

OVERVIEW AND SCRUTINY MANAGEMENT BOARD

Date and Time :- Wednesday, 16 May 2018 at 11.00 a.m.
Venue:- Town Hall, Moorgate Street, Rotherham.
Membership:- Councillors Brookes, Clark, Cowles, Cusworth, Evans, Mallinder, Napper, Sheppard, Short, Steele (Chair) Walsh and Wyatt.

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Questions from Members of the Public and the Press
4. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

Items for Pre-Decision Scrutiny

In accordance with the outcome of the Governance Review in 2016, the following item is submitted for pre-scrutiny ahead of the Cabinet and Commissioners' Decision Making Meeting on 21 May 2018. Members of the Overview and Scrutiny Management Board are invited to comment and make recommendations on the proposals contained within the report.

5. Customer Access Strategy (Pages 1 - 18)
6. Enabling School Improvement (Pages 19 - 33)
7. The Transformation of Services and Support for People with a Learning Disability (Pages 34 - 200)
8. Proposals for the future of Rotherham Intermediate Care Centre (RICC) (Pages 201 - 212)

For Discussion/Decision:-

9. Scrutiny Review - Drug and Alcohol Treatment and Recovery Services (Pages 213 - 233)

10. Spotlight review following the Ofsted Inspection of Adult Community Learning (Pages 234 - 241)

For Information/Monitoring:-

11. Youth Cabinet/Young People's Issues
12. Work in Progress (Chairs of Select Commissions to report)
13. Call-in Issues - to consider any issues referred for call-in
14. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
15. Date and time of next meeting

The next meeting of the Overview and Scrutiny Management Board will take place on Wednesday 6 June 2018 at 11.00 a.m. in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

Summary Sheet

Committee Name and Date of Committee Meeting

Cabinet & Commissioner Decision Making Meeting – 21 May 2018

Report Title

Customer Access Strategy

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

No

Strategic Director Approving Submission of the Report

Judith Badger, Strategic Director of Finance and Customer Services

Report Author(s)

Luke Sayers, Assistant Director Customer, Information and Digital Services
01709 823249 or luke.sayers@rotherham.gov.uk

Ward(s) Affected

All

Summary

The Council is committed to providing all customers with access to the help and advice they need regardless of anyone's personal situation; delivering services in a way that is simple, easy to understand, joined up, reliable and right first time.

A new Customer Access Strategy is required to replace the now expired Customer Access Strategy. This provides an opportunity to refresh the Council's approach by adapting to changing customer needs and expectations and advancing technology; thereby demonstrating a modern, efficient council that makes best use of available resources and provides value for money, customer-focused services.

The refreshed strategy seeks to strengthen customer relationships, enhance experience and increase satisfaction. It also aims to influence positive behaviour changes by encouraging engagement, involvement and increasing digital inclusion. The strategy provides a framework that cuts across all areas of business, placing the customer at its heart and adopting a digital first ethos that enables greater control and independence without excluding anyone from accessing the help, information and advice they need.

Recommendations

- 1 That the progress of the Customer Service & Efficiency Board work programme be noted.
- 2 That the Customer Access Strategy be approved for publication.
- 3 That any significant changes required following annual reviews of the Strategy be subject to further reports for Cabinet consideration and approval.

List of Appendices Included

Appendix 1 Draft Customer Access Strategy
Appendix 2 Stakeholder Engagement

Background Papers

RMBC Digital Council Strategy 2016 to 2019
Council Plan 2017-20

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overview and Scrutiny Management Board – 16 May 2018

Council Approval Required

No

Exempt from the Press and Public

No

Customer Access Strategy

1. Recommendations

- 1.1 That the progress of the Customer Service & Efficiency Board work programme be noted.
- 1.2 That the Customer Access Strategy be approved for publication.
- 1.3 That any significant changes required following annual reviews of the Strategy be subject to further reports for Cabinet consideration and approval.

2. Background

- 2.1 The Customer Service & Efficiency Board was established in September 2017 to deliver a strategic approach to service delivery and support the Council in the realisation of significant efficiencies.
- 2.2 The Board, chaired by the Strategic Director Finance and Customer Services, approve the Customer Service & Efficiency work programme; a comprehensive range of projects which will deliver:
 - The implementation of essential underlying technology to enable improved and extended digital capabilities and greater use of automated self-serve channels.
 - The consolidation of departmental customer service functions into a single corporate delivery model within the Finance & Customer Services directorate; creating a more effective, efficient and consistent multi-channel service.
 - Value for money and customer centred Council services through redesign and business process re-engineering.
 - Increased digital inclusion, making every contact count by encouraging customers to engage online and supporting them to grow their skills and confidence through a corporate wide digital champion programme.
 - A more robust and joined up approach to the provision and communication of customer information; reducing the amount of print and outgoing post and making best use of social media to encourage those online to stay online.
 - Redefined customer service standards and a workforce wide strategy that raises the profile of customer service and achieves recognised accreditation.
- 2.3 The Customer Service and Efficiency Board are responsible for ensuring project sponsors take responsibility for deliverables and all financial savings established through the programmes and that these are captured accurately.
- 2.4 The Customer Service & Efficiency board is also responsible for the Council's Customer Access Strategy and the delivery of underpinning activities.
- 2.5 Technological advancement and changing customer behaviours and expectations mean that the way the Council provides access to services must be regularly reviewed.

- 2.6 It is important that all customers continue to have access to the services they need irrespective of their personal situation, and that the information and advice they receive is simple and easy to understand, joined up, reliable and right first time.
- 2.7 The purpose of a Customer Access Strategy is to set out how the Council aims to achieve the above, building on the Council's values to strengthen customer relationships and improve service delivery.
- 2.8 A new Customer Access Strategy is required to replace the now expired Customer Access Strategy 2011 to 2015.
- 2.9 The new strategy forms the framework for the way customers access services and the way the Council delivers them; cutting across all areas of business to deliver greater efficiency, make better use of resources, and improve customer experience.
- 2.10 The new Customer Access Strategy is aligned to the Council Plan and the Council's Digital Strategy. It has a greater digital focus to reflect the vision for a modern, efficient council that makes best use of available resources and provides value for money, customer-focused services.
- 2.11 The aims and objectives of the Customer Access Strategy form the basis for the Customer Service & Efficiency work programme which is driving the:
- Implementation of essential underlying technology
 - Redesign of business processes
 - Challenge to the way the Council delivers its services
 - Delivery of excellent customer service
- 2.12 This report sets out the proposed new strategy, subject to Cabinet approval, which will be reviewed on an annual basis to ensure it remains fit for purpose and continues to meet customer needs.

3. Key Issues

- 3.1 The new Customer Access Strategy sets out the Council's continued commitment to providing all customers with access to the information and services they need, in a modern, efficient, and effective way that delivers value for money.
- 3.2 The fundamental principles of the strategy are that it enables:
- Access to help, advice and information for all Rotherham customers irrespective of their personal circumstances.
 - The delivery of high quality 'digital first' services that are designed and built around customer needs to give people greater control and independence.
 - Simple, effective and joined up processes that are consistent and right first time.

- The growth of digitally enabled and digitally active customers through targeted promotion, support and mediated access.

3.3 The outcomes sought from the Customer Access Strategy are:

- Irrespective of the channel they choose, customers have access to the services they need, with information and advice that is simple and easy to understand, joined up, reliable and right first time.
- Customers and communities are involved in the design and testing of new services and processes and their thoughts and ideas are used to positively influence change and improvements.
- Improved customer experience with new and redesigned services delivering a customer journey that is as short and simple as possible. Customers only have to tell their story once and the Council provides them with clear and accurate information so they know what to expect and when.
- Customers receive excellent customer service from all Council employees and value the services the Council provides. They have the trust and the confidence that they will be able to receive the help and advice they need regardless of the access channel they choose.
- The Council makes the most of every contact by making customers aware of other services that might be of benefit, supporting and helping them to become more independent.
- A 'digital champion' ethos in collaboration with communities, partners, voluntary sector and charitable organisations to implement schemes that are designed to increase digital skills and confidence.
- Increased digital inclusion across the borough with customers and communities supported, motivated and interested in the wider benefits that being online can bring to their daily lives. For example, looking for jobs, saving money, finding out about personal interests and hobbies and keeping in touch with family and friends.
- A more intuitive website that offers customers a greater choice of things to do online, and the ability to book and pay for events and services in one easy step without the need to contact the Council in person or by telephone.
- Greater use of interactive content such as online video tutorials that show people 'how' to do things and mapping functionality to improve location accuracy.
- Customers become advocates of Council digital services and encourage their own family and friends to adopt online 'self-serve' as their preferred access channel.
- Council employees continuously look for ways to improve service delivery, influence positive behaviour changes and demonstrate the Council's core values in everything they do.
- A modern, efficient council that makes best use of available resources and provides value for money, customer-focused services.

4. Options considered and recommended proposal

4.1 Develop a new Customer Access Strategy (Appendix 1).

4.2 For the council not to develop a new Customer Access Strategy.

4.3 Following consultation with a wide range of stakeholders it is recommended that Cabinet approve the new Customer Access Strategy.

4.4 The new Customer Access Strategy will be reviewed annually so it can adapt to changing customer need and technology advancements

5. Consultation

5.1 Whilst there is no requirement for the Council to formally consult on the new Customer Access Strategy, officers have engaged with multiple stakeholders to incorporate their views and suggestions into the proposed document.

5.2 The draft strategy was made available on the Council website allowing the public to submit comments.

5.3 Appendix 2 provides (Stakeholder Engagement) provides further details regarding the groups and individuals involved in this process.

6. Timetable and Accountability for Implementing this Decision

6.1 Subject to approval the new Customer Access Strategy will be published online

6.2 The previous version of the Customer Access Strategy will still be available to view as an archived document.

6.3 The Customer Service & Efficiency Board will be responsible for the delivery of the underpinning work programme.

7. Financial and Procurement Implications

7.1 There are no financial implications arising from this report.

8. Legal Implications

8.1 There are no direct legal implications arising from this report.

9. Human Resources Implications

9.1 None.

10. Implications for Children and Young People and Vulnerable Adults

10.1 As set out in the report.

11. Equalities and Human Rights Implications

11.1 An Equality Impact Assessment has been completed.

12. Implications for Partners and Other Directorates

12.1 Officers have engaged with partners and other directorates to ensure the Customer Access Strategy reflects their needs as well as those of other stakeholders.

13. Risks and Mitigation

Risk	Description	Mitigation	Impact and Probability
The expired strategy is not replaced	The outdated version of 2011-2015 does not portray a modern, efficient council potentially undermining the Council Plan and vision	Publish a refreshed Customer Access Strategy to reflect the current and future needs of the Council, it's customers and communities	Medium, Low
The new Customer Access Strategy becomes outdated	The strategy does not keep up with the pace of change; whether this be due to changing Council/Customer needs or technological advancements	There will be a mechanism for customers and communities to continuously share their thoughts and suggestions. The strategy will be reviewed annually and this feedback will be taken into account with any proposed changes subject to Cabinet consideration/approval	Low, Low
Reputational risk from non delivery of the things we said we would do	For example: <ul style="list-style-type: none"> • Range of online services slow to grow • Business processes do not improve • Technology improvements are not forthcoming • Customers do not get the support they need • Customers cannot access the services they need • Information is inconsistent • Digital engagement stagnates 	The Customer Service & Efficiency board will be responsible for the delivery of the Customer Access Strategy aims and objectives. Each sub project has been incorporated into the work programme Progress is reviewed on a monthly basis, details of which are shared with cabinet and board members on a monthly basis	High, Medium

14. Accountable Officer(s)

Luke Sayers, Assistant Director – Customer, Information and Digital Services
Helen Barker, Head of Customer Services

Approvals obtained on behalf of:-

	Named Officer	Date
Strategic Director of Finance & Customer Services	Lisa Darnell	04.04.2018
Assistant Director of Legal Services	Stuart Fletcher	05.04.2018
Head of Procurement (if appropriate)	N/A	
Head of Human Resources (if appropriate)	N/A	

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

<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Appendix 1 - Customer Access Strategy

FRONT COVER

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1. Foreword

This section will include an introductory message about the Council, its priorities and challenges, and how this links in to the Customer Access Strategy.

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2. Why do we need a Customer Access Strategy?

People regularly use the internet for all kinds of reasons. Being able to 'self serve' at a time to suit yourself and your lifestyle gives people greater control and independence and puts them in touch with information and services any time of day or night. We want to encourage and support more of our customers and communities to have these same choices too.

This strategy sets out how we will make it easier and more attractive for people to access services online, whilst at the same time making the best use of technology to work in a more cost effective way. Increasing the number of people who regularly 'self-serve' rather than choosing to phone or visit a council office, will help us target our resources more effectively to prioritise the people and communities who need help the most..

Of course we also understand that going online isn't for everyone. Our communities are diverse with a wide range of people who have differing needs and preference. This strategy has therefore been designed to make sure everyone has equal access to the information and help they need regardless of their individual circumstances, whilst also helping and supporting people to enjoy the wider benefits that being online can bring to their daily lives. For example, looking for jobs, saving money, finding out about personal interests and hobbies and keeping in touch with family and friends

Did you know:

- Over 30,000 people have already signed up to 'Your Account' giving them 24/7 access to Council Tax, Benefits and Bin collection information. Once you've registered there will be no more need to file your paper Council Tax bill as your electronic version will be available to view online whenever you need it. Just one of the many benefits you could have by signing up.
- In 2017 we received over 54,000 online forms for a range of service requests – a much easier and faster way to tell us about the things that matter to you and no postage costs either
- You can pay online for a range of services, as well as via the automated telephone payment line. We received over 150,000 payment transactions using these methods last year
- 62,000 people have already signed up for email alerts and the number is growing. Look for the 'stay connected' button at the top right of the Council's website home page. You can register with your email address or using your preferred social media account, keeping you up to date about subjects you're interested in

- 'Liking' our Facebook page means you will regularly receive information and news about Council services, events, consultations and much more
- Following us on Twitter means you'll receive Council news as it happens

We want everyone in Rotherham to make the most of all the digital opportunities available and help and support more of our customers to get online so that this becomes the natural way they do business with the Council.

3. Doing things digitally and doing them better

The Council's [Digital Strategy](#) sets out our vision for putting technology at the forefront of our journey and recognises what digital can do for Rotherham.

When we talk about 'Digital' we mean the Council's website, social media messaging (eg. Facebook, Twitter), Your Account,' website forms and emails. In the future 'digital' services may also include other options such as voice activated information.

By expanding what we provide digitally customers will benefit from an even wider choice of online services – all of which are accessible any time of day or night giving customers immediate access to information and advice and a written record that can be saved to their own devices. Working digitally also means that as a Council we are able to promote news and opportunities, and talk to our customers and communities much faster and across wider geographical areas at the touch of a button.

There's always room for improvement and we want to make our online access easier and give our customers an even better experience so they increasingly choose to access services this way.

We will:

- Make as many of our services available online as we can so that customers can do what they need to do at a time to suit them without having to contact the council using other means.
- Make sure our online services are designed for use on smartphones and tablets so that the growing number of customers using mobile devices can access Council services regardless of the device they use

- Increase the number of services you can access through 'Your Account' and make it easier for you to register. For example by allowing you to 'sign in' with the same username and password as other Council online accounts or by using your social media account details (eg Facebook, Twitter)
- Make it easier to book and pay for events and services in one easy step
- Improve the layout of our website and make the content more user friendly so that information is easier to find and access
- Continuously review the search words and phrases our customers use so that the search results are more accurate
- Improve our online processes so that you only have to tell us your information once
- Provide more online forms so we can help customers to provide us with the specific information we need rather than expecting them to tell us in an email
- Where possible allow customers to upload copies of documents online instead of asking them to provide original paper versions
- Make better use of online maps so that customers can pin a location to make it easier for them to report things
- Introduce more online videos to visually help, guide and inform our customers about the things they need to know
- Make sure our digital services meet accessibility standards
- Join our systems together so you can more easily access your information and track the progress of your applications or reports
- Introduce 'web chat' to guide customers to the information they're looking for or help them if they appear to be 'stuck' on a page
- Always prioritise your online safety by implementing best practice security measures. For example, the 's' in the website address https stands for 'secure.' We will also share helpful hints and tips with our customers to help them feel more confident about the way they access and make use of online services
- Make more use of social media to stimulate online interest and increase participation
- Make sure you know what to do and where to go if things go wrong or something is really urgent
- Keep up to date with new technology so we can continue offering customers a greater choice of digital 'self-serve.
- Encourage customers to communicate with us online so letters and paper documents are only used when there is no other choice

4. Help and support for all our customers

Some of our customers may not even be aware of all the digital services currently available to them and we know we need to do more to promote them. Other people want to do more online but don't currently feel able to. This could be due to a lack of confidence in new technologies, or nervousness about the safety of conducting business in this way. For others, the cost of equipment, and mobile or broadband charges might prevent them from accessing services digitally. Whatever the reason, we want to do all we can to help as many people as possible enjoy the benefits that being online can bring.

We will:

- Encourage all customers to make use of digital 'self-serve' so they can find out about the things that matter to them – not just Council services.
- Promote online services at every opportunity to increase interest and awareness
- Provide digital assistance in every library and Customer Service centre so that customers who need help feel supported and able to access the services they need. This might mean showing people how to set up an email address or helping them complete an online form. Whatever their needs are, we will support all customers in a way that best suits their situation and reason for contacting us
- Enable all our frontline staff to support customers to access online services, equipping them with mobile devices and tablets so they can show customers how to find information and services using devices they are more familiar with – not only at Council offices but for staff working in the community too
- Create 'digital champions' to work closely with customers and communities to increase their online interest, confidence and skill. This might include coaching individuals, attending group meetings to show what's available online, or putting people in touch with providers of basic ICT courses such as the ones currently provided in libraries, education services and the voluntary sector
- Work with our communities, partners, voluntary sector and charitable organisations to implement schemes that are designed to increase digital inclusion
- Work with the business community to identify other organisations who could help us increase the number of people who can get online and stay online. We will also seek out events and activities to further promote and encourage digital engagement
- Continue providing free Wi-Fi for public use in Council owned buildings such as libraries and customer service centres, and subject to funding look to extend this to other locations such as the town centre
- Make sure all our services are accessible so that regardless of anyone's personal situation, no one feels disadvantaged. We realise that going online isn't for everyone and for some services there may be other self-serve options available too. For example text messaging, automated telephone service. Customers can also still contact us by phone or visit us at a Neighbourhood Hub

5. What we need from you

We want to continue offering value for money services to all our customers and communities. Supporting and encouraging more people to 'self-serve' frees up valuable resources which means we are better able to assist our most vulnerable customers and prioritise support for people who need help the most.

Here are some simple and easy things you can do to help us achieve this:

- Before thinking about visiting a Council office or picking up a phone, visit www.rotherham.gov.uk It's open 24 hours a day, every day of the year.
- Encourage your family and friends to do the same, or offer to help family members who aren't able to do this themselves. Many people don't realise how many different things they can do online and could be missing out on a number benefits and opportunities.
- Sign up to 'Your Account' – it only takes a few minutes but gives you personalised access to your key services such as Council Tax and benefits. We will be increasing the number of services available through 'Your Account' and once you're signed up we will be able to keep you updated with any changes
- If you currently make cash payments to the Council why not consider using another method? You can pay online for lots of services using debit and credit cards and Paypal. There are other self-serve options too such as payment by automated telephone. Or why not set up a Direct Debit for your Council Tax? Simply sign in to 'Your Account' and follow the instructions
- 'Following' us on Twitter and 'liking' our Facebook means you'll be able to find out what's happening in your community, engage in conversation with people who have similar interests, and be in touch with Council news as it happens
- Sign up to email alerts to be automatically notified about the things you're interested in
- Let us help you to help yourself – we want everyone to benefit from accessing services online so will always encourage you to try it for yourself. If you've never been online before, or aren't sure how to access a service we will support you by either talking you through the process or sitting with you to show you how it works.
- Make use of the digital skills training and support the Council offers – call into any library, customer service centre or community hub to find out more
- If we make you an appointment, please let us know if you can't attend beforehand so we can offer it to someone else.
- If you do need to come and see us, make sure you bring your documentation and information so we can deal with your request faster and reduce the number of times we need to see you
- Keep us updated with any changes that could affect the services you receive from us
- Be polite and respectful – we want to help you but will not deal with violent, rude or disruptive customers

6. Your experience matters

Regardless of the type of enquiry, or the way a customer accesses a service, we need to make sure their experience is a good one. Our customers should not need to know or understand how each Council department works. But they should be able to expect excellent customer service and things done right the first time.

Our services should be designed and built around the needs of our customers and communities. Which means involving our customers more and listening to their feedback so that wherever possible we continually develop and improve what we do.

We will:

- Encourage your feedback by making it easy for you to tell us what you think about the way we deliver our services. For example through social media, our website, resident surveys and consultations
- Listen and respond to what you tell us, take your views into account to influence change and make sure we tell you what we've done as a result
- Redesign our services by removing unnecessary tasks so the customer journey is as short and simple as possible and you only have to tell your story once improve customer experience
- Review the range of telephone numbers we use so that where there is a need to provide service in this way, it's as easy and simple as possible
- Be clear about the different stages of a process and the timescales involved so you know what to expect
- Confirm receipt of your enquiry and keep you informed of progress when you have asked us to do something
- Invite customers and communities to help us design and test drive new services/processes
- Acknowledge when we've got it wrong and take steps to put things right as quickly as possible
- Make the most of every contact by making customers aware of other services that might be of benefit
- Encourage our workforce to think digitally and continuously look for ways we can improve our service delivery
- Provide all our employees with the appropriate training to deliver excellent customer service and set clear standards to measure how this is achieved
- Continuously review the way we work so we use what we have learned from our customers to shape what we do in the future

Back page

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Appendix 2

External Stakeholder Engagement

In addition to the wider public engagement via the website and social media, the following partner agencies, community groups and voluntary organisations have each been invited to share their views:

- Action Housing
- Action in Rotherham
- Adult Community Learning
- Age UK
- Carers forum
- Citizen Advice Bureau
- Clearways
- DWP
- Faith groups
- Housing Involvement Panel
- Job Centre
- Lighthouse project
- Mind
- NHS
- Parents Forum
- Pride of Rotherham
- Rainbow project
- Rotherfed
- Rotherham Disability Network
- Rotherham Ethnic Minority Alliance
- Rotherham Older People's Forum
- Rotherham Pensioners Action Group
- Rotherham Rise
- Rotherham Sight and Sound
- Rotherham United Community Sports Trust
- Rotherham Visually Impaired Group
- Rotherham Youth Council
- Rotherham Youth Parliament
- Shiloh
- sight and sound
- South Yorkshire Housing Association
- South Yorkshire Police
- Speak Up
- Target Housing
- Thursday Project/Crisis
- Voluntary Action Rotherham
- Yorkshire MESMAC

Summary Sheet

Name of Committee and Date of Committee Meeting

Cabinet and Commissioners' Decision Making Meeting – 21 May 2018

Report Title

Enabling School Improvement

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

No, but it has been included on the Forward Plan

Strategic Director Approving Submission of the Report

Mel Meggs, Acting Strategic Director of Children and Young People's Services

Report Author(s)

Dean Fenton (Head of Service – School Planning, Admissions and Appeals)
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Ward(s) Affected

All

Summary

This report provides Cabinet with an overview of proposals for the future enablement of School Improvement in Rotherham and proposals to bring together key Strategic Partners to create a Rotherham Strategic Education Partnership Board to set and oversee Rotherham Education priorities.

Recommendations

1. That the outcome of the consultation on Enabling School Improvement be noted.
2. That the commitment to working with individual settings, schools and strategic partners with pace, pride and passion to further develop good and outstanding provision be noted.
3. That the establishment of a Rotherham Strategic Education Partnership Board, as set out in section 4 of this report, to create opportunities to exploit synergies; identify both gaps in provision and duplication and create greater strategic coherence and help to secure improved outcomes be endorsed.
4. That the proposal to recruit to the substantive post of Assistant Director (Education) recognising this may be through a permanent appointment or a fixed term full time/part time seconded appointment be noted.

5. That the operational decisions of the Strategic Director of Children and Young People's Services relating to the relocation of operational functions be noted.

List of Appendices Included

Appendix 1 Enabling School Improvement consultation outcome

Background Papers

Enabling School Improvement report

Local Government Association - Enabling School Improvement reports (December 2017 and January 2018)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Enabling School Improvement

1. Recommendations

- 1.1 That the outcome of the consultation on Enabling School Improvement be noted.
- 1.2 That the commitment to working with individual settings, schools and strategic partners with pace, pride and passion to further develop good and outstanding provision be noted.
- 1.3 That the establishment of a Rotherham Strategic Education Partnership Board, as set out in section 4 of this report, to create opportunities to exploit synergies; identify both gaps in provision and duplication and create greater strategic coherence and help to secure improved outcomes be endorsed.
- 1.4 That the proposal to recruit to the substantive post of Assistant Director (Education) recognising this may be through a permanent appointment or a fixed term full time/part time seconded appointment be noted.
- 1.5 That the operational decisions of the Strategic Director of Children and Young People's Services relating to the relocation of operational functions be noted.

2. Background

- 2.1 A defining feature of the recent history of the English education system has been the growth of school autonomy. The 2010 government White Paper 'The Importance of Teaching' stated that "*the primary responsibility for improvement rests with the schools themselves*" and set out an ambition for "*the school system to become more effectively self-improving.*" The aim of creating a self-improving school system led by networks of schools, soft federations, hard federations and multi academy trusts is part of a process which is transforming the relationships between schools and local authorities.
- 2.2 The area which is changing most rapidly is in school improvement and interventions:
 - More school-led partnership leading school improvement
 - School leaders are becoming more confident they can access high quality support
 - School leaders see the attraction of being connected to at least one formal network
 - School improvement is increasingly characterised by joint proactive development and peer evaluation
 - Local Authorities have developed a new way of working with all schools and academies
- 2.3 There remains an issue for all Local Authorities as to how their role is to evolve with the focus on three key areas of responsibility:
 - as a convenor of partnerships;
 - as a champion of children, families and communities;
 - as a maker and shaper of effective commissioning.

