

**You are hereby summoned to a meeting of the Health Select Commission  
to be held on:-**

**Date:- Thursday,  
1st December, 2016**

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

**Time:- 9.30 a.m.**

**HEALTH SELECT COMMISSION AGENDA**


1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To consider any item which the Chairman is of the opinion should be considered as a matter of urgency
3. Apologies for Absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
7. Minutes of the Previous Meeting held on 27th October, 2016  
To follow

**For Discussion**

8. South Yorkshire and Bassetlaw Sustainability and Transformation Plan (Pages 1 - 40)  
Chief Executives of Rotherham Clinical Commissioning Group, RDaSH, Rotherham Council and the Rotherham Foundation Trust to present
9. Adult Social Care Performance - Yorkshire and Humber Year End Benchmarking (Pages 41 - 56)  
Nathan Atkinson, Assistant Director Strategic Commissioning, and Scott Clayton, Performance and Quality Team Manager
10. Adult Social Care Performance - Local Measures (Pages 57 - 66)  
Nathan Atkinson, Assistant Director Strategic Commissioning, and Scott Clayton, Performance and Quality Team Manager

### **For Information/Discussion**

11. Development of a Rotherham All Age Autism Strategy (Pages 67 - 72)  
Nathan Atkinson, Assistant Director Strategic Commissioning
12. Learning Disability - Shaping the Future Update (Pages 73 - 77)  
Nathan Atkinson, Assistant Director Strategic Commissioning
13. Learning Disability - The Transforming Care Partnership (Pages 78 - 87)  
Kate Tufnell, Rotherham Clinical Commissioning Group, to present
14. Joint Health Overview and Scrutiny Committee for the Commissioners Working Together Programme
15. Improving Lives Select Commission Update
16. Healthwatch Rotherham - Issues
17. Date of Future Meeting  
Thursday, 19<sup>th</sup> January, 2017 at 9.30 a.m.



**SHARON KEMP,**  
**Chief Executive.**

Membership 2016/17:-

Chairman:- Councillor Sansome

Vice-Chairman:- Councillor Short

Councillors Albiston, Andrews, Brookes, Cusworth, Elliot, R. Elliott, Ellis, Evans, Fenwick-Green, Ireland, Marles, Marriott, Roddison, John Turner, Williams and Wilson.

**Briefing for stakeholders  
November 2016****South Yorkshire and Bassetlaw Sustainability and Transformation Plan – an overview**

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**Introduction**

Ambitions for the future of health and care in South Yorkshire and Bassetlaw have been published in the region's Sustainability and Transformation Plan (STP).

Setting out the vision and priorities of the 25 NHS and local authority partners, the STP is the result of many months of discussions across the partnership, including with patient representative groups and the voluntary sector.

The strategic plan will now be shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services in the region. All feedback will be taken into account before any further work takes place.

The South Yorkshire and Bassetlaw STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together.

**The ambition**

The goal of the STP is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.

The thinking starts with where people live, in their neighbourhoods, focusing on people staying well. Introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

Prevention is at its heart – from in the home to hospital care – supported by plans to invest in, reshape and strengthen primary and community services. At the same time, the partners agree that everyone should have improved access to high quality care in hospitals and specialist centres and that, no matter where people live, they get the same standards, experience and outcomes for their care and treatment.

All partners want to work together more closely to provide the care in the right place, at the right time and by the most appropriate staff. To do this they will develop innovative, integrated and accountable models of care and build on the work of the Working Together Partnership Acute Care Vanguard.

The STP is also about developing a networked approach to services across South Yorkshire and Bassetlaw to improve the quality and efficiency of services, in areas such as maternity services. It is also about simplifying the urgent and emergency care system so that it is more accessible.

It also focuses on other factors affecting health, including education, employment and housing, to not only improve the health, wellbeing and life chances of every person in the region but also to deliver a more financially sustainable health and care system for the future.

People's health is shaped by a whole range of factors – from lifestyle and family backgrounds to the physical, social and economic environment. At the same time, NHS services tend to focus on treating people who are unwell. Partners agree that they need to look at the connections between the £11 billion of public money that is spend in South Yorkshire and Bassetlaw and the £3.9 billion that is focused on health and social care.

The plan highlights the need to improve care for people, health and care services need to work more closely together, and in new ways. This will enable contribution to the region's economic growth, helping people to get and stay in work and as well as supporting their health and wellbeing, it will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

### **The case for change**

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. There has also been improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services.

However, people's needs have changed, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

Quality, experience and outcomes vary and care is often disjointed from one service to another because our hospitals, care homes, general practices, community and other services don't always work as closely as they should. STP organisations have had some good Care Quality Commission feedback but there are areas for improvement.

In addition, there are some people in hospital beds who do not need to be there, many people go to A&E because they are unable to see their GP when they need to and there are growing waiting times for many services.

In some areas, there is a national shortage of clinical staff. Indeed, the STP is already consulting on proposed changes to hyper acute stroke services and some children's surgery in the region because such shortages are already having an impact locally.

Furthermore, there are high levels of deprivation, unhealthy lifestyles and too many people dying prematurely from preventable diseases and there are significant inequalities across the region.

There are also significant financial pressures on health and care services - with an estimated gap of £571 million in the next four years.

### **Working together**

The plan is built on a history of strong relationships and being able to quickly develop a strong partnership, where all can see the opportunities and are motivated to deliver significant improvements for the 1.5 million population. It is about working together even better, and in new ways.

Partners will aim to achieve financial sustainability through planning and buying health care and support services together. At first, this will be across the priority areas but will increasingly be across all services.

The STP is based on the five 'places' within South Yorkshire and Bassetlaw – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Their plans are the foundation of what will be delivered in each area and they set out how the improvements from the new ways of working and prevention will be made. The place plans focus on aligning primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also hone in on improving health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

Work on place alone won't address the challenges, and so there are also eight priority areas of focus:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support office functions

### **Taking decisions together**

To successfully implement the plan and deliver the change that is required for South Yorkshire and Bassetlaw, the statutory organisations involved in health and social care have formally agreed to interim governance arrangements to enable them to start to work and take decisions together.

An Oversight and Assurance Group will provide oversight governance, a Collaborative Partnership Board (CPB) will set the vision, direction and strategy and an Executive Partnership Board will support the CPB and develop policy and make recommendations to the Board. Already in place are a Joint Committee of NHS Clinical Commissioning Groups (JCCCGS) and an NHS Provider Trust Federation Board.

All these will run in parallel with partners' governance and help make decisions. This interim arrangement will remain in place until April 2017 during which time a review will take place to establish the right governance.

The members of these groups come from all statutory South Yorkshire and Bassetlaw health and social care organisations plus national bodies as appropriate (NHS England, NHS Improvement, Health Education England and others), as well as other providers and representatives from primary care, the voluntary sector and patients, including Healthwatch.

A key principle of the governance arrangements is that local commissioning will remain a local responsibility. The JCCCG will only take precedent over local decisions where it agrees that it would be more efficient and effective for decisions to be made at a South Yorkshire and Bassetlaw level.

### **Rethinking and reshaping health and care**

In rethinking and shaping how we currently work, we want to focus on:

- Putting prevention at the heart of what we do
- Reshaping primary and community based care
- Standardising hospital services

We want to radically upgrade prevention and self-care, to help people to manage their health and look after themselves and each other. This will require improvements in how health and care services connect with people to help them stay well and also in how illness is detected and diagnosed.

Investment in health at community levels will be transformed. Focusing more on helping people where they live will also have an impact on people's employment and employability. Through the transformation of community based care and support, improve primary care services will be improved, with GPs coming together at the forefront of new ways of working. Through wider GP collaborations, it will be possible to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt the workforce to better meet people's health and care needs.

At the same time, everyone should have better access to high quality care in specialist centres and units and, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by standardising hospital care and developing a networked approach to services.

We also think that spreading best practice and collaborating on support office functions, such as our estates, procurement and pharmacy management, will enable us to meet the challenges. Technology and digital integration will also play a major role in helping shape the future of health and care services.

Developing and supporting our staff is the only way we will achieve these ambitions. We need the right people, with the right skills in the right place and the right time – whether this is in general practice, the community and neighbourhoods or in hospitals.

We will need to rethink and reshape our workforce, developing ways of working that help people live healthy lives in their homes and communities and supporting GPs to be as effective as possible.

We envisage a flexible workforce that comes together to offer people the best and most appropriate care.

## Finance

We currently invest £3.9 billion on health and social care for the 1.5 million population of South Yorkshire and Bassetlaw. This includes hospital services, mental health, GP services, specialist services and prescribed drugs, as well as public health and social care services.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, we estimate that there will be a financial shortfall of £571 million by 2020/21.

If we do nothing to address this, £464 million will be the health service gap, while £107 million will be the social care and public health gap. If we are to achieve our ambitions, we need the £3.9 billion investment to work differently.

Our high level planning assumes a significant reduction in demand for hospital services and potential changes to services which, if fully developed into cases for change, would require public consultation.

## Early implementation

We are already progressing a number of priorities, led by NHS Commissioners Working Together and the NHS Providers' Working Together Partnership Vanguard. We agree we want to take these forward using the governance we have put in place.

The areas are:

- Spreading best practice and collaboration on support office functions
- Children's surgery and anaesthesia
- Hyper acute stroke services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties

## Priorities in 2017/18

At the same time, we will focus on the following in the coming year from our priority list:

- Take the thinking further in our priority areas, involving staff and the public in discussions
- Improve cancer care, including chemotherapy and pancreatic cancer services and working as part of an alliance across our region and North Derbyshire
- Develop specialised services, such as vascular, children's, orthopaedics, neonatal and mental health services
- Finance, such as how we can be more flexible and accountable with our budget and getting the most out of our spend
- Governance, moving from the interim to longer term arrangements

## **Listening to our staff and local communities**

Between December 2016 and March 2017, we will connect and talk with the staff in each of our partner organisations and local communities about the plan. We will also be working with Healthwatch and our voluntary sector partners to ensure we connect with all groups and communities.

We will take account of all views and feed these back into our plans.

## **Who is involved?**

There is a strong community of stakeholders, including more than 10,000 voluntary sector organisations, 208 GP practices, five local authorities, five clinical commissioning groups, five acute hospitals, two of which are integrated with their community services, two associate acute hospital trusts, four mental health providers, five Healthwatch organisations and two ambulance services. We are also working closely with our STP associate partners in North Derbyshire and Mid-Yorkshire. We employ 74,000 staff across health and social care and administer £3.9bn public funds each year.

A full list of partners can be found at: [www.smybndccgs.nhs.uk](http://www.smybndccgs.nhs.uk)

## **How has the STP been developed?**

Over the last few months, we've been working with patient groups, the voluntary sector, hospitals, GPs, local councils, commissioners of services and the universities to discuss what needs to happen in South Yorkshire and Bassetlaw.

Each of the five 'places' in South Yorkshire and Bassetlaw. Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield have been leading discussions on local plans. They form the foundation of the STP and focus on aligning primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also hone in on improving health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

## **Why didn't I know about the STP before? / Have you involved patients and the public?**

Patients and the public have been involved in local discussions in each of the five areas in South Yorkshire and Bassetlaw. Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield CCGs have all been having conversations on their plans and invited groups and individuals along to them.

The discussions so far have informed the high level thinking at both local levels and at the South Yorkshire and Bassetlaw level.

In the coming months, there will be wider conversations with staff and the public about getting involved in shaping what happens next across the NHS in South Yorkshire and Bassetlaw.

All opportunities to help shape future work will be widely publicised and shared on [www.smybndccgs.nhs.uk](http://www.smybndccgs.nhs.uk) – you can also contact the STP programme management team at [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)



# South Yorkshire and Bassetlaw Sustainability and Transformation Plan

## An overview

November 2016



# Context



Our ambition:

“We want everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and live longer.”



