

**ADULT SOCIAL CARE AND HEALTH  
26th January, 2015**

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

**H44. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**H45. MINUTES OF THE PREVIOUS MEETINGS**

Consideration was given to the minutes of meeting held on 8th and 19th December, 2014.

Resolved:- That the minutes of meetings held on 8<sup>th</sup> and 19th December, 2014, be approved as a correct record.

Arising from Minute No. H37 (Petition – Rotherham Deaf Future), it was noted that the member of staff who may be supporting the solution had returned to work and was progressing a response.

Arising from Minute No. H39 (Introduction of a New Approach to Mobile Technology into Rothercare (M-Care)), it was noted that a report would be submitted to the next meeting together with arrangements for a visit to Rothercare.

**H46. HEALTH AND WELLBEING BOARD**

The minutes of the meeting of the Health and Wellbeing Board held on 3rd December, 2014, were noted.

Arising from Minute No. S44 (Better Care Fund), it was reported that a letter had now been received confirming that the Plan had been accepted.

**H47. CONFERENCES**

Resolved:- (1) That the Chairman (or substitute) be authorised to attend the Health and Wellbeing Board Chairs Summit to be held in London on 25<sup>th</sup> March, 2015.

(2) That the Chairman (or substitute) be authorised to attend the Association of Directors of Social Services (ADASS) national conference to be held in Bournemouth on 16<sup>th</sup>-18<sup>th</sup> October, 2015.

**H48. SEXUAL HEALTH STRATEGY 2014 FRAMEWORK FOR DELIVERY 2015 - 2017**

Gill Harrison, Public Health Specialist, and Sue Grieg, Locum Consultant in Public Health, presented the Sexual Health Strategy for Rotherham.

In May, 2013, the Health and Wellbeing Board had recommended the reconvening of a multi-agency Sexual Health Strategy to produce an updated, comprehensive Strategy for Rotherham. The Group had first met in October, 2013, and a draft Strategy circulated for consultation in June, 2014. The Group had agreed the finalised Strategy in December, 2014.

The Department of Health's Framework for Sexual Health Improvement in England had set out the Government's ambitions for good sexual health and provided information about what would be needed to deliver good Sexual Health Services for commissioners and providers. It was felt that a comprehensive strategic approach to the commissioning and delivering of Sexual Health Services could help minimise risk in relation to control of infection and in tackling unintended teenage pregnancy.

A couple of comments had been made as part of the consultation on the Strategy with regard to strengthening the Strategy, links with Safeguarding and CSE and also with respect to vulnerable young people. Those changes had been made. In terms of links with the CSE Strategy and action plan they were very much consolidated. The last section of the Framework for Action was both cross referenced with the CSE Strategy and action plan as well as the Needs Analysis for the CSE Strategy being referenced as a key action. Attempts had been made to make the links without repeating the CSE Strategy.

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

- The Safeguarding Children's Board had been referenced in the Strategy
- Information contained therein regarding the Sexual Health Service and its commissioning cross referenced with the CSE action plan
- Any comments received from the consultation had been incorporated into the revised document. Comments had included the need to cross reference the Alexis Jay report, Safeguarding, young people welcoming the emphasis on the young person and increased emphasis on Looked after Children
- The revised document had been considered by the Core Strategy Group and the Clinical Commissioning Group Governing Body who had ratified the document. They had commented that they would wish to see specific actions underneath the Framework for delivery particularly looking at the commissioning role and the individual

groups' role for commissioning. Those comments would be taken on board during delivery of the Strategy

- There had been no reticence to become involved with the consultation
- Public Health worked with the School Effectiveness Programme to look at what they did. There were national guidelines and programmes on good sexual and relationship education which started from the point of self-esteem and good relationships. The national guidelines also spoke about the ages of children. The School concerned was the best placed to know their children; there was no hard and fast rule to say where, when and what
- There were standardised programmes of sexual education so Schools should be offering the same learning programme but how they actually facilitated it could be different e.g. could be work with the School Nurse or a teacher. There were set workbooks and educational work that were used and promoted
- Something that Ofsted looked at within their Framework

Resolved:- (1) That the Sexual Health Strategy for Rotherham be submitted to the Health and Wellbeing Board for ratification.

(2) That the report be submitted to the Cabinet Member for Children and Education Services for information.

(3) That the Senior Management Team consider possible reporting routes for the future.

#### **H49. CARE ACT 2014**

Shona McFarlane, Director of Adult Social Services, presented a proposed mechanism to manage the release of key information on the Care Act through a series of briefings.

The Care Act 2014 supported Legislation changes across Adult Social Care. A Care Act Steering Group had been established with a series of sub-groups and enabling groups with each taking responsibility for delivering on elements of the Act.

It was proposed that briefing notes be prepared and distributed to the Cabinet Member and Policy Advisors, partners and included on the intranet. There was to be a web page dedicated to the Care Act.

Resolved:- (1) That the mechanism of briefing notes to provide key information on the delivery of preparations for the Care Act 2014 be approved.

(2) That the briefing notes be included on the Care Act website.

#### **H50. ADULT SERVICES REVENUE BUDGET MONITORING - NOVEMBER 2014**

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 November, 2014.