- 2.4 The Strategic Director of Children and Young People's Services (CYPS) commissioned a report to consider the wider aspects of school improvement in Rotherham for consultation. A document entitled 'Enabling School Improvement' (Background paper 1) was produced and circulated widely to all Headteachers, Chairs of Governors, Chief Executives of Multi-Academy Trusts, Chief Executives of Teaching School Alliances, Diocesan Authorities and other stakeholders including sub-regional partners.
- 2.5 The report document was the main element of consultation with key stakeholders. Discussions were held at meetings with Secondary School Headteachers on 8 February 2018, Special School Headteachers and Pupil Referral Unit Headteachers on 21 February 2018 and Primary School Headteachers on 22 February 2018. Separate meetings were held with Chairs and Vice Chairs of Governors, the Chief Executives of Multi-Academy Trusts and with the Chief Executives of Teaching School Alliances. Other meetings were held upon request.
- 2.6 The report covers:
- Context
 - The continuing role of Local Authorities in supporting School Improvement Systems
 - Existing Local Authority structure
 - Education standards in Rotherham
 - Local Authority duties
 - Rotherham School Improvement provision
 - Financial costs to the Council of providing a School Improvement Service
 - Assessing models to enable and support School Improvement
 - A proposed model
 - Recommendations

3. Key Issues

- 3.1 A period of consultation with key stakeholders began on 7 February 2018 and concluded on 23 March 2018.
- 3.2 Consultation with Key Education Stakeholders focussed on:
- The continuing role of the Local Authority
 - Education priorities
 - Support currently provided in Rotherham
 - Additional Strengths in Rotherham
 - Additional opportunities in Rotherham
 - Additional areas for development in Rotherham
 - Additional challenges in Rotherham
 - Rotherham Strategic Education Partnership Board suggested representation
- 3.3 Consultation with CYPS Staff focussed on:
- The refocus of Rotherham School Improvement Service (RoSIS) and service structure
 - Recruitment to the post of Assistant Director

4. Options considered and recommended proposal

- 4.1 Section 8 (8.1 to 8.8) of the Enabling School Improvement report (Background Paper 1) outlines a range of models implemented by other Local Authorities that were assessed against the educational needs of Rotherham.
- 4.2 The Local Authority's vision, and the one used as a basis for consultation, is of one Strategic Education Partnership Board chaired by a school leader overseeing the whole school system and connecting all the key partners inside and outside Rotherham to deliver against key priorities. Membership could include representatives of maintained schools, academies, Multi Academy Trust's through their Chief Executive Officer, Chairs of Governors, Local Authority officers and the Lead Elected Member.
- 4.3 A single overarching Strategic Education Partnership Board will give schools and key education partners even greater ownership and responsibility for setting the priorities for improvement and leading the work to deliver them. This will bring together directly or indirectly the expertise of staff employed directly by the Local Authority, individual schools, teaching schools and other school-to-school support providers.
- 4.4 The Strategic Education Partnership Board will establish an even stronger education system for all children, shared by political, Council and school leaders; building stronger connections with other key partners in the region such as the Regional Schools Commissioner and senior Ofsted Inspectors.
- 4.5 The vacant Assistant Director of Education post will be recruited to, for the commencement of the 2018/19 Academic Year. The successful candidate will be in post to provide senior strategic management of the Council's statutory functions as well as deliver on the Enabling School Improvement priorities. The Education portfolio will be rationalised and streamlined to enable a focus on 'raising the bar and closing the gap' for all pupils. The rationalisation of the service is outlined below and detailed in Background Paper 1.
- 4.6 Direct line management of the Virtual School (Children Looked After) will transfer from the School Improvement Service to the Safeguarding Children Service in time for the commencement of the 2018/19 academic year. This will maximise and further enhance synergies with other 'looked after' services. The School Improvement Service will continue to work with the Virtual School and retain a strategic overview of and hold schools to account in relation to the educational outcomes of Looked After Children.
- 4.7 Direct line management of Inclusion Services within Education and Skills, will transfer to the Assistant Director of Commissioning, Performance and Quality (CYPS). This will further build on the close links that already exist in relation to the commissioning of places for children with Special Educational Needs and Disability (SEND). Education Department services will continue to work closely with Inclusion services in relation to the educational outcomes of SEND pupils and in relation to other core services such as education placements and Early Years.

- 4.8 Direct line management of the music service which currently sits within the School Improvement Service will transfer to the Culture, Sport and Tourism Service of the Regeneration and Environment directorate. The move creates an opportunity for the Music Service to be consolidated with the rest of the Council's cultural services. A mutually agreed timetable for the transfer of line management with the Directorate Leadership Team of the Regeneration and Environment directorate, the board of the Music Hub and the Arts Council of England has been established. The School Improvement Service will retain a strategic role in relation to educational outcomes for music.
- 4.9 The Rotherham Youth Enterprise Service (RYE) following restructure, will transfer to the Rotherham Investment & Development Office (RiDO) that sits within the Planning, Regeneration & Transport Service of the Regeneration and Environment directorate. The transfer of service will enable synergies to be fully maximised given already established business links, current overlap and duplication of some functions such as business start-up facilities, resources, premises, administrative/finance work and grant pursuance, bidding and matching functions.

5. Consultation

- 5.1 The consultation with key stakeholders began on 7 February 2018 and concluded on 23 March 2018. Responses were provided through 'Survey Monkey' and by written representation.
- 5.2 There were 43 responses in total to the Education Stakeholders consultation. These included both individual and group responses. (Appendix 1) provides an overview of consultation responses.
- 5.3 The views of CYPS staff were also sought. The staff consultation began on 15 March and ended on 23 March 2018. The responses are outlined in (Appendix 1).
- 5.4 The Local Authority responded as far as possible to observations/comments made and these contributions from stakeholders will be given further consideration as thinking around 'Enabling School Improvement' evolves. The Local Authority is most grateful to all those who attended meetings and offered written observations.
- 5.5 The responses are reflected within the broad areas covered in the Survey Monkey. The issues raised by stakeholders in the category areas are captured in (Appendix 1) along with a response by the Local Authority.
- 5.6 Responses are broadly supportive of the proposal to establish a Strategic Education Partnership Board to exploit synergies, identify gaps in provision and duplication, create greater strategic coherence and help to secure improved outcomes. The need for an Assistant Director of Education within Rotherham Metropolitan Borough Council to support the implementation of the Strategic Partnership Boards priorities was also broadly supported.

6. Timetable and Accountability for Implementing this Decision

Date	Action
January 2018	Briefing of Strategic Director and Cabinet Member with recommendations
7 February to 23 March 2018	Consultation and feedback with: Head teachers of Secondary, Primary, Special Schools and Pupil referral Units (PRU's). Chairs and Vice Chairs of Governors. Chief Executive Officers of Multi Academy Trusts Chief Executive Officers of Teaching School Alliances
23 March 2018	Deadline for responses to consultation
April 2018	Publication of final document
April / May 2018	Commence recruitment to Assistant Director of Education post
September 2018	Assistant Director of Education commences

7. Financial and Procurement Implications

- 7.1 There are no financial or procurement implications to consider as the delivery of the Local Authority's statutory education duties will continue within the existing allocated budget. There are no financial implications in recruiting to the post of Assistant Director (Education) either through a permanent appointment or a fixed term full time/part time seconded appointment as the post is within the budgeted establishment of the Education & Skills service.
- 7.2 If the Assistant Director position is appointed to as a secondment at the highest salary level (Leadership 41) the annual cost of the appointment would be between £54,975 (2 days) and £82,462 (3 days) against a budget for the established Assistant Director post of £112,327 resulting in a saving of between £29,865 and £57,352 (all figures include on-costs).
- 7.3 The appropriate budget virements will be made between the CYPS and Regeneration and Environment directorates to reflect the transfers of the Music Service and Rotherham Youth Enterprise Service.

8. Legal Implications

- 8.1 The Local Authority has statutory duties under a range of statutory frameworks including Admission to School, Admissions Appeals, school place planning, Early Years and education standards. The role of the Assistant Director of Education is to provide senior strategic management of these functions as well as the wider role relating to Enabling School Improvement.

9. Human Resources Implications

- 9.1 The recruitment to the position of Assistant Director for Education will follow Rotherham Metropolitan Borough Council established recruitment processes.
- 9.2 The relocation and restructuring of services within the CYPS Directorate and relocation of services to the R & E Directorate have been completed in compliance with Council HR processes.

10. Implications for Children and Young People and Vulnerable Adults

- 10.1 The establishment of the Enabling School Improvement recommendations will lead to a more collegiate approach to the education agenda of 'raising the bar and closing the gap' in relation to educational achievement and attainment for all Children and Young People in Rotherham.

11. Equalities and Human Rights Implications

- 11.1 The establishment of the Enabling School Improvement recommendations will further enhance the Local Authority's role in relation to acting as a convenor of partnerships; as a champion of children, families and communities and as a maker and shaper of effective commissioning. This will further enhance the systems in place to raise the bar and close the gap for all pupils.

12. Implications for Partners and Other Directorates

- 12.1 The proposals will bring together a range of key strategic partners from across the Education Sector to work together in a more collaborative manner, setting the education agenda and priorities within Rotherham.

13. Risks and Mitigation

- 13.1 The risks of not working in collaboration with key strategic partners is that the education system in Rotherham could become disjointed as smaller partnerships form, setting varying priorities across Rotherham. The Enabling School Improvement reports recommendations aim to ensure a collegiate and collaborative approach to education is established and maintained across Rotherham with the Council retaining a key strategic role.

14. Accountable Officer(s)

Mel Meggs, Acting Strategic Director of Children & Young People's Services

Approvals obtained on behalf of:-

	Named Officer	Date
Strategic Director of Finance & Customer Services	Mick Wildman	12.04.2018
Assistant Director of Legal Services	Neil Concannon	13.04.2018
Head of Procurement (if appropriate)		
Head of Human Resources (if appropriate)	Amy Leech	16.04.2018

*Report Author: Dean Fenton - Head of School Planning, Admissions and Appeals / Acting Education Lead.
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This report is published on the Council's website or can be found at:-
<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

(Appendix 1) Enabling School Improvement - consultation**Education Stakeholders consultation****1. The continuing role of the Local Authority (LA)****Comments**

These included 18 comments on Survey Monkey with 13 arguing consistently that there should be a separation between the LA as a commissioner of school improvement services and a provider. Other contributions noted the changing relationships between schools and the LA, the nature/funding of traded services and the delivery of statutory services.

LA response

Many organisations including the LA, multi-academy trusts, federations, teaching school alliances, both commission and provide school improvement services. Some time ago it seemed that the LA would not be allowed to commission and provide yet others would. That is not the case.

The LA is clear that it absolutely can and will occupy the space of both commissioner and provider. It will provide a traded service designed to break even without subsidy and with individual schools free to choose whether to purchase services from the LA or not. The offer is available to LA maintained schools and academies on the website with a satisfaction survey undertaken and outcomes available. Please see below for the hyperlink to the LA offer through the Rotherham School Improvement Service (RoSIS) and the outcome of the survey undertaken in 2017. It is right that the market establishes and determines the offer and that should be so for all providers.

It may be helpful for schools if all commissioners/providers made similar information available or in an agreed format so there is a common process.

2. Education Priorities**Comments**

These included 24 comments on Survey Monkey. The most common observation with 10 comments was that priorities should be set by individual schools and MATs. The importance of school level analysis of data was stressed. Other broader areas were referred to including Special Education Needs and Disability and also disadvantaged groups. Reference was made to the lack of reference to education performance at special schools.

LA response

The LA agrees that priorities and targets should be set in individual schools and approved by Governors/Trustees. There would be benefit in a strategic analysis of challenges across the borough so that the constituent parts can contribute to the whole, thus potentially improving outcomes for children and young people. In some cases priorities may be set for example by central government. Resources may be better utilised by reflecting on the contribution a school or MAT or provider could make. Shortly after the

publication of the document Enabling school improvement special school Headteachers produced 'Rotherham Special Schools Outcomes-End of Year Summary 2016-2017'. This is most welcome.

3. Support currently provided in Rotherham

Comments

These included 23 comments on Survey Monkey noting that schools and academies access many services from a wide range of providers. 5 comments made a similar point that the section in the report concentrates almost entirely on the LA offer.

LA response

The comments are fair. Officers highlighted that point in meetings inviting responses from other providers highlighting their offer. The responses provide clear evidence of the breadth of, but not the detail of provision accessed by schools.

4. Additional strengths in Rotherham

Comments

These included 21 responses on Survey Monkey. Several responses commented that it was not clear whether this analysis of Rotherham's strengths referred to Rotherham or RoSIS. There was no specific recognition of the success and contribution of MATs within Rotherham.

LA response

It was made clear at a number of meetings that this was an LA officer view of provision across the geographic area of the borough. It was for that reason that no specific reference was made to either LA maintained schools or to MATs. Comments were invited as to whether that diagram fairly captured the strengths and again at meetings whether the opportunities, areas for development and challenges were fairly captured. A number of positive contributions were received which could be captured in a revised document to further improve the description of the education landscape.

5. Additional opportunities in Rotherham

Comments

These included 10 responses on Survey Monkey. Of these responses 8 made different points. 2 responses referred to no mention of the impact of MATs work with failing schools. There was a strand around the need for partnership working.

LA response

It was made clear at a number of meetings that this was an LA officer view of provision across the geographic area of the borough. It was for that reason that no specific reference was made to either LA maintained schools or to MAT. Comments were invited as to whether that diagram fairly captured the strengths and again at meetings whether the opportunities, areas for

development and challenges were fairly captured. A number of positive contributions were received which could be captured in a revised document to further improve the description of the education landscape.

6. Additional areas for development in Rotherham

Comments

These included 21 responses in Survey Monkey. Of the responses 11 again focused on the role of the LA as a commissioner of services. Other comments related to additional areas for development in Rotherham and included safeguarding; involvement in Education Health and Care Plans (EHCP); working with parents and removing barriers for pupils who are low in attainment; developing a strategic regional and national profile.

LA response

It was made clear at a number of meetings that this was an LA officer view of provision across the geographic area of the borough. A number of the comments in this section relating to the LA role as a commissioner were similar and again were similar to the comments made and reported in section 1 above. The LA reiterates that it absolutely can and will occupy the space of both commissioner and provider. There was a call from 8 consultees for the LA to be more open and transparent in the presentation on school improvement and that was what the document 'Enabling school improvement' sought to do. Details of the RoSIS provision and response from schools appears in section 1 above. The LA would argue that it is for all commissioners and providers to be open and transparent as to their offer and with feedback from users.

Reference is made to the need to recognise that responsibility for school improvement is first and foremost for schools to lead themselves. The LA absolutely agrees. Section 1 Context on page 3 helps confirm the role of schools. Indeed in section 9 page 57 of the document 'Enabling school improvement' comment is made that: "The dedication of early years settings, schools, Headteachers, staff and governors in supporting the development of children and young people is acknowledged by all. The triangular relationship between settings/school and children/young people and parents is so important to improving life chances." The LA agrees that the best school and academy leaders can turn around failure. School improvement agencies whether RoSIS, Learners First, MATs can create partnerships that spread best practice.

7. Additional challenges in Rotherham

Comments

These included 17 comments on Survey Monkey with 7 using virtually identical language "To ensure the LA supports the development of a school-led system rather than act as a barrier to its development'. Other comments related to the need for better partnership working, safeguarding procedures, engagement with health and social care and need to improve SEND outcomes.

LA response

There is no suggestion from those referring to the development of a school-led system as to what they feel the LA should do to support this development. The LA view is that the proposed Rotherham Strategic Education Partnership could provide a vehicle to support the school led system, chaired by a school leader overseeing the whole school system. Membership could include representation of maintained schools, academies, MATs through CEO, Chair of Governors, Teaching School Alliances, Diocesan Authorities, LA officers and the Lead Member. Further reference is made to this in section 8 below.

8. Rotherham Strategic Education Partnership Board suggested representation

Comments

These included 20 comments on Survey Monkey. There was a recurring theme in the responses that the suggested Board representation of 10 members so:

- 2 Primary Headteacher (1 maintained sector, 1 academy Headteacher or Chief Executive of a MAT).
- 1 Special School/Pupil Referral Unit.
- 2 Secondary Headteachers or Chief Executives for a MAT or a combination.
- 1 Teaching School Alliance.
- 1 Chair of Governors.
- 3 Local Authority Representatives (1 Cabinet Member, 2 Officers).

does not afford a correct balance with 30% LA representative on the Board as too high. 8 consultees made this point.

Other consultees suggested there should be a place for a Diocesan representative, early years/nursery, alternative provision provider and employer.

Reference was made to the need for a school leader to chair the Board and not an LA officer.

It was suggested that the LA will be able to determine who the members are.

One respondent comments that a fundamental commitment should be to leave no leader, no professional and certainly no child or young person in a position in which they fail on a continual and consistent basis.

Another respondent commented that the Board needs to be made up of individuals who can look beyond their own organisation and recognise at times what is right for Rotherham is more important than what is right for the school, LA, teaching school, MAT.

A suggestion was made that there should be a second small free standing Challenge Board with colleagues having independence from the strategic Education Partnership Board.

LA response

The LA would agree that the suggested Board representation be changed, and suggests 13 members.

- 2 Primary Headteachers (1 maintained sector, 1 academy Headteacher or Chief Executive of a MAT).
- 1 Special School Headteacher.
- 1 Pupil Referral Unit Headteacher.
- 2 Secondary Headteachers or Chief Executives of a MAT or a combination.
- 2 Teaching School Alliance representatives.
- 1 Chair of Governors.
- 1 Diocesan Authority representative.
- 3 Local Authority Representatives (1 Cabinet Member, 2 Officers).

The LA referred in section 9 of 'Enabling school improvement' to its view that the Strategic Education Partnership Board should be chaired by a school leader. It would be for the different sectors referred to in the LA response to determine who the representatives would be. Key stakeholders may wish to consider the need to establish an appropriate balance of views and representation across the age phase sector so no one area dominates. It would be for the Strategic Education Partnership Board to determine its terms of reference.

The suggestion of establishing a free standing Challenge Board has considerable merit and could operate in a similar way to a Members Board in a MAT.

Children and Young People's Services (CYPS) Staff consultation

The Strategic Director of Children and Young People's Services initiated a consultation with all staff in children and young people's services on 15 March 2018 to run concurrently with the 'Enabling school improvement' consultation.

The Strategic Director noted that following a number of recent staffing changes, budget challenges and our unwavering ambition to achieve the best educational outcomes for all our children, we were consulting on a new strategy, 'Enabling school improvement' which aligns to other key strategies and ambitions in Rotherham to 2025. To deliver our goals the Directorate needs to review structures accordingly and a paper was issued setting out our thinking thus far.

The views of colleagues were sought. The consultation began on 15 March and ended on 23 March 2018. An apology was offered for the tight turn around but this was necessary so that the new leadership arrangements could be in place by 1 September 2018. There were 5 individual responses and a single response on behalf of 4 members of staff. There were 4 broad themes and

these are captured briefly below with a response on behalf of the Strategic Director and the Directorate Leadership Team (DLT).

1. Rotherham Youth Enterprise (RYE)

Comments

Five colleagues in total made comments. One response on behalf of 4 colleagues related to this consultation paper and also to a separate consultation specific to individual members of staff in Rotherham Youth Enterprise. Another response related to the personal role of a member of staff.

Response

A written response was sent by the Consultant Assistant Director (Education) to the four colleagues on 22 March 2018. The separate communication relating to a professional role has been noted.

2. The recruitment to the post of Assistant Director Education

Comment

Two comments were submitted expressing the view that the Council should seek to appoint a permanent full-time Assistant Director (Education).

Response

Recruitment to similar posts in other Local Authorities has been difficult partly because salary levels do not compare favourably for school leaders. It would be very helpful if the postholder had Headship experience and other wider leadership experience. Secondment on School teachers pay and conditions for two/three days per week could be an attractive option. Means of ensuring effective delivery of wider corporate responsibilities would need to be addressed. Any colleague appointed to an Assistant Director role whether substantive or secondment would be expected to demonstrate impact and ensure effective handover arrangements to a successor so the service area has continuity.

3. Refocus Rotherham School Improvement Service and service structure

Comments

One comment was received which questioned whether an observation in the consultation paper implied a lack of current focus on core business.

Response

The current structure relating to the Head of Education means that there is responsibility and accountability for the Rotherham School Improvement Service (RoSIS) both core and Associate Headteachers/Senior leaders; the Rotherham School Music Service (RSMS) and Rotherham Youth Enterprise (RYE). Depending upon the outcome of separate consultations, an outcome may be that the service would have a single focus relating to the work of RoSIS and directly on school improvement.

4. The need for inter-directorate links

Comments

Three colleagues in the Inclusion area raised similar points namely that if the area moves under the leadership of the Joint Assistant Director (Commissioning, Performance and Quality), there could be risk of drift from Education.

Response

The need for Inclusion to retain strong links with Education is accepted without reservation. The Assistant Director (Education) and the Assistant Director (Commissioning, Performance and Quality) are members of the Directorate Leadership Team. Close working between these colleagues is required. The structure of Heads of Service meetings should allow for the voice and arguments of the Inclusion team to be clearly heard. So responsibility for ensuring effective links rests with the respective teams, Heads of Service and Assistant Directors.

Summary Sheet

Name of Committee and Date of Committee Meeting

Cabinet and Commissioners' Decision Making Meeting – 21 May 2018

Report Title:

The Transformation of Services and Support for People with a Learning Disability

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

Yes

Strategic Director Approving Submission of the Report

Anne Marie Lubanski – Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Janine Moorcroft – Head of Service for Provider Services
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Garry Parvin – Joint Head of Commissioning for Learning Disability, Autism and Transitions
01709 255952 or garry.parvin@rotherham.gov.uk

Ward(s) Affected

All

Summary

The purpose of this report is to set out the next steps in the transformation of services and support for people with a learning disability in line with the learning disability strategy, vision and the learning from the consultation with people and families.

The needs of people with a learning disability are continuing to change and are becoming more diverse. People and families have higher expectations of what it means to have an independent life in their community, and want more control over their lives.

There are a number of key steps that the Council needs to take to achieve the vision and the three year improvement journey for people with a learning disability.

Recommendations

1. That approval be given to the draft Learning Disability Strategy and approve future stakeholder engagement.

2. That approval be given to the development of a Rotherham Supported Living and Better Days Framework as detailed in the Learning Disability Strategy (Appendix C).
3. That approval be given to the transformation of the Learning Disability Services over the next two years which will see the services move from existing building based locations to alternative care and support that will be situated as close to the person as possible in their local community, using and developing existing resources and community buildings i.e. leisure centres and community provision. Oaks Day Centre, Addison Day Centre, Treefields, Quarryhill and Parkhill will be decommissioned.
4. That the Council continue to provide a service to people with high complex needs. The Elliott Centre and Maple Avenue buildings will be reviewed and may be moved to more suitable alternative premises should they become available.
5. That approval be given to the delivery plan which sets out how the Council will make sure all people with a learning disability have access to community based services that promote independence, wellbeing and social inclusion. This will ensure that:
 - Each person with a learning disability has a review based on a person centred approach, which will inform the support and services the Council needs to provide to meet their individual needs by 2020. A dedicated team of social workers with the support of the existing staff will undertake the reviews. This will also include advocacy support and engagement with carers.
 - Each person will have the opportunity to make sure every day in their life is meaningful, of value and leads to them having a 'Good Day'. Doing things which have a purpose; being in ordinary places doing things most other people in the community would be doing; doing things that are for the individual; making sure they receive the right amount of support; and are in touch with local people, developing friendships.
 - More people have the opportunity to participate in paid employment.
 - A strength based approach will be taken to develop a range of opportunities, including shared lives, use of personal budgets, develop skills for independent living provide support when the carer needs it and making sure more people have their own front door.

List of Appendices Included

Appendix A Consultation Executive Summary

Appendix B Delivery plan

Appendix C Learning Disability Strategy

Appendix D Equalities Analysis

Appendix E Outcome following consultation held between September 2017 to December 2017.

Appendix F Rotherham Case Studies

Background Papers

Vision and Strategy for Adult Social Care – March 2016

Implementing a Strategic approach to the commissioning and delivery of learning disability services- 26 May 2016

Consultation on the modernisation of the Learning Disability Offer and the future of In-house Services for Adults with a Learning Disability and/or Autism” on 14 November 2016

Transforming Care for people with Learning Disabilities, 2015

Care Act 2014/15

Mental Capacity Act 2005

Making it Real 2012

Think Local, Act Personal 2010

Valuing people now

Rotherham Housing Strategy 2016 – 2019

Together for Change Document (Learning Disabilities)

Full consultation document from online consultation (Sept 2017 – Dec 2017)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overview and Scrutiny Management Board – 16 May 2018

Council Approval Required

No

Exempt from the Press and Public

No

The transformation of services and support for the people with people with a learning disability

1. Recommendations

- 1.1 That approval be given to the draft Learning Disability Strategy and approve future stakeholder engagement.
- 1.2 That approval be given to the development of a Rotherham Supported Living and Better Days Framework as detailed in the Learning Disability Strategy (Appendix C).
- 1.3 That approval be given to the transformation of the Learning Disability Services over the next two years which will see the services move from existing building based locations to alternative care and support that will be situated as close to the person as possible in their local community, using and developing existing resources and community buildings i.e. leisure centres and community provision. Oaks Day Centre, Addison Day Centre, Treefields, Quarryhill and Parkhill will be decommissioned.
- 1.4 That the Council continue to provide a service to people with high complex needs. The Elliott Centre and Maple Avenue buildings will be reviewed and may be moved to more suitable alternative premises should they become available.
- 1.5 That approval be given to the delivery plan which sets out how the Council will make sure all people with a learning disability have access to community based services that promote independence, wellbeing and social inclusion. This will ensure that:
 - Each person with a learning disability has a review based on a person centred approach, which will inform the support and services the Council needs to provide to meet their individual needs by 2020. A dedicated team of social workers with the support of the existing staff will undertake the reviews. This will also include advocacy support and engagement with carers.
 - Each person will have the opportunity to make sure every day in their life is meaningful, of value and leads to them having a 'Good Day'. Doing things which have a purpose; being in ordinary places doing things most other people in the community would be doing; doing things that are for the individual; making sure they receive the right amount of support; and are in touch with local people, developing friendships.
 - More people have the opportunity to participate in paid employment.
 - A strength based approach will be taken to develop a range of opportunities, including shared lives, use of personal budgets, develop skills for independent living provide support when the carer needs it and making sure more people have their own front door.