# Why we need to change

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- People are living longer - and their needs are changing
- New treatments are emerging
- Quality, experience and outcomes are variable
- Health and care services aren't joined up
- Preventable illness is widespread
- Shortage of clinical staff in some areas
- We have inequalities, unhealthy lifestyles and high levels of deprivation in South Yorkshire and Bassetlaw
- And finally, there are significant financial pressures on health and care services - with an estimated gap of £571 million in the next four years



# Health in its wider context

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- Being healthy is about more than just health services
- 80% of health problems could be prevented
- 60% are caused by other factors:
  - Socio-economic status
  - Employment
  - Housing
  - 'Non-decent' homes
  - Access to green space
  - Social relationships/communities
- Public service reform
  - Personalised support to get people into work
  - Support young people facing issues
  - Develop wraparound services
  - Structure ourselves better
  - Make money work better to achieve outcomes



# Reforming our services

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- We have a history of strong partnership working
- We want to work together in new ways
- Key to our success will be:
  - Developing accountable models of care
  - Building on the work of the Working Together Partnership Acute Care Vanguard
  - Joint CCG committee
  - Local Authorities working together



# Developing and delivering the plan





£3.9 billion total health and social care budget



1.5 million population



72,000 staff across health and social care



37,000 non-medical staff



3,200 medical staff



835 GPs / 208 practices



6 acute hospital and community trusts



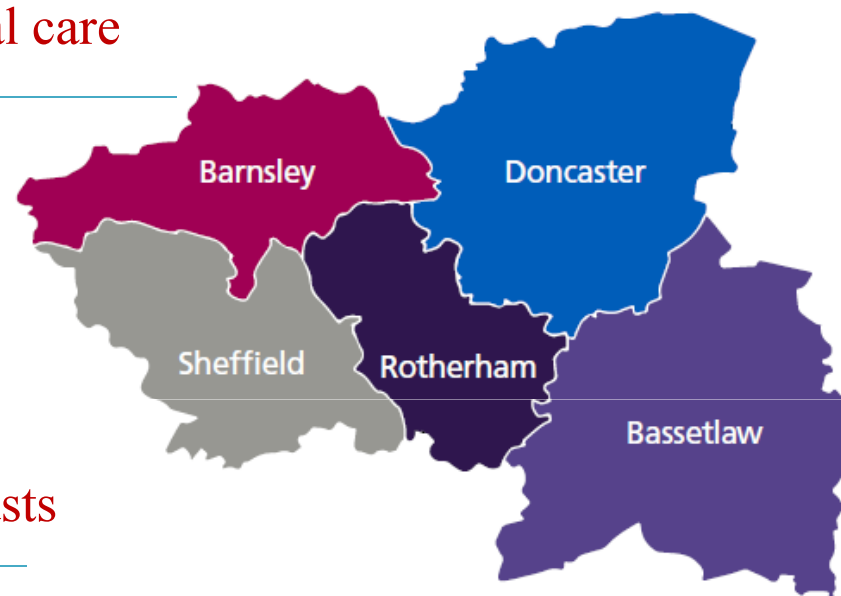
5 local authorities



5 clinical commissioning groups



4 care/mental health trusts





# Developing the plan

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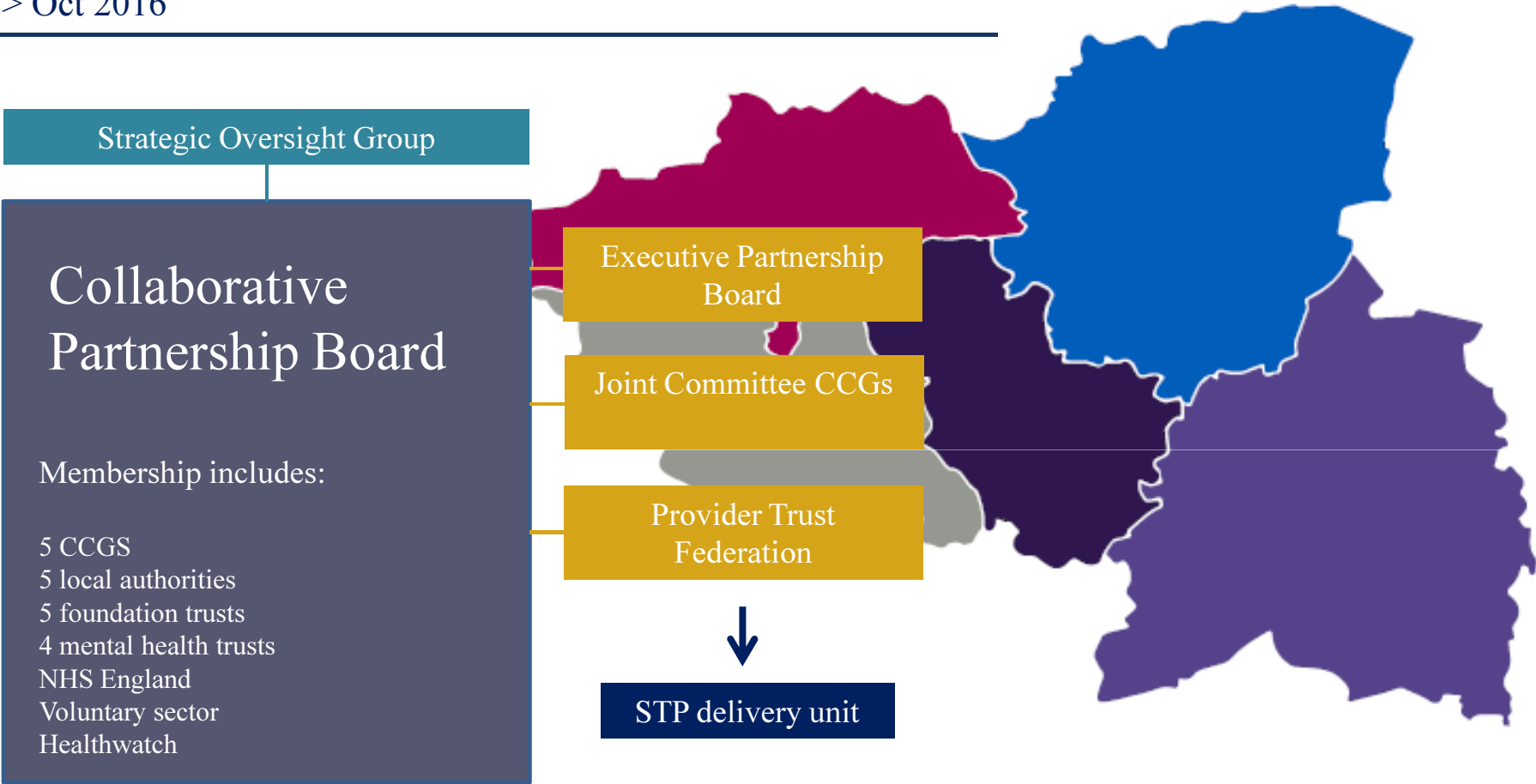
- Built from five 'place' based plans – Barnsley, Bassetlaw, Doncaster, Rotherham, Sheffield
- Eight workstream plans (now our priorities)
- Chief executive and chief officer led

# Our priorities

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- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support office functions





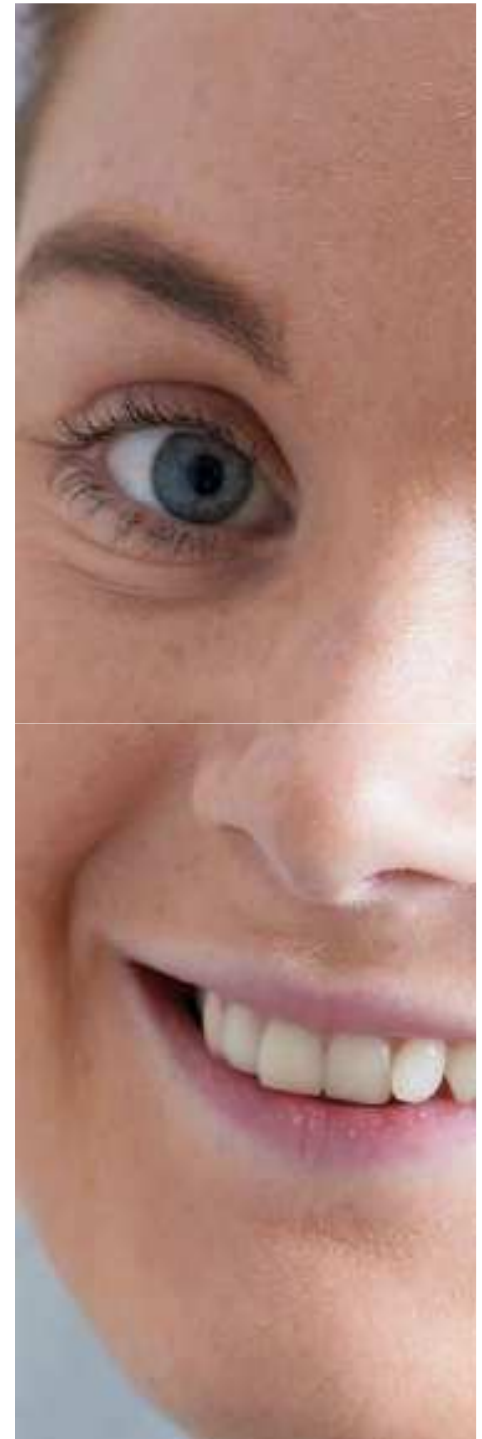
# Reshaping and rethinking health and care



# Our focus will be

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1. Putting prevention at the heart of what we do
2. Reshaping and rethinking primary and community based care
3. Standardising hospital care



# Putting prevention at the heart

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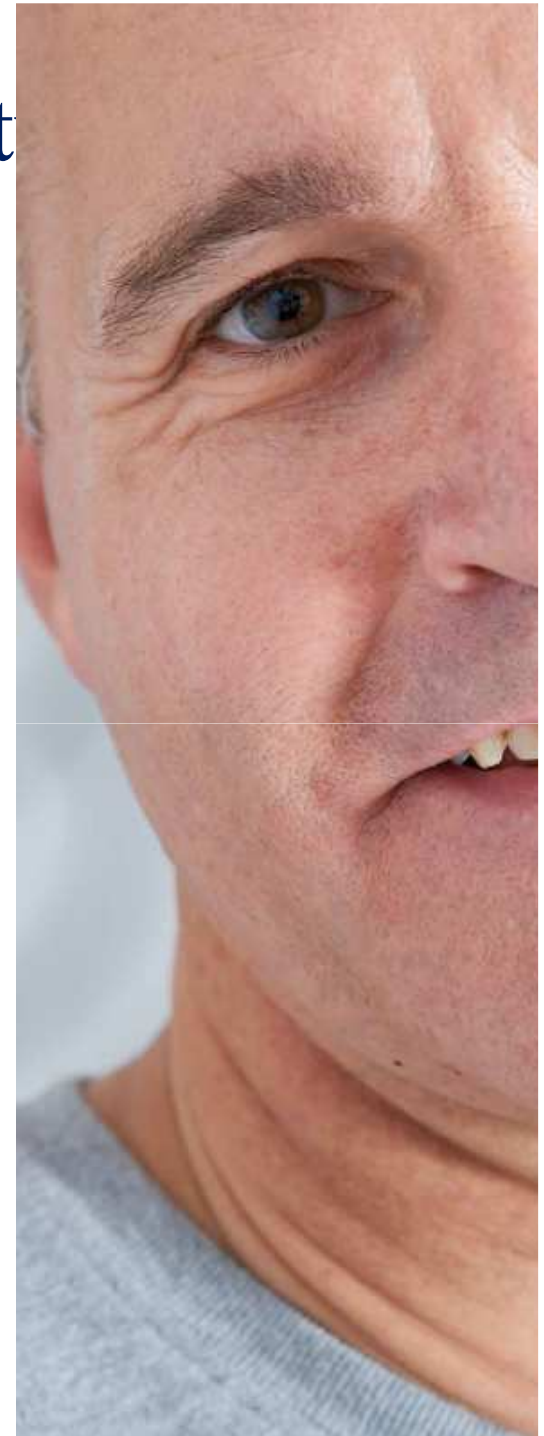
- Drive a step change in employment and employability
- Help people to manage their health in their community, with joined up services
- Invest in a region wide Healthy Lives programme – focusing on smoking cessation, weight loss and alcohol interventions



# Reshaping primary and community care

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- Improving self care and long term conditions management
- Social prescribing
- Early detection and intervention
- Urgent care intervention and treatment closer to home
- Care co-ordination



# Standardising hospital care

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- Reshaping services
- Managing referrals
- Managing follow up appointments
- Diagnostics and treatment
- Reviewing local and out of area placement in mental health services
- Specialised services

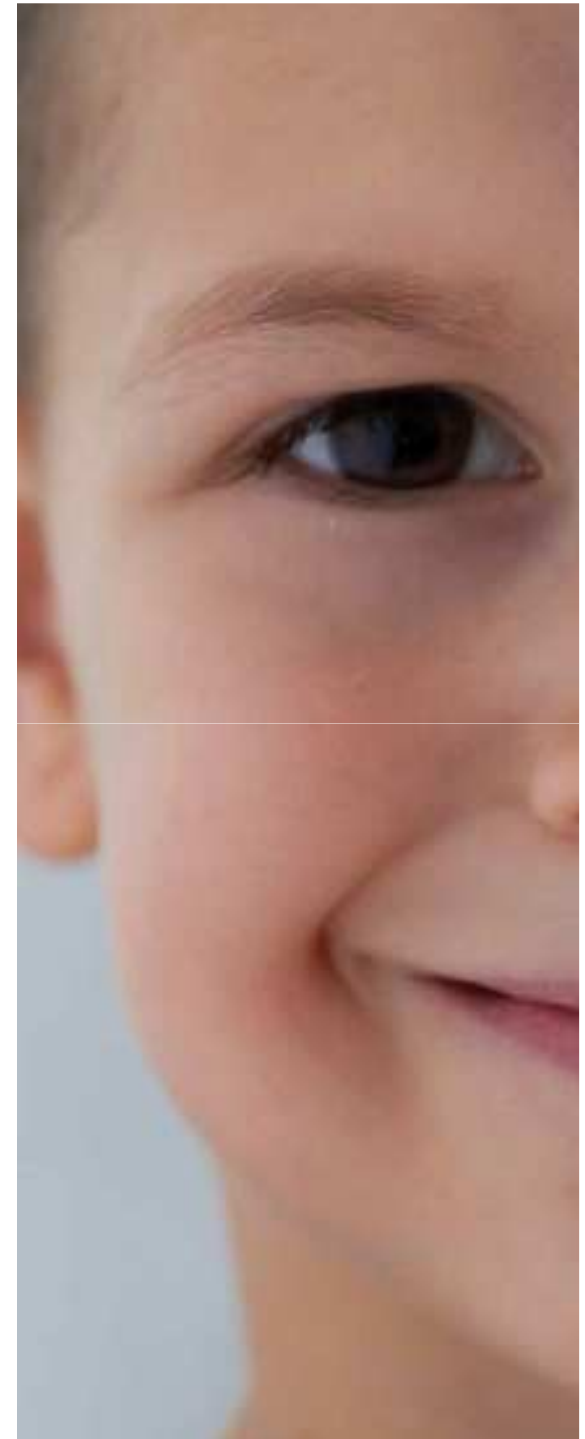




# Early implementation

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- Spreading best practice and collaborating on support office functions
- Children's surgery and anaesthesia
- Hyper acute stroke services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties



# Financial challenge



# Our financial challenge

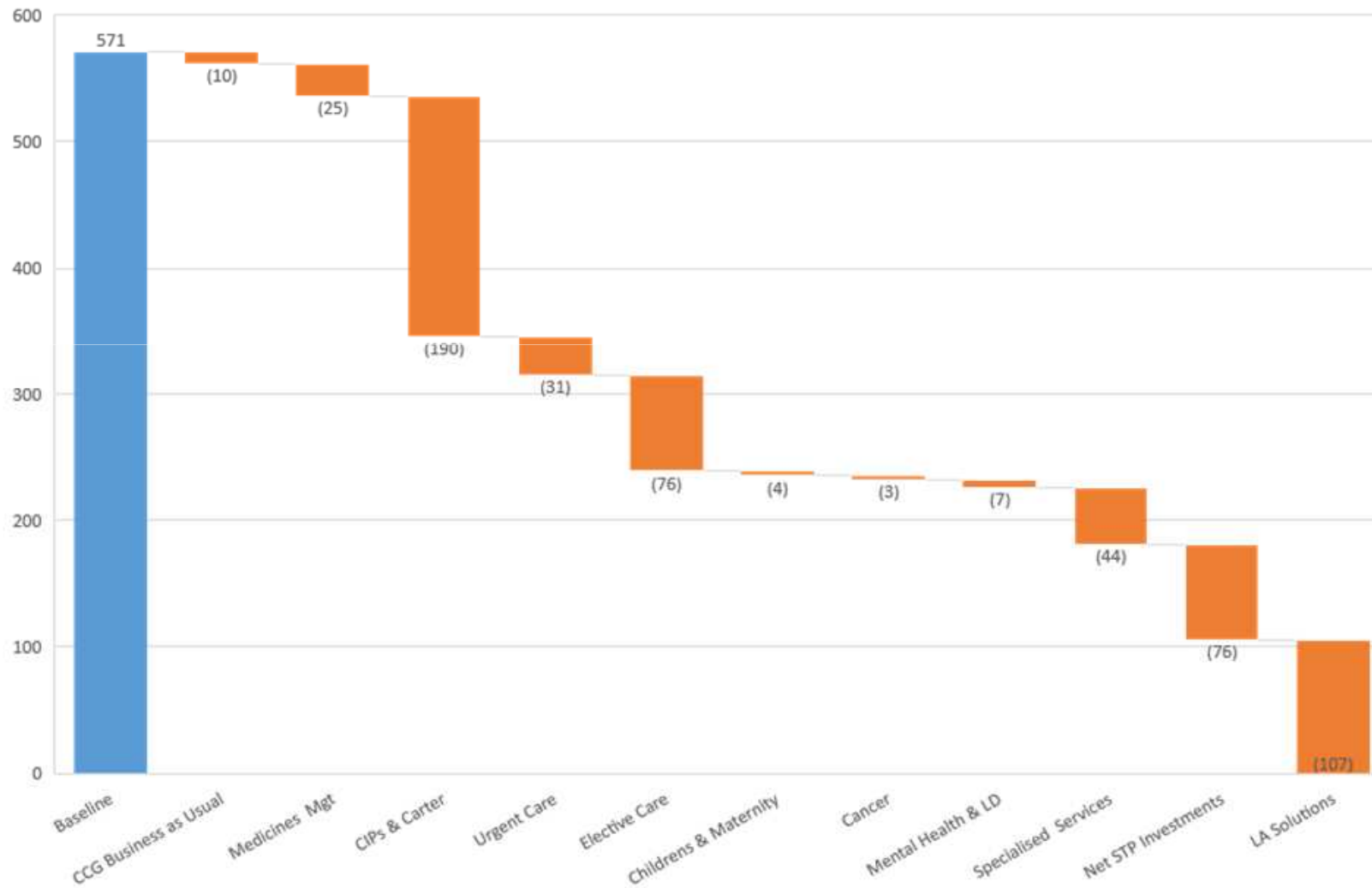
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- We currently invest £3.9 billion on health and social care in South Yorkshire and Bassetlaw
- If we do nothing, we estimate a £571 million gap by 2020/21:
  - £464 million health gap
  - £107 million social care gap



# Where we expect to make the savings

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# Putting the plan into action



# The plan: our objectives

We will:

- Reduce inequalities
- Join up health and care services
- Invest and grow primary and community care
- Treat the whole person, mental and physical
- Standardise acute hospital care
- Simplify urgent and emergency care
- Develop our workforce
- Use the best technology
- Create financial sustainability
- Work with patients and the public



# Engagement

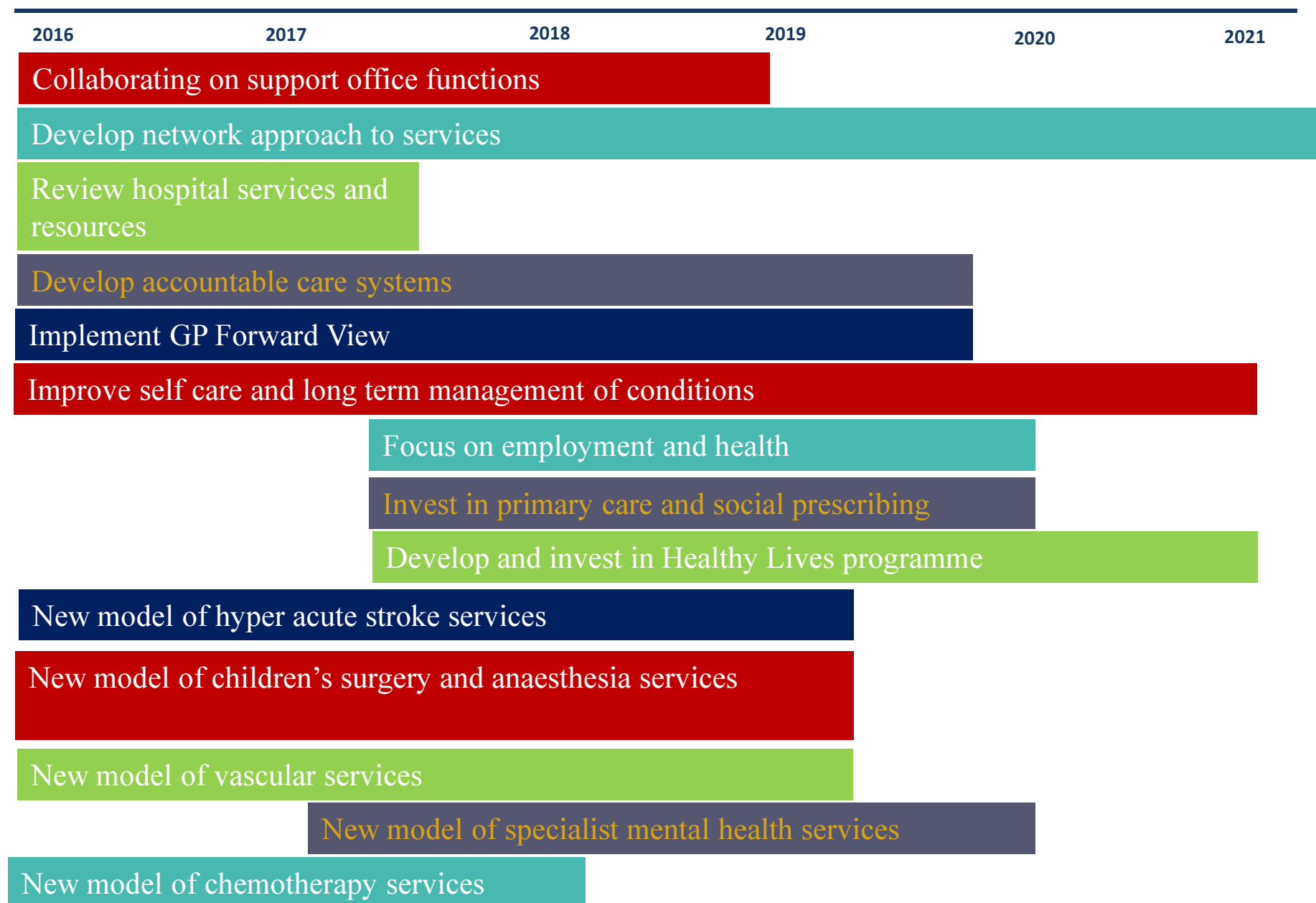
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We will:

- Connect and talk with our communities
- Connect and talk with our staff
- Foundation is in place with:
  - Partners' communications and engagement group already set up
  - Strategy in development
  - Local conversations in 'place' already happening



# Our timeline







Health and care in South  
Yorkshire and Bassetlaw

**Sustainability and Transformation  
Plan – a summary**



## Introduction

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This is the summary version of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

It sets out our vision, ambitions and priorities for the future of health and care in the region and is the result of many months of discussions across the partnership, including with patient representative groups and the voluntary sector.

It is being shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services in the region. All feedback will be taken into account before any further work takes place.

The South Yorkshire and Bassetlaw STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together.

25 health and care partners from across the region are involved in the STP, along with Healthwatch and voluntary sector organisations.

## The ambition

The goal of the STP is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.

The thinking starts with where people live, in their neighbourhoods, focusing on people staying well. Introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

Prevention is at the heart – from in the home to hospital care, supported by plans to invest in, reshape and strengthen primary and community services. At the same time, we agree that everyone should have improved access to high quality care in hospitals and

specialist centres and that, no matter where people live, they get the same standards, experience and outcomes for their care and treatment.

In line with the GP Five Year Forward View priorities, we plan to invest in, reshape and strengthen primary and community services so that we can provide the support people in our communities need to be as mentally and physically well as possible. Mental health will be integral to our ambitions around improving population wellbeing.

We want to work together more closely to provide the care in the right place, at the right time and by the most appropriate staff. To do this we will develop innovative, integrated and accountable models of care and build on the work of the current partnership between NHS providers (Working Together Partnership Acute Care Vanguard) who have already come together to work collaboratively on common issues and goals.

The plan is also about developing a networked approach to services across South Yorkshire and Bassetlaw to improve the quality and efficiency of services, in areas such as maternity services. It is also about simplifying the urgent and emergency care system so that it is more accessible.

We also focus on other factors affecting health, including education, employment and housing, to not only improve the health, wellbeing and life choices, chances and opportunities of every person in the region but also to deliver a more financially sustainable health and care system for the future.

People's health is also shaped by a whole range of factors – from lifestyle and family backgrounds to the physical, social and economic environment. At the same time, NHS services tend to focus on treating people who are unwell. We need to look at the connections between the £11 billion of public money that is spent in South Yorkshire and Bassetlaw and the £3.9 billion that is focused on health and social care.





We will work better together to get the best value and services for everyone. If we don't work differently now, in five years' time, there would be increasing demand on our services and we would have an estimated financial shortfall of £571 million. Therefore, doing nothing is not an option. The way we are organised is out of date compared to people's needs – we therefore need to rethink and improve how health and care services are delivered.

By working more closely and in new ways, we will also contribute to the region's economic growth. Helping people to get and stay in work, as well as supporting their health and wellbeing, will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

### **The case for change**

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. There has also been improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services.

However, people's needs have changed, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

Quality, experience and outcomes vary and care is often disjointed from one service to another because our hospitals, care homes, general practices, community and other services don't always work as closely as they should. STP organisations have had some good Care Quality Commission feedback but there are areas for improvement.

In addition, there are some people admitted to hospital beds who could be cared for in the community if the right support was in place. There are growing waiting times for many services and access to primary care needs to be improved.

In some areas, there is a national shortage of clinical staff. Indeed, we are already consulting on proposed changes to hyper acute stroke services, where people are treated for up to the first 72 hours after having a stroke, and some children's surgery services in the region because such shortages are already having an impact.

Furthermore, there are high levels of deprivation, unhealthy lifestyles and too many people dying prematurely from preventable diseases and there are significant inequalities across the region.

There are also significant financial pressures on health and care services – with an estimated gap of £571 million in the next four years.



## Working together

Our plan is built on a history of strong relationships between our local organisations and being able to quickly develop a strong partnership, where we can all see the opportunities and are motivated to deliver significant improvements for our 1.5 million population. It is about working together even better, and in new ways.

