report for future service delivery of Rothercare to those customers who did not have a landline in their properties.

Due to the ending of the Health and Wellbeing Service and some residents within Rotherham deciding to use mobile phones instead of having landlines in their properties, some people who would access Rothercare to increase their safety were having to be declined a service.

There were approximately 30 customers who had been refused the Rothercare Service for this reason.

M-Care (Mobile care) used mobile phones as a gateway to telecare and telehealth for those with lifestyles better suited to using their mobile phone as a link to 24/7 monitoring services. It enabled the customer to go out into their local community knowing that they were safe.

Anyone who used a mobile phone could use M-Care by pressing a speed dial number on their mobile handset to contact Rothercare. The call would be presented to the centre operators in a similar manner to a typical telecare call showing clearly the call was from a mobile phone.

Discussion ensued with the following issues raised/clarified:-

- It would not replace the pendant/fob etc. – it was purely for those

- customers who did not have a landline facility to their property
- Clarity would be needed as to the customer's ability to use a mobile phone, ensure it was charged etc.
 - Could a customer have both conventional access to the Service and the mobile facility?
 - Who could access the Service?
 - Where could they access the Service?
 - The Service's ability to cope with potential increase in demand

Resolved:- (1) That the report be noted.

(2) That a further report be submitted to the next meeting covering the issues raised above.

(3) That arrangements be made for a visit to Rothercare.

H40. 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 October, 2014.

It was reported that the forecast for the financial year 2014/15 was an overspend of £737,000 against an approved net revenue budget of £69.267m. 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 and the impact of the moratorium on training budgets

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 since April
- 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 underspent
- 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 Carers Service
- 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 and realisation of continued work reviewing all CHC applications and high cost placements as part of budget savings target
- 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 over and above budget
- 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 the overspend 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 3 placements since April 2014 plus additional Public Health funding for substance misuse
- Pressures on employee budgets due to lower than expected staff turnover plus review of night cover arrangements offset by underspend

on Community Support and Direct Payments due to a review of a number of care packages 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
- Efficiency savings on contracts for advice and information
- Independent sector Residential Care forecasting an underspend as 1 client was now supported by another authority
- Underspend on Independent sector Homecare as clients migrated to Direct Payments Scheme
- Slight underspends on Independent Day Care, therapy and equipment support

Safeguarding

- Increase in demand for assessments under Deprivation of Liberty Safeguards putting additional pressure on existing budgets
- Reduced by higher than anticipated staff turnover plus additional one-off income from Health

Supporting People

- Efficiency savings on contracts due to reduced activity and supplies and services budgets due to the moratorium on non-essential spend

Total expenditure on Agency staff for Adult Services to the end of October, 2014, was £112,128 (no off contract), a significant reduction compared with actual expenditure of £235,327 (no off contract) for the same period last financial 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 £112,067 spent up to the end of October, 2014, on non-contractual overtime for Adult Services compared with expenditure of £112,067 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:-

- Winter Pressures funding had been received much earlier this year

- Implementation of some of the Better Care Fund activity and work with the Foundation Trust around discharge to assess. This meant that someone who was fit enough to leave hospital but not sufficiently fit to return home would be able to go to a variety of settings to complete their recovery without occupying a hospital bed
- There had been investment in Intermediate Care through the Better Care Fund which would help support the pathway and if necessary bring agency staff in as required to get people through the system quicker

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