2. Background

- 2.1. People with a learning disability have been telling people who commission and provide services that they want the same quality of life as anyone else; that they have the same dreams and wishes as other people; and that they want the same chance as anyone else of being able to realise these dreams.
- 2.2. People with a learning disability want access to a wider range of services and support which are part of their local community; they want access to employment, jobs, good leisure time, friendships and to travel as independently as possible around the borough. Examples of what this looks like are contained within the Rotherham Case Studies (Appendix E).
- 2.3. The Community Catalysts programme has given people who currently attend a day centre the opportunity to try or 'taste' great local community activities, which has led to people feeling part of something of value and "ordinary". The learning from this will inform the future development of services and support.
- 2.4. The needs of people with a learning disability are continuing to change and are becoming more diverse. People and families have higher expectations of what it means to have an independent life in their community, and want more control over their lives. This change is reflected in the declining numbers of people who have accessed traditional building based "day services" (Oaks - 0, Addison - 2, Adpro - 4) over the past two years. People and families are telling us they expect support and services to be more person centred, flexible, available during the day, evening and weekends, and are community based and as close to where the person lives as possible. People and families want more opportunity to contribute and be part of main stream life.
- 2.5. Good practice and national research tells us that it is possible for people to develop skills and gain greater independence through providing alternatives to day services. This is achieved through volunteering projects (such as cafes, volunteering in a community/hospital radio station, a park warden service and other services run by the large statutory organisations) and through real, paid jobs. There are people with high support needs in paid employment in places such as large department stores, supermarkets, and the entertainment sector. There are job share schemes, where jobs are broken down into a number of tasks and the tasks undertaken by a number of people who together complete the whole job. Some people become self-employed and are supported by the development of a number of projects, such as the 'nursery project', where people with learning disabilities learn about horticulture, work towards qualifications and producing a certain amount of produce which they can sell at local farmers markets. There are new ways of developing supported employment by bringing together employers and work with them strategically and supportively to employ people from many different under-represented groups, including people with a learning disability.
- 2.6. The Department for Education has recently made changes to the regular minimum English and Maths requirements needed to complete an apprenticeship for people with a learning difficulty or disability. These changes will allow more people to access apprenticeships through local colleges and educational providers and move into paid employment.

- 2.7. The Care Act 2014 reinforces national policy for adults with a learning disability, including the core principles in Valuing People (2001), and Valuing People Now (2009): rights, independence, choice and social inclusion. It reaffirms the principles of personalisation, legislating for Personal Budgets and requiring local authorities to promote Direct Payments. For example, a person with a learning disability can use their direct payment to employ personal assistance to support their care needs in their own home and help them travel to the local college, rather than relying on a care agency, who may send different people each time and would not spend all the allotted time with them. Assessments should build on individual, family and community strengths, support access to universal services and aim to prevent, delay or reduce people's dependency on services and transitions for young people with a learning disability into adulthood must be effective.
- 2.8. Rotherham Council faces significant challenges. Some local services are out of date, expensive, and need to change if the Council is to meet people's expectations for the future. The current building based services of day care; respite and residential care restrict independence, choice and control and may not provide the best outcomes for the customer. In addition the model is not in line with government policy, good practice and does not provide value for money when looking at other Council's offers.
- 2.9. The Council is also facing severe financial pressures, and there is an increase in the number of people with a learning disability. Higher numbers of people with a learning disability are reflected in the proportion of 2017/18 budget spend with 30% of all Adult Care expenditure being spent on people with a learning disability. It is recognised that the current service spends a net £20.4m on learning disability services for approximately 750 people.
- 2.10. Recognising the challenges facing the Council, a review of the learning disability services began in 2015, resulting in a number of Cabinet reports and consultation with the people who use services. The review is integral to the Council's overall vision for transforming social care and builds on the principles of the Care Act 2014 and the need to move away from traditional building based support.
- 2.11. The Learning Disability Strategy sets out the Vision for services for the next two years and the direction of travel to achieve this ambition.

Our vision is that in two years' time:

The Services	will provide high quality care and support to people with a learning disability and their families.
	will actively promote people's wellbeing, helping them have a good life and be as independent, healthy and well as possible.
	will be more diverse so all people with a learning disability in Rotherham, whatever their age, background, or level of need, will have more choice in their support.
	will move away from traditional building based or institutional form of support and will focus on support which is personalised, flexible and meets people's individual needs.
	will help people work together and pool their personal funds so they can share their support and sustain meaningful and rewarding relationships.
	will provide the best value for the people of Rotherham.
Improved Accommodation and Support	will enhance the local offer and ensure that there is support for people who live away from their families. Housing will be of high quality, with more people having their own "front door" and the support will promote people's independence and wellbeing, offering dignity and privacy.
	will ensure fewer people with a learning disability live out of Rotherham, and people who need and want to return will have been helped to do so.
A Focus on Work and Skills	will ensure that more people with a learning disability will be in paid work and volunteering opportunities, working alongside the rest of the community.
An Inclusive Approach	will be promoted throughout everything the Council does. More people with learning disabilities will be doing more within their community. Support will build on resources in the community, tackle barriers to social inclusion and reduce dependence on social care services alone. The Council will stimulate creative and innovative ways to make this happen.
	will enable people to say they have been fully included and involved in the planning and implementation of changes over the next two years.
Enhanced Information and Advice	will enable more coordinated information about services and support to be shared across all relevant agencies.
Carers	will have improved support available to them in their own right, making life better for people with learning disabilities who live in the family home. This will include comprehensive carers assessments and a diverse approach to respite.
Improved Transition	will enable young people with a learning disability to positively move into adulthood.
Strong Partnerships	will ensure that services and support are joined up across Rotherham in both the voluntary and statutory sectors.

2.12. Previous reports from 2016/17 have acknowledged that this approach will be a three year improvement journey to ensure the success of the future model and to build on the vision for Rotherham. The Council therefore envisage changes to continue until 2020 to allow sufficient time to develop alternative community enterprises, build on our employment offer and for the transition time that will be required for customers.

3. Key Issues

3.1. The purpose of this report is to set out the next steps in the transformation of services and support for people with a learning disability in line with the learning disability strategy, vision and the learning from the consultation with people and families.

3.2. The consultation commencing September 2017 was undertaken and guided by best practice in co-production with people with a learning disability and their carer. The findings from the consultation found that people with a learning disability expressed the following views;

- People were anxious about any changes and loss of contact with their friends.
- People wanted to do more things outside of the day centre and more activities in the community.
- People wanted more opportunities for real employment.
- Respite services are important to carers but not all carers have access.
- Across all groups consulted with, on average, at least 32% (up to 45%) of people were either unsure what services should look like in the future or they didn't want them to look the same.
- One third of carers want the services to remain the same, while another third want the same and more investment and the final third want more integration into the community (Appendix A).

3.3. There are a number of key steps that the Council needs to take to achieve the vision and the three year improvement journey for people with a learning disability.

- The Council needs culture and practice in Rotherham to change so it is based on high expectations of people's capabilities and their ability to develop new skills (whether they live with, or away from their families), and recognises that unnecessary dependence on institutionalised services is 'disabling'.
- The Council will require major improvements in the quality of community-based services, including robust, preventative and proactive care. This will involve innovative approaches including the rapid development in assistive technology.
- The need to ensure that the Council has a spectrum of support in place which meets the needs of all people, including those with significant and complex needs and those in a caring role, who may require support in a building environment whilst optimising their independence.

- The need to make sure pathways are developed to meet the changing needs and expectations of younger adults with a learning disability, at the same time as meeting the changing needs of an ageing population.
 - The Council needs to ensure that the assessment and commissioning process understands and practices within the principles of Person Centred Planning and looks at the person's whole life. It is acknowledged that people may need to be supported to be actively involved in their care planning and consideration will be given to provide advocacy support to facilitate involvement in care planning and review.
 - The Adult Services Change Programme Board will oversee the transition from a centre-based to a community-based service, as the Council moves from reliance on building and service based model. Commissioning will lead on the reconfiguration of services/support and the transition to community based model (Appendix B sets out the delivery plan over the next two years for the transformation of services moving away from a building based model, with key milestones and targets).
 - Maximise the availability of different revenue streams to ensure equal access to mainstream opportunities.
 - Ensure the voluntary sector services know how they link into the modernisation.
 - Develop a robust communication strategy to ensure people and their carers receive reliable and timely information and are fully engaged and included in the modernisation of services as the Council moves forward.
- 3.4. Progress and updates on the learning disability modernisation programme will be monitored and managed by the Adult Services Change Programme Board which is chaired by a national expert, with the involvement and regular reporting to the Learning Disability Partnership Board.
- 3.5. Over the next two years the Council aims to realise our vision and strategy for people with a learning disability. This will improve people lives, aspirations and opportunities and make sure all people with a learning disability have access to community-based services that promote independence, wellbeing and social inclusion. It will be the difference between "having a life rather than just a service".
- 3.6 The Council understands that changes can create anxiety and will be respectful of this. The Council will consider and take into account the learning from the consultations that have taken place and will develop a robust communication and engagement strategy to ensure people with learning disabilities, their families and carers receive reliable and timely information and are fully engaged and included throughout the development of plans.
- 4. Options considered and recommended proposal**
- 4.1. **Approve the Transformation of services and the move away from segregated building based support, as outlined in the delivery plan (Appendix B)**

The current building based services of day care, respite and residential care restrict independence, choice, and control and may not provide the best outcomes for the customer. In addition it is not in line with government policy and good practice and does not provide value for money.

Differing estimates make needs analysis of the population very difficult. What the Council does know is that people are living longer with complex health problems and profound and multiple learning disabilities. Younger people with learning disabilities have different expectations about the support they require than older people with learning disabilities. The Council needs to enable people with learning disabilities to be supported in the most appropriate way to meet their needs taking into account both quality and cost.

A third of the people and families who took part in the consultation want more integration into the community.

“My son has never used day centres - they can be good for other people but I prefer to have my son out of day centres and be in college with other students and do more community based activities.” (Appendix A. Executive summary of the consultation on the modernisation of In-house services for Adults with a learning disability and or Autism:Sept- December 2017, Cabinet approval 10th July 2017)

The delivery plan sets out how the Council will make sure all people with a learning disability have access to community based services that promote independence, well-being and social inclusion. The Council will do this by ensuring;

- Each person with a learning disability has a review based on person centred approach which will inform the support and services the Council needs to provide to meet their individual needs by 2020. A dedicated team of social workers with the support of the existing staff will undertake the reviews. This will also include advocacy support and engagement with carers.
- Each person will have the opportunity to make sure each day in their life is meaningful, of value and leads to them having a 'Good Day'. Doing things which have a purpose; being in ordinary places doing things most other people in the community would be doing; doing things that are for the individual; making sure they receive the right amount of support; and are in touch with local people, developing friendships.
- More people have the opportunity to participate in paid employment.
- A strength based approach will be taken to develop a range of opportunities, including shared lives, use of personal budgets, develop skills for independent living provide support when the carer needs it and making sure more people have their own front door.

Examples of alternative support/provision can be seen in the Rotherham Case Studies (Appendix E).

4.2. To approve the learning disability strategy and the development of a Rotherham Supported Living and Better Days Framework as detailed in the strategy (Appendix C).

The learning disability strategy sets out the vision and direction of travel for the next two years including the aims for a greater choice of supported living options in Rotherham.

4.3 Take no further action.

This option is not viable and therefore is not recommended. The option does not tackle the need to change and transform service in-line with the requirements of the Care Act 2014. Further, the vision and aspirations outlined within the Draft Learning Disability Strategy would not be met as this would not offer any choice and control to customers to move on to live independently or to promote independence.

5. Consultation

- 5.1. Since 2015 there have been a number of consultation and engagement sessions which have taken place with people and families of Rotherham. This has included a wide consultation on the Learning Disability and Autism Offer for Rotherham and more recently a specific consultation on the Learning Disability In house provision. This is referenced in Appendix A of the report.

6. Timetable and Accountability for Implementing this Decision

- 6.1. The timescale for delivery is set out in the attached Delivery Plan (Appendix B).
- 6.2. Commissioning will drive through the change as part of the Learning Disability Strategy.

7. Financial and Procurement Implications

- 7.1. The current spend on adults with a learning disability is £20.4m. As part of the budget setting process for 2017/18 and 2018/19, £3.4m of potential savings were agreed based on a review of services provided. The items identified in the Delivery Plan will contribute towards the required saving. The actual amount saved will be dependent on individual assessments which will focus on better outcomes for service users.

8. Legal Implications

- 8.1 The Care Act 2014 sets out that the general duty of a local authority in exercising a function under the Care Act is to promote an individual's wellbeing in decisions made with and about them. This duty extends to meeting needs for care and support where the eligibility criteria are met.

- 8.2 The legislation sets out specific duties of local authorities including:

- to provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need on going care and support.
- providing information and advice that people need to make good decisions about their care and support; and
- having a range of quality and appropriate services to choose from.

8.3 Local authorities are required to approach assessments looking at an individual's life in a holistic way and to consider their needs in the context of what they can do and what their goals and priorities are; and how the people involved in their life can support them to achieve the same.

8.4 The Care Act s12 and the Care and Support (Assessment) Regulations 2014 specify local authorities should ensure that appropriate and proportionate assessments are undertaken including effective participation of the person being assessed.

8.5 While there is no timescale for assessment in the Care Act or associated regulations, the statutory guidance to the Care Act sets out that:

“An assessment should be carried out over an appropriate and reasonable timescale taking into account the urgency of needs and a consideration of any fluctuation in those needs. Local authorities should inform the individual of an indicative timescale over which their assessment will be conducted and keep the person informed throughout the assessment process”

(Care and Support Statutory Guidance (2014), para. 6.29)

8.6 This is supported by guidance from the Local Government Ombudsman stating that they normally consider it reasonable for an assessment to be carried out between four to six weeks from the date of the request for assessment.

8.7 While the Council is entitled to take the account of resources when assessing needs and deciding what arrangements to make to meet needs, once a decision has been made that it is necessary to make the arrangements, the Council is under an absolute duty to make them.

8.8 Direct Payments are a mechanism for personalised care and support, giving individuals more choice and control and a means to commission their own care. The Council has a key role in promoting the use of Direct Payments.

“A Direct Payment (DP) is money given to individuals by social services departments to buy the support they have been assessed as needing. A Direct Payment can ensure people have the kind and amount of support they need to live their lives as fully, as freely and with as many choices and opportunities as they can”. (SCIE good practise and guidance.)

8.9 Local authorities are required to consider the following:

- what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people
- identifying people in the local area who might have care and support needs that are not being met
- identifying carers in the area who might have support needs that are not being met

8.10 In discharging this duty, local authorities are required to work with their communities and provide or arrange services that help to keep people well and independent. This should include identifying the local support and resources already available and helping people to access them.

8.11 The Council currently discharges its duties to adults with a learning disability through a combination of in-house services and externally provided services. As set out in this report, the Council has carried out a thorough consultation exercise (Appendix A) which has been considered in making the recommendations set out in this report.

8.12 The Council must ensure it complies with its duties under the Equality Act 2010. Under Section 1 of that Act the Council must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage. In addition under Section 149 of the Equality Act, the Council must comply with the public sector equality duty which requires it to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8.13 In dealing with this duty, the Council must have due regard in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant characteristic that are connected to that characteristic.
- Take steps to meet the needs of people who share a relevant protected characteristic that are different to the needs of persons who do not share it.
- Encourage persons who share a relevant characteristic to participate in public life or any other activities where their participation is disproportionately low.

8.14 Protected characteristics include disability, age, race, sex, religion or belief, gender reassignment, marriage and civil partnership, pregnancy/maternity and sexual orientation.

9. Human Resources Implications

9.1. The staffing establishment supporting the current Learning Disability service model will need to be reviewed in line with the modernisation of the service. As such a robust consultation will need to commence with all affected employees as per Council policy on restructure and change management. A reduction in staffing numbers may be inevitable and where possible redeployment will be considered in order to avoid redundancy processes.

10. Implications for Children and Young People and Vulnerable Adults

- 10.1. The development of a range of high quality sustainable opportunities for future customers who may transition from children's services will help these young people to maintain their skills and have choice and control over where they live and how they spend their time. Services will be local to where people live and customers will become fully integrated within their local communities. Through the transition board progress has been made to gain an understanding of whom the younger people are and identify any needs at an earlier stage and the impact on Adult Services. This will form a key work stream to be taken forward.
- 10.2. The Council have engaged with young people and attended events such as the "parent's partnership group". Work has taken place with the Strategic Commissioner in CYPs to ensure that the strategies across the services are aligned. There has been development with the schools in Rotherham to build better working relationships and solutions for younger people.

11. Equalities and Human Rights Implications

- 11.1. The attached is the Learning Disability Equality Analysis (Appendix C) for the Adult Social Care Development Programme. There will be a need to work on individual analyses that relate directly to each area. There will be work with customers to co-produce an equality analysis for each decision made.

12. Implications for Partners and Other Directorates

- 12.1. There is a need for a clear engagement and communication/media plan. There will need to be a working group that would drive this project and include dedicated officers from a variety of teams including the communications team.

13. Risks and Mitigation

- 13.1. The risks of not agreeing to the recommendations are that the aspirations and outcomes for people with a learning disability may not be achieved.
- 13.2. There is a risk that the savings identified for 2017/18 will be delayed and that this will leave a pressure within existing budgets. Alternative options will therefore need to be identified in order to achieve a balanced budget.
- 13.3. Young people coming through transition will have limited choice if alternative service models are not developed in a timely way.
- 13.4. Market development as part of Shaping the Future Strategy, and more specifically highlighted in the Market Position Statement will be required to deliver the alternative solutions with the proposed decommissioning as outlined within the report. Effective engagement will increase the range of options available to facilitate further transformation.

14. Accountable Officer(s)

Richard Smith - Interim Assistant Director of Independent Living and Support
 Anne Marie Lubanski - Strategic Director of Adult Care, Housing and Public Health
 Nathan Atkinson - Assistant Director of Strategic Commissioning.

Approvals obtained on behalf of:

	Named Officer	Date
Strategic Director of Finance & Customer Services	Julie Copley	06.04.2018
Assistant Director of Legal Services	Neil Concannon	13.03.2018
Head of Procurement (if appropriate)	Neil Murphy	21.02.2018
Head of Human Resources (if appropriate)	Kay Wileman	13.03.2018

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<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Learning Disability Consultations Executive Summary

This Executive Summary sets out the key points of the two separate Learning Disability consultations which took place from December 2016 and February 2017 to gain people's views about what future support and services should look like for people with Learning Disabilities.

1. The Consultation

- 1.1 The first public consultation took place from 5 December 2016 to 2 February 2017 with customers and residents of Rotherham regarding the Learning Disability and Autism offer.
- 1.2 The 90 day consultation provided a questionnaire which was co-produced with the not for profit organisation Speak Up. This asked for input from customers, carers, staff and members of the public on the Learning Disabilities and Autism offer within Rotherham.
- 1.3 The questionnaire was available online by hard copy on request and information was also captured through 23 separate engagement events across the borough.
- 1.4 There were 627 people from across Rotherham who engaged in the completion of questionnaires or attended one of the 23 engagement opportunities (one to ones, focus / discussion groups). This consisted of customers, carers, staff, members of the public and stakeholders, and young people who may access services in the future.
- 1.5 A total of 487 questionnaires were completed either online or via requesting a hard copy.
- 1.6 70% of the customers who completed the questionnaire had a Learning Disability and 5% had Autism. The majority were young with 70% being under the age of 45.
- 1.7 The second piece of consultation took place from 27th September – 22nd December 2017 and focussed on people thoughts and opinions of the current in house services service provision.
- 1.8 The online questionnaire was co-produced with over 100 people and was easy read. Hard copy questionnaires were provided upon request. In addition to the online questionnaire there was a series of engagement sessions across the borough.
- 1.9 People with a learning disability, carers, and stakeholders had the opportunity to engage digitally through a range of methods including, on line questionnaire, planned webinars' and a dedicated inbox for more individual and specific enquires.
- 1.10 The total online questionnaires completed were 497 with 47 people attending engagement sessions.

2. Key Themes from the two consultations.

- 2.1 There were some key themes from the consultations that have informed the development of the Learning Disability Strategy, the future vision and the delivery plan (see Appendix C).

2.2 Support to improve Choice and Control. 15% of those who responded said that they already have support they needed. A further 15% wanted more support and for those who came up with suggestions some wanted more choice and said that this may come from having a job and gaining more independence.

2.3 Opportunity to Work. 51% of customers said that they would want to work or volunteer (if not already). Some made suggestions about working in a bar, bakers shop, café and library and 11% wanted to work outside (parks, gardens etc). Some customers were more creative with their ideas;

“Work at New York Stadium”, “Volunteer at Disneyland Paris”.

2.4 Travel - The response was overwhelming, with 67% of people suggesting support for travel training and bus buddies, with an escort and community transport for those who are more vulnerable.

2.5 Future Planning. From the 92 carer respondents who were asked if the person they cared for had a plan in place for the future, 85% said no. There were worries about the future and a time when carers are no longer around. There were also anxieties around services closing.

2.6 Availability and Access to Services - There was a concern from people that there are insufficient services for people with a learning disability in Rotherham. There is also a perception of a lack of services/groups available and lack of local groups to access.

2.7 Health and Well-being - Out of the 23 engagement opportunities, health and wellbeing was raised at 22 events. Within the health and wellbeing theme, friendships were of key importance. Participants placed significance on the importance of maintaining friendship groups, making new friends and socialising outside of day centres:

“I would like to see my friends more outside of the day centre” (People’s Parliament)

“Friendships are more important than where he is based”.

“People currently think that Day Centres are the only option as this is what they are used to”

2.8 Carers Views. Carers outlined their own perspective on the quality of what a service should be like in the future;

- One third of carers want the services to remain the same
- Others want the same and more investment
- A third want more integration into the community
- Approximately 22 out of 55 (40%) of the staff focused on advocating for the buildings and equipment in day centres, the majority (60%) focused on the need to offer choice, personalisation and flexibility in the services provided

Carers comments included

“He needs stimulating learning and socialising mixing with young people like himself with trained staff”.

“People currently think that Day Centres are the only option as this is what they are used to”

“No care available for complex needs in Rotherham - need to access out of borough services”.

“We need to move away from a one size fits all thought to look at individuals to get the right placement for them, with people of same interests, age groups etc” and that there should be “community resources for all, not just people with learning disabilities”

“I am worried about loneliness and the accessibility of services and available services”

“Goes to Oaks as there is nothing else”

“Day Centres can’t provide choice”

“Day services unable to provide activities”

2.9 Other people felt that the current Day Centres:-

- Do not meet need
- No one to ones in place at day centre so some customers are bored
- People are pigeon holed and aren't given opportunity to try things at day centres
- Day centres should not be the only option available
- Day centres are unable to provide activities

2.10 Some people with learning disabilities commented they had to rely on others to get out and about and that money impacted on their ability to take part in activities they would like.

2.11 Some people with learning disabilities felt that their carer’s and the people who worked with them tried to put their opinions on to them, and that the parent/carer and some staff would tell them what to do, and would continue to make decisions for them.

“X is not able to make choices and control, X is better being told what to do rather than being given a choice”

2.12 People with learning disabilities felt there that the lack of other services impacted on their ability to have choice and control.

2.13 Respite services

People who responded felt that the respite was:

- important to support carers in their caring role.
- however not all carers have access to respite care as the service is not accessible to all people with a learning disability.
- there is a need to make respite accessible, fair and to enhance the skills of staff to support a wide range of support needs in a personalised way.
- a fairer respite service is needed for access to all people with a learning disability including those with autism and physical disability.

Some of the quotes captured the following:

“I love this respite centre the staff are really nice and understand me and make me feel welcome”

“They could have more staff to support me”

“Technology could be improved such as iPads, more funding and include affordable holidays”

“Sometimes I would like to go somewhere else”

2.14. Respite service for people autism

People who responded felt that:

- Respite services need to be made more available and accessible
- Respite care services are important to support carers in their caring role.

However, not all carers have access to respite care as the service is not accessible to all people with a learning disability.

- There is a need to make them accessible, fair and to enhance the skills of staff to support a wide range of support needs in a personalised way.
- carers suggested ideas to improve the services, including more accessibility and flexibility in the service.

“I’d like to have more opportunities available with different venues and options. For example respite in environments with gardens, sensory rooms and people with similar disabilities and age ranges”

3. Conclusion

The two consultations have given us information and feedback about what people think about current services and how they would like support and services to look in the future. The key theme that runs from all the consultation is that they want support and services which are ‘about them’ with a person centred approach that meets their needs. People also want a wider range of options, opportunities and choice to help them live a more fulfilled and valued life.

Appendix B

Title: Transformation of Learning Disability Services Delivery Plan 2018-2020

Person Centred Planning
Over the next two years we aim to realise our vision and strategy for people with a learning disability. This will improve people lives, aspirations and opportunities and make sure all people with a learning disability have access to community-based services that promote independence, wellbeing and social inclusion. It will be the difference between “having a life rather than just a service”.