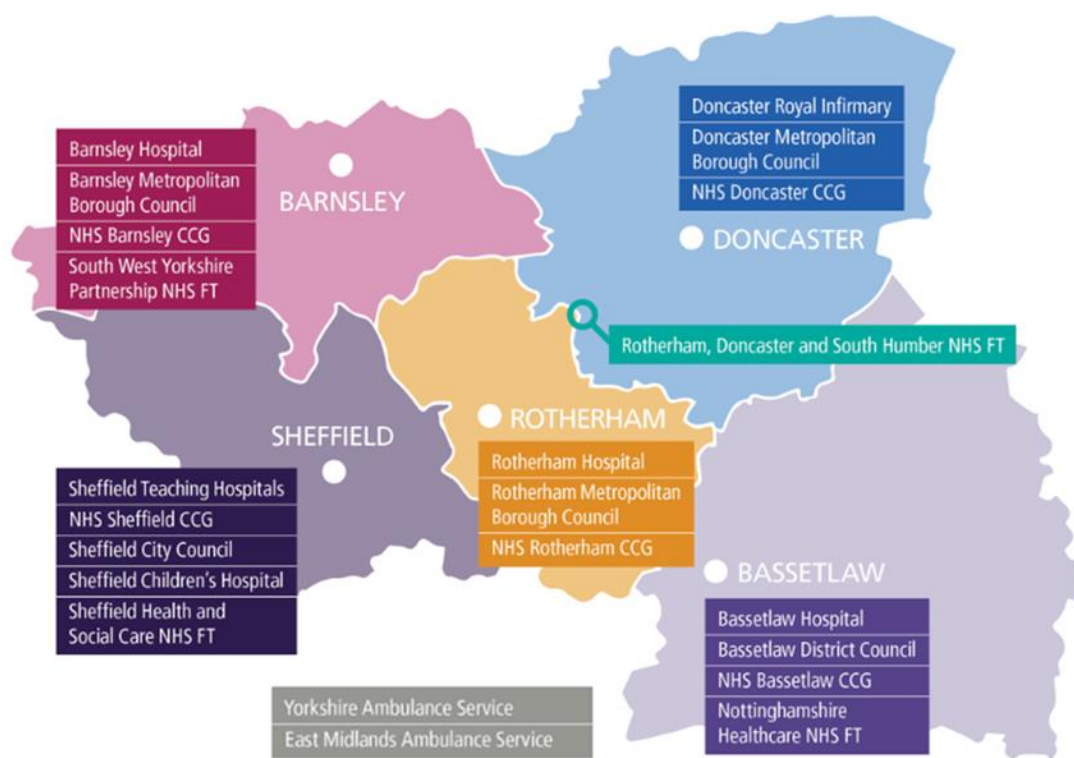
It is based on the five 'places' within South Yorkshire and Bassetlaw – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Our 'place' plans are the foundation of what will be delivered in each area and they set out how the improvements from the new ways of working and prevention will be made. These five 'place' plans focus on investing in primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also hone in on improving

health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

Work on 'place' plans alone won't address the challenges, and so there are also eight priority areas of focus for the whole STP area:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support services





## Taking decisions together

To deliver the change that we need in South Yorkshire and Bassetlaw, the statutory organisations involved in health and social care have formally agreed to work together under new arrangements to help them to start to work and take decisions together.

An Oversight and Assurance Group will provide oversight governance, a Collaborative Partnership Board (CPB) will set the vision, direction and strategy and an Executive Partnership Board will support the CPB and develop policy and make recommendations to the Board. Already in place are a Joint Committee of NHS Clinical Commissioning Groups (JCCCGS) and an NHS Provider Trust Federation Board.

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Investment in health at community levels will be transformed. Focusing more on helping people where they live will also have an impact on people's employment and employability. Primary care services will be improved through the transformation of community based care and support and with GPs coming together at the forefront of new ways of working. Through wider GP collaborations, it will be possible to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt the workforce to better meet people's health and care needs.

At the same time, everyone should have better access to high quality care in specialist centres and units and, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by standardising hospital care and developing a networked approach to services.

We also think that exploring how we can spread best practice and collaboration across our support services, such as our estates, procurement and pharmacy management, will enable us to meet the challenges. Technology and digital integration will also play a major role in helping shape the future of health and care services.

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We currently invest £3.9 billion on health and social care for the 1.5 million population of South Yorkshire and Bassetlaw. This includes hospital services, mental health, GP services, specialist services and prescribed drugs, as well as public health and social care services.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, we estimate that there will be a financial shortfall of £571 million by 2020/21.

If we do nothing to address this, £464 million will be the health service gap, while £107 million will be the social care and public health gap. If we are to achieve our ambitions, we need the £3.9 billion investment to work differently.

Our high level planning assumes a significant reduction in demand for hospital services and potential changes to services which, if fully developed into cases for change, would require public consultation.





## Early implementation

We are already progressing a number of priorities, led by NHS Commissioners Working Together and the NHS Providers' Working Together Partnership Vanguard. We agree we want to take these forward using the governance we have put in place.

The areas are:

- Spreading best practice and collaborating on support services
- Children's surgery and anaesthesia
- Hyper acute stroke services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties

## Priorities in 2017/18

At the same time, we will focus on the following in the coming year from our priority list:

- Take the thinking further in our priority areas, involving staff and the public in discussions
- Develop primary care, with more care in the community and closer to home
- Improve cancer care, including chemotherapy and pancreatic cancer services and working as part of an alliance across our region and North Derbyshire
- Develop specialised services, such as vascular, children's, orthopaedics, neonatal and mental health services
- Finance, such as how we can be more flexible and accountable with our budget and getting the most out of our spend
- Governance, moving from the interim to longer term arrangements





### **Listening to our staff and communities**

Between December 2016 and March 2017, we will connect and talk with the staff in each of our partner organisations and local communities about the plan. We will also be working with Healthwatch and our voluntary sector partners to ensure we have input and views from a wide range of communities.

We will take account of all views and feed these back into our plans.

For more information, and to download the full plan, go to: [www.smybndccgs.nhs.uk](http://www.smybndccgs.nhs.uk) or email: [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)





## Who is involved?

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There are 25 partners involved in the STP; 18 NHS organisations, six local authorities and one children's services trust involved in the STP. The plan has been developed in consultation with them. They are:

NHS Barnsley Clinical Commissioning Group

Barnsley Hospital NHS Foundation Trust

Barnsley Metropolitan Borough Council

NHS Bassetlaw Clinical Commissioning Group

Bassetlaw District Council

Chesterfield Royal Hospital NHS Foundation Trust

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Doncaster Children's Services Trust

NHS Doncaster Clinical Commissioning Group

Doncaster Metropolitan Borough Council

East Midlands Ambulance Service NHS Trust

NHS England

Nottinghamshire County Council

Nottinghamshire Healthcare NHS Foundation Trust

NHS Rotherham Clinical Commissioning Group

Rotherham, Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

Rotherham Metropolitan Borough Council

Sheffield Children's Hospital NHS Foundation Trust

Sheffield City Council

Sheffield Health and Social Care NHS Foundation Trust

NHS Sheffield Clinical Commissioning Group

Sheffield Teaching Hospitals NHS Foundation Trust

South West Yorkshire Partnership NHS Foundation Trust

Yorkshire Ambulance Service NHS Trust

### **It has also been developed in partnership with:**

Healthwatch Barnsley

Healthwatch Doncaster

Healthwatch Nottinghamshire

Healthwatch Rotherham

Healthwatch Sheffield

Voluntary Action Barnsley

Bassetlaw Community and Voluntary Service

Doncaster Community and Voluntary Service

Voluntary Action Rotherham

Voluntary Action Sheffield





## Summary Sheet

### Council Report

Health Select Commission, 1<sup>st</sup> December 2016

### Title

Adult Social Care – Final published Year End Performance Report for 2015/16

### Is this a Key Decision and has it been included on the Forward Plan?

No

### Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care and Housing

### Report Author(s)

Scott Clayton, Interim Performance and Quality Team Manager, Adult Care and Housing

**Tel:** 01709 255949    **E-mail:** [scott.clayton@rotherham.gov.uk](mailto:scott.clayton@rotherham.gov.uk)

### Ward(s) Affected

All

## Executive Summary

This report updates the previously reported provisional year end 2015/16 Key Performance Indicator (KPI) results for the Adult Social Care (ASC) elements of the Directorate, following release of national benchmarking data.

This update completes the final requested action from the meeting of the Health Select Commission on 16<sup>th</sup> June 2016 where it was resolved:

**(2) That a further report be submitted showing final submitted results and benchmark comparisons against regional and national data.**

The Council has seen continued improvements across the range of twenty two national Adult Social Care Outcomes Framework (ASCOF) measures reported in 2015/16. 19 out of 22 comparable measures are recording an improvement since 2014/15. This positive set of national indicator results is encouraging. The direction of travel is beginning to evidence that implementation of new service delivery models (moving away from traditional services), lead to better outcomes for people and increasing satisfaction levels, sustained over the year.

A key highlight is that satisfaction levels recorded from the annual Adult Social Care User Survey results, have reported a 100% improvement across seven of the national indicators.

However, it should be recognised that some of the areas of improvement when compared to the now published national data, shows that the Council has either not always in this transitional year, kept pace with other councils' performance or the improvement has been from a low baseline. Possible reasons identified that may have contributed to the negative shifts seen in some rankings are detailed in section 3 of the full report.

### **Recommendations**

#### **That members of Health Select Commission:**

Note the content of final published year end performance results.

### **List of Appendices Included**

Appendix 1 - Table 1 Rotherham MBC - Final ASCOF year-end table

### **Background Papers**

Health Select Commission 16<sup>th</sup> June 2016

Adult Social Care – Provisional Year End Performance Report for 2015/16

Health Select Commission 28<sup>th</sup> July 2016

Adult Social Care – Provisional Year End Performance Report for 2015/16 – follow up response to the outstanding issues raised at the 16<sup>th</sup> June 2016 meeting.

National benchmarking analysis referenced from published files.

<http://www.content.digital.nhs.uk/catalogue/PUB21900>

#### **Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

#### **Council Approval Required**

No

#### **Exempt from the Press and Public**

No

**Title: Adult Social Care – Final published Year End Performance Report for 2015/16**

**1. Recommendations**

**That Members of Health Select Commission:**

- 1.1 Note the content of final published year end performance results.

**2. Background**

- 2.1 Each Council with Adult Social Services Responsibility (CASSR) have to submit relevant national statutory returns to the Health and Social Care Information Centre (HSCIC) throughout the reporting year. Most but not all 'returns', reflect the activity for the financial year end and are submitted during the May/June period.
- 2.2 From the Council's submitted data, the HSCIC are able to identify and publish a range of Adult Social Care Outcomes Framework (ASCOF) measures. Some ASCOF's have a joint responsibility element so may be included in either Public Health Outcome Frameworks or NHS Outcome Frameworks. Where applicable, final outturn data has been submitted through partner processing submissions rather than the Council's.
- 2.3 2015/16 has been a transitional year where the Directorate has been seeking to change existing customer journey and business processes, in order to improve the customer experience and deliver better personalised outcomes. The results over the performance areas included in the report to date have been positive, showing improvements in many indicator areas.
- 2.4 2015/16 is the second year of the new national Short and Long Term (SALT) reporting annual return, and the Council's final year-end figures provide a useful insight to Adult Social Care performance, which can now be considered and benchmarked against regional and national data.
- 2.5 The Adult Social Care 2015/16 KPI suite of indicators had a mixture of continuous improvement or maintenance targets. These reflected the anticipated impact of new service delivery models and structures, as part of the Adult Social Care development programme.
- 2.6 Contained within the report (see Appendix 1) is a refreshed final table, of year end performance, which also shows Direction of Travel and relative benchmarking positions against comparative councils in Yorkshire and Humber (Y&H) region and national rankings.
- 2.7 Analysis of the Direction of Travel data (see Appendix 1) shows that from the 22 ASCOF measures outcomes: 19 improved and 3 declined. Whilst this is positive the regional and national picture shows that whilst areas have improved this sometimes has not been at the same pace as other councils. This resulted in:

13 measures improved their Y&H and national rankings.

4 measures retained their Y&H rankings.

4 measures Y&H rankings declined and 8 measures national rankings declined.

1 measure was not able to be ranked in 2014/15, so no comparison was applicable.

Current 2016/17 performance update on the 8 declined national ranking measures are shown in Appendix 1 but mainly have improved since year end or an additional comment has been added.

- 2.8 Overall the Council's year end performance and benchmarking analysis needs to be considered against the context of:

During this transitional performance year the Council has undertaken major pieces of work in order to begin to make the necessary changes to how the business operates as it looks to move from traditional service delivery models to more modern and flexible approaches that are more sustainable as part of the ASC Development Programme implementation. These include:

- Implementing requirements of the Care Act 2014.
- Develop the prevention and early intervention agenda e.g. identify and increase community assets.
- Introduce new ways of working and shaping the market e.g. appointment of Community Link Workers and Community Catalyst contract award.
- Promote and roll-out different Social Work Team support planning models – this requires changing organisational culture and staff behaviours, in order to deliver better customer outcomes and value for money care support packages.

- 2.9 The role of Performance and Quality will be key in supporting the transformation of Adult Care.

In order to drive through continuous improvement requires a re-focussed towards Business Intelligence activity. This will provide improved and more detailed cohort data and analysis in addition to live tracking information as we look to effectively manage our available budget and implement transformational change. We need to:

- Move from traditional models to prevention and improved demand management models.
- Include increased use of effective signposting.
- Provision of good information and advice.
- Accessibility to a wider range of community assets.