It was reported that the forecast for the financial year 2014/15 was an overspend of £468,000 against an approved net revenue budget of £69.751m. 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
- Underspend within In-House Residential Care and Day Care Services due to vacancies pending restructure, additional income from self-funders together with Winter Pressures funding

- 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 Carers Service

#### 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 5 placements since April 2014 plus additional Public Health funding for substance misuse
- Reduced pressure 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 November, 2014, was £130,961 (no off contract), a significant reduction compared with actual expenditure of £254,082 (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 £132,130 spent up to the end of November, 2014, on non-contractual overtime for Adult Services compared with expenditure of £273,472 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 number of assessments under the Deprivation of Liberty Safeguards had increased from that of 2013/14. The backlog was being managed through the risk assessment process (using the national tool for risk assessments) and the 154 completed to date had gone through that process. The Strategic Leadership Team was to consider a report shortly requesting additional funding. The situation in Rotherham was replicated across the country
- All frontline services posts were fully recruited to immediately because of Care Quality Commission requirements. If recruitment was not possible, agency staff would be utilised. There was a constant recruitment process due to the turnover of staff

The Chairman thanked all those involved for their work in striving towards a balanced budget situation.

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

#### **H51. SETTING IN HOUSE RESIDENTIAL ACCOMMODATION CHARGES 2015/16**

Mark Scarrott, Finance Manager (Neighbourhoods and Adult Services) submitted proposals for increasing the charge to Service users for the provision of In-house Residential Care for the 2015/16 financial year to take account of inflation.

In accordance with its statutory duty, the Council was required to set a maximum charge for residential accommodation it provided in Local Authority homes for:-

- Those Service users who refused to provide details of their financial circumstances
- Those Service users who had been financially assessed according to their ability to pay and as a result were required to pay the maximum charge i.e. have savings/assets of more than £23,250
- Those Service users who were placed and financially supported by another Local Authority

All other Service users with savings of less than £23,250 would be financially assessed according to the income they received which was generally made up of retirement pension and/or other welfare benefits. Their charges would increase in line with welfare benefits increases of 2.5%

The proposed charges were as follows:-

##### **Homes for Older People**

It was proposed that the maximum charge for all Local Authority residential care homes was increased by 2.5% in line with the increase in welfare benefits.

The proposed charge based on the 2.5% would be £550 per week, an increase of £13.00 per week.

##### **Homes for Other Service User Groups**

The proposed revised charges for other Service user groups had limited immediate impact as there was currently only 1 client paying the full cost. The charges were set out at Appendix 1 of the report submitted.

Discussion ensued with the following issues raised/clarified:-

- Fees had always been raised in line with the increase in welfare benefits where individuals who received benefits had no access to capital or savings
- Once a Service user's capital fell below the £23,250 threshold there was a sliding scale of charges – the majority of Service users paid a reduced fee based on their financial assessment
- An individual that had very little income coming into care would be left with the personal allowance of £24.40 per week

Resolved:- That increase in the charge for In-house Residential Care Homes, as set out in the report now submitted, be approved with effect from April, 2015.

## **H52. 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)).

## **H53. REVIEW OF NON RESIDENTIAL SERVICE CHARGES**

Consideration was given to a report, presented by Mark Scarrott, Finance Manager (Neighbourhoods and Adult Services), containing proposals for increasing charges for non-residential services for 2015/16.

The Council has discretionary power to charge for non residential services and set a maximum amount and then carry out a financial assessment to test people's ability to pay. The Council cannot charge more than the actual cost of the service, including overheads.

The Consumer Price Index inflation rate as at September, 2014, was 1.2%.

The submitted report set out the proposed charges for Domiciliary Care, Day Care, Day Care Meal, Transport to Day Centres and Community Alarms.

Resolved:- (1) That the report be received and its contents noted.

(2) That with effect from 1 April 2015, the Domiciliary Care and Day Care charges be increased by 1.2%, as set out in the report submitted, be approved.



(3) That the charges for the provision of Transport to Day Centres be increase to £3.50 per return journey as agreed at the Cabinet member for Adult Social Care meeting on 25<sup>th</sup> February, 2013 (Minute No. H72(2)(f)) refers.

(4) That the charge for Day Care Meals for the 2015/16 financial year remain at their existing charge of £4.70.

**H54. FEE SETTING 2015/16 - INDEPENDENT SECTOR RESIDENTIAL AND NURSING CARE OF PEOPLE OVER 65 YEARS**

Consideration was given to a report presented by Jacqui Clark, Operational Commissioner, concerning proposals to increase the fees to the Independent Sector Residential and Nursing Care Providers (People Over 65 Years) for the financial year 2015/16.

Consultation had taken place with the sector from 8<sup>th</sup> September and a meeting held on 27<sup>th</sup> November with a 7<sup>th</sup> January, 2015, deadline for comments. No objections had been raised to the proposal.

The older persons' residential care market in Rotherham continued to face significant financial pressures. Council commissioners, in collaboration with the Care Quality Commission, Public Health and NHS partners, undertook periodic "Healthchecks" on care homes in addition to regular compliance work and the Home from Home assessment. An Older Peoples Residential Care Market Analysis was currently under construction.

The proposed 1.98% uplift figure for 2015/16 was based on a formula which took account of the average increase in minimum wage, the changes to pensions from October, 2015 and the Consumer Price Index as at September, 2014 (1.2%).

Resolved:- (1) That a fee increase for Residential and Nursing Care Homes for People Over 65 Years be approved of 1.98% for 2015/16, as set out in the report submitted.

(2) That a report be submitted on proposals for specialist (under 65 years) Care Home placement fees for 2015/16.