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
We know that we have in excess of 750 people who access adult social care who have a learning disability.	<p>Each person with a Learning Disability needs to have a review based on the principles of a person centred plan which sets out their aspirations, their dreams and what they want future support to look like.</p> <p>Assessing carers – carers are entitled to their own assessment under the Care Act. Consideration needs to be given to their requirements as they are at the forefront of providing unpaid support.</p>	<p>Skilled workforce able to carry out person centred reviews.</p> <p>Advocacy support.</p> <p>Completion of a large number of individual reviews within the identified time frame.</p>	<p>All reviews will be completed.</p> <p>Commissioning will develop the market to meet the needs of people with a learning disability as set out in the Learning Disability Strategy.</p>	<p>People with a Learning Disability tell us they want:</p> <p>Money in their pocket;</p> <p>Their own front door; and</p> <p>The opportunity to make their own relationships.</p> <p>The reviews will provide the details of what support and services we need to provide to meet what</p>

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
				people with a learning disability want.
Proposal	<p>Each person with a learning disability will have a review based on person centred approach which will inform the support and services we need to provide to meet their individual needs by 2020.</p> <ul style="list-style-type: none"> A dedicated team of social workers with the support of the existing staff will undertake the reviews. This should also include advocacy support and engagement with family carers. 			

Oaks Day Centre
Description of the service: Learning Disability (LD) Day Service in Wath

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
The current customer numbers at Oaks Day Centre is 93.	<p>Consultation has taken place about the redesign and delivery of day services within the Oaks building.</p> <p>The consultation feedback for Oaks Day Centre about its future was mixed with people very unclear about what the service should look like. Good practice would</p>	<p>Market response to development of support and services as detailed in the reviews.</p> <p>Enthusiasm and motivation</p>	<p>All reviews will be completed.</p> <p>Commissioning will ensure:</p>	<p>All people accessing alternative solutions in line with their</p>

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
<p>The service has 42 staff</p>	<p>tell us that we need to move away from a heavy reliance on building based services.</p> <p>There have been many positive examples of customers accessing community based services via the Community Catalysts programme. The Care Act and personalisation agenda sets out how we should support and encourage people with Learning Disabilities to engage in community based services and or employment links and opportunities where possible. The use of personal budgets and putting the person at the centre of the choice and control.</p> <p>30 customers have moved on from Oaks Day Centre to access alternative provision, this has been through the carers and customers taking a positive approach to the new opportunities available in the community and as part</p> <p>The existing building requires significant works to bring the building back to a good condition. This work would require a full rewire and heating system which would total to approximately £900K. As we have already seen 30 people with a learning disability find alternative solutions, it is not a viable option to refurbish the building.</p> <p>Out of the 93 customers around 40% reside within a 24 hour residential setting and access Oaks Day Service 5 days per week (Monday to Friday)</p> <p>There have been no new referrals into the service for 4 years as other alternative options were taken up.</p>	<p>of staff to support the direction of travel</p>	<p>There is a wider and more flexible range of personalised activities.</p> <p>Strong partnerships with both the statutory and voluntary agencies to link up working.</p> <p>Strengthened links with mainstream services including libraries and leisure complexes to provide more diverse opportunities</p> <p>Continue the trend of no further referrals into the service</p> <p>Increase in the number of people (30) accessing alternative solutions, working with Community Catalysts.</p>	<p>aspirations and eligible needs outside the current building basis.</p>

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
			<p>Services will move from existing locations and will be based, as close to the person as possible in their local community, using and developing existing resources and community buildings i.e. leisure centres, libraries, community halls</p> <p>Decommission Oaks Building</p>	
Outcome	<p>All people Having the opportunity to make sure each day in their lives is meaningful, valued and leads to them having a 'good day'</p> <ul style="list-style-type: none"> • Doing things that have a purpose • Being in ordinary places doing things most people of the community would be doing • Doing things that are right for the individual • Receiving the appropriate support • Being in touch with local people, meeting people and developing friendships. 			

Addison Day Centre

Description of the service: Learning Disability (LD) Day Service in in Maltby with joint LD employment service (Ad-Pro) on site.

Additional outreach building: Kiveton Park Youth Centre

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
<p>The current customer numbers at Addison is 107.</p> <p>The service has 34 staff</p> <p>The current customer numbers at AdPro is 25.</p> <p>The service has 6 staff</p>	<p>People with a Learning Disability need to be given the opportunity to participate in paid employment. Changes that we make need to be based on the high expectation of peoples' capabilities and ability to develop new skills to undertake paid employment.</p> <p>Consultation has taken place about the redesign and delivery of day services within the Addison Centres.</p> <p>We need to strengthen our offer of supporting people into employment as in line with the Council's vision of '<i>extending opportunities and prosperity</i>' and '<i>supporting people into jobs</i>' through working closely with employment services, education authorities and Rotherham employers.</p> <p>Employment services have seen some positive outcomes for people with a learning disability and it is felt that this service can be expanded through links with the Rotherham Town Centre Developments.</p> <p>Good practice would tell us that we need to move away from a heavy reliance on building based services.</p> <p>Out of the 107 customers around 40% reside within a</p>	<p>Market response to development of support and services as detailed in the reviews.</p> <p>Enthusiasm and motivation of staff to support the direction of travel.</p>	<p>All reviews will be completed.</p> <p>Commissioning will ensure:</p> <p>There is a wider and more flexible range of personalised activities.</p> <p>Strong partnerships with both the statutory and voluntary agencies to link up working.</p> <p>Strengthened links with mainstream services including libraries and leisure complexes to provide more</p>	<p>More people with a learning disability will be in paid work and volunteering opportunities and working along-side the rest of the community.</p> <p>All people accessing alternative solutions in line with their aspirations and eligible needs outside the current building basis.</p> <p>Decommission</p>

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
	<p>24 hour residential setting and access Addison Day Service 5 days per week (Monday to Friday)</p> <p>Addison day centre has received only 2 new referrals in the past 2 years</p> <p>AdPro has received 4 new referrals in the past 2 years. We need to improve access to employment opportunities for people by offering a range of support which is community based.</p>		<p>diverse opportunities</p> <p>Continue the trend of no further referrals into the service</p>	<p>Addison Building</p>
<p>Outcome</p>	<p>All people Having the opportunity to make sure each day in their lives is meaningful, valued and leads to them having a 'good day'</p> <ul style="list-style-type: none"> • Doing things that have a purpose • Being in ordinary places doing things most people of the community would be doing • Doing things that are right for the individual • Receiving the appropriate support • Being in touch with local people, meeting people and developing friendships. <p>More people with a learning disability will be in paid work and volunteering opportunities and working along-side the rest of the community</p>			

<p>Respite (Quarryhill and Treefields) and Parkhill Lodge</p>
<p>Description of the service: Two in-house respite services for Learning Disabilities and Autism.</p> <p>Each service is set within a semi-detached house and holds 6 bedrooms</p> <p>Quarryhill Respite is based in Wath</p> <p>Treefields Respite is based in Wingfield</p> <p>Parkhill Lodge is a 22 bed Learning Disability residential home based in Maltby.</p>

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
<p>Parkhill Lodge has 20 customers</p> <p>At any one time:</p> <p>Quarryhill- up to 6 people</p> <p>Treefields- up to 6 people</p>	<p>We accept that respite and short stay services are important to family carers. We also need to ensure that the experience is meaningful and of value to the person.</p> <p>We need to provide a range of opportunities for people which are innovative meaningful and provide value for money at the same time as meeting the needs of the carers.</p> <p>As outlined in the draft Learning Disability Strategy the Shared Lives service will be strengthened and more carers recruited to offer a wide range of short and long term support to people. This will include more flexible support in the day, evening, weekend and respite support for carers.</p> <p>The services are rated 'good' by the CQC. However, current buildings are not accessible to all people and there are issues with the conditions and maintenance which questions if the existing buildings are fit for purpose.</p> <p>The building at Parkhill residential home does not provide accessibility to those with high complex needs or fit with local or national good practice in terms of the size of the bed base This decommission will take place in 19/20, however concerns regarding the building were raised April 2018 including by the CQC. The issues around significant building deterioration e.g. disruption and costs of repair may force the need to expedite this decision. This will be communicated to relevant stakeholders further if this needs to be actioned.</p>	<p>Market response to development of support and services as detailed in the reviews.</p> <p>Enthusiasm and motivation of staff to support the direction of travel.</p>	<p>All reviews will be completed.</p> <p>Commissioning will ensure:</p> <p>There is a wider and more flexible range of personalised activities.</p> <p>Strong partnerships with both the statutory and voluntary agencies to link up working.</p> <p>Strengthened links with mainstream services including libraries and leisure complexes to provide more diverse opportunities</p> <p>Explore the current usage of respite services.</p> <p>Each carer will have a carer's assessment.</p> <p>Treefields</p>	<p>Provide a range of opportunities for people to access respite services.</p> <p>More people to have access to their own front door.</p> <p>Services and support will move from their building bases.</p> <p>Quarry Hill and Parkhill Lodge Buildings will be decommissioned.</p>

Current Position	Factors to consider	Risk/Uncertainties	18/19	19/20
	We will decommission Tree Fields in 18/19 and we will further decommission Quarry Hill in 19/20. Through the assessment process if respite is required this will be commissioned through different alternatives e.g. shared lives or independent respite provision.		building to be decommissioned	
Outcome	<p>Through strengths based approach we will develop a range of opportunities</p> <ul style="list-style-type: none"> • Expansion of current Shared Lives • Use of personal budgets, including direct payments to provide support when the carer needs it • Develop skills for independent living • More people to have access to their own front door. 			

Title: Reach
<p>Description of the service:</p> <p>The service is a Learning Disability and Autism Day Centre provision for customers with complex needs and behaviours that can challenge. The service currently operates from Elliott Centre (Badsley Moor Lane) and Maple Avenue at Maltby.</p>

Existing Customer and Staff Numbers	Proposal and other factors to support decision	Risk/Uncertainties	18/19	19/20
There are 51 customers accessing the services across	We need to ensure that we have a spectrum of support in place to meet the needs of all people including those who have significant or complex needs who may require support in a building environment	Market response to development of support and services as detailed in the reviews.	All reviews will be completed. Commissioning will develop the	All people accessing alternative solutions in line

Existing Customer and Staff Numbers	Proposal and other factors to support decision	Risk/Uncertainties	18/19	19/20
<p>the two sites.</p> <p>The service operates with 25 FTE staff.</p>	<p>whilst maximising their independence.</p> <p>The consultation told us that people are in favour of the relocation of the service to more suitable premises.</p> <p>All people currently using this service will be assessed as part of the delivery plan and only those who will meet the criteria for a new offer specifically to people with complex needs: who need to be supported physically, behaviourally as well as emotionally, will attend this new service.</p> <p>More suitable alternative buildings may be identified in the future leading to the decommissioning of Elliott Centre and Maple Avenue. This will be communicated to relevant stakeholders further if this comes to fruition.</p>	<p>Enthusiasm and motivation of staff to support the direction of travel.</p>	<p>market to meet the needs of people with a learning disability as set out in the Learning Disability Strategy.</p>	<p>with their aspirations and eligible needs.</p>
<p>Proposal</p>	<p>All people accessing appropriate solutions in line with their aspirations and needs by 2020</p>			

We understand that changes can create anxiety and we will be respectful of this. We will consider and take into account the learning from the consultations that have taken place. We will develop a robust communication and engagement strategy to ensure people with learning disabilities, their families and carers receive reliable and timely information and are fully engaged and included throughout the development of plans.

Rotherham's DRAFT Joint
Learning Disability Strategy:
2018 – 2020

Rotherham's Joint Learning Disability Strategy: 2018 – 2020 (2 years)

Structure:

1. Forward: Cllr David Roche
3. Introduction
4. Vision
5. The National Picture
6. The Local Picture
7. Act to Help Yourself, Act when you need it and Act to live your life

** This document is in draft and will be published in its final form following consultation with health partners.

Forward: Cllr David Roche

This document sets out Rotherham's strategy for people with learning disabilities from 2018-2020.

The strategy builds on the conversations Rotherham Council, Rotherham Clinical Commissioning Group, and partners have been having with people with learning disabilities and their families since 2015. It is intended for all people with learning disabilities aged 14 and over, their families, carers and all those who have involvement in commissioning and delivering services or who have an interest in improving these services.

This strategy will connect and overlap with other strategies:

- Health and Wellbeing Board Strategy
- SEND strategy
- Autism strategy

The vision for Adult Social Care is of developing active independence. This means acting together to support the residents of Rotherham to live full and active lives; to live independently; and to play an active part in their communities.

This strategy has been developed in line with local and national policies, with a focus on providing high quality care that promotes independence, social inclusion, choice, and provides best value.

We have found that people want:

- To have a good and meaningful everyday life
- To feel safe in the community
- To have choice and control
- To enjoy the same outcomes as everyone else: having relationships, working

We want this strategy to transform 'the offer' made to people with learning disabilities and their families living in Rotherham. There is a challenge and an opportunity; but we do want things to change and improve.

We hope that this strategy will help to meet these challenges through a shared vision for people with learning disabilities in Rotherham.

The 'we' used in the strategy refers to:

Rotherham Council, the NHS, Rotherham Foundation Trust, RDaSH, South Yorkshire Police and Crime Commissioner and the many voluntary and independent organisations who work in Rotherham.

Introduction:

People with a learning disability have been telling people who commission and provide services that they want the same quality of life as everyone else. That they have the same dreams and wishes as other people, and they want the same chance as anyone else of being able to realise their dreams.

We want to build upon the success to date and continue to respond to what people with learning disabilities and their families are telling us they want: more choice and control, to have healthier lives, to gain relationships and employment and volunteer opportunities in their community. We know this from consultations that the Council and partners have been undertaking.

Finances are becoming increasingly stretched, which means that all partners in Rotherham and local communities will need to work together to explore new ways of delivering services and meeting needs.

People with a learning disability in Rotherham are living longer and there are more people with learning disabilities with complex needs. We will have to look at what services are currently available, if they are the right services and consider how they are funded to meet this changing need.

This strategy sets out how we will do this and is built around *the Vision for Adult Social Care* which promotes active independence.

It is based on three themes:

1. Act to help yourself
2. Act when you need it
3. Act to live your life

We hope that this strategy will help to meet these challenges through a

shared vision for people with learning disabilities in Rotherham.

Our approach is centred on promoting health and wellbeing across people's lives and enabling independence. This approach may help to prevent, delay and reduce the need for support, while keeping people safe. The strategy will be used to enable continuous improvement of services which support people with a learning disability and help them to achieve their outcomes and goals. We want to maximise people's strengths whilst providing support and opportunities within local communities.

The two year strategy will underpin a detailed delivery plan. The plan will set out how the change will happen, who will lead, where and what will change.

It will be monitored both by the Learning Disability Partnership Board and report on progress to the Mental Health and Learning Disability Transformation group, part of the Integrated Health and Social Care Plan governance. This group will report on progress annually to Rotherham's Health and Wellbeing Board.

The Health and Wellbeing Board partners are committed to delivering this strategy to help people with learning disabilities to be more independent, live better and longer lives.

Rotherham's Vision:

“What will it all look like?”

(quote from a customer with learning disabilities)

This strategy is built around *The vision for Adult Social Care*. It is a vision of developing Active independence.

It is based on three themes:

1. Act to help yourself
2. Act when you need it
3. Act to live your life

The vision for people with learning disabilities living and working in Rotherham builds on this fundamental golden thread of supporting choice, building and maintaining independence:

All children, young people and adults with a learning disability have the right to the same opportunities as anyone else to live independent, satisfying and valued lives, and to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live a healthy, safe and fulfilling life.

This means that in two years' time all services will provide high quality care and support to people with a learning disability and their families.

Services will be integrated and will actively promote people's wellbeing, helping them have a good life and be as independent, healthy and well as possible.

Social inclusion will be promoted throughout everything we do and local support services will be more diverse with people with learning disabilities

being more prominent and actively involved within their community. Support will build on resources in the community, tackle barriers to social inclusion and reduce dependence on social care services alone. We will stimulate creative and innovative ways to make this happen so that people with a learning disability in Rotherham, whatever their age, background, or level of need, will have more choice in their support.

More people with learning disabilities will be in paid work and have access to volunteering opportunities, working alongside the rest of the community.

There will be major improvements in the support for family carers, improving the support available to carers in their own right, and making life better for people with learning disabilities who live in the family home.

There will be major improvements in local accommodation and support for people who live away from their families. By developing a framework of Landlords and Support Providers we will ensure that housing is of high quality, with more people having their own "front door". The support provided will promote people's independence and wellbeing and will offer dignity and privacy.

Fewer people with a learning disability will live out of Rotherham, and people who need and want to return will have been helped to do so.

Rotherham will have moved away from traditional or institutional forms of support and will focus on support

which is personalised, flexible and meets people's individual needs. Services will help people work together and pool their personal funds so they can share their support and sustain meaningful and rewarding relationships.

There will be more coordinated information about services and support across all relevant agencies

The transition for young people with a learning disability to adulthood will be positive.

There will be strong partnerships across Rotherham, with both statutory and voluntary agencies to make services and support is joined up.

All services will provide best value for the people of Rotherham.

Over the next two years people with a learning disability will say they have been fully included and involved in the planning and implementation of changes.

The National Picture

The Care Act 2014 reinforces national policy for adults with a learning disability, including the core principles in Valuing People (2001), and Valuing People Now (2008): rights, independence, choice and social inclusion. It reaffirms the principles of personalisation, legislating for Personal Budgets and requiring local authorities to promote Direct Payments. Assessments should build on individual, family and community strengths, support access to universal services and aim to prevent, delay or reduce people's dependency on services. Further, transitions for young people with a learning disability into adulthood must be effective.

This strategy is informed by a number of national legislative and quality developments relevant to the commissioning of care and support and healthcare for people with learning disabilities. These include:

- Building The Right Support (2016)
- Driving Up Quality Code and Quality of Life Standards
- No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions (Green Paper March 2015)
- Death by Indifference and Getting it Right Charter (2007/10)
- Think Local Act Personal – Making it Real
- Putting People First Concordat-development of personalisation (2009)
- Valuing Every Voice Respecting Every Right (2014)
- Children and Families Act 2014
- Individual Service Funds (ISFs) and Contracting for Flexible Support Practice guidance to support

implementation of the Care Act 2014 – Think Local Act Personal, June 2015

- Moving forward with personal health budgets: a CCG development programme – NHS England 26th May 2015

This strategy enables Rotherham to deliver its statutory and other responsibilities as outlined in national policy and guidance as well as meeting the challenges of the current climate.

Value for Money

Central and local government spend £8 billion each year supporting adults with a learning disability. Local authorities spend £4.61 billion supporting 129,000 adults (18 to 64) with a learning disability.

Adults with a learning disability can access welfare benefits from the Department for Work & Pensions, which amounts to approximately £2.45 billion annually. The NHS also spends an estimated £0.93 billion on specialist learning disability health services.

Local authority spending on learning disability services has increased. In real terms, between 2010-11 and 2013-14 spending on adult social care fell by 8.4% while spending on learning disability services increased by 2.1%. The trend appears to be continuing with a reported increase of 3.5% in real terms between 2014-15 and 2015-16. 39% of adult social care spend is on adults (18 to 64) with a learning disability and it is the second largest spend after older peoples' services.

Winterbourne View inquiry and 'Building the Right Support'

The Winterbourne View inquiry led to a government pledge to move people with a learning disability and/or autism who are inappropriately placed in hospitals into Community based support. In response to this NHS England developed the '*Building the Right Support*' programme. *The national* programme aims to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Forty eight Transforming Care Partnerships have been established to create and implement plans which deliver the 'Building the Right Support' programme. These partnerships are made up of NHS organisations and local authorities, including Rotherham Metropolitan Borough Council which is part of the South Yorkshire and North Lincolnshire footprint along with Doncaster, Sheffield and North Lincolnshire Councils and CCGs.

The needs of people in Rotherham with autism will be addressed in a separate strategy which is being developed.

The Local Picture

What does the data tell us?

How many people in Rotherham have a learning disability?

In Rotherham, there is a higher rate of people with a learning disability per 100,000 population at 371.77. This is compared to a regional rate of 346.06 and our neighbouring authorities - Barnsley with 313.76 and Doncaster with 348.53. Rotherham also has significant cohorts, for example, 204 people aged 18-30 years and 164 people aged 51-64 years. It should also be noted that there are 347 carers aged between 55 and 69 who support a service user with a learning disability.

We know that people with a learning disability experience isolation and are dependent on others for support.

Carers of people with a learning disability are often parents and they experience difficulties with increasing age.

We know that the numbers of people with a learning disability who have behaviours that challenge are increasing.

We know that people with learning disability want the right to lead full and inclusive lives, learning the skills to enable them to reach their full potential.

Having relationships, a home and employment is very important to a person with a learning disability.

Currently there are 686 customers with a learning disability aged between 18 and 64 accessing 1154 placements or services. Rotherham has a higher rate of 18-64 Learning Disability customers

per 100,000 head of population at 445.75. We are ranked as the 24th highest out of 152 local authorities.

(Insert Rotherham Pictures)

The total number of young people with a learning disability aged 14-18 in Rotherham is approximately 45.

(insert Rotherham Pictures)

There are 99 people with learning disabilities who also have autism known to the Council.

(insert Rotherham pictures)

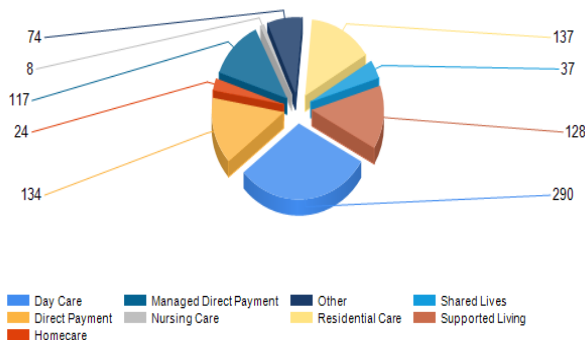
Rotherham's 18-64 population is 91.99% White British (ref: Census 2011), in comparison 95.65% of the learning disability cohort are from this ethnic group. Customers from Black Minority Ethnic (BME) groups appear to be under represented in this cohort; 4.35% of the cohort are from a BME background compared with 8.01% of the total population. The 'Asian-Pakistani' BME group has the highest number of customers (19)(2.76% of cohort.)

Rotherham has 80 Older people with a learning disability over the age of 65 Rotherham's older population(65 plus) with a learning disability is estimated to increase 29% by 2035.

Support currently being provided to

people with learning disabilities in Rotherham

Number of Current Customers By Service Type



Below is the number and percentage of customers that are currently receiving the following services:

- Daycare 290 (42.27%)
- Direct Payments 134 (19.53%)
- Managed Direct Payment to Agency 117 (17.06%)
- Supported Living 128 (18.66%).
- Residential and Nursing having 145 client (21%) of the service provided

As of March 31 2016 our figure for 18-64 residential and nursing placements per 100,000 head of population is 100.13, which ranks us 26th highest based on 155 customers in residential and nursing placements. This is compared to:

- The Yorkshire and Humber Region 70.01
- We have almost double that of Doncaster(57.25), Barnsley(58.69) and Sheffield(56.65) (ref: SALT Return 15/16).

Four hundred customers (all ages) are accessing Rotherham’s in-house services and 541 customers (all ages) are accessing Rotherham’s

commissioned external providers. There are 155 customers who are accessing both in-house and external services.

There are some people who have complex needs and behaviours that challenge. There are currently 10 local people receiving a service as an inpatient in secure accommodation (funded by NHS England) or from within an assessment or treatment unit (funded by the RCCG).

Fifty two people are receiving support within Shared Lives settings.

There are currently 294 people attending day care services at five different locations across Rotherham. Around 50% of these customers reside in supported living or residential care and transport is provided for their journey. Effectively this means that these people receive three elements of funding, for 24 hour care, for day care activities and for transport.

Nine hundred people with a learning disability receive ‘paid support’ directly commissioned by the Council.

One hundred and forty five people with learning disabilities receive Direct Payments to pay for support to live at home, and 138 receive a Managed Direct Payment paid to an agency.

In 2017/18 2382 adults in Rotherham were registered with GP’s as having a learning disability, and 822 have had their annual health check.

45 young people with learning disabilities are estimated to transfer to adult services between 2018-2023.

The Financial Picture

Rotherham as a place spends approximately £30 million on learning disability services (this figure includes spending on Continuing Health Care-CHC).

The Council spent £22.5 million on learning disability services for approximately 736 people during 2017/18. Rotherham CCG spent £4.6 million in 2017/18, this is expected to raise to 5.1 million in 2018/19. With costs for Continuing Health Care, the figures increase to £7.3 million in 2017/18 rising to £8.1 million in 2018/19.

Increased financial pressures make it even more important to have a clear, joint strategic plan and to work collaboratively to make best use of resources and harness innovation across the borough.

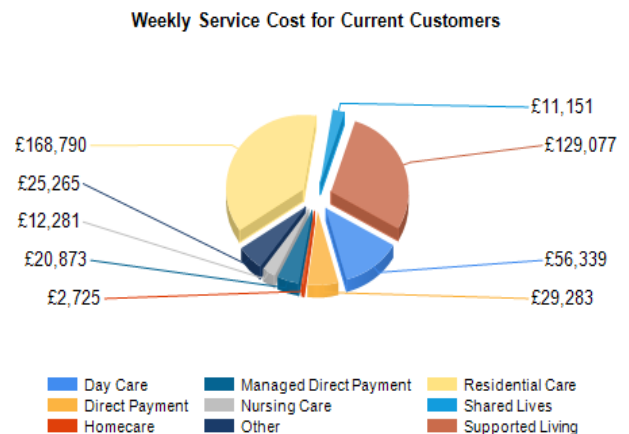
This strategy proposes the way that Rotherham can deliver change, better outcomes for individuals, as well as efficiencies.