- 2.10 These changes will produce better outcomes for customers and increased value for money for every £1 spent.

- 2.11 Demand for services is increasing and we must implement savings within the context of Rotherham's ageing population:

- Demographic pressures show a 16% increase in the number of people aged over 65 (2001 Census – 2011 Census) contrasting with a 4.5% decrease in the number of children. The latter trend is at odds with the national increase of 1.5% in the number of children. Older people (65+) increased by 16% but those aged over 85 increased at over twice this rate (+34.6%). The rate of increase for 85+ was well above the national average of 23.9%.
- Dementia prevalence rate is estimated to be 73.3% which is higher than the regional or national average, with Rotherham rated 8th highest in the region and 51st highest in England (out of 209 Clinical Commissioning Groups (CCG) for diagnostic rates).
- The Council also have identified upwards of 93 additional potential transition customers that may come into service (through its Learning Disability cohort analysis) over the next 2 years.

### 3. Key Issues

#### 3.1 Performance Highlights 2015/16

3.1.1 From the 22 national final ASCOF year-end performance measures published data.

- **86%** (19 of 22) ASCOF measures are showing improvement – this includes 100% (7 of 7) User Survey measure results.
- **50%** (11 of 22) 2015/16 targets being met - including User Survey 71% (5 of 7).

It is worth noting the continued positive direction of travel for user views from the national user survey results. The Council sent out over 1000 user surveys to customers and had over 400 returned. This is a positive response rate (over 40%), which demonstrates that the Council is improving engagement with its customers. The 2016/17 national user survey will be issued in January 2017.

These user survey results rankings also were positive in the main, as regionally 5 improved, 1 retained and 1 declined. Nationally 6 improved and 1 declined.

3.1.2 The SALT tables highlights include some demand management activity and percentage 'swing' differences between the Council and other councils regional and national experience:

- **Short Term** shows a 14% increase in request for service, over 5650 requests were made – almost 700 more than 2014/15 from **new** clients aged 18-64. Y&H (**4% decrease**) National (**3% decrease**). **Max 18% swing**.
- **Short Term** shows a 5.9% increase in request for service, over 9000 requests were made – almost 500 more than 2014/15

from **new** clients aged over 65. Y&H **(5% increase)** National **(1% decrease)**. **Max 7% swing.**

- **Short Term** requests for care to maximise independence (mainly enabling and intermediate care type services) remained broadly similar. Y&H **(10% increase in requests)** National **(2% increase in requests)**. **Max 10% swing.**
- **Long Term** shows an upward trend across the data with percentage increases ranging from 1% for over 65's accessing long term support during the year and almost 10% of service users receiving long term support at year end. Y&H **(1% decrease in over 65's and 0.6% decrease of all service users receiving long term support at year end)** National **(2% decrease in over 65's [Max 2% swing] and 1% decrease of all service users receiving long term support at year end [Max 10% swing])**.

### Conclusion of SALT table benchmarking

- Benchmarking would seem to indicate that other councils have more mature service models in place, that are more effectively benefitting from improved demand management of front door requests plus where councils are providing services, they are investing in increased short term responses (e.g. enabling). This where successful, in turn may be reducing the long term demand for more traditional services (24 hour care residential placements or long term commissioned services (Home Care)) in favour of more flexible Self Directed Support packages, including more use of Direct Payments.
- Further analysis is intended by the Performance team of cohort data and care package expenditure profiles. It is anticipated that, as demand management of front door requests improves, this would reduce the impact on the total cost of packages and narrow the swing referenced above.

3.1.3 Appendix 1 below shows the final outturns and Direction of Travel (DoT) relevant to each measure comparing the 2014/15 and 2015/16 results and their respective regional and national ranking comparisons.

3.1.4 The following colour coded key has been applied to the table for each measure, to provide an overall Yorkshire and Humber (Y&H) and national ranking quartile summary rating, plus a commentary as to the scale of the 'gap' between high and low ranking measures using the national average as a consistent comparison point.

We have also added the current 2016/17 target and latest current score to provide additional context:

Quartile Banding	Y&H Ranking [count]	National Ranking [count]
Top (green (g))	1-4 [6]	1-38 [5]



Next best (yellow (y))	5-7 [2]	39-76 [5]
Next bottom (amber(a))	8-11 [4]	77-114 [4]
Bottom (red (r))	12-15 [10]	115-152 [8]

3.1.5 There is from the colour coded quartile bandings and direction of travel a high degree of correlation. However the following measures (good performance cell highlighted blue) did have some differences and possible reasons are added to the commentary below.

Paragraphs 3.1.6 to 3.1.9 provide original analysis reported to Health Select Commission (HSC) on the 16<sup>th</sup> June 2016 and included to provide overall picture of analysis completed to date.

### 3.1.6 Improved ASCOF measures that met target

- #4 Proportion of Carer's in receipt of carer specific services via Self Directed Support (SDS). First year that services for carers now being provided rather than provided for the cared for person. #6 Proportion of Carer's on service receiving Direct Payments. First year provision as above.
- #15 Permanent Admissions 65+ – 401 admissions (68 fewer than last year) and equates to a rate of 808 approx. per 100,000 population – note. This is also a Better Care fund (BCF) measure.
- #18 Average delayed transfer of care (DToC) all delays.
- #19 Average delayed transfer of care (DToC) delays that were NHS or ASC responsible or both.
- #20 The outcome of short-term support: sequel to services.

### User Survey: Improved ASCOF measures that met target

- #1 Social Care Quality Of Life.
- #12 Service users have as much social contact as they would like.
- #21 Overall satisfaction of people whom use services with their care and support.
- #24 People who use services who find it easy to find information and support.
- #27 proportion of people who use services who say that those services have made them feel safe and secure.

### 3.1.7 Other improved ASCOF measures

- #5a proportion of adults on service receiving Direct Payments (note also included as a future challenge measure). Expected that significant improvement will result from planned reviews from quarter 1 of 2016/17.
- #9 Adults with Mental Health (MH) in employment.
- #10 Adults with Learning Disability (LD) on long term service in settled accommodation – below target. Some planned service

transfers from 24 hour care to supported living in 2016/17 will improve this measure next year.

- #11 Adults with Mental Health in independent living (settled accommodation).
- #16 Re-ablement – still home after 91 days (effectiveness) – BCF measure.
- #17 Re-ablement – still home after 91 days (offered the service).

#### **User Survey: Other improved ASCOF measures**

- #2 proportion of Service Users who have control over their daily life.
- #26 proportion of people who use services who feel safe.

### **3.1.8 The 2016/17 challenging measures**

- #3a Proportion of adults receiving long term community support who receive services via self-directed support – less than 1% below target.
- #5a proportion of adults on service receiving Direct Payments (see above).
- #8 Adults with Learning Disability on long term service in employment. A total of 40 people were in employment (was 43 in 2014/15); longer term strategy proposals are being explored to address this.
- #14 Permanent Admissions 18-64's – 31 admissions in 2015/16, well above target of 18 (last year had 20 admissions). Review at Qtr. 3 recognised that the impact of at least 6 of the admissions resulted from existing customers losing full cost Continuing Health Care (CHC) funding. In the previous year only 2 of last year's 20 admissions were down to this reason.

### **3.1.9 The 2016/17 Local Measure analysis**

- In addition to statutory measures the Council also has some discretionary ones.
- No formal targets were assigned to a range of local management information indicators for 2015/16. However, outturns show that the impact of the changes made within Adult Care (in this transition year) experienced lower levels of performance for reviews, waiting times for assessment and packages of care, than in previous years. The target setting for 2016/17 took account of how the Directorate intends to demonstrate the recovery and improvement journey for these areas.

The following local measures and targets were agreed:

- LM01 – Reviews 75% minimum/100 maximum
- LM02 - Support plans % Issued 90%

- LM03 – Waiting times assessments 90%
- LM04 – Waiting times care packages 95%
- LM05-07 – Commissioning KLOE's No targets

A range of measures are also reported in the Council's Corporate Plan for 2016/17 and the following specific measures have also been added to the Local Measures scorecard as requested by the Health Select Commission.

- CP2.B3 No. of people provided with information and advice at first point of contact (to prevent service need)
- CP2.B5 No. of carers assessments (only adult carers and not including young carers )
- CP2.B7 No. of admissions to residential rehab beds (intermediate care)
- CP2.B9c % spend on residential and community placements new measure 2016/17

A current refreshed table and report is also to be presented to the 1<sup>st</sup> December 2016 Health Select Commission meeting.

### **3.2 How will the Council use the information?**

3.2.1 The information is already being used to inform in year Adult Care 2016/17 performance reporting and planning for 2017/18 targets.

#### **3.2.2 Future reporting:**

Transfer to new Liquid Logic (LAS) system and new performance reporting arrangements will enable the Directorate to gain a more forward looking, business intelligence led and real-time view of the improvement envisaged, as the new ways of working and delivery of budget related actions continue to embed.

This includes current reporting being reviewed so as to enable a more wide ranging set of data, trends and storyboards to be included, drawing on enhanced business activity and finance intelligence coming on stream following go live of Liquid Logic and availability of additional reporting tools.

Learning from other councils has taken place and being factored into performance team reporting work programme. However, we anticipate like most other councils that there will be an initial 'dip' in reported performance as new systems and business practices become embedded and the reporting functionality is developed to replace existing arrangements. The extent of the anticipated 'dip' is not yet clear but will be established post go-live from mid-December 2016.

**4. Options considered and recommended proposal**

4.1 None

**5. Consultation**

5.1 None

**6. Timetable and Accountability for Implementing this Decision**

6.1 None

**7. Financial and Procurement Implications**

7.1 None

**8. Legal Implications**

8.1 None

**9. Human Resources Implications**

9.1 None

**10. Implications for Children and Young People and Vulnerable Adults**

10.1 None

**11 Equalities and Human Rights Implications**

11.1 None

**12. Implications for Partners and Other Directorates**

12.1 None

**13. Risks and Mitigation**

13.1 Liquid Logic post go live (December 2016) downturn in actual and reported performance may be greater than currently known. We will look to mitigate by aligning resources from the Liquid Logic project team budget identified for performance reporting, plus prioritise available performance team resources to reduce risk.

**14. Accountable Officer(s)**

Approvals Obtained from:-

Anne Marie Lubanski, Strategic Director Adult Care and Housing

Nathan Atkinson, Assistant Director Strategic Commissioning

Scott Clayton, Interim Performance and Quality Team Manager

This report is published on the Council's website or can be found at:- [Please add link](#)

**Appendix 1 - Table 1 (section 3) Rotherham MBC - Final ASCOF year-end table**

ASCOF Measure (# score card ref and abbreviated text description name)	Good performance High/Low/ Other	2015/16 (rounded)	2014/15 (rounded)	DoT	Y & H Rank  2015/ 16	Y & H Rank  2014/ 15	DoT Y&H	National Rank  2015/16	National Rank  2014/15	DoT National	2015/16 National Average & [2016/17 Target]	Performance Gap/Comment
#1 Social Care Quality Of Life (1A)	High	18.8	18.5	↑	13 (r)	13	↔	100 (a)	118	↑	19.1 Score [19]	User Survey – results reported year end.
#2 proportion of Service Users who have control over their daily life (1B)	High (blue (b))	74.1%	73.9%	↑	10 (a)	13	↑	104 (a)	83	↓	76.6% [78.4%]	User Survey – results reported year end.
#3a Proportion of adults receiving long term community support who receive services via Self- Directed Support (SDS) (1C (1a))	High	75.7%	76.4%	↓	14 (r)	12	↓	132 (r)	105	↓	86.9% [76%]	<b>Current performance 78.5%</b> Mental Health data impacts overall score adversely as 'professional support' only service is not easily accessible via SDS
#4 Proportion of Carer's in receipt of carer specific services via Self Directed Support (SDS) (1C(1b))	High	29.2%	0%	↑	14 (r)	14	↔	141 (r)	-	-	77.7% [46.7%]	<b>Current performance 100%</b> Mental Health data impacts
#5a proportion of adults on service receiving Direct Payments (1C(2a))	High (b)	17.5%	17.4%	↑	13 (r)	12	↓	132 (r)	124	↓	28.1% [20%]	<b>Current performance 18.5%</b> further improvement linked to switch from managed accounts to full Direct Payments post review.