Having choice and control, core to good ordinary lives, does not mean being entitled to increased funding. It does mean being supported to:

- Get the best from the money you are eligible for
- Receive services you are entitled to

- Value and maximise the non-paid natural support from family, friends and community

The number of people with a learning disability in Rotherham is increasing and, understandably this leads to increasing demand for services. This is expected and in line with national trends.



This commissioning strategy must be delivered in the context of reducing Council budgets, and we expect any future changes to help us meet our financial challenges. It is important to make sure all services are delivered in an effective and efficient way, and of high quality.

Working together with people who use services, family carers, providers and community groups will create the innovative solutions necessary to achieve both improved outcomes and better value for money.

1. ACT TO HELP YOURSELF:

We want to promote personal responsibility and enable people with learning disabilities to become a greater part of their community through increased opportunities for socialising, gaining personal recognition and building relationships, whilst remaining in their own homes and communities for as long as possible.

We need culture and practice in Rotherham to change so it is based on high expectations of people's capabilities and their ability to develop new skills (whether they live with, or away from their families), and recognition that unnecessary dependence on services is 'disabling'.

Information, Advice and Advocacy

What we know

Advocacy support in Rotherham is currently provided Cloverleaf Advocacy, who provides mental health advocacy, Mental Capacity Act advocacy, Care Act advocacy and generic advocacy.

People need access to information and advocacy to make good decisions.

Self Advocacy support is provided by Speak Up Rotherham.

There is also information available on Rotherham's offer from voluntary groups on [Connect to Support](#) and [GISMO](#).

You said:

"Self Advocacy and support from Speak Up is really important."

"Access to information, advice and advocacy needs to be better."

"It's essential to have better access to information to support people to make choices and understand what is possible."

"We hope to find out more information about services that are out in our local community."

We Will

Ensure a full range of advocacy support is available to people e.g. Statutory, Community, Self-Advocacy, Independent Mental Capacity Advocacy and Care Act Advocacy.

Ensure support is available to help people plan life changes.

Ensure that partners follow the NHS Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Staying Healthy and Well

What we know

In 2016/17 Rotherham delivered health checks under a Direct Enhanced Service (DES). Adults with learning disability should have a health check every year. During 2016/17 822 people received a health check.

All GP practices across Rotherham have been trained in Learning Disability awareness.

All GP practices across Rotherham have received Autism Awareness training.

We joined a national pilot and conduct local reviews of deaths of adults with learning disability. We use the learning to improve the quality of health services.

The Integrated Health and Social Care Plan for Rotherham offers more opportunities to better meet the needs of people with learning disabilities from a whole system perspective making better use of community assets and universal provision.

You said

“I don’t always understand what the doctors are saying to us.”

“The chemist is really good at getting my prescriptions on time. My doctor is very patient with me and explains what he means, so that I understand.”

We Will

Co-ordinate efforts to increase uptake of annual health checks for people with learning disabilities – so that the number of people receiving an annual health check from their GP is 64% higher than in 2016/17 (1196 health checks in 2018/19)

Ensure people with learning disabilities are supported to access community opportunities for staying healthy and well - A programme to contact GP practices will be developed, supported by training. The new supported living framework being developed by the

Council will embed the ‘Learning Disabilities Health Charter’.

Take advantage of the integration of health and social care services in Rotherham for benefit of people with learning disabilities in Rotherham.

Work in ensuring people with learning disabilities are included in plans to develop an integrated home first team, with access to step up/step down community bed base (smaller scale/flexible model) only when needs cannot be met at home.

Caring Together: Supporting Carers

What we know

In Rotherham we recognise that informal carers are the backbone of the health and social care economy, and that enabling them to continue this role is vital.

The role of unpaid carers in the lives of people with learning disabilities is very important.

Carers Aged 50+ By Primary Support Reason of Customer



There are 387 carers aged 50 and over who support a service user with a learning disability

The findings from this consultation report that respite care services are important to support carers in their caring role, however not all carers have access to respite care as the service is not accessible to all people with a learning disability.

You said

“My son has never used respite services but as a general feeling, respite centres are a good idea for carers that really need a break and support from their son or daughter.”

“Could be more flexible such as short daytime or evening service.”

We Will

Develop a new offer expanding the use of Shared Lives to provide both day support and respite.

Develop opportunities in different venues and options. For example respite in environments with gardens, sensory rooms and people with similar disabilities and age ranges.

Develop a fairer respite service open to all people with a learning disability including those with autism and physical disability.

Support carers through the Better Days, Better lives programme of alternative day support.

Being Part of the Community

What we know

“I would like a job at a charity shop.”

“I want to go out at night.”

“I want to socialise to have local activities.”

“We need access to facilities like disabled toilets and accessible changing areas.”

“I hope for exciting communities.”

You said

“I want to go out at night.”

“We hope to find out more information about services that are out in our local community.”

“I want to socialise to have local activities.”

We Will

Ensure social inclusion is a part of everything we do.

Support more people with learning disabilities to do more within their community.

Require major improvements in the quality of community-based services, including robust, preventative and proactive care.

Work in partnership to develop an early help offer which sees all age family integrated services.

Look at innovative ways to reshape our existing buildings and centres into all age delivery points in localities and communities.

Ensure that people with learning disabilities and their families are included in the revitalised town centre with a new urban community.

Rotherham - Better Days, Better Lives, Work and Purpose.

What we know

Two hundred and ninety four people with learning disabilities use day services.

Of these, 32% of customers also receive day care with an associated weekly cost of £50,000.

The Council has contracted with the not for profit organisation Community Catalysts (who specialise in capacity building for social/micro enterprises) to provide a specific focus on learning disabilities and to build on the number of social enterprises available in Rotherham.

You Said

“Having a job is important to me and I need help to find one.”

“I want to work somewhere safe.”

“Paid work gives you satisfaction.”

“If I never went out I’d lose my mind!”

“Services shouldn’t be central”

“It is important to meet people and do things.”

We Will

Offer a wider range of more flexible and personalised activities in the day and evenings and weekends and activities, so people have choice.

Move towards a major shift in culture and practice towards promoting people’s social inclusion, and reducing people’s reliance on institutionalised forms of care as their only form of support.

Ensure more people with learning disabilities will be in paid work and volunteering opportunities, working alongside the rest of the community.

Enable people to join in general community activities such as gyms, community centres - We will link with the Council’s leisure and libraries services to provide opportunities to enable people with learning disabilities to have enjoyable day activities.

2. ACT WHEN YOU NEED IT:

Choice and control over my Life

What we know

All adults with a learning disability have a needs assessment, a personalised care and support plan and have choice and say in the final content.

Technology Enabled Care (TEC) offers real opportunities to ensure that people with learning disabilities are supported in the least restrictive way and supports choice.

You said

"I want to be given real choices."

"I don't always know what is possible or what is on offer."

"People need support to help them make decisions, and want more independent and advocacy."

We Will

Work to develop mechanisms, knowledge and skills to ensure Personal Budgets for all those eligible, maximising the use of Direct Payments and Individual Service Funds to give people choice and control.

Ensure providers and others to encourage people to develop networks, circles of support and use of community resources to enhance quality of life.

Work with providers to demonstrate how they maximise choice and control for people they support.

Develop innovative new approaches in using assistive technology.

Consider the development of Community Circles to expand people's natural support networks and strengthen community presence.

Shared Lives

What we Know

Shared Lives carers provide day support, short breaks for the person and their family, home from hospital care or a stepping stone for someone wanting to get their own place. Whatever the type of support, sharing family and community life is part of the arrangement.

Only a small number of people with learning disabilities use Shared Lives.

You said

"I really like shared lives."

We Will

Ensure that Shared Lives is explored as one of the first options for care and support for people with learning disabilities – if needed.

Significantly expand the number of carers and ranges of options for Shared Lives.

ACT TO LIVE YOUR LIFE

Rotherham - Choosing Where I Live: Having My own front door

What we know

Rotherham has a bold 30 year Housing Strategy. The Council will do all that it can within its powers to ensure that all of our residents' right to decent housing becomes a reality.

There are 159 people (20.76%) with learning disabilities living in supported living and 164 people (21%) in residential and nursing.

There are currently 29 people in receipt of 24 hour care living out of the borough in various placements across the country.

The largest proportion of spending on people with a learning disability by the Council is on residential care and supported living which accounts for 71% of the weekly service costs.

However, the current offer encourages people to be dependent and is reliant on a residential rather than independent living approach, including in some supported living settings. Sometimes people with learning disabilities with complex needs are having to live away from Rotherham to receive services.

You Said

"I don't want to move anymore."

"I need the right services to live independently."

"It's important that I live with people I get on with."

We Will

Develop a stepped approach in Rotherham's learning disability housing offer. It is imperative that Rotherham has a greater choice of supported living options and the Council is developing a Supported Living and Better Days, Better Lives framework by the summer 2018 to expand the range of future options.

Develop a spectrum of support in place which meets the needs of all people including those with significant and complex needs, who may require support in a building environment whilst optimising their independence.

Commission 40 new units of supported living across Rotherham. Two new properties will be Council housing.

Ensure that a wide range of **housing options** are available for people with learning disabilities and their families.

Being Respected and Safe

What we know

Keeping people safe from abuse is **everyone's business**. Rotherham's Safeguarding Adults Board (RSAB) is working to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse.

The Council has developed a quality assurance framework. This will assist the Council and all providers working to ensure that services are of the highest quality.

Rotherham NHS Foundation Trust has a dedicated learning disability lead nurse and has developed awareness training for all staff. This has been in conjunction with with Speak Up Rotherham.

Rotherham is playing an active part in Learning Disabilities Mortality Review (LeDeR) Programme and has a process to review all premature deaths of people with learning disabilities.

Rotherham is working to improve access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism.

You Said

"I spend a lot of time in Rotherham town centre, but I do sometimes get bullied because of my autism. The Bus can be an unfriendly place – even some bus drivers are not friendly and can be impatient. It only takes a faulty machine that won't accept my disabled pass, and they can get cross. The last driver abruptly said 'Just get on!'"

"I don't feel safe in Rotherham bus station at night time."

"Being asked myself what I think, not just other people."

"Need to be sure that my son gets the quality of care and the personal care for what suits his needs."

We Will



Work with The Safer Rotherham Partnership to re-launch the 'Safe in Rotherham' - a safety scheme to help vulnerable adults feel safe when they are out and about in the borough and help make Rotherham a 'friendly' town. We want work with all our services to ensure they are open and accessible to all people with learning disabilities.

Transition: Preparing for Adulthood

What we know

Transition is defined as a purposeful and planned process of supporting young people to move from childhood into adulthood. In Rotherham, the Council and its partners use a more holistic definition of preparing for adulthood and building independence. It is still thought of as a very anxious time both for the young person and their family. It comes at a time when a lot of change takes place in both the young person's life and their family.

The vast majority of adult customers (>87%) who have transitioned from Children's Services have a learning disability or are diagnosed on the autistic spectrum. The remainder have complex physical disability or sensory needs.

This strategy considers the needs of people with learning disabilities aged 14 and over. There is an overlap with Rotherham's Special Educational Needs and Disability (SEND) Strategy (2018-21).

A clear thread running through both Rotherham's SEND Strategy and the Learning Disability Strategy is supporting young people with learning disabilities and their families to have an effective and person centred transition.

There has been much work to improve Rotherham's offer to young people with learning disabilities going through transition into adulthood, but there is more that we need to do to process and improve customer/family experience.

- Development of a post 14 pathway for transition

Identification of Need

Primary Needs	Primary Schools		Secondary Schools		Special Schools	
	Rotherham	National	Rotherham	National	Rotherham	National
Specific Learning Difficulty	24.3%	10.1%	29.8%	21.2%	4.3%	1.4%
Moderate Learning Difficulty	15.4%	22.2%	16.4%	22.4%	23.9%	14.1%
Severe Learning Difficulty	0.5%	0.7%	0.2%	0.5%	12.5%	24.2%
Profound & Multiple Learning Difficulty	0.3%	0.3%	0.0%	0.1%	8.3%	8.8%
Social, Emotional & Mental Health	13.1%	15.7%	16.2%	18.5%	5.0%	11.8%
Speech, Language & Communication Needs	23.1%	29.7%	4.6%	11.2%	0.0%	0.0%
Hearing Impairment	1.5%	1.7%	2.7%	2.3%	0.2%	1.3%
Visual Impairment	0.8%	0.9%	0.9%	1.3%	0.6%	0.6%
Multi-Sensory Impairment	0.1%	0.3%	0.0%	0.2%	0.0%	0.2%
Physical Disability	2.0%	2.8%	2.4%	2.9%	5.6%	2.9%
Autism Spectrum Disorder	8.5%	6.7%	18.2%	8.8%	30.4%	26.9%
No Specialist Assessment of Type of Need	5.9%	4.7%	3.8%	3.0%	0.0%	0.1%
Other Difficulty/Disability	4.7%	4.3%	4.7%	6.5%	2.9%	1.7%

Rotherham's high numbers of Specific Learning Difficulty, Speech, Language and Communication Needs and Moderate Learning Difficulty are being met within Local Authority Provision.



Rotherham has developed a dedicated Transition team. The team have developed a database for referrals received for young people who are likely to require a Preparing for Adulthood /Year 9 (14+) assessment. The database contains referrals from the Looked After Children's Team, Children's Disability Team, Education and Health. The referral process is open for anyone to make a referral including the young person themselves or their family/carers

You Said

"It feels like a cliff edge."

"I worry about what will happen."

What do we need to do

We want to increase Post 16 educational options within Rotherham for young people with learning disabilities.

Increase apprenticeships, internships and employment for young people with learning disabilities.

We want schools and colleges working to build independence.

Rotherham will report that there are more young people with learning disabilities in employment, training,

education, apprenticeships or internships after they complete school.

- More young people with learning disabilities will say they are able and confident to travel independently in their daily lives.

DRAFT

Transforming Care

What we know

In April 2015 the Department of Health announced it would radically change how services for people with learning disability, autism or both, and behaviour that challenges, were delivered. A national programme, Transforming Care, was established to make these changes happen.

In October 2015 NHS England, ADASS and the LGA jointly published Building the Right Support¹ - a national plan that outlines how the programme would ensure that more people can live in the community, with the right support, closer to home.

Forty eight partnerships were established across England to deliver these changes, including six in Yorkshire and Humberside. The programme will close at the end of March 2019.

Each Transforming Care Partnerships is a collaboration of CCGs, local authorities, NHS England, specialised commissioners and NHS providers. The partnership is developing services in their own 'footprints' as well as commissioning some services.

Rotherham is part of the Sheffield, Doncaster, Rotherham, North Lincolnshire Transforming Care Partnership (TCP) and have identified the following priorities:

- To have reduced the overall number of in-patient beds to 30 – 40 beds by 2019.
- Reinvest 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.

- Developed a coherent engagement strategy to ensure that customers and their families are genuine co-producers of models of care.
- Development of the workforce, not just for statutory services, but also supporting the independent and private sector to access training across the system.

The South Yorkshire and North Lincolnshire TCP target by 2019 is to have **10-15** people with learning disabilities in CCG commissioned beds, and **20 – 25** people with learning disabilities in NHSE beds.

In September 2017 the TCP had **81** people with learning disabilities in total (both CCG or NHSE) NHS commissioned beds.

Currently, Rotherham has nine people in total - four people with learning disabilities in CCG commissioned beds (CCG target is 3) and five people with learning disabilities in NHSE commissioned / secure beds

Strengths, Risks and Challenges

Rotherham has a dynamic risk register. This is coordinated by the RDaSH learning disability Intensive Support Team (IST) based at Badsley Moor Lane.

If a person with a learning disability is being considered for a hospital admission, Rotherham CCG and partners convene either a Care Treatment Review (25 plus), or a Care, Education, Treatment Review (14 -25) to review if an admission is required.

Rotherham CCG works very closely with Speak Up Rotherham to ensure people with learning disabilities and their families are included in the Transforming Care programme both at local level in Rotherham and across the South Yorkshire and North Lincolnshire footprint.

What we need to do

Continue to work with partners across the Transforming Care Partnership (TCP) to ensure delivery of the South

Yorkshire and North Lincolnshire TCP Plan - The Transforming Care Programme enters its final year in 2018. The national programme will close in March 2019.

Rotherham CCG has set a target of having no more than three people with a learning disability detained in CCG commissioned beds. This ambition is lower than the NHSE / TCP target of 5. NHSE/ TCP target for NHSE / Secure beds is six.

DRAFT

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Under the Equality Act 2010 Protected characteristics are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity.

Name of policy, service or function. If a policy, list any associated policies	Outcome of the 60 day Consultation and Recommendations on the Learning Disability In-house Services for Adults with a Learning Disability and/or Autism
Name of Service and Directorate	Adult Social Care Housing and Public Health
Lead Manager	Richard Smith – Assistant Director – Adult Care Janine Moorcroft – Head of Service – Provider Services
Date of Equality Analysis (EA)	February 2018
Names of those involved in the EA (Should include at least two other people)	Anne Marie Lubanski – Strategic Director of Adult Care and Housing Richard Smith – Assistant Director, Adult Care Nathan Atkinson – Assistant Director, Strategic Commissioning Janine Moorcroft – Head of Service, Provider and Change Jayne Metcalfe – Learning Disability Operations Manager Zaidah Ahmed – Equality Officer Scott Clayton – Interim Performance Manager Odette Stringwell – Human Resources Partner Zafar Salem – Community Engagement Manager Hayley Richardson Roberts - Adult Care and Housing Communications Account Manager Mark Scarrott – Finance Manager

Aim/Scope

The aim of this Equality Analysis is to ensure that current and future customers, stakeholders and residents of Rotherham have been considered when developing the future of Learning Disability Services. The purpose is to ensure that everyone's protected characteristics are considered.

The report sets out the direction of travel for people with a Learning Disability. It is intended to bring service provision in line with best practice and enable people to, not only be part of their local communities, but to give them more choice and control on where they live and how they spend their time. It is intended through the modernisation that customers have greater expectations for themselves. In response communities are able to contribute towards solutions including developing micro enterprises to meet identified need for people with Learning Disabilities. It should be noted that there is currently a cohort of customers receiving traditional services, but that if any of the recommendations in the report are agreed it may affect young people who may come into Adult Services, customers that the Council does not know of yet

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(including some people from BME communities), carers and families, external providers, partners and staff.

In Rotherham, we have a higher rate of people with a learning disability per 100,000 population at 371.77 compared to a regional rate of 346.06 and our neighbouring Authorities of Barnsley with 313.76 and Doncaster at 348.53. Rotherham also has significant cohorts, for example, 204 people (aged 18 – 30 years) and 164 people aged 51-64 years.

The potential changes to the future delivery of services could also impact on the whole community.

- 238 users of day care and respite services may be impacted if current building based services close.
- 157 people who are in 24 hour residential care placements may, in some instances, see a reduction in support and in some cases, a possible move to a supported living environment following re-assessment. People with a Learning Disability from BME communities are under-represented in existing services. 26 (3.5%) out of a cohort of 728 people with a Learning Disability are from a BME community, despite BME people making up 6.9% of the Rotherham population. New service models must consider their needs and ensure inclusivity.
- Young people coming through transition will be able to access a range of opportunities to meet their needs that are within their local communities and give them choice and control over where to live and how to spend their time. 44 young people aged 16-18 are currently in the transition cohort. Please see link to JSNA for children and young people http://www.rotherham.gov.uk/jsna/info/23/people/55/children_and_young_people/
- The type and frequency of transport provision could have a considerable impact on customers who use the existing social care provision.

The average age of the carers is 64 and the potential changes to services will directly impact on them. This needs to be considered in terms of expectations on carers and the support required through the modernisation process.

There are a significant number of people with a Learning Disability without carers or family support – circa 150 people. They will require independent advocacy in some instances in order to make informed decisions.

Work is underway to continue to develop community based services and promote this through the carers and families that have experienced the positive impact of this. Commissioning are involved in this work and are working on a Learning Disability Strategy which will take into consideration all the work that has been undertaken as part of the Learning Disability modernisation work and feedback from customers, carers and stakeholders.

The Council will need to ensure that there is accessible information readily available containing a range of different services that customers can choose from to meet their eligible needs. Every customer will have a Care Act 2014 Compliant Assessment and where appropriate a Mental

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Capacity Assessment.

A team of staff will be led by a Team Manager to oversee this process and ensure that the appropriate links are made with the services.

Under the Care Act the Council has a responsibility to ensure anyone with an assessed need has their need met. However, this may not be in a traditional service. All customers will be offered the choice of a personal budget to buy their care directly.

The Council is working with a range of organisations to look at developing many different types of support to meet a variety of needs. Where a customer has been reliant on social care transport and is not eligible for this service moving forward, the Council will work with the customer to increase their skills in travelling independently.

All customers, where appropriate, will have a transition plan to support them to move from one service to another.

A specific piece of consultation was undertaken around in house provider services from September – December 2017 to obtain people's views on the future offer and existing Learning Disability services.

The breakdown of this is as follows:-

Customer 177

Carers 112

Staff 99

General Public 85

In Rotherham the current offer of assistive technology and how we prevent customers from coming through our front door is a challenge. It is recommended that Adult Care builds on the improvement of the information and advice offer which demonstrate a model that "prevents, reduces and delays"

In order to give people more choice and control we need to maximise opportunities for people within their own communities. It is recommended that to allow for customers to gain skills and independence in self-travel and furthermore to give people the opportunity to access places that they do not currently that we look at support through additional travel training.

What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

Attached:

- Learning Disability Cohort information as of April 2017
- Timeline of engagement events carried out to support the consultation

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- Together for Change report
- 26 May 2016 Cabinet and Commissioner’s Decision Making Meeting Report – Implementing a Strategic Approach to a Commissioning and Delivery of Learning Disability Services.
- 10 October 2016 Cabinet and Commissioner’s Decision Making Meeting - Shaping the Future Report
- 10 October 2016 Cabinet and Commissioner’s Decision Making Meeting - Development of a Rotherham All Age Autism Strategy
- Learning Disability Market Position Statement

The formal 60 day consultation which commenced 27 September 2017 to 22 December 2017 comprised of a series of engagement events across the Borough and online questionnaires.

There were in excess of 500 people who engaged in the completion of questionnaires or attended events. This consisted of customers, carers, staff, members of the public and stakeholders and young people who may access services in the future.

The data analysis for the online questionnaires has been completed by an external body. This is available as a separate report.

Engagement undertaken with customers. (date and group(s) consulted and key findings)	<p>A variety of engagement events have taken place across the borough to meet with customers face to face.</p> <p>This process has been undertaken as part of the consultation however engagement with customers has continued to be the focus through the individual services on a regular basis.</p>
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Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings)	<p>There have been a number of events held with Council staff throughout the consultation process. These events have been though the managers and staff and have also included the presence of HR and Unions.</p> <p>Consistent messages have been given to all staff in relation to the consultation and staff have also had the opportunity to talk on a one to one to managers where necessary and have been able to offer their comments and feedback through the use of the Learning Disability inbox which was created as another way of communicating and sharing views.</p>
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The Analysis

How do you think the Policy/Service meets the needs of different communities and groups?

Protected characteristics of age, disability, gender, gender identity, race, religion or belief, sexuality, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other

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social economic factors.

Traditional services have been delivered from buildings across the borough for many years. Some customers will have been accessing the same services for all of their adult life. Potential closures or reconfiguration of services may bring fear and anxiety and a perception that something is being taken away from people. There is little evidence to show that the current services maintain and develop people's skills. In some cases the traditional models may lead towards a degree of dependency and reliance on services.

- Over the past 18 months there have been a range of briefings, engagement events, newsletters, visits to other authorities to look at best practice and meetings to discuss the need to change the way services are provided (Together for Change events)
- National evidence from a range of sources shows that moving towards locally based service provision will increase choice and control to customers.
- A number of external partners are working with the Council to support the journey towards less formal, restrictive services.
- Speakup will provide self and peer advocacy for people who need it.
- Absolute Advocacy will support individuals through the re-assessment process.
- Community Catalysts are working with the Council to develop micro enterprises in the community and will support the access to existing assets within the local area and across the borough.
- Shared Lives will be also supported by Community Catalysts to develop recruitment strategies to encourage more people to become carers and therefore expand the service.
- The approach to assessments has radically changed since the implementation of the Care Act 2014. The Council is committed to strength based assessments and is undergoing a workforce development programme. The emphasis of which is to support customers to maintain their wellbeing and identify their eligible need and find alternative ways to meet these.
- There has been considerable work undertaken to understand the cohort of 728 people with a Learning Disability who are in receipt of a service funded by the Council. This includes age, gender, ethnicity and carer data and is refreshed daily from Liquid Logic case management content.
- Co-production moving forward with customers and their carers will ensure that a more diverse solution that better meets the current and future needs of carers can be sought
- More locally and community based solutions will assist in integrating all communities.

Analysis of the actual or likely effect of the Policy or Service:

Does your Policy/Service present any problems or barriers to communities or Group?

Does the Service/Policy provide any improvements/remove barriers?

People with Learning Disability and /or Autism currently using existing services may not fully understand the changes that are being suggested due to barriers with communication. The Council will need to make every effort to ensure that the recommended further service specific consultations are as accessible as possible. This may include producing information in a range of formats and Speak Up (or another independent specialist voluntary sector organisation) will assist

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with engagement.

People with Learning Disabilities and/ or Autism may have differing views to their family members and the Council will need to ensure that all stakeholders can have their say in their own right.

What affect will the Policy/Service have on community relations?

- It is likely that the media coverage will be negative. The Communications Team will provide timely press releases.