ASCOF Measure (# score card ref and abbreviated text description name)	Good performance High/Low/ Other	2015/16 (rounded)	2014/15 (rounded)	DoT	Y & H Rank  2015/ 16	Y & H Rank  2014/ 15	DoT Y&H	National Rank  2015/16	National Rank  2014/15	DoT National	2015/16 National Average & [2016/17 Target]	Performance Gap/Comment
#6 Proportion of Carer's on service receiving Direct Payments (1C(2b))	High	29.2%	0%	↑	13 (r)	14	↑	122 (r)	131	↑	67.4% [46.7%]	<b>Current performance 100%</b> Mental Health data impacts
#8 Adults with Learning Disability (LD) on long term service in employment (1E)	High (b)	5.6%	6.0%	↓	7 (y)	8	↑	73 (y)	61	↓	5.8% [6.0%]	<b>Current performance 5.6%</b> Difficult market conditions. Long term improvement linked to partner wide job opportunity initiatives. Gap requires 3 more people in employment.
#9 Adults with Mental Health (MH) in employment (1F)	High	5.2%	4.9%	↑	8 (a)	14	↑	99 (a)	102	↑	6.7% [5.7%]	<b>Current performance 2.2%</b> Mental Health data impacts – national guidance advises that variance in published figures is not likely to be corrected until after Qtr3.
#10 Adults with LD on long term service in settled accommodation(1G)	High (b)	78.4%	78.3%	↑	9 (a)	9	↔	66 (y)	55	↓	75.4% [79%]	<b>Current performance 76.8%</b> Planned improvement may contribute before year end if transfer from some residential placements are made to community packages.
#11 Adults with Mental Health in independent living (settled	High	74.6%	73.1%	↑	4 (g)	5	↑	40 (y)	59	↑	58.6% [77.9%]	<b>Current performance 82.2%</b> Mental Health data impacts national guidance advises that variance in published

Footnote: The # prefix denotes the indicator reference number detailed in Appendix A of the provisional year-end scorecard reported to HSC 16/6/2016

ASCOF Measure (# score card ref and abbreviated text description name)	Good performance High/Low/ Other	2015/16 (rounded)	2014/15 (rounded)	DoT	Y & H Rank  2015/ 16	Y & H Rank  2014/ 15	DoT Y&H	National Rank  2015/16	National Rank  2014/15	DoT National	2015/16 National Average & [2016/17 Target]	Performance Gap/Comment
accommodation) (1H)												figures is not likely to be corrected until after Qtr3.
#12 Service users have as much social contact as they would like (1I(i))	High	45.50 %	40.2%	↑	10 (a)	13	↑	73 (y)	125	↑	45.4% [47.8%]	User Survey – results reported year end.
#14 Permanent Admissions 18-64's per 100,000 population (2A(i))	Low	20.0	12.3	↓	13 (r)	10	↓	133 (r)	69	↓	13.3 rate [17.6]	<b>Current performance 4.5</b> Improved 7 admissions to date v target of 27
#15 Permanent Admissions 65+ per 100,000 population (2A(ii))	Low (b)	808.1 = 401 admissions	933.3 (895.5)	↑	12 (r)	14	↑	122 (r)	115	↓	628.2 Rate [797.0]	<b>Current performance 292.2</b> Improved 145 admissions to date v target of 390
#16 Re-ablement – still home after 91 days (effectiveness) – BCF measure (2B(i))	High	89.6%	83.5%	↑	4 (g)	7	↑	30 (g)	70	↑	82.7% [91.0%]	Data sample captured Oct-Dec and reported at year end.
#17 Re-ablement – still home after 91 days (offered the service) (2B(ii))	High (b)	1.7%	1.5%	↑	12 (r)	11	↓	127 (r)	125	↓	2.9% [2.0%]	Data sample captured Oct-Dec and reported at year end.
#18 Average delayed transfer of care (DToC) all delays (2C(i))	Low	8.2	9.5	↑	6 (y)	9	↑	53 (y)	76	↑	12.1 Rate [6.8]	<b>Current performance 9.7</b> still performing well against national trend and further performance clinic actions may improve towards target

Footnote: The # prefix denotes the indicator reference number detailed in Appendix A of the provisional year-end scorecard reported to HSC 16/6/2016



ASCOF Measure (# score card ref and abbreviated text description name)	Good performance High/Low/ Other	2015/16 (rounded)	2014/15 (rounded)	DoT	Y & H Rank  2015/ 16	Y & H Rank  2014/ 15	DoT Y&H	National Rank  2015/16	National Rank  2014/15	DoT National	2015/16 National Average & [2016/17 Target]	Performance Gap/Comment
												by year end.
#19 Average delayed transfer of care (DToC) delays that were NHS or ASC responsible or both (2C(ii))	Low	1.6	2.3	↑	4 (g)	8	↑	31 (g)	70	↑	4.7  [1.5] Rate	<b>Current performance 2.0</b> still performing well against national trend and further performance clinic actions may improve towards target by year end.
#20 The outcomes of short-term support: sequel to service (2D)	High	86.1%	85.2%	↑	2 (g)	2	↔	27 (g)	28	↑	75.8%  [74.0%]	<b>Current performance 85%</b>
#21 Overall satisfaction of people whom use services with their care and support (3A)	High	69.80 %	65%	↑	2 (g)	9	↑	13 (g)	67	↑	64.4%  [72.0%]	User Survey – results reported year end.
#24 People who use services who find it easy to find information and support (3D(i))	High	78.3%	76.8%	↑	4 (g)	6	↑	27 (g)	51	↑	73.5%  [80.0%]	User Survey – results reported year end.
#26 proportion of people who use services who feel safe (4A)	High	65.9%	61.5%	↑	13 (r)	15	↑	115 (r)	137	↑	69.2%  [68.3%]	User Survey – results reported year end.
#27 proportion of people who use services who say that	High (b)	84.50 %	81.6%	↑	12 (r)	8	↓	88 (a)	106	↑	85.4%  [85.6%]	User Survey – results reported year end.

Footnote: The # prefix denotes the indicator reference number detailed in Appendix A of the provisional year-end scorecard reported to HSC 16/6/2016

ASCOF Measure (# score card ref and abbreviated text description name)	Good performance High/Low/ Other	2015/16 (rounded)	2014/15 (rounded)	DoT	Y & H Rank  2015/ 16	Y & H Rank  2014/ 15	DoT Y&H	National Rank  2015/16	National Rank  2014/15	DoT National	2015/16 National Average & [2016/17 Target]	Performance Gap/Comment
those services have made them feel safe and secure (4B)												

**Footnote:** The # prefix denotes the indicator reference number detailed in Appendix A of the provisional year-end scorecard reported to HSC 16/6/2016

## **Summary Sheet**

### **Council Report**

Health Select Commission 1<sup>st</sup> December 2016

### **Title**

Adult Care – Local Measures Performance Report – 2016/17 Quarter 2

### **Is this a Key Decision and has it been included on the Forward Plan?**

No

### **Strategic Director Approving Submission of the Report**

Anne Marie Lubanski, Strategic Director of Adult Care and Housing

### **Report Author(s)**

Scott Clayton, Interim Performance & Quality Team Manager

### **Ward(s) Affected**

All

## **Executive Summary**

The first Local Measures Performance report was requested to be submitted to the Health Select Commission (HSC) following the consideration of the provisional year end 2015/16 performance report, held on 16<sup>th</sup> June 2016 and was presented at the HSC 28<sup>th</sup> July 2016 meeting.

A further reported was requested to be submitted for the 1<sup>st</sup> December 2016 meeting, plus four existing corporate plan measures were requested to be included in future reports and these have been included in this refreshed report.

## **Recommendations**

### **That members of Health Select Commission:**

Note the contents of the report.

## **List of Appendices Included**

**Appendix A** - Adult Care Local Measures Performance Scorecard

**Background Papers**

Agenda and minutes of HSC meeting held 28<sup>th</sup> July 2016 provide additional information that has informed this report.

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

None

**Council Approval Required**

No

**Exempt from the Press and Public**

No

**Title: Adult Care – Local Measures Performance Report – 2016/17 Quarter 2**

**1. Recommendations**

**That members of Health Select Commission:**

- 1.1. Note the contents of the report.

**2. Background**

- 2.1 As part of the continued performance management framework and to support the business needs of the Adult Care Directorate Leadership Team, a number of key local measures have been developed. These measures contain performance targets for 2016/17 and are designed to complement the statutory ASCOF measures referenced in the 1<sup>st</sup> December 2016 report to the Health Select Commission. The specific measures are referenced in the Local Measures Scorecard attached as Appendix A.
- 2.2 The local measures have been prioritised to ensure that they reflect areas of Adult Care service activity and that they link back to the Council's overarching strategic policies and strategies e.g. Improvement Plan, Corporate Plan plus delivery flows from the key work streams of the Adult Social Care Development Programme. A number of the Local Measures were formerly national measures which are no longer reported, but they retain local value in providing assurance on service responsiveness and outcomes for customers.
- 2.3 In addition to the Local Measures included in the scorecard, it should also be noted that a range of other measures of activity are also performance managed and reported via alternative reporting streams, for example Safeguarding Adults Board performance measures. Service level management information measures are also regularly reported internally to Senior Management Teams.
- 2.4 The reporting arrangements on the range of Local Measures included in the scorecard and compilation of the data from within existing Adult Care reporting systems also enable any necessary and agreed, new in-year prioritised local measures to be incorporated and performance monitored readily.

**3. Key Issues**

- 3.1 The targets for 2016/17 reflect the progress and expectation of the Adult Care and Housing Directorates Development Programme actions and key delivery milestones. The measures provide an assurance opportunity to gauge the pace, impact and effectiveness of changes being implemented. This is particularly important as more traditional service offers are re-

modelled, alternatives to traditional service delivery are developed and personalisation is further rolled out. These provide insight into the customer journey experience.

### **3.2 Current Performance as at 30<sup>th</sup> September 2016 - Qtr 2 data**

#### **3.2.1 LM01 – Reviews**

This measure accumulatively counts the number of service users in receipt of long term services (over 12 months), who have had a review of their care packages and received on-going support in the financial year.

The minimum target of 75% of good quality reviews has been set for 2016/17. This is not likely to be achieved by year end. Q2 completion rate has reached 21% from 9% in quarter 1. The anticipated increase in pace of reviews has been delayed and affected by the phase II social work team restructure, which has only been in place since end of quarter 2 (September) and necessary preparation of the launch of new Liquid Logic Adult Services recording system from mid-December 2016.

Changes to processing via Liquid Logic will bring added management controls via mandatory fields which should contribute to improving processing business routines that enable improvement actions to be better tracked across a range of measures.

A performance clinic was held in July to identify how the re-modelled service can project a work programme to work towards achieving the target rate and provide the impetus to improve current performance. This 'clinic' explored with services how to undertake alternative approaches to conducting reviews but will still meet good practice and deliver good outcomes/experiences for customers and more detailed actions will be determined by the service, post 'go-live' in early January 2017.

Review activity in quarter 3 has been focussed on specific service users cohorts including high cost packages, Continuing Health Care and Direct Payments which impact significantly to existing budget spend. The service will also consider reviewing plans for service users who are less than 12 months on service as these do not count in this measure but draw on the available staff resource for this activity.

#### **3.2.2 LM02 - Support plans % Issued**

This tracks that customers support plans are updated in line with their assessment so that they are informed of the outcome and aware of the level of care/support required to meet their needs.

Current activity data demonstrates attainment of 75% of assessments being accompanied by an up to date Support Plan, this

has reduced from 83% at quarter 1 and reflects in part the impact of possible delays in assessment completion backlogs or being authorised, as these are not accessible to be sent to customers.

### 3.2.3 LM03 – Waiting times assessments

This measure tracks the time to complete new customer's assessment so that they are undertaken in a timely manner. The service aims to complete within 28 days from date of first contact.

Current activity demonstrates stable attainment of 78% (up 2% from Q1) being completed within 28 days. Service re-modelling impact should positively impact in year and continued monitoring will inform decisions as to if any further remedial actions are required.

### 3.2.4 LM04 – Waiting times care packages

This measure tracks the time to put in place a customer's support plan services. The measure tracks the time from the date the assessment is completed until all services have been set up. The service aims to complete within 28 days from the date of the completed assessment.

Current activity demonstrates attainment of 73% (down 3% from Q1) being completed within 28 days. The increased demand on front door requests due to demographic pressures contribute to the pace with which the service can complete assessments. Service re-modelling impact should positively impact in year and continued monitoring will inform decisions as to if any further remedial actions are required.

### 3.2.5 LM05-07 – Commissioning KLOE's

Achieving effective commissioning approaches is one of the key measures in The Improvement Plan for Rotherham and therefore the Local Government Association's *Commissioning for Better Outcomes* measures are deemed to be best practice for Adult Social Care. Further, these measures are regularly benchmarked across the Yorkshire and Humber region, enabling Rotherham's progress to be effectively measured. There is also the potential for a peer review, facilitated by ADASS,<sup>1</sup> from best in class local authorities across the region to provide independent feedback on current approaches, share best practice and assist in propelling the Council towards achieving commissioning excellence.

There is evidence of co - production activity where people who use services their families and professionals are engaged in consultation and influence the direction of service design - Learning Disabilities Services. There is also evidence of projects taking place to develop

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<sup>1</sup> Association of Directors of Adult Social Services

services in a partnership approach with third sector organisations and key partners where a budget envelope is identified and service users agree how their needs will be utilising the available budget in collaboration with professionals and their and their peers - Sensory Impairment Service. Service users are regularly involved in the quality monitoring of services and services are specified in an outcome focused way. There is a good level of knowledge and capability within the commissioning function about the requirement for outcome focused person centred care. Contracted providers are required to enquire about the views of service users and their carers. Advocacy is widely available to assist service users and their carers to have their views heard. Advocacy providers attend consultation events to support service users who need support.

Stable strategic leadership is now in position - with a new role of Assistant Director of Strategic Commissioning inducted. Robust governance and business processes in place and embedded in the day to day operations. Elected members are engaged in regular dialogue regarding issues Adult Care Commissioning issues. Relationships with VCS and independent sector providers are nurtured with regular contact/forums/business meetings. Relationships with Health Partners are effective with collaboration with senior staff at Rotherham Clinical Commissioning Group. Collaboration with neighbouring authorities is taking place to exploit opportunities that may be afforded to jointly commission.