Equality Analysis Action Plan

Time Period: May 2018

Manager: Richard Smith

Service Area: Adult Care

Tel: 01709

Consultation on the Modernisation of the Learning Disability Offer and the Future of In-House Services for Adults with a Learning Disability and/or Autism

Action/Target	State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)
April 2015 – Start of Adult Social Care Development Programme (Alternatives to Traditional Care and The Customer Journey – Key workstreams)	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	April 2015
Appointment to Community Link Worker Roles	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	July 2015
Together for Change Events – Learning Disability In house services	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	January 2016
Report to Cabinet in May agreement - Strategic Approach to commissioning and delivery of Learning Disability Services	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	May 2016
Community Opportunities Pathway Programme Launch	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	September 16 – January 17
Agreed 3 year programme with Community Catalysts	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	November 2016
Report to Cabinet – Consultation on the modernisation of the Learning Disability and Autism Offer	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	November 2016
Start of formal 60 day Consultation on the Learning Disability and Autism Offer	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	5 December 2016 – 2 February 2017

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Data from consultation analysed	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	February 2017 – April 2017
Report for further recommendations following consultation in preparation for Cabinet Meeting (26 June 2017)	A, C, D, G, GI, RE, RoB, SO, CPM, PM.	June 2017
Co-production work with customers, carers and stakeholders to co-produce easy read questionnaire and gain feedback from previous consultation.	A, C, D, G, GI, RE, RoB, SO, CPM, PM	July – Sept 2017
Formal 60 day consultation on specific recommendations around in house services	A, C, D, G, GI, RE, RoB, SO, CPM, PM	27 th September – 22 nd December 2017
Data collected and analysed from consultation. Initial feedback to carers, customers and stakeholders on high level information from the consultation.	A, C, D, G, GI, RE, RoB, SO, CPM, PM	January 2018

Name of Director who approved Plan	Anne Marie Lubanski	Date:	
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*A = Age, C= Carers D= Disability, G = Gender, GI Gender Identity, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.

Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, SLT or Directorate Management Teams

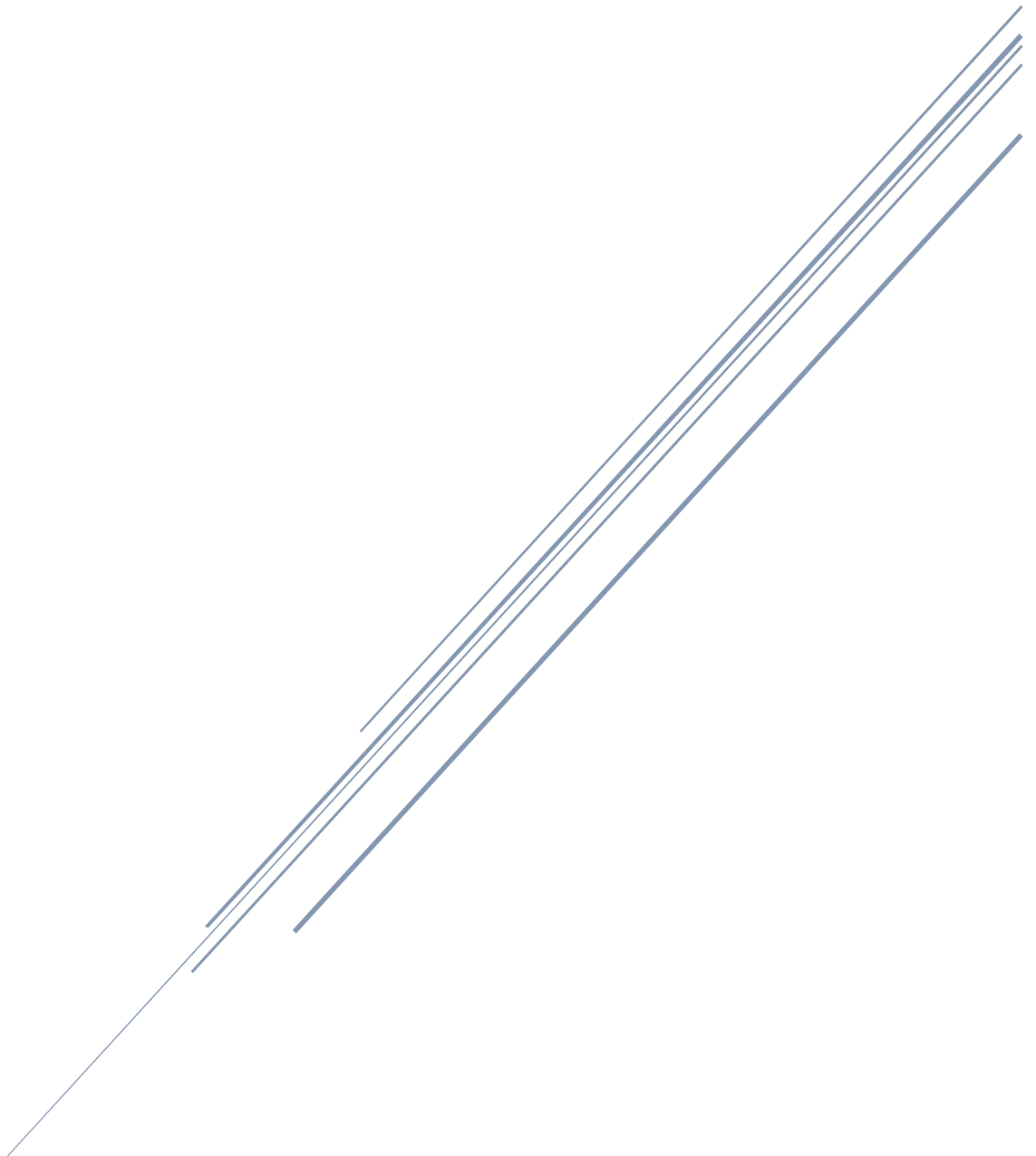
Completed equality analysis	Key findings	Future actions
Directorate:		
Function, policy or proposal name:		

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Completed equality analysis	Key findings	Future actions
Function or policy status (new, changing, existing): Name of lead officer completing the assessment: Date of assessment:		

RMBC CONSULTATION

The review of the learning disability offer and future in-house services for adults with a learning disability and or autism



Dr Jill Aylott, Dr Prosenjit Giri
January 2018

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Acknowledgements

We would like to express our thanks and appreciation to a number of people who engaged with the design and implementation of this consultation process through co-production. We would like to say a special thank you to those who participated as 'Consultation Champions' who guided and supported many people to complete the consultation questionnaire. Our thanks go to: Mrs Ann McMahon, Ellen McMahon and Mrs Mary Wade and Michael Wade, who invested time in the pre-consultation stage and Mrs Ann McMahon, Jonno Evans and Vicky Farnsworth who co-designed the teaching sessions and delivered the sessions to Michelle, Disa, Mark, Julia and Julie, Sharron Walker. We would also like to thank Hayley and Michael who worked on data inputting and data analysis. Without the support from you all, we would not have managed to have achieved the level of engagement that was possible.

1. Executive Summary

- 1.1. A consultation process on the future of in-house respite care and day services was approved at the RMBC Cabinet Decision Making Meeting on 10 July 2017. The consultation was undertaken and guided by best practice in co-production with people with a learning disability and their carers and undertaken in three parts.
- 1.2. 1) Part 1: A literature review was undertaken to inform best practice and legal compliance in the design and implementation of the consultation process;
- 1.3. 2) Part 2: the Pre-consultation period was shaped by consulting with people with a learning disability and their carers about the content, process and method for the consultation to ensure equity of access across the representation of all stakeholder groups. An online questionnaire was finalised after seventeen iterations with the engagement of 104 stakeholders; a set of flashcards were developed for people with complex needs and an easy read paper based questionnaire were developed between July and October 2017.
- 1.4. 3) Part 3: The 12 week consultation ran from 6 October - 22 December and was supported by a 'train the trainer' 'Consultation Champion programme, where 12 people with learning disabilities, carers and staff from across the service underwent a training programme to disseminate practical skills to engage as many people in the consultation process from within a standardised approach. In addition a set of engagement sessions were tabled and facilitated by RMBC and Speakup. An easy read report has been produced to document the issues raised in these sessions.
- 1.5. A sample of 473 consultation questionnaires were returned from 177 people with learning disability and or autism and either mental health or a physical disability; 112 carers; 99 staff and 85 members of the public.

- 1.6. An analysis of the data were undertaken by two independent social researchers (aceppe.com) who presented descriptive statistics of the quantitative data with accompanying slides and subjected all the qualitative data to a combined thematic analysis with a content analysis.
- 1.7. Limitations of the consultation process include: Minimal coverage across some post code locations in Rotherham to consult with young people, and people with a learning disability and or autism and mental health issues; Despite contact with colleges our strategy did not result in engagement with young people; There was also a lack of engagement with 'hard to reach' communities.
- 1.8. The findings from this consultation report that **Respite care services** are important to support carers in their caring role, however not all carers have access to respite care as the service is not accessible to all people with a learning disability. There is a need to make them accessible, fair and to enhance the skills of staff to support a wide range of support needs in a personalised way. 50% of people with a learning disability want to keep the respite service the same and 50% want the respite service to be more accessible to others with a learning disability including people with a physical disability. A fairer respite service is needed for access to all people with a learning disability including those with autism and physical disability. One third of members of the public wanted to keep respite services the same. Two thirds suggested modernising respite care services and looking at other local authorities to see what models are used elsewhere.
- 1.9. **Day Services:** The majority of people with a learning disability do not want day services to change and will need support through any change process to prevent distress and anxiety about change. One third of carers want the services to remain the same, while another third want the same and more investment and the final third want more integration into the community. One half of the members of the public either want to keep the services the same or invest in them further. While the other half wants to modernise day services. While approximately 22 out of 55 (40%) of the staff focused on advocating for the buildings and equipment in day centres, the majority 60% focused on the need to offer choice, personalisation and flexibility in the services provided.

2. Introduction

This report presents the data and analysis of the Rotherham Metropolitan Borough Council consultation on the future of in-house respite care and adult day services. The consultation process was approved following the planning meeting at the RMBC Cabinet Decision Making Meeting on 10 July 2017. A pre-consultation period ran from the beginning of **July - 5 October** and involved:

- A literature review on current best practice when consulting with people with a learning disability and their carers
- A review of case law and recommendations for legal compliance with public consultation and best practice in the design of an accessible consultation (with reasonable adjustments for people with a learning disability and their carers)

A twelve week consultation ran from **6 October - 22 December 2017**. This 12 week consultation process was supported with a 'train the trainer' programme to support and prepare 12 consultation champions (named in the acknowledgements section of this report). The 'Train the Trainer' programme consisted of a one-hour session every two

weeks for 12 weeks and repeated in each of the three day centres. This training programme allowed for regular feedback from the consultation champions to seek either adjustment to the online questionnaire or to review the process of face to face to support with the use of the paper-based version of the questionnaire. The consultation champions were then given an opportunity to feedback to RMBC at a 'Celebrating co-production' even in week 12 of the consultation. We were delighted that those who were unable to be physically present at the event, created videos to be shown at the event summarising the process of the consultation in their day centre.

3. Background and Context

The consultation built upon the lessons learnt from the previous consultation report presented in March 2017, with recommendations to address the following in any subsequent consultation:

- Consult with 'hard to reach' individuals and communities
- Consult with older people across Rotherham
- Consult with young people in transition from children to adult services
- Engage staff across health, independent and private sectors
- Apply a governance structure to ensure carer and service user engagement in the design and implementation of the consultation
- Commission a dynamic, flexible online survey tool that will create one questionnaire with several branches for bespoke consultation with 11 stakeholder groups
 - 1. People with a learning disability
 - 2. People with autism
 - 3. People with a learning disability and autism
 - 4. Young people in transition to adult services aged 13 - 18
 - 5. Carers of a person with a learning disability and or autism
 - 6. Members of the public living in Rotherham
 - 7. Members of the public who uses the facilities of in house services
 - 8. People with a learning disability and or autism and a physical disability
 - 9. People with a learning disability and or autism and a mental ill health
 - 10. Members of staff working with a person with a learning disability and or autism
 - 11. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

This shaped the rationale and design of the methodology for the consultation, which would be a mixed methods consultation with an underpinning structure of co-design with carers and people with a learning disability and or autism (with a range of additional needs) across Rotherham.

4. Methodology

The methodology of co-design required a three-stage approach to the consultation process:

Stage 1 - Literature Review and Scoping of the Project

Stage 2 - Pre - consultation

Stage 3 - The 12 week consultation

Stage 1 - Literature Review and Scoping of the project

A literature review was undertaken to identify the core knowledge and research requirements to inform the design of the consultation. Emerson and Hatton (2008) undertook a major consultation with people with a learning disability and developed 'flashcards' to facilitate the consultation process. It is recommended by Nind (2008) that the use of photographs or flashcards can decrease the processing load in interviews with people with a learning disability and enable greater engagement and access to the consultation process.

Our literature review included tacit knowledge, which led us to listen to Rotherham MBC's vision for the 'three conversation model' to deliver personalisation within the constraints of austerity. This approach has been developed elsewhere in Adult social care with reported success (Kirin, 2016).

It is considered best practice to assess an individual's communication ability and preferred method of communication in any consultation process to ensure that there is trust and confidence in the data generated (Aylott, 2015). Research on 'communication profiles' elsewhere provided guidance on how to collect these data for the consultation process (Table 1):

Table 1: Extract from Autism Specialist Practice Guidance (Aylott, 2015)

TABLE 4	
An example of a communication profile	
(This is based on a real person who had a minimum of two male staff members on each shift to work with him in his flat. Staff often expressed difficulties they experienced in understanding his communication.)	
Question	Example
1. Does the person use verbal communication? If so, how is this used in communication with others and how effective is it as a means of communication?	John Brown makes his needs known by vocalising various sounds. The sounds used vary in loudness and pitch depending on his mood. John uses sounds that can communicate happiness and sadness. If staff do not attend to the noises, the sad ones will escalate and result in some form of negative behaviour. His most commonly used sad sound is 'na-na, na-na'. If the 'na-na' sound continues and he starts to grind his teeth and to rock back and forth, he is becoming even more unhappy about something.
2. What non-verbal methods of communication are used?	John claps his hands to let staff know that he wants something. If staff do not understand, he may take them by the hand to show them what he is trying to communicate. If staff have still not understood, he will become agitated and start to sit on his hands and rock backwards and forwards. He may then start to make a na-na sound if he continues to be unhappy. After grinding his teeth, he may become frustrated and try to attack a member of staff.
3. Does communication change when anxiety levels increase? If yes, how does this change?	As John becomes more anxious, his Makaton signing becomes more vague and difficult to interpret and understand. The sounds he makes become louder and higher pitched.
4. What is the person's special interest?	John loves garden tools; he likes the variation in form rather than using them. He likes to visit garden centres and look through catalogues.
5. What is the meaning of	John will point to the vehicle's keys and sign for you to give him some

A consultation process needs to be framed against the vision for future services and to ensure legal compliance to the cabinet office guidelines on public consultations (Cabinet Office, 2012). A consultation process should be informed by an evidence base that enables the consultation to be legally compliant. This requires consideration of case law which will in turn provide the basis for core principles that must be followed in any public consultation process. The principles are highlighted below:

1. *Fairness* - The underlying principle of 'fairness' should be at the forefront of any consultation process. This principle is defined by law and needs to be explained clearly in relation to the people likely to be significantly affected by any decision-making process.
2. *Participation* - The length of time to consult would normally be at least 12 weeks but this might be longer if it is considered that in being 'fair' to the service users involved in the consultation, a longer time period is required to process information, understand it and to be supported to respond appropriately.
3. *Openness* – Establishing a steering group where all information can be made accessible and the process is open and transparent, will help to build trust in the process of consultation. The steering group to be chaired by the Head of Adult social care with support from Speakup and Aceppe. This is a critical principle to engage all stakeholders in the consultation.
4. *Accountability* – producing a strategy for consultation that responds to all stakeholders and is inclusive and compliant with the Equalities Act (2010) will be critical for the consultation strategy.
5. *Effectiveness* – Ensuring the public consultation is robust and credible from the start will create a consultation that is resistant to legal challenge. This is an effective and efficient way to spend public money particularly in times of austerity.
6. *Proportionality* – of the type and scale of consultation, with planning for real engagement rather than as a bureaucratic exercise. Consideration needs to be given as to what is proportionate for the consultation exercise.

Rotherham is a borough with two thirds of the population living in deprived areas. Rotherham has a population of 236,438 (2011 census) with 91.9% white British and 29,842 (2011 census) BME. The largest BME group is Pakistani with 7,912 people (3.1% of the population). This data is 2011 census data and the BME figure is likely to now be 10%.

A summary of population numbers and postcodes in Rotherham is presented in Table 2:

Table 2: Areas of Deprivation in Rotherham and Postcodes

Table 2: Rotherham Postcode, Ethnicity and Deprivation					
Rotherham Postcode	Rotherham areas	Number of people	%BME	%White English	Position of Day or Respite service
S61 Affluent	Greasbrough	35,866 people			Treefields (S61 4AB)
	Kimberworth				
	Thorpe Hesley				
	Wingfield				
S62	Rawmarsh	19,772			

Deprived	Wentworth				
	Parkgate				
S63 (some parts are Barnsley)	Wath-upon Dearne			97.3%	Quarry Hill Respite (S63 7TD)
Affluent	Goldthorpe (Barnsley)				Oaks Day Service (S63 7BB)
	Thurnscoe (Barnsley)				
	Bolton on Dearne (Barnsley)				
	Brampton Bierlow				
S64	Swinton				
	Mexborough (Doncaster)				
	Kilnhurst				
S60	Brinsworth	38,007	18.9% Pakistani	63% White English	
	Catcliffe				
Deprived	Central Rotherham				
Deprived	Masbrough				
	Canklow				
	Broom				
	Treeton				
Affluent	Whiston				
Affluent	Moorgate				
S65 (Two thirds deprivation)	Herringthorpe	35,222	18.9% Pakistani	63% White English	Reach Day Service (S65 2QU) (Badsley Moor Lane)
	Ravenfield				
	Thrybergh				
	Eastwood				
	Dalton				
	Clifton				
	East Dene				
S66 (Deprived)	Maltby	45,857		97% White English	Addison Rd (S66 8DG)
	Bramley				REACH: Maple Avenue (S66 8AY)
	Hellaby				Park Hill Lodge (S66 8AZ)
	Thurcroft				
	Wickersley				
	Braithwell (Doncaster)				
	Stainton (Doncaster)				
S25	Dinnington				
	Laughton Common				

	Laughton en-le-Morthen				
	North Anston				
	South Anston				
S26	Aston				
	Aughton				
	Todwick				
	Kiveton Park				
	Wales				
	Harthill				
S81	Woodsetts				
	Firbeck				

Stage 2 - Pre-consultation

Pre-consultation stage

A pre-consultation process was undertaken over a period of 13 weeks (from July - 5 October) and involved 104 stakeholders from eleven different stakeholder groups (Table 3). The pre-consultation process produced seventeen iterations of the online and 'easy read' paper based version of the questionnaire. In addition, at this stage of the consultation, two people with a learning disability and their families were instrumental in the development of flashcards to accompany the questionnaire to enable large visual images to augment the online survey and the easy read document.

Table 3: Eleven (11) Different stakeholder groups for the Learning Disability and or Autism Consultation

1. People with a learning disability
2. People with autism
3. People with a learning disability and autism
4. Young people in transition to adult services aged 13 - 18
5. Carers of a person with a learning disability and or autism
6. Members of the public living in Rotherham
7. Members of the public who uses the facilities of in house services
8. People with a learning disability and or autism and a physical disability
9. People with a learning disability and or autism and a mental ill health
10. Members of staff working with a person with a learning disability and or autism
11. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

One online questionnaire was developed, with specific branching for each stakeholder group (please see Appendix 1). The questionnaire consisted of 101 questions for people with a learning disability and or autism and these questions were branched according to the relevance for each stakeholder group.

To enable compliance to the Equality Act, 2010, and accessibility to specific learning difficulties of the questionnaire, it was agreed to use a number of ways to enable access to the consultation. These are listed in Table 4:

Table 4: Multiple access points to the consultation process

Method to access the consultation survey	Designed for	By whom
On-line survey on the council website	Members of staff, the public, carers	Direct access and promoted by letters, emails, telephone calls
Hard paper version of the on-line survey in 'easy read'	People with a learning disability and or autism, some carers, for staff assisting others to complete of the survey	To be made available by the Council and disseminated by the Council and speakup on request
One to one support with a trained 'Consultation Champion'	Anyone who has difficulty understanding how to engage with the online survey but would still like to have a say in the consultation	Carers, people with a learning disability and some staff within each day service
Pictorial flashcards to accompany the on-line questionnaire and the easy read	People with complex needs to enable a more personalised and adaptive approach to the consultation process	Consultation champions
Consultation information and engagement sessions during the 12 week consultation across Rotherham	Members of the public, staff, carers, people with a learning disability, and everyone who would like to know more about the consultation	RMBC

Stage 3 - The Twelve (12) week consultation process

The on-line questionnaire was designed with a facility to set up a log in name and password so that the respondents could have several points of access to the questionnaire over a time and period that suited them. It was only in the last week of the consultation that one of respondents flagged up that entry and re-entry to the questionnaire expired after seven days. As we were alerted to this the day before closure of the questionnaire we extended the time for those who had partially completed to complete them within a 24hour period. Any subsequent questionnaire design would be advised to extend the access to the questionnaire beyond 7 days. However too long a period of time may affect the reliability of the data as there is a risk of deteriorating recall over time or repetition of information.

Due to the complexity of the multiple routes of entry to the consultation process it was agreed to support and train consultation champions with a course based on the curriculum

of the City and Guilds Award: 'Independent Advocacy'. These sessions ran every two weeks during the 12 week period and were delivered in the three different day services locations to provide support to the consultation champions who were encouraging all customers and carers and staff to engage in the consultation and to have their say. The continued engagement with the consultation champions over the 12 week consultation also acted as a point of guidance and advice on several issues that were presented during this time. These issues were:

1. Slight differences in the easy read and on-line version of the questionnaire
2. Difficulties obtaining hard copies of the questionnaire for carers
3. Flashcards delayed by print services
4. Staff lacking internet access at their place of work to access the on-line consultation
5. The need to manually submit data from paper based versions of the questionnaire
6. Support for people with complex needs to enable a non-biased submission of the consultation

A Project Management team for oversight of the consultation process was led by the Head of Service, Provider Services and jointly between Speakup and Aceppe and this team received specific issues raised regarding the implementation of the consultation at weekly meetings. The action agreed from issues flagged is outlined in Table 5:

Table 5: Project Management Team and Governance for the Consultation process

Issue flagged in the Project Management meeting	Action
Slight differences in the on-line version and hard paper 'Easy Read' version	Speakup made amendments for alignment
Difficulties obtaining hard copies of the questionnaire	RMBC and Speakup resolved this Speakup printing copies of the flashcards and delivering them to the services. This created an additional cost to speakup.
Flashcards delayed by print services	Speakup produced flashcards x 3 sets and delivered to day services date
Staff lacking internet access	An internet bus was arranged to visit specific locations - insert date
A need to manually submit data from completions of the hard copy	Individuals in Oaks and Addison agreed to input the data and Speakup picked up any outstanding paper versions that required inputting
Support for people with complex needs to complete non-biased consultation submission	Carers and staff trained as consultation champions were available to support keyworkers and carers take part in a 'tripartite' 'mini-review' process to complete the consultation with the person with complex needs.

5. Limitations of the consultation

While Aceppe and Speakup worked with carers, customers and staff in the pre-consultation process and produced 17 iterations of the consultation questionnaire there were still limitations in the process. These are explored below:

1. Minimal coverage across some post code locations in Rotherham to consult with young people, and people with a learning disability and or autism and mental health
2. Despite contact with colleges our strategy failed to engage young people in the consultation process.
3. A lack of engagement with 'hard to reach' communities
4. A need for respondents to access the on-line questionnaire more times than the design allowed and to go back and add comments as they remembered information.

Our recommendations made on the basis of these limitations for any future consultation are:

1. Access GP practices in 'hard to reach' communities and have a 'live' presence at 'hard to reach' events in these communities as well as being based at the GP/Health practice
2. Work with schools with children in transition more actively in the pre-consultation stage and encourage letters home to parents advising them of the pending dates for the consultation
3. Work with RDaSH and Rotherham Foundation Trust to capture more people with a learning disability and or autism and mental ill health
4. Design an 'add in' facility with the on-line questionnaire for when people want to return to the questionnaire after they have finally submitted.

6. Findings

This section of the report will be presented in three sections: Section 6.1 will present a summary of the sample by postcode; Section 6.2 will provide a qualitative analysis of the feedback from the consultation and finally Section 6.3 will present the quantitative data and accompanying graphs.

6.1 The sample

Table 6 is a summary of the numbers of people who completed a consultation questionnaire (by any of the routes described in Table 3 above) and who provided a postcode or place name (where this was supplied¹). Staff were not asked for their postcode and a significant number did not insert the postcode or a place name.

Table 6: Sample by postcode

Stakeholder Group	S60	S61	S62	S63	S64	S65	S66	S25	S26	S81
PWLD	7	4	5	3	4	12	21	2	10	1
PW autism	2						2	2		
PWLD/A		3	3	1	2	4	6	3	1	

13-18										
PWLD/A/PD										
PWLD/A/MH	1	1	2			3	2			
Carers	13	5	5	5	7	12	13	7	7	3
Member Public	6	4	2	5	1	6	7	4	1	
Member of public who uses services						1				
Total	29	17	17	14	14	38	51	18	19	4

Q1f1 Qualifications

Forty seven (47%) of staff have qualifications, 36% have NVQ Level 2 or 3 in Health and Social Care. Four (4%) have NVQ in photography or horticulture

Seven (7%) have NVQ level 4 and above. This level of qualification is higher than the average across the borough of Rotherham.

Customers are much less qualified with just 12 people with a qualification. The NVQs of customers are more vocational, while the NVQs of staff are in health and social care.

An NVQ in catering was the most popular:

“NVQ catering level 1” (11) “NVQ catering Level 1&2” (12) “catering” (6) “catering” (3)

Two had an NVQ in “animal care and gardening, level 1 (10) “computer/lawnmower safety” (1) “gardening” (8)

Others had NVQ in “information technology, level 1 & 2” (2) “motor vehicle” (4) “OCN leadership” (5)

6.2 Qualitative analysis

Question 3B What changes could we make to respite services to make them better?

1. People with a learning Disability

Summary: 53 responses, 13 replied “don’t know”. Those who responded to this question, 50% wanted to keep the service the same and 50% wanted the respite service to be more accessible to people with a physical disability. A fairer respite service is needed.

Other respite care services used by people with a learning disability were: Ladycroft (mentioned by two people) personal assistant through direct payment (one person) AdPro, Addison (mentioned by one person) and Broad Horizons (one person).

¹ People with a learning disability and others were invited to write a place name if they did not know the postcode for their address. Our co-researcher Michael Aylott, Speakup, converted the place names to postcodes in the data analysis stage

There were fifty three (53) Responses from people with a learning disability, thirteen (13) of who said they “don’t know” how the respite service could be made better and twenty one (21) wanted to keep the respite care services the same:

“I wouldn’t change anything. I enjoy going to respite” (24)

“stay open” (20)

“I don’t want any of them to go, really. I enjoy it at .. (25)

What people liked about the service was the building and the staff

“I love this respite centre the staff are really nice and understand me and make me feel welcome” (46)

“I really like ... the staff look after me and I feel welcome” (51)

“I don’t want any of them to go, really. I enjoy ...” (25)

Four of those who liked the service, felt they wanted more of the same:

“make them bigger and build more rooms so that they can have 15 residents and not 6” (3)

“bring more people in .. we want more staff, more seniors, more clients. The building needs decorating” (11)

However, several people commented on how the service could be improved:

“sometimes I cannot go out for the day every time and I would like to” (1)

“get rid of bedtimes let people go when they are ready”

“they could have more staff to support me” (19)

“technology could be improved such as teles and maybe have ipads” (53)

“more funding and include affordable holidays” (45)

“sometimes I would like to go somewhere else” (21)

There was a recognition that the respite care service needs to be more accessible to others:

For emergencies “availability for emergency situations” (11)

More people can access the services:

“more can go” (17)

“more people able to use them” (27)

or that people who use the current service can have more use of the service:

“ respite care service was taken away from me. Because I enjoyed it, I would like to have it back please” (23)

2. People with autism

Summary: Respite services need to be made more available and accessible

Five people with autism (from the sample of 12) responded to this question with one saying “I don’t know” (5) and two suggesting better accessibility as they could be improved by “make them more available” (1) and “help more older people such as parents with autism who hadn’t gotten the proper help when they were younger” (3). The remaining

two comments were suggestions as to how to improve the building: “star wars themed rooms” (2) “stair lift and more bedrooms downstairs” (4)

3. People with a learning disability and autism

Summary: The respite service should be more accessible and disabled friendly

Out of 32 people with a learning disability and autism, just 10 people used the respite services (3 used Treefields and 7 used quarry Hill). None used shared lives but five people mentioned they used respite services from

- Maple Avenue
- Direct payments
- Lady croft

Five (5) people suggested that nothing could be improved:

“none” (1) “none” (4) “I am happy as it is” (6) “nothing” (10) “I love it there” (11)

One person had not used the service so was unable to comment “I have not been offered any support so I am unaware of the above” (7). Two others had practical suggestions: “modernisation bigger and more disabled friendly” (2) “would like sky tv at quarryhill respite that he uses” (8).

4. Young person 13-18

From the two responses, neither used respite care services.

5. Carers of a person with a learning disability and or autism

Summary: Respite care services are important to support carers in their caring role, however not all carers have access to respite care as the service is not accessible to all people with a learning disability. There is a need to make them accessible, fair and to enhance the skills of staff to support a wide range of support needs in a personalised way.

Fifty four (54) carers provided a response to how respite services could be improved. Carers felt that respite care services were important to support families living with an adult with a learning disability:

“my son has never used respite services but as a general feeling, respite centres are a good idea for carers that really need a break and support from their son or daughter” (19)

“I don’t have experience of the respite services but would think they are for family’s of people with a disability and they are a lifeline for them” (53).

For those who used the services they liked them and wanted more of the same:

“nothing they are brilliant as they are” (3)

“no changes to be made as long as they are happy with the staff and the service I am happy with it” (7)

“no changes needed apart from a few more days” (12)

“Increase capacity” (14)

“stop cutting the allocated days down and changing them” (16)

One carer summarised her level of satisfaction as follows:

“quarryhill needs no changes. It is a brilliant service which meets our needs and our sons needs. We benefit from the respite and are able to rest knowing our son is happy and very well cared for. Dates are very flexible and we have a choice. The environment is clean, cosy and fit for purpose. Staff are very professional and understanding to the needs of both clients and carers. My son very much looks forward to going and sees it as a holiday with his peers. Without places like Quarryhill and The Oaks his social life with people he can relate to would be very limited. Staff at Quarryhill have gained a great knowledge about my sons day to day care. They understand his ways and I feel confident that they care for him well. The change of staff after a shift is good as sometimes a fresh approach is advantageous on both sides. My son enjoys his food there and is given the same choice as he has at home. He is allowed to purchase items which he can store in the fridge. I cannot speak highly enough of the service” (43)

But other carers suggested ideas to improve the services, suggesting more accessibility and flexibility in the service:

“modernisation - bigger and more disabled friendly” (1)

“from a personal viewpoint I am happy with the service currently being received. The only issue would be only one downstairs bedroom which can restrict access to the provision” (21)

“give it a lift, so my daughters wheelchair using friend could have respite at the same time” (8)

“Perhaps more flexibility” (2)

“could be more flexible such as short daytime or evening service” (9)

“To be able to use the day centre and council buses for trips on a night and on weekends” (4)

“more nights, easier accessibility, more respite centres” (10)

“more flexible” (13)

“be more aligned to the special needs of my daughter and me” (31)

Addressing the issues of accessibility of people with a physical disability and health needs one carer reported:

“My daughter uses Ten Acre due to her nursing needs. She temporarily lost her CCG funding last year and we had to look at Treefields and Quarryill and Shared lives. None were suitable as they could not provide the nursing needs required, i.e. giving medication covertly, being sufficiently accessible for personal care and giving one to one staff at personal care/dressing times and having the correct aids and adaptations for someone with limited mobility or ability. These factors need to be looked at to make any respite better. Also en suite rooms do help my daughter as she is in respite with males and females and is not totally aware of her own dignity” (40)

Another carer suggested the need for the service to be able to support people with a wider range of needs:

“make them more accessible. Allow staff to assist with bathing e.g. help get customers in and out of the bath. Have someone with nursing qualification to administer medicines etc” (46)

Others suggested alternative models:

“have more opportunities available with different venues and options. For example respite in environments with gardens, sensory rooms and people with similar disabilities and age ranges” (19)

While the respite care service was mostly underused by families, one of the carers who used it raised the point of a ‘respite care allowance’ for carers:

“I would like to receive my full allowance of respite as I still don’t receive this despite having a 15% cut already and emergency bed covering - which gets cancelled. Also as the respite is 1 evening a week there is not always a bed available” (Shared lives carer)

Another discussed a break down in trust:

“being told the truth and no lies regarding stays etc” (35)

6. Members of the public living in Rotherham

Summary: one third of members of the public wanted to keep respite services the same. Two thirds suggested modernising respite care services and looking at other local authorities to see what models are used elsewhere.

Thirty (30) members of the public gave a response to this question and eleven (11) one third were happy to keep the services the same:

“keep as they are” (5)

“put more into them” (6)

“keep them open” (7)

“more availability and cheaper” (8)

“nothing needs changing just spend more money on them”(15)

“more spaces available” (16)

“my friends daughter attends and is more than happy about the service. So no changes are necessary” (23)

“None” (27)

There was an understanding that respite care is an important part of a service to support people with a learning disability to live at home with their families. One wrote:

“Shared lives is a good idea, parents and carers need respite and a rest to let them have the energy to care for the rest of the time” (1) However this respondent added “ ... respite needs to be available for people who are wheelchair users too” (1)

“invest in services or run the risk of families collapsing” (21)

Accessibility to respite care services was a concern to members of the public and so too was the need for personalised services:

“fundamentally person centred and not viewed through the lens of budget constraints” (2)

“more choice personalised budgets” (9)

“accessible to all abilities and disabilities” (11)

“personalised choice options rather than set venues” (14)

Equality of access was also a concern:

“three centres across the borough” (4)

They wanted to see alternative models

“explore alternatives available. Look at what other local authorities do” (10)

“They need to be more flexible with the person and the family at the centre, I think there should be new resources built which are modern and meaningful” (19)

“have options where families can go away together as a family. But where the carers do not do the caring role as the people on the site do the caring role. For example Calvert Trust in Hexham have you all to stay as a family but calvert trust carers do the caring role so you can just have fun as a family in a different environment” (28)

And to use respite care as a model to build life skills:

“build independence skills with the person and communication with the carer” (17)

7. Members of the public who uses the facilities of the in house services

No data

8. People with a learning disability and or autism and a physical disability

Summary: this group are not able to access the in-house respite services and instead have to use alternative services.

Seven (7) people responded to this question with one suggestion that Treefields or Quarry Hill respite care service need to be “ more culturally appropriate” (1). This question wasn’t applicable to another person as they don’t use the service (7).

Due to this groups physical disability they were using Ten Acre or Sunnyside Respite care services. And one person reported “ my respite service has bought wifi for me which has made a big difference. I like having my own space but knowing were everyone is e.g.having an open door and being on the ground floor. There are staff available for me to help with assisted showering and giving me medication” (5)

9. People with a learning disability and or autism and a mental health issue

Summary: More information on respite services and what is available is needed.

While there were twelve (12) respondents from this group, none used the respite care services and reported that they “didn’t know” about what to propose to change. One young woman wrote:

“Make people aware who the service is for exactly. I think that I don’t qualify for example. But I don’t know what you offer. I would like the chance to help others and volunteer at a centre. I understand how it feels to be autistic and have mental health issues” (1)

10. Members of staff working with a person with a learning disability and or autism

Summary: Some staff are carers as well as staff members and one mentioned an alternative respite care service currently used.

Ninty nine (99) staff participated in the survey and out of this number there were seven (7) replies about the respite care service. One person replied they use Rainbow house respite care and one other replied that they “provide direct payment respite care”. Five (5) others commented on the relevance of the question being asked of them.

11. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

Summary: A recognition that respite care is important to support carers

There was a small response to this question three (3) and these were favourable to supporting a respite care service, without specific mention to any particular service:

“For the staff and clients to be assured that the service was not in danger of closing” (1)

“Provide more” (2)

“Offer the help that people need - and assistance to organise suitable respite for carers” (3)

Q3H What changes could we make to day services to make them better?

1. People with a learning disability

Summary: The majority of people with a learning disability did not want day services to change and will need support through any change process to prevent distress and anxiety about change.

There were 76 people from the sample of 104 who responded to this question with just two replying “I don’t know because I don’t use day services” (72) (78) and fifty (50) of them 66% wanted the day services to stay the same:

“its okay” (5) “happy as it is” (14) “I am happy at Addison, I go out and about and do a variety of activities” (15) “happy with how day services are” (19) “no” (21) “keep it open” (22) “I want to come” (23) “no changes” (26) “I like it how it is” (31) “I don’t want changes” (32) “KEEP THEM ALL OPEN AND DO NOT CLOSE THEM” (33) “nothing I am happy as it is” (40) “none happy with the they are” (42) “stay the same” (46) “I am happy at Addison and don’t need to change anything” (49) “I like coming to Addison and Kiverton outreach” (50) “nothing” (65) “nothing” (66)

while others wanted to invest more money in the day services:

“give them money” (1)
“put more money into day services rather than cutting it from those who need it most” (16)
“money to pay for it, rather than saying there isn’t any!”(17)
“spend more money on the building, some more staff” (6)
“money spent on the building and how it works” (24)
“They need to get more funding to keep them open” (25)
“spend more money retaining staff and maintaining buildings” (64)
“invest in the projects” (71)
“pay the staff more to improve moral” (74)

While there was a suggestion to invest more money into the day services, there was also a request to make the services cheaper:

“cheaper please” (48)
“Make them more financially accessible as most individuals who attend are on low benefits” (51)

There was the request for more staff as this was associated with improving the service:

“new staff and clients to come to the centre so more things can happen” (9)
“more staff to make us have more to do” (12)
“more staff so can go out better stay open” (13)
“Keep it open, I would like more staff to listen to me when I am upset” (29)
“put back the things we used to do and more staff” (43)
“higher staff ratio to accommodate swimming” (45)

or more resources:

“more tables and chairs so people can sit around it” (18)

or more of the same:

“would like to attend more days in the week” (11)
“offer me more days to attend” (35)
“a bigger building, more staff. More clients. More gardening” (39)
“same staff everyday” (44)
“they could make the day services bigger and get new staff in” (83)

While others wanted to do something else as a secondary issue:

“I would like to attend Kiverton outreach an extra day (Monday) so that I can do more sports” (2)
“I would like to ride a bike” (27)
“I attend Addison and would like to do gardening next summer” (41)
“day services should stay but they need to do more things outside of the day centre and more activities in the community” (57)
“more employment opportunities” (66)

"I like Oaks day centre as it is, however I volunteer at the Light Bite café which is run by the day centre, the kitchen is very small so maybe they could be some money spent on the kitchen to make it have more space" (69)

"there should be more outdoor activities, which needs in both the day centre and the community" (75)

Or that the model could be a different one

"have some groups about life skills, bus training, ironing, woodwork and do literacy groups" (3)

Be better accessible by 'hard to reach' groups

"better understanding of BME communities and people with an ethnic background" (4)

or more accessible generally:

"Addison centre change the door size I find it hard to get around" (60)

Others didn't know how day services could be improved "no idea" (7) "I don't know" (8) "cant think of anything"(10)"don't know" (47) while one person who was attending Addison and used to attend Oaks, reflected on his/her experience at Oaks: "I used to go to Oaks day centre, but don't go now, I think Oaks could do more activities out in the community" (57)

The fear of the loss of the day service was communicated in the potential loss of a place where they wouldn't be able to see friends:

"don't close it so I can keep integrating and make friends" (28)

"I like it here, I get on with everybody (30)

"I wouldn't change anything because I am very happy with the service I get ... we do a lot of different things and I see my mates" (34)

Others appeared upset:

"the council should stop messing and get their finger out. They shouldn't be telling people that they are shutting them down" (37)

"we want to fight for our country! Keep services open" (73)

2. People with autism

Summary: small sample with an emphasis of not wanting closure.

Eight (8) people from the sample of 12 people with autism respond to this question. Two people replied "don't know" (4) (5) and one reported that they hadn't used the service: "I don't know because I haven't used these services before" (7). One person stated "none, they are there for me and I chose my activities love the allotment, bowling, swimming and café" (1)

Two responses focussed on keeping the day service open:

"MAKE SURE THEY ARE NOT CUT AND THAT STAFF FEEL VALUED BY RMBC NOT JUST THE SERVICE USERS" (2)

"I only know about Oaks and the priority is to keep it open. Do RMBC know how the Oaks centre help people in the community be being helped by the facility. Its unfortunate that A... S ... has moved away. He has helped very good link between the oaks and people in the community of Wath. To close Oaks would undo all the good work" (3)

3. People with a learning disability and autism

Summary: people with a learning disability and autism want more of a structure in their week. This supports the evidence that people with a learning disability and autism benefit from a structured routine for most of the time and not some of the time.

Nineteen (19) people offered responses to this question and three reported that they didn't know "don't know" (16) (19) and "I don't know I have never used these services" (18)

Four (4) people didn't want changes to be made: "I enjoy reach and I don't want any changes to be made" (1) "none" (2) "At the moment everything is working for my son (4) "very good as it is" (5)

Or they want it to become bigger: " a bigger purpose built centre is needed - keep the Elliot centre the same but Maple needs a new building (3) "more staff s that I can go on more activities instead of stuck in base bored" (6) "more choice of activities 1:1" (7) "more staff so I could access more community activities" (13)

4. Young people in transition to adult services aged 13 - 18

No data

5. Carers of a person with a learning disability and or autism

Summary: One third of carers want the services to remain the same, while another third want the same and more investment and the final third want more integration into the community.

There were fifty nine (59) responses by carers who broadly fell into five categories.

5.1 The carers who feel the day services should remain the same (18)

5.2 The carers who want the day services to remain the same but have more investment (21)

5.3 Those who want flexibility and improvement (9)

5.4 Those who feel that the model of 'Day Services' needs to develop more integration into the local community (6)

5.5 Those who are unsure (5)

We will explore each in turn

Carers who want the day services to remain the same as they are:

"nothing they are brilliant as they are, excellent range of activities offered" (3)

"happy with the service, no changes, keep it open" (12)

"service is very good, cant fault it" (23)

"Addison day centre is excellent as it is and does not require altering" (24)

"Oaks is a great centre and works fine for my son" (25)
"use for son and happy with service" (26)
"keep it open" (29)
"none" (30)
"Happy with the service received from Oaks Day Centre for daughter and the support from staff etc" (31)
"happy with the service provided" (37)
"none" (34) "none" (40) "none" (42) "none" (46)
"not sure as my daughter enjoys everything she does" (48)
"nothing its perfect it meets all the needs of my daughter and us as a whole family" (49)
"I am very pleased with the service my son receives from Addison" (57)
"We need to keep them open and to keep them the same as working with some people with a disability change isn't something that they easily accept" (59)

Carers who want to keep the same model but more staff, money and resources:

"a bigger and purpose built centre is needed - in terms of improving reach day services, you don't need to move reach but yes to maple avenue" (1)
"improve management and staffing" (2)
"more staff" (45)
"more staff to allow extra activities" (47)
"services need more money" (6)
"Don't close - don't change apart from increased staffing" (8)
"more staff to provide more activities, more money in general putting into the service" (10)
"put more full time staff in" (14)
"leave experienced staff to do their job and more full time staff needed" (16)
"keep them open, upgrade the building" (17)
"happy with the service provided at Oaks day centre. Nothing could be improved apart from the building" (36)
"satisfied with the current service received. Only concern is the constant issues around staffing shortages which impacts on clients" (21)
"invest in the service" (22)
"get more experienced staff" (33)
"give them more funds to do everyday things" (35)
"stop cutting staff and activities and go back to how they used to be" (39)
"keep them fully staffed as in the past" (50)
"more staff" (51) "more permanent staff or more shared jobs" (34) "more staff" (55)
"more staff" (56)

"Day centres are a vital part of our community. They mean different things for different people. For example for some people they may prefer to have more flexibility instead of attending 5 days full time, whereas others require routine. They like that familiarity and the changes being made can seriously upset users. Instead of taking away day centres, people should be given options. Instead of worrying that the familiar day centre will be closed, it should remain but be used differently. For example there could be services on

the premises to help maintain the premises i.e. community hubs, shops etc, but are also safe environments. Adapting to the current social climate is crucial but that doesn't mean closing services. First and foremost the service should not be closed. Instead alternative ways to maintain the premises should be made in the same way that a charity would be undertaken" (19)

Carers who want flexibility (person centred)in the day services:

"offer evening sessions/ social groups and same on weekends" (4)

"more activities (person centred)" (9)

"I would like more to choose from but the staff know me well and that is important to me, they do a good job with what they have got" (11)

"more flexible" (13)

"more activities trips. More feedback to carers on what ive done and eaten" (20)

"bring back swimming, horse riding and outdoor activities. Free transport. Weekend care" (32)

"more information out there to more accessible" (38)

"better communication" (41)

"could offer more varied activities" (43)

Carers who want more integration in the local community (or a different model):

"Putting money in day centres in the same way the council would with schools to make sure that those who attend are given the best opportunities in life. Make sure that carers are appropriately qualified. You need caring people who are suitably qualified. **I would make day centres integrated into the community.** Make sure those who attend the day centre have enough activities in the day centre but also integrate with the community. This will help ensure that everyone knows about the centre and supports the centre too. I.e local fundraising for the day centre, local events etc so that everyone supports the day centre" (5)

"Oaks is old fashioned. I took my daughter to an employment event at Addison and wished she could transfer there. **My daughter wants a job** and they could help her" (7)

"improve facilities, **more outreach** and increase provision for other community groups. Invest more money. It is also difficult to answer question 3J as it all depends on the individuals care plan" (15)

"more staff, **more opportunities to go out in the community**, more activities" (27)

"my son has never used day centres they can be good for other people but I prefer to have my son out of day centres and **be in college** with other students and do more community based activities" (18)

"I am writing as a carer of someone who attends Reach. I am thrilled with her progress with the staffs patience and persistence. They should continue with or have more

resources to continue to train customers in life skills and continue to **take them out into the community**.

Regarding all the day centres, I think the term 'day centre' should be dropped and whatever provision is provided it shouldn't just end at 3.30pm and not be available Monday to Friday. I do not know precisely about what happens at Oaks or Addison but there should be an ethos to promote life skills and be adequately staffed to promote **customers going out into the community**"(52).

Seeing the family unit when people have complex needs:

"You means 'we' in our case. My daughter uses Reach. Reach also provides me with emotional support" (44)

6. Members of the public living in Rotherham

Summary: one half of the members of the public either want to keep the services the same or invest in them further. While the other half wants to modernise day services.

There were thirty two (32) responses to this question and one quarter, eight (8) wanted to keep services the same:

"Do not reduce services" (6)

"nothing it's a good service" (12)

"no changes required" (14)

"cant be made any better. RMBC should be proud of their reputation" (15)

"don't get rid of them" (17)

"I know that we should stop all these cuts as they will hurt the most vulnerable" (20)

"my friends daughter is happy st Addison. She would like it to stay the same" (23)

"think they are very good" (27)

Another quarter of respondents suggested there should be more investment in the services:

"more funding" (7)

"more good quality staff" (11)

"higher staff ratio to clients" (16)

"more staff continuity" (19)

"continuity of staff" (21)

"more funding to improve services" (28)

"improve the finances and keep them open" (30)

While half of the respondents wanted to day services to improve in a particular way:

Two respondents felt there should be a focus on employment:

"I only know about Addison. My friends' daughter goes there. She is very happy and meets her friends there. I visit to have my dinner on a Tuesday. The dinner is cooked by people who go to Addison and it is very good. My friends daughter wants to get a job and the staff at Addison are training her to cook and serve people so that she can get a job in a café.

The ADPRO part of Addison is really helping her to get ready for work - she loves working and likes the people helping her" (1)

"make Addison into a employment resource for 16-25 year olds" (25)

Others wanted a more flexible and person-centred day service:

"Provide more activities from a central location to keep the routine and familiarity that most people with learning disabilities and autism need" (2)

"ensure people are treated as individuals, with their own needs and aspirations. Move away from the use of buildings and traditional services. Look at what other local authorities have done - what works well and what does not. Share positive stories to increase knowledge and confidence in what can be done differently with better outcomes for people" (9)

"start with the needs of the individual not on budget constraints" (3)

"more flexible hours so they do not clash with school opening and closing times" (13)

Others wanted to integrate services into the local community:

"Integrate services with community options. There needs to be smaller community opportunities" (31)

"smaller community based opportunities" (32)

"make them more human" (18)

While others suggested devolving responsibility to day centres for improvement:

"give day centres more control over their budgets so they can source services locally and competitively" (4)

"look after the buildings that are being used and bring them up to standard" (5)

and exploring a business advantage:

"concentrate on unmet needs not available in the independent sector" (10)

"allow them to income generate" (24)

One member of the public reflected on their experience as a customer:

"I cannot use Addisons because I chose to have a direct payment. Direct payments cannot be spent on in house services. So I cannot use any of the respite services because I have a direct payment".

Another was angry:

“get rid of the over paid council parasites in riverside. Then you would be able to fund these needed resources” (26)

7. Members of the public who uses the facilities of in house services

Summary: The luncheon club and café is used and valued by two members of the public.

Three members of the public responded to this question and while one person replied they “don know” (3) The two other respondents suggested: “extend lunch for the elderly 5 days a week” (1) and “I use Addisons Cafe and takeaway. To have this facility seven days would be good” (2).

8. People with a learning disability and or autism and a physical disability

Summary: the day service is important for people with a physical disability who will face more challenges accessing the community through public transport.

Nine (9) people responded to this question, with one third of the respondents wanting to keep the day services the same:

“I enjoy my time at Addison, its great and I cannot think of anything I would like to change” (1)

“I really enjoy attending Addison and cannot think of anything I would change” (2)

“no changes needed as it is good as it is. JUST KEEP IT OPEN” (9)

However two thirds suggested ways to improve the day service:

“keep them open, support can be better, more staff would be ideal” (3)

“we believe that this person is fully happy with the services provided by Oaks, although hydrotherapy would be great if this could be reinstated” (4)

“I really like the staff there. I enjoy the activities especially going out to some places on the minibus (it took my quite a few years to gain confidence to on the minibus but we eventually got there with the patience and expertise of the Reach staff). I’m not one for getting up early so its great that people seem ok about me coming in around 9.45am. Both mum and me have to take medication etc so more flexible hours are welcome, same for afternoons/early evenings” (5)

“more shows and plays including my favourite music because I love listening to music” (6)

“I get to do a lot of things at the day centre. The only think I would like to do is swimming. I used to go swimming with the people from Addison but I am not in the swimming group at the moment” (7)

“I would like evening services with my friends and Saturday club to start again” (8)

9. People with a learning disability and or autism and a mental health issue

Summary: people with a learning disability, autism and a mental health issue are not likely to know about what the inhouse day services offer.

There were seven (7) responses from people with a learning disability and or autism and mental health with half of this group not knowing what services are offered:

“say exactly who they are for, I don’t know” (1)

“I don’t know as I have never used them” (4)

“I don’t know as I have never used them” (5)

While two people suggested the day service should be “kept open” (2) or should be redecorated “decorations” (3), the remaining two responses were promoting the awareness of “non-epilpetic seizures”(6) and to encourage more community based activities : “there should be more activities done in the community and not so much staying in the day centre all day” (7).