Commissioning activity needs to secure more diversity in the market place. Commissioning Team staff have undergone Certificate of Commissioning and Contracting in Public care and are motivated to increase learning. A wide scope of learning methods/opportunities is utilised by the commissioning team i.e. attending conferences/commissioning master classes, management theory and learning opportunities afforded by collaboration with neighbouring Local Authorities and inviting key speakers (NICE). A review of market sustainability is being undertaken against a background of austerity measures. Work is underway with the market which focuses on achieving best value in areas where high cost placements exist.

### 3.2.6 **LM08** – CP2.B3 No. of people provided with information and advice first point of contact (to prevent service need)

This Corporate Plan measure tracks the numbers of Adult Care service users who following contact with the service were able to have their needs met through effective provision of good information and advice at the first point of contact.

Current Q2 activity demonstrates 1543 people were able to be supported in this way. This shows an upward trend and the rate increase contributes to the prevention of higher long term services being required.



**3.2.7 LM09 – CP2.B5 No. of carers assessments (only adult carers and not including young carers)**

This Corporate Plan measure tracks the number of Adult care carer assessments.

Current Q2 activity demonstrates 771 Carers have received an assessment this year. This shows a downward trend. Investigations have identified that some of this fall has been that previously counted joint assessments processes have post Care Act implementation not been captured in the same way. Service re-modelling should positively impact in year, these include enhanced capturing of Carer assessment activity including when respite services are offered. Continued monitoring will inform decisions as to if any further remedial actions are required.

**3.2.8 LM10 – CP2.B7 No. of admissions to residential rehabilitation beds (intermediate care)**

This Corporate Plan measure tracks the number of admissions into intermediate care beds.

Current Q2 accumulative score of 322 shows an upward trend and is on track to exceed target.

**3.2.9 LM11 – CP2.B9c % spend on residential and community placements new measure 2016/17**

This Corporate Plan measure tracks the Council current actual percentage spend on residential and community placements, compared to the percentage budget allocation. This helps demonstrate the progress being made to focus spend on the prioritised areas through switches being made in the support packages for service users enabling them to remain for longer in the community, achieving better outcomes, rather than more traditional 24 hour care residential models.

Current quarter 2 activity demonstrates that the gap between actual and budget for both residential (Q2 gap 0.65% v 3.13% at Q1) and community (Q2 gap 3.44% v 5.67% at Q1) spend has reduced for both spend areas. Providing a more positive Q2 direction of travel which is currently rated amber. Service re-modelling should positively impact in year and continued monitoring will inform decisions as to if any further remedial actions are required.

**4. Options considered and recommended proposal**

4.1 None

**5. Consultation**

5.1 None

**6. Timetable and Accountability for Implementing this Decision**

6.1 None

**7. Financial and Procurement Implications**

7.1 Commissioning activity in line with the recommendations of *Commissioning for Better Outcomes* should inform procurement approaches and ensure best value is attained.

**8. Legal Implications**

8.1 Compliance with statutory requirements under the Care Act 2014.

**9. Human Resources Implications**

9.1 None

**10. Implications for Children and Young People and Vulnerable Adults**

10.1 Adult Care primarily provides services to vulnerable adults and therefore the attainment of local measures demonstrates a higher quality of service being offered to customers.

**11. Equalities and Human Rights Implications**

11.1 The *Commissioning for Better Outcomes* standards ensure compliance with the Human Rights Act (2004) and duties under the Equality Act (2010).

**12. Implications for Partners and Other Directorates**

12.1 Improved Adult Care services have positive benefits for health partners and young people transitioning into Adult Care from Children's Services.

**13. Risks and Mitigation**

13.1 Non-compliance with the Care Act requirements, mitigated by implementing the Adult Care and Housing Directorates Development Programme.

**14. Accountable Officer(s)**

Approvals Obtained from:-

Anne Marie Lubanski, Strategic Director of Adult Care and Housing

Nathan Atkinson, Assistant Director, Strategic Commissioning

Scott Clayton, Interim Performance and Quality Team Manager

This report is published on the Council's website or can be found at:-

<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=> [ Please update  
link reference ]

**Adult Care Local Performance Measures 2016/17 (Appendix A)**

**Direction of Travel Key**

⬆	Indicator has improved
↔	Indicator shows no change
⬇	Indicator has deteriorated

Indicator Ref						Indicator Title	RAG	Freq.	2015/16 Performance	16/17 Target	DOT (15/16 - 16/17)	16/17 Performance as 30/9/16 Q2	Head of Service	Accountable Officer	Comments / Remedial Actions
LM01	SALT 1					Proportion of Adults on service over 12 months as at 31st March who received a review in year	High	Monthly	49.23%	75% min 100% max	⬇	20.95%  RED	Sam Newton	Elaine Hudless	
LM02	NAS 18 (PAF D39)					Percentage of people issued a support plan	High	Monthly	79.33%	90.00%	⬇	75.02%  RED	Sam Newton	Elaine Hudless	
LM03	NI 132					New - Social Care assessments only (excludes OT/Sensory activity) completed within 28 days from first contact.	High	Monthly	76.13%	90.00%	⬆	77.66%  RED	Sam Newton	Elaine Hudless	
LM04	NI 133					New - Social Care packages of care only (excludes OT activity) in place within 28 days of assessment (Adults)	High	Monthly	84.00%	95.00%	⬇	73.1%  RED	Sam Newton	Elaine Hudless	
Commissioning KLOE - Self Assessment Ratings * 3															
LM05	C_Kloe1						RAG	Quarterly			RED Qtr 1	GREEN Qtr 2	Nathan Atkinson	Nathan Atkinson	
LM06	C_Kloe2					Person-centred and outcomes-focused	RAG	Quarterly			RED Qtr 1		Nathan Atkinson	Nathan Atkinson	
LM07	C_Kloe3					Well led	RAG	Quarterly			RED Qtr 1	ANBER Qtr 2	Nathan Atkinson	Nathan Atkinson	
						Promotes a sustainable and diverse market place									
LM08	CP2B3					Number of people provided with information and advice at first point of contact (to prevent service need)	High	Quarterly	945	Baseline year	⬆	1543  GREEN	Sam Newton	Debbie Beaumont	2015/16 new data collection commenced and represents activity Nov-Mar = 189 per month and annual estimate 2268
LM09	CP2B5					Number of Carer's Assessments Completed	High	Quarterly	2420	2500	⬇	771  RED	Sam Newton	Debbie Beaumont	
LM10	CP2B7					Number of admissions to residential rehabilitation beds (intermediate care)	High	Quarterly	613	600	⬆	322  GREEN	Sam Newton	Darren Rickett	
LM11	CP2B9c					% spend on residential and community placements	Low (Res) High (Com)	Quarterly	Not available - not previously required	Residential 35.35% Community 40.56%		AMBER Residential 36% Community 44%	Sam Newton	Mark Scarrott Service lead - TBC	

## Summary Sheet

### Council Report

Health Select Commission 1 December 2016

### Title

Development of a Rotherham All Age Autism Strategy - Update

### Is this a Key Decision and has it been included on the Forward Plan?

No

### Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care and Housing

### Report Author(s)

Nathan Atkinson, Assistant Director Strategic Commissioning

Sam Leonard, Interim Strategic Commissioning Manager- Learning Disabilities

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### Ward(s) Affected

All

### Summary

On 10 October Commissioner Myers approved a paper to implement a strategic approach to the commissioning and delivery of services for people with Autism within Rotherham. The approach seeks to develop a set of strategic commissioning intentions that promote independence, choice and control for people with Autism. The strategy will strengthen Rotherham's statutory commitments and the approach positively adds to the direction of the Adult Care Development Programme and the Children and Young People's Special Educational Needs and Disabilities (SEND) agenda.

The strategic approach outlines a number of actions that will support people to be more independent and provide a wider choice of services to support children and adults with Autism to fulfil their potential. These are detailed below:

- An All Age Autism Strategy be developed as a joint strategy for the Council and the Rotherham Clinical Commissioning Group.
- That the Autism Partnership Board be established to oversee implementation plans that will be developed following the strategy.
- That consultation will take place with children and adults with Autism, their carers and those young people, who may use adult services in the future to co-produce, fit for purpose and sustainable opportunities for people with Autism in Rotherham.

This paper provides an update on progress to date since approval of the recommendations in the 10 October report.

**List of Appendices Included**

None

**Background Papers**

Development of the Rotherham Autism Strategy- Cabinet and Commissioners' Decision Making Meeting – 10 October 2016

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

**Title: Development of a Rotherham All Age Autism Strategy - Update**

**1.0 Background**

- 1.1 On 10 October Commissioner Myers approved a paper to implement a strategic approach to the commissioning and delivery of services for people with Autism within Rotherham. The approach seeks to develop a set of strategic commissioning intentions that promote independence, choice and control for people with Autism. The strategy will strengthen Rotherham's statutory commitments and the approach positively adds to the direction of the Adult Care Development Programme and the Children and Young People's Special Educational Needs and Disabilities (SEND) agenda.
- 1.2 The strategic approach outlines a number of actions that will support people to be more independent and provide a wider choice of services to support children and adults with Autism to fulfil their potential. These are detailed below:
- An All Age Autism Strategy be developed as a joint strategy for the Council and the Rotherham Clinical Commissioning Group.
  - That the Autism Partnership Board be established to oversee implementation plans that will be developed following the strategy.
  - That consultation will take place with children and adults with Autism, their carers and those young people, who may use adult services in the future to co-produce, fit for purpose and sustainable opportunities for people with Autism in Rotherham.
- 1.3 This paper provides an update on progress to date since approval of the recommendations in the 10 October report.

**2.0 Key Issues**

*2.1 Key Issues in relation to Adult Care service provision:*

- 2.1.1 During the last few years strategic commissioning activity has been limited across Adult Care Services and as a consequence this has impacted on the range and type of services available to people with Autism and their carers.
- 2.1.2 The current service offer is narrow and traditional, which has impeded the effective implementation of the personalisation agenda across the Borough.
- 2.1.3 The current offer inadvertently encourages people to be dependent and is reliant on a residential rather than independent living approach. There will be a need to strengthen planning around transitions from Children and Young People's Services to Adult Care in the future and to work closely with individuals and their families to support them to be resilient, independent and fully integrated members of their communities.

*2.2 Key Issues in relation to Children and Young People's Service provision:*

- 2.2.1 In 2012, the Health Commission undertook a scrutiny review of Autism Spectrum Disorder in Rotherham. The review made a number of recommendations in its published report, which is available at [http://www.rotherham.gov.uk/download/downloads/id/1821/autistic\\_spectrum.pdf](http://www.rotherham.gov.uk/download/downloads/id/1821/autistic_spectrum.pdf)).
- 2.2.2 There have been many developments since the scrutiny review. Education, Health and Care Plans (EHCP) are now in place, with all statements of SEN to be converted to the new EHCPs by April 2018. The Parent and Child Charter was launched in June 2016. A new post Autism diagnosis family support service has been established, and is being delivered by Rotherham Parents' Forum Ltd as part of the Autism Pathway.
- 2.2.3 Transitions support remains underdeveloped. However, through the SEND reforms, data and understandings of the profile of need are much improved.
- 2.2.4 There is not detailed information about Autism included in the JSNA and this requires further consideration and input.
- 2.2.5 Sufficiency planning for Autism has identified a number of gaps in current arrangements for meeting the needs of children and young people with Autism in Rotherham, as follows:
- Information and advice at all life stages
  - Clear pathways
  - Strategic planning
  - Clearer key worker approach for individual cases;
  - Reassurance/ accountability;
  - Length of time for diagnosis;
  - Better support and education for parents;
  - Clear expectations for every school
  - Key stage 3-4 speech and language resources
  - Pre and post diagnosis support for parents;
  - Sensory integration therapy support;
  - Restrictive CAMHS thresholds
  - Joint EHC placement panel
  - Insufficient provision currently at the highest end of need
- 2.2.6 Whilst there are a number of strategic developments in relation to Children and Young People with Autism, there is not an Autism specific strategy for Rotherham.

### **3.0 Activity since 10 October**

- 3.1 An initial consultation event was held in October to launch activity. This was attended by a range of stakeholders from public services, the voluntary sector, users and carers. The timeline for further consultation is currently being devised.
- 3.2 The consultation event focused on mapping current provision across all sectors and identified gaps in some service areas including training for staff



working in social care, lack of specialist accommodation and access to information regarding local support.

- 3.3 A presentation outlining the plans for the All Age Autism Strategy was delivered to Learning Disability Partnership Board in November. This approach was strongly supported by the Board.
- 3.4 The Public Health England Autism Self-assessment Framework (SAF) return was completed in October. This enabled the Council to benchmark progression towards meeting the quality standard goals outlined in the Government's 2014 Adult 'Think Autism' Strategy.
- 3.5 The Self-assessment Framework was completed jointly by the Council and Rotherham Clinical Commissioning Group. The content and accuracy of the submission was validated by Speak up for Autism, an independent self-advocacy group.
- 3.6 Red, Amber Green (RAG) ratings for each section are documented below:

Area of work	RAG Rating	Further work required
Planning	2 green, 5 amber, 1 red	Planning needs to take into account needs of people 65 & over with Autism
Training	2 amber	Staff in social care undertaking assessments require Autism specific training
Diagnosis	6 amber	Development of crisis support, reasonable adjustments in mainstream health services
Care & support	2 amber, 2 green	Better cohort data required in Adult Care, improvements in signposting's to information and advice
Housing	1 amber, 1 red	No specific Market Position Statement for Autism
Employment	1 red, 1 amber	Promotion of work opportunities for young people and adults with Autism
Criminal Justice	2 amber	Improved working with all stakeholders to ensure people with Autism in contact with criminal justice services receive good support

- 3.7 A grant of £5,000 was awarded by the Adult Care & Housing Directorate to Speak Up for Autism to assist with strategy development and co-production using users by experience.
- 3.8 Adult Care and Housing prepared and submitted a funding bid for £821,600 to the Housing and Care Technology Fund administered by the Department of Health on 28 October. The bid was to support the development of specialist housing and assistive technology for people with Learning Disabilities and Autism in Rotherham. To date feedback on the success of the bid has not yet been received from the Department of Health.

#### **4.0 Future Planned Activity**

- 4.1 There will be an Autism Partnership Board launch taking place in early December. This will be chaired by the Rotherham Autism Lead, Anne Marie Lubanski and co-chaired by a person with Autism.
- 4.2 The consultation plan is currently being devised and the full consultation will commence in January 2017.

## **Summary Sheet**

### **Council Report**

Health Select Commission 1 December 2016

### **Title**

Learning Disability –Shaping the Future Update

### **Is this a Key Decision and has it been included on the Forward Plan?**

No

### **Strategic Director Approving Submission of the Report**

Anne Marie Lubanski, Strategic Director of Adult Care and Housing

### **Report Author(s)**

Nathan Atkinson, Assistant Director Strategic Commissioning

Sam Leonard, Interim Strategic Commissioning Manager- Learning Disabilities

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### **Ward(s) Affected**

All

## **Summary**

On 10 October 2016 Commissioner Myers approved a paper 'Learning Disability Commissioning - Shaping the Future' to implement a strategic approach to the commissioning and delivery of services for people with Learning Disabilities within Rotherham through a market position statement. The approach seeks to adopt a set of strategic commissioning intentions that strengthen independence, choice and control and supports the wider Adult Care Development programme.

The strategic approach outlined a number of actions that will support people to be more independent, provides a wider choice of services to support citizens to fulfil their potential. These are detailed below:

- That the strategic direction outlined for people with Learning Disabilities through the Market Position statement be approved.

- That approval is given to the provision of a grant of £50,000 to Speak Up self-advocacy group to support co-production with people with Learning Disabilities
- That approval is given to partnership working with Sheffield City Council to develop and procure a supported living framework and to implement this across Rotherham.
- That approval be given to the Commissioning of a new provider for the services currently provided by Rotherham Doncaster and South Humber Foundation Trust (RDaSH) at John Street and Oak Close.
- That approval is given to the continuation of work on reviewing high cost placements in residential care.

This paper provides an update on progress to date since approval of the recommendations in the 10 October report.

**List of Appendices Included**

None

**Background Papers**

Learning Disability Commissioning-Shaping the Future- Cabinet and Commissioners' Decision Making Meeting – 10 October 2016

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Title: Learning Disability - Shaping the Future Update**

### **1.0 Background**

- 1.1 On 10 October 2016 Commissioner Myers approved a paper 'Learning Disability Commissioning - Shaping the Future' to implement a strategic approach to the commissioning and delivery of services for people with Learning Disabilities within Rotherham through a market position statement. The approach seeks to adopt a set of strategic commissioning intentions that strengthen independence, choice and control and supports the wider Adult Care Development programme.
- 1.2 The strategic approach outlined a number of actions that will support people to be more independent, provides a wider choice of services to support citizens to fulfil their potential. These are detailed below:
- That the strategic direction outlined for people with Learning Disabilities through the Market Position statement be approved.
  - That approval is given to the provision of a grant of £50,000 to Speak Up self-advocacy group to support co-production with people with Learning Disabilities
  - That approval is given to partnership working with Sheffield City Council to develop and procure a supported living framework and to implement this across Rotherham.
  - That approval be given to the Commissioning of a new provider for the services currently provided by Rotherham Doncaster and South Humber Foundation Trust (RDaSH) at John Street and Oak Close.
  - That approval is given to the continuation of work on reviewing high cost placements in residential care.
- 1.3 This paper provides an update on progress to date since approval of the recommendations in the 10 October report.

### **2.0 Key Issues**

- 2.1 The current offer does not promote independence and is reliant on residential care rather than independent living approach. Further work will also need to be undertaken to support adults to make different choices and to optimise their independence in a safe way. There are a limited number of supported living providers and currently no framework for supported living. This has restricted genuine choice and has led to an inconsistency in pricing which needs to be addressed.
- 2.2 The connection between services for children and adults with Learning Disabilities needs to be strengthened to ensure continuity in meeting needs particularly in transition. The recent development of Joint Transition meetings and Transition Board is welcome to accelerate this work across Adult Care and Children and Young People's Services.

- 2.3 Ensuring everyone with a Learning Disability has more control over all aspects of their life and everyone with a Learning Disability is able to reach their potential with the right support at the right time. The Speak Up grant activity will strongly support this. An independent voice championing the agenda through peers will be effective and will enable the co-production of solutions that focus on independence such as travel training and employment support. This will also provide credibility to the strategic narrative, whilst at the same time providing constructive challenge.
- 2.4 Ensuring a joint approach to commissioning services across health and social care will reduce duplication, confusion and cross-agency issues. The statutory and policy drivers for strategic commissioning of Learning Disability services will require a significant programme of work over next three years. This will necessitate internal and external stakeholders across Rotherham to work closely together to make the most of Rotherham's resources. It will require a programme management approach to ensure each key area is properly managed and that identified outcomes are delivered.

### **3.0 Activity since 10 October**

- 3.1 The Market Position Statement submitted on 10 October was a near final draft version. This has subsequently been updated with a more accurate picture of the Rotherham cohort and various financial data. The quality of presentation has also been improved with additional design from Communications colleagues. The final version of the Market Position Statement will be published on the Council's website in December and this version will be circulated widely.
- 3.2 Speak Up have been awarded £50,000 grant and have commenced a programme of work which will support the overall direction of travel for Learning Disability services. The grant award has been underpinned by service specification for the delivery of a work programme. This also details expectations as to the areas of expenditure under the grant.
- 3.3 A positive initial meeting took place with Sheffield City Council last month to progress activity on a Supported Living Framework. This will lead to a formal work programme to facilitate the required tender activity and provider selection process during 2017.
- 3.4 Adult Care and Housing prepared and submitted a funding bid for £821,600 to the Housing and Care Technology Fund administered by the Department of Health on 28 October. The bid was to support the development of specialist housing and assistive technology for people with Learning Disabilities and Autism in Rotherham. To date feedback on the success of the bid has not yet been received from the Department of Health.
- 3.5 The tender for John Street and Oak Close has been published on YOURtender and it is envisaged that the service provision will be awarded to a new provider in February 2017, with a view to the transition taking place in March and hand over 1 April. Customers, carers and families will be actively involved in the provider selection process.

- 3.6 The high cost placement activity has to date delivered £165,000 savings from reviewing the cost of care packages delivered by independent sector providers and also reviewing individual's eligibility for receipt of Continuing Healthcare Funding. This is an ongoing programme of work.

## Briefing paper for Health Select Commission

1 December 2016

**South Yorkshire and North Lincolnshire Transforming Care Partnership  
Transforming Care for People with a Learning Disability and Autism****Introduction**

The South Yorkshire and North Lincolnshire Transforming Care Partnership (TCP) comprises Rotherham, Doncaster, Sheffield and North Lincolnshire Clinical Commissioning Groups (CCGs). The partnership will transform care for people with a learning disability and autism by working collaboratively to deliver the key principles from the national *Building The Right Support* framework.

**Aims and ambitions of the delivery plan**

The TCP has been set the challenge to remove the need for permanent hospital care for people with a Learning Disability, people with complex and challenging care needs and/or Autism by March 2019. The plan sets out how the partnership aims to achieve reducing the need for hospital beds whilst moving to a more proactive community based care model, which is in line with *Building the Right Support* core values and principles.

Planning assumptions are based on an in-depth capacity and demand review, pan-footprint health needs assessment and in consultation with service users and their family/carers to ensure services are developed and designed in partnership with those who have expert experience.

It is accepted that some in-patient provision will still be required to manage complex behaviour when this has become difficult to manage without a hospital environment, but this will be planned, short-lived and discharge planning will start at the beginning. Appendix A gives an indication of the number of people in inpatient beds and Appendix B is an easy read summary of the TCP plan.

In three years the TCP will have:

1. Lowered the number of inpatient hospital beds for people with learning disabilities and autism to between 10 to 15 beds.
2. Reinvested in new models of care, such as expanded crisis teams, greater use of personal health budgets and a more coherent response to offender and forensic health.
3. Developed a coherent engagement strategy to ensure that service users and their families are genuine co-producers of models of care.
4. Development of the workforce, not just for statutory services, but also supporting the independent and private sector to access training across the system.

For more information visit the website:

<http://www.rotherhamccg.nhs.uk/transforming-care-partnership.htm>

**Recommendations for HSC**

Members of Health Select Commission are asked to:

- Note the work of the TCP to transform care for people with a learning disability or with autism.

Briefing note: Janet Spurling, Scrutiny Officer [janet.spurling@rotherham.gov.uk](mailto:janet.spurling@rotherham.gov.uk)



## South Yorkshire and North Lincolnshire Learning Disability Transforming Care Partnership (SY & NL LD TCP)

### Rotherham November 2016

#### Rotherham Clinical Commissioning Group



5

Number of Rotherham people with a learning disability + /or autism in an inpatient bed (mental health or Learning Disability)

September figure - 4 people



1

Number of people in a hospital bed for over five years

August figure - 1 people



3

Number of people with a discharge date



2

Number of people reported as 'Requirement to remain in Hospital'

#### NHS England Funded Placements



3

Number of Rotherham people with a learning disability + /or autism in a secure bed (mental health or Learning Disability)

September Figure – 4 people



3

Number of people in a hospital bed for over five years

August Figure – 3 people



0

Number of people with a discharge date



3

#### Planned Discharge destinations:

- Nursing home
- Residential home

#### Planned Discharge destination:

- None ready for discharge



2

Number of people on the Rotherham 'At Risk of Admissions' Register

#### Local Rotherham Risks:

- Placement breakdown of people placed in Rotherham by other CCG areas
- Delays in funding decisions
- Awaiting Provider assessments



\*\* Rotherham CCG bed target = 3, Rotherham NHS England bed target = 5

(Figures accurate as at 16<sup>th</sup> November 2016)

# South Yorkshire and North Lincolnshire Transforming Care Partnership



## Transforming Care for with people with a Learning Disability and Autism



This easy read summary tells you about The South Yorkshire and North Lincolnshire Transforming Care Partnership (TCP) and the work they are planning to do.



## About us



The South Yorkshire and North Lincolnshire Transforming Care Partnership (TCP) is made up of Rotherham, Doncaster, Sheffield and North Lincolnshire Clinical Commissioning Groups (CCGs)



Clinical Commissioning Groups (CCGs) are in charge of buying health services for local people.



Jackie Pederson from Doncaster CCG is in charge of the South Yorkshire and North Lincolnshire TCP.



The TCP has written a plan to show how we will lower the number of inpatient hospital beds available for people with learning disabilities.



We have written this plan because Transforming Care says we need to make sure that more people with learning disabilities and/or autism will be able to live in their local communities with support and not stay in long stay hospitals.

### Where will our TCP be in the next 3 years?

In three years time our TCP will have:



1. Lowered the number of inpatient hospital beds for people with learning disabilities and autism to between 10 to 15 beds.



2. Put more money into community services like crisis teams.



3. Supported more people to get a personal health budget.





4. Have good plans for offender and forensic health.



The TCP knows that there some areas of work that we still need to look at.



But our plan is to do this with people who use our services and this will take time.



However, we all agree that we want to have the best services for people with learning disabilities and autism their family carers so that people live a good life and get the right support at the right time.

**To start some of this work our TCP will:**



- Keep on collecting information about the needs of people with learning disabilities and autism their family carers so we can buy the right services for people.



- Write a plan to show how we will support people with complex needs.



- Work closely with people who use our services, carers and their families to help us plan future services.



- Look at how we can work with organisations to plan services that support people to stay well and live in their local community.



- Look closely at the services we buy and what services we will need to buy in the future. This may mean we stop funding some services and buy new ones.



Because there is less government money to buy services we need to make sure we work closely with other Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) to make sure our plan works.



Our TCP will work hard to make sure that the things we have said happen for people with learning disabilities and/or autism and their family carers.



If you would like to read our plan in full please visit your local CCGs website and search for the **“South Yorkshire and North Lincolnshire Transforming Care Partnership Transforming Care for People with a Learning Disability and Autism. Delivery Plan 2016.”**





This easy read booklet was created by The Friendly Information Company for The South Yorkshire and North Lincolnshire Transforming Care Partnership. June 2016. Some Graphics by Photosymbols.