10. Members of staff working with a person with a learning disability and or autism

Summary: While approximately 22 out of 55 (40%) of the staff focused on advocating for the buildings and equipment in day centres, the majority 60% focused on the need to offer choice, personalisation and flexibility in the services provided.

Fifty five (55) respondents replied to this question with three (3) members of staff not optimistic about change

“There have been many cut backs over the past few years and this reflects in the service provision” (46)

“the day service has had a potential to develop and merge into the shape it is now pressured to become - taken over and managed by private sector as charities, social enterprises and private services - but it has been run down and neglected by poor management ad totally disgraceful lack of vision of people in charge. It had a potential of taking on board direct payments but it has missed the opportunity completely having on board highly qualified staff” (28)

“These are the vital life blood to adults with LD not only for our service users but their families. A lot of the families we work with are elderly and would not be able to provide the same standard of carer that we can (due to ill health and mobility issues). If these were to change in anyway I think more people would become vulnerable, more safeguarding issue would come to light and more pressure would be added to the social work teams, NHS” 47)

Seven (7) staff suggested the day services should stay the same:

“in the main they are fine as they are” (13)

“I know they need to be kept and not cut!” (14)

“none” (19)

“none” (29)

“Give them a more certain future” (36)

“keep them open” (39)

“keep it as it is” (43)

Others wanted to keep the day services the same but to invest in them:

“alright as they are, more staff” (7)

“more modern - gym onsite to improve well being” (8)

“new buildings” (12)

“invest some money to make buildings fit for purpose” (51)

“invest in the buildings instead of running them into the ground” (52)

“more funding” (15)

“improved funding; more staff; more choice of activities, a more flexible service” (21)

“spend some money on the buildings” (27)

“more staff” (37)

“stop blocking referrals in order to wind down the service” (41)

“none. These services are a lifeline for service users and their carers. Maintain the buildings rather than letting them fall into disrepair and end up not being viable” (42)

There was mention of investment in “equipment” but it was unclear as to what equipment was being referred to:

“day services need to be staffed adequately so that activities can run daily. Support should be given from higher management levels instead of negativity. More funds need to be made available for **equipment** to enhance activities that can be provided” (17)

“ensure the appropriate type of **equipment** is available for service users at these services” (20)

“invest more money, lose the 5 day service and make it accessible 7 days a week, update buildings and **equipment**, have specialised areas for complex needs, i.e. postural care management, sensory impairment workshops, memory clinics, health promotion drop ins”(30)

The view of flexibility in opening hours was shared by others:

“for day services to be open early morning breakfast clubs and evening services (32)

“more flexibility in opening times offer drop in session” (33)

“open building to other users, investment needed to further modernise and change, review” (31)

“offer flexible times, include weekends where needed, not just Monday - Friday” (38)

“longer hours and seven day service continue taking transitions” (10)

“not as structured hours” (11)

While approximately 22 out of 55 (40%) of the staff focused on advocating for the buildings and equipment in day centres, the majority focused on the need to offer **choice**, **personalisation** and **flexibility** in the services provided:

“day centres need to be more person centred and individualised” (49)

“day centres could be more person centred and look at the individualised needs, making them smaller could do this” (50)

“the people I work with are content with the services they receive at Oaks, Addison and Reach Day Services. In my opinion, I think the answer to Q3 J (*Should the council lower the amount of time people spend in day services and offer personal budgets?*) should be Yes, but only if the personal budgets are substantial and there are suitable / adequate services on offer to purchase. In the first instance the amount of time people spend in Day Services should not be lowered gradually over time” (1)

“more modernisation is needed within the day services, smaller focused groups within the community, rather than opposed to the larger old school places” (22)

“modernise services to meet the needs of the customer” (40)

“services should be more flexible with more peer support, people with learning disabilities should be able to support other people” (54)

“offer more flexible hours of service, bespoke packages, incorporate life skills training” (23)

“better breadth of services on offer” (9)

“put on large choice of activities across all sites” (18)

“have better activities” (3)

“have better activities, staff to get involved more and don’t just sit away from the kids” (4)

Staff also wanted services to become more accessible and equitable:

“provide adequate provision for all who need it” (16)

“able to meet all needs” (2)

“They should be there for those with complex needs and should have an enabling philosophy. They should not be those people who live in a 24 hour setting or who we could be more aspirational for and could be managed in a community setting or be supported into work” (56)

“modernise activities but keep the central focus of inclusion, along with the importance of social networking and friendships, that are vital to a person with learning disabilities and autism” (5)

“let more disabled people have access to day services and not restrict them to only one day a week. Employ more staff to give service users one to one who may require this” (6)

“I don’t use these services, but they could be more open to the community people who can use the facilities for e.g. the public could pay to use rooms in the day centres when they are not been used this could then pay for the day centre to keep running” (55)

Some staff were supportive of Direct Payments and personalising day services:

“self funding” (24)

“greater choices and options including retaining some traditional day services for those who choose that option. Increasing the number of people on personal budgets so they can choose whether they spend it on a traditional day service or something different” (25)

There was a commitment to support employment:

“get outside contracts for work projects and pay people a small wage. Working makes people feel valued” (26)

“more people to go to the service and do more outside work” (44)

There was a request for more openness in the communication about change:

“for management to be more open and honest about the need for change” (45)

12. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

Summary: accessibility of day services is important

Four people who are living outside of Rotherham but wanted to have a say in the consultation process reported their concerns about a “threat of closure” of the day service:

“Security for staff and clients that the services were not under threat of closure” (1)

“More support for the person using the services including transport” (2)

“Spend money on the building which should have been maintained over several years” (4).

One person had concern about the accessibility of services:

“Provide more varied activities within each centre and cater for all needs of the people who use them” (3)

Q3P Is there anything else you would like to say on the Rotherham Council options for Respite or Day Services in Rotherham?

Where comments repeat points already made in this report, they will not be duplicated here. However where new points are made they will be presented.

1. People with a learning disability

Summary: People with a learning disability have a fear of change and need support in the consultation process to manage levels of anxiety and distress.

Seventy (70) people responded to this question and where comments repeated comments made to earlier questions, they were not repeated here. A summary of the core themes are presented here. There appears to be a lot of emotion expressed in the additional responses given to this question. It is evident that individuals with a learning disability need opportunities to learn and understand how services need to change and adapt over time. One person wrote: “I think the council are taking the piss out of all of us. I don’t agree with what they are doing. It causes me to get upset because I know that Quarry Hill

will go. I want Quarry Hill to stay the same but we need to have more staff on a weekend because we cant go to the pub like we used to” (p2)

It is evident that the day services and respite services have filled a major role in people’s lives for many years: “they provide purpose in my life .. I don’t know what I would do if they weren’t there” (p2)

Two people made specific comments about their experience of shared lives respite care: “”I need to be in a centre with people who care about me. I’ve tried shared lives and it does not work at all. I need to be in a centre where I can be looked after by more than one person” (p1)

“shared lives is not working, day activities are few and far between, Addison provides value for money, how do you quantify good care, please tell us” (p3)

There was a direct expression of fear from the potential loss of contact with friends if the day service was to close: “you cant close my day centre Addison, it’s the best, I can cook and do drama and the staff look after me well and I wouldn’t see my friends if it closed and that would be bad” (p2)

Another person stated “I am happy with the services provided and don’t want them to change as it would affect my wellbeing and quality of life. Why punish me for being disabled and different from others?” (p2) “we want to keep the place open, we have to fight for our services” (p3)

More work is required in co-production to support people with a learning disability and their carers not to feel personally aggrieved from the process of change, but to work together to shape a future service offer.

2. People with autism

Summary: A need to live meaningful lives and have access to qualifications.

Seven people responded with similar comments to those made to earlier questions. One person suggested that more could be done to help people obtain qualifications: “There should be more opportunities to help people gain certified qualifications through school or work ad focus on their strengths. More good news stories about what people can do and less of ‘people with learning disability or autism cant do this and cant do that” (1)

3. People with a learning disability and autism

Fifteen people responded with comments that repeated what they had already stated in response to previous questions.

4. Young people in transition to adult services aged 13 - 18

One comment which repeated what had already been stated in response to previous questions.

5. Carers of a person with a learning disability and or autism

Summary: Carers want to have an open and honest discussion about options for the future and to be central to any decision-making process that shapes alternative services to day services

There were fifty three (53) responses and many repeated points made to earlier questions. However carers were concerned to know what was on offer in replacement services: "There does not appear to be options for services at all only the option to close buildings, no plans for replacement of services - a very one sided document - very odd consultation!" (2). A lack of discussion about 'replacement of services' created speculation that "the council should not pass services over to private companies who want to make money" (1) and carers seeking reassurance that services would not close until other services were available : "don't close any without making sure that there's plenty of other options for them to do and at a cost that they can afford" (4). Carers were keen to be part of the discussion about alternative options: "you need to be more proactive in explaining what the options are and how they would benefit individuals and communicate (this) better" (8).

While most carers were carers of current service users one carer reported: "think every parent needs these respite services, at the moment I don't have any and finding it really hard on my own as I lost my husband" (43).

The carers were anxious about direct payments and personal budgets as they were worried about the calibre of the workforce and the experiences and training that the individuals would have "personal budgets are one example but if don't have the right people to employ it wont work" (16). "The quality of trained staff and the relevant safeguard monitoring means that adults can attend safely and in confidence. Who would control the personal budgets and ensure security and structure. Carers!!!!" (18).

With the above very practical concerns about an alternative model to day services, others still struggle to believe that an alternative to day services is even possible: "there are no other realistic options for the majority of the people who attend Addison Day Centre" (23). Many carers believe that there will be negative as opposed to positive outcomes should the day centres close reporting "cant understand that changes have to be made My son is happy ... he will have a lonely life if not able to mix with others in the day centre .. why should we suffer and our children?" (27) "The closure option should not be considered. These kind of services are vital to carers and attendees for any kind of quality of life" (31).

There is a dominant view that the drive to close day services is led by an economic argument as opposed to a personalisation agenda. One carer reported: "my daughter has attended Oaks Day Centre for 30 years and moving her would make her distressed and upset. There should be other ways of saving money than taking away the pleasures and needs of the disabled. Day services help me to have a life of my own" (35) "my son has been using these services for 48 years and enjoys the socialisation and has made friends over the years. Take these away and his life will change for the worse" (39).

6. Members of the public living in Rotherham

Summary: A concern that people with a learning disability don't lose the long term friendships they have made

There were forty three (43) responses from the public, many repeated the points they had already made to earlier questions. However where the responses are presented for the first time, they are summarised here. Some members of the public are relatives of people who are using the day services: “my brother has used day centres for over 40 years” (4) “my parents are in their 70s and my disabled brother still lives at home” (9) or as a niece “my auntie is disabled and respite and day centres help my nan so much and give her the break she needs” (17) “my family and friends both use respite and day services and would be lost without it” (41).

The emotion from members of the public was primarily related to the potential loss of friendships of people with a learning disability “... he loves the variety of activities and seeing his friends regularly. The worst time was the break up of friendships when leaving Eastwood” (4) “by closing all provision there will be a lot of vulnerable people without any respite / someone human interaction” (28) and the loss of support for the whole family.

In summary the key concerns communicated here are: “there should be more staff to help people into work” (2) “the Lite Bite Café at Wath, enables people to have responsibility, care and dignity” (5) “more imagination and flexibility in services” (6) “adults with Learning Disability and or autism will have changing needs as they get older, they need to be able to move on too, not ‘stagnate’” (15). Access to future services needs to be equitable and “ensure carers health and wellbeing is taken into account” (24) also important to recognise that the “luncheon club at Addison is a club for people from all walks in life” (37).

There are however extremes of views on how to move forward with the modernisation of services with one member of the public suggesting “to save money why not move people from reach and move them to Addison. It seems silly to have 3 buildings when you could move everyone into a fully functioning building” (40) to “everyone should be on direct payments so that they can choose places that they would like to go. Carers should not be allowed to choose for the person with a learning disability, only advocate. People who are in supported living or a residential setting should have activities put on by voluntary organisations in the place where they live” (42).

7. Members of the public who uses the facilities of in house services

Four (4) people provided comments, two of whom reported their pleasure participating in the lunch club for pensioners (raised earlier in this report). One member of the public communicated that they had no idea what the questions were asking. The fourth person made a suggestion to “produce more activities and make it less boring (4).

8. People with a learning disability and or autism and a physical disability

Seven people responded with comments that repeated points made in the earlier questions. However there was a general fear of social isolation from the respondents that suggests accessing the community is more difficult if you have a learning disability and or autism as well as a physical disability:

““I would not be able to get out if I didn’t go (to the day centre) as there are not enough staff on duty at home to take me out” (2)

“I love my three days at Addison and I would like them to continue” (3)

“I am worried about losing contact with long standing friends if the day service changes” (4)

“if Addison closed I would miss all my friends and staff. I would be bored” (5)

9. People with a learning disability and or autism and a mental ill health

One person replied to this question: “make people aware who it is for. I think that I don’t qualify for example. But I don’t know what you offer. I would like the chance to help others and volunteer at the centre. I understand how it feels to be autistic and have mental health issues” (1)

10. Members of staff working with a person with a learning disability and or autism

Summary: 50% of staff wanted to keep day services the same while the remaining 50% had a different view of day services that involved more personalisation and choice for people with a learning disability. There is a worry by staff that a risk of personalising services will result in a loss of friendships as there wont be such a chance for people to meet as a large group.

There were fifty three responses (53) to this question, with 26 (49%) responses repeating the same points expressed in relation to Question 3. The main points argued by the twenty six respondents were that “all people love coming to the day centre, so please do not change it, although a modern building would be good” (5) “day centres provide a quality service for people” (10) “to shut day services will be a crime” (12) “stop paying out high wages to people who have no idea about what the service does for people on a daily basis” (15), a “disgusted with the way learning disability services have been portrayed in the report” (16) “this is a very poor questionnaire and will tell the person nothing” (41) “they should always keep the staff who have known people for a long time, so that if change happens its not as scary for people” (46).

However 27 (51%) staff contributed new ideas in this section and were more positive in their view of the future for an alternative model of day services in Rotherham:

There was an emphasis on the need for people with a learning disability to have an opportunity to stay in contact with their friends and in the absence of “nothing else out in the community” the day service appeared to provide this service. Any future consultation or service model needs to outline how people with a learning disability will still be able to see each other if day service buildings are not this central meeting point:

“The service users who I look after have been going to the day centre for many years and **have many friends who they meet at the centre**. If they did not attend the centre their lives would be severely affected as there is nothing else out in the community for them again due to funding cuts” (4).

“The service that is provided is paramount to the well being of our service users. They have **friendship networks here** and have a purpose with what they access” (14)

“**friends are formed and should be maintained**” (25)

“people need to **keep their friendship circles**” (45)

“those living in residential care or supported living **need to be with friends** away from fellow resident for the sake of their health” (42)

“**protect friendship groups**, supporting the formation of inclusive communities for those with lower level needs is key. Need to review approach and be Care Act compliant to have an enabling approach” (53)

This was a continuing theme that staff wanted to protect people with a learning disability from social isolation:

“**don’t leave service users isolated**” everyone benefits by being part of a community” (6)

The theme of “protection” extended in the wish to protect people from utilising long term care placements: “when community based services don’t work, more expensive services may be needed. Stay true to the white paper and **prevent the need for people to have to utilise long term care placements**. I have worked in assessment and treatment centres and seen the damage this can do” (11)

Others recognised that the current day service model was not the right model to move forward with:

“day services need to be fit for purpose and offer a wide range of options for adult learners” (7)

“there needs to be good day centre provision but through person centred approaches and very individualised” (45)

“I believe that the day services activity schedule needs improvement” (8)

“I feel there should be a range of options available to people to allow for personal choice. I think the young people coming through services are more likely to opt for a personal budget but it is important to recognise the value of day services for others. Those in supported living should pay” (21)

“there needs to be a variety of activities or could be more person centred to the person for e.g. asking the person what activities they like to do and then tailoring this to the person or grouping people together who like the same activities e.g. going out swimming” (50)

“I feel the services we offer are quite dated and don’t meet the needs of younger people accessing these services. I also feel a lot of money appears to be wasted on continuously doubling up services i.e. service users going into respite but then still having Pas etc to come and take them out” (47)

And that any future model needs to be flexible to meet the needs of customers:
“need a more open service across 7 days” (9)

“day service should be able to offer places for complex and challenging behaviour and autism needs. And should offer separate activities for those with less challenging needs e.g drop in session” (30)

“although I have answered yes to day centre closure, out of the box day thinking needs to happen with some provision remaining” (45)

Although there was caution against creating a “Learning Disability HUB” in Maltby:
“I also think that the current options lead towards the creation of a Learning Disability Hub in Maltby, this goes against Transforming Care and Personalisation” (51)

In addition to flexibility and choice, there needs to be more equity in the services provided:
“reduce the amount service users attend to a limit of 3 days, supported living and residential shouldn’t attend at all. Some clients get too many services i.e. respite, daycare and a PA” (23)

“respite services are needed within Rotherham, we have a growing older community and the carers need that support where they know their relatives are safe and looked after. I think there would be people who benefit from a personal budget and those that wont. Merge the 2 respite to a suitable building” (48)

“respite services should be kept open, they are vital for families to have a rest. However respite services could be more personal for e.g. staff could possibly give more time on a one to one basis doing activities that the person would like to do during their time in respite services” (52)

Staff felt that the day service model was the best model: “the council need to look more carefully on what services provide as there is very good practice and value for money within our services. People need to stop wasting money buying in specialist organisations and use the knowledge and expertise that we already have” (36). Day services were felt to be the best to ‘safeguard’ service users:

“respite and day services provide outstanding opportunities for people attending ... they are at the forefront to support when issues arise with safeguarding issues and to provide vulnerable individuals with care, compassion and respect in a professional manner” (29).

There were suspicions of other service models that may take advantage of people with a learning disability:

“shared lives will not work for everyone and is *open to abuse* and there are few families willing to “share their lives” with someone with a learning disability” (18)

“There would need to be an *auditing process* in place to ensure people are living their lives to the full in the event there were closures” (28)

"I feel it would be difficult to monitor the services that people are receiving and *difficult to police how personal budgets are spent* e.g. not always in the customers best interest!" (32)

"personal budgets could be open to abuse as clients do not see some of their budgets and families use it as an income, day centres have been run into the ground, no money invested.." (49)

There was also an awareness by staff that people need to go through a transition and through a process of change and this might be difficult for some people: "Many of the people who attend are not looking for the positive outcomes proposed, the whole thing terrifies a lot of people. We should be looking to incorporate more life skills training for people" (19)

People wanted more discussion and debate about different models on offer: "the original consultation was about the need to modernise the services but nothing I've seen proposed actually modernises anything" (22)

They had questions to explore: "I wonder how long the personal budgets will last? All those service users having a personal budget will surely be more expensive than running the day and respite services. Yes they are all ready for updating but not closures, why do the council not listen to their staff and service users as they know best?" (27)

11. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

Five (5) people provided comments that had been made in the earlier sections. One person made a comment that had not previously been raised: "If Addison is to be closed what is the plan for the people who at present attend? These people will have to be supported somewhere. The staffing ration at Addison is not 1:1 but if these people live in supported living they could be 1:1 or 2:1 and that in real terms could increase costs" (2)

Q2B1 If you have chosen another way that you communicate, please tell us what? People with a learning disability used "pictures and symbols" (1) "lip reading" (3) "People chatting to me" (4) "my phone" (5) "ipad" (6)

Carers replied: "sentence cards with simple sentences" such as 'can I have a drink please?' (1) "eye gaze" (2)

Q7e Where would you like to volunteer?

Seventeen (17) people with a learning disability answered this question and the two most popular response was with animals or in the service sector:

"I like animals, so somewhere with them" (5)

"Jurassic park" (8)

"RSPB" (10)

“working with horses” (14)

“I would like to do some volunteering with animals” (5)

The second popular response was in the service sector:

“I am happy at SENSE” (1)

“Office” (4)

“I work two days a week at a school” (6)

“blind charity - hopefully transitioning this year” (7)

“In a music shop stacking CDs” (12)

Two other people wanted to work in sport:

“Rotherham United” (2)

“Volunteer at Barnsley football club” (16)

Twelve (12) carers do volunteering with the most popular area to volunteer as ‘JDS social club’ (4 people), churches: “natter group, rawmarsh church and Rotherham hospice” (4) “Todwick Church” (1) and delivering leaflets (12)

“Speakup and the National Autistic society” (2)

“my son volunteers at speakup, this organisation has really supported my son to do travel training, he is now more confident at travelling around, he actually is now able to show me how to get to different places” (5)

“I volunteered for Sova in Sheffield, Sheffield Mind, Rotherham Hospice and British Heart Foundation in Rotherham and Sheffield”

While carers are volunteering with health and social care organisations, staff volunteer across a mixture of health and social care organisations and girlguiding / scouts:

Eight (8) staff volunteer with three volunteering for scouts and girlguiding:

“girlguiding UK” (3)

“Scouts” (4)

“scouts” (7)

two volunteering at Nayhi Ziingadi

“Nayhi Zingadi, Rotherham” (1)

“Nayhi Zingadi, life act, hospice, Grimm and Co, Samaritans” (2)

Others at Speakup, and the hospice.

[Q7f What are the barriers to Volunteering](#)

Nineteen (19) people with a learning disability answered this question and the main barrier cited was a lack of information and support:

Three people did not know what the barriers were and two people said there were no barriers, however most of the responses suggested that if they had support then they would be able to do volunteering:

“sometimes places close down, I worked at a charity shop in the past that closed down and it left me struggling to find more voluntary work” (1)

“would possibly need support” (2)

“travelling, places can be difficult to find” (5)

“Travel, level of support I need” (6)

“staff support” (7)

“learning how to work in a kitchen” (9)

“finding placements”

“lack of communication with the organisation with horses” (14)

A smaller number of responses cited their disability as a barrier:

“limited abilities, no places available” (3)

“cant see” (4)

“Eyesight” (7)

“my epilepsy can be unpredictable and can stop me from going to volunteer for the day” (12)

Carers cited support as a barrier

“insufficient support” (4)

“support and adequate supervision” (3)

“companies that will come forward to offer one to one support” (1)

Physical barriers were

“my own health and transport as I don't drive” (2)

“health and safety rules” (9)

“age and disability” (10)

Finally the caring role was a barrier to volunteering:

“being the primary and sole carer for my son” (11)

“lack of care and support for my daughter having to transport her - these limit my hours available to volunteer” (8)

“if the day centre closed would be unable to do this as I would have son with me” (5)

“volunteering in the day is better for my son than at night” (6)

Q7g What support do you need to volunteer?

Twenty people with a learning disability ideas for support, with 4 people identifying that AD-PRO would be able to support them:

“support from Ad-PRO” (5) “AD-PRO” (7) “go to AD-PRO (8) “AD PRO Services” (14)

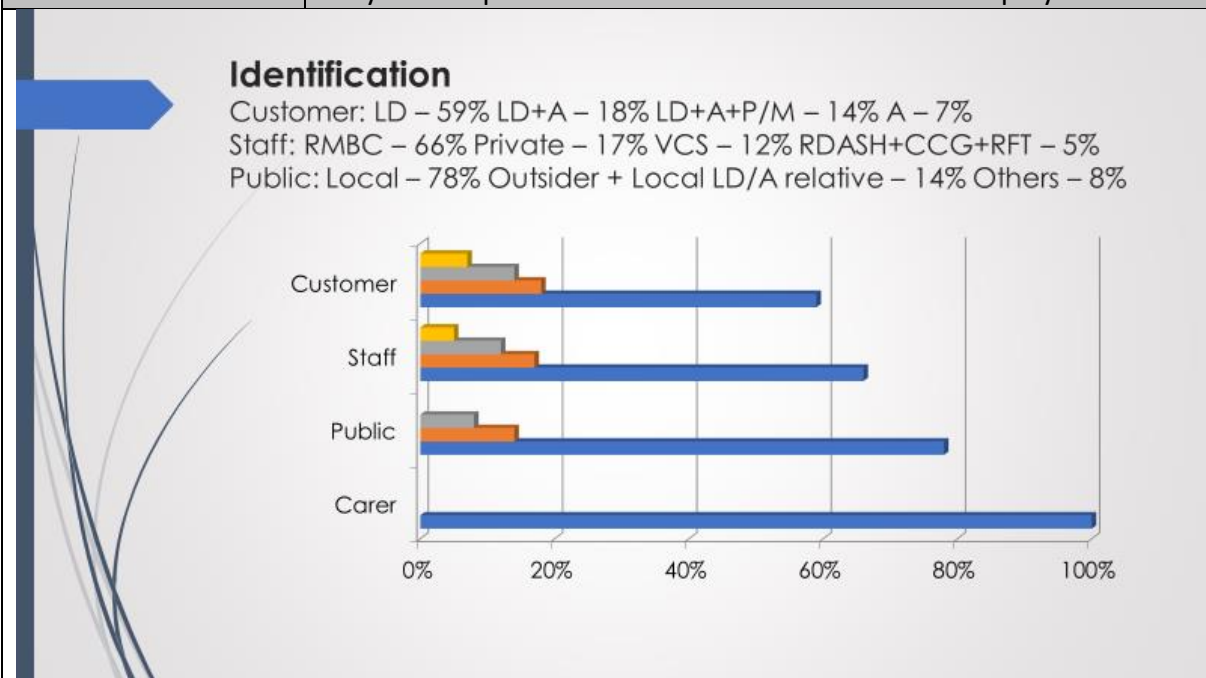
Others were less specific but requested support in a job buddy or in travel training:

- “support from staff and help learning the journey” (1)
- ‘someone to support me” (2)
- “someone who has a good understanding of my needs especially in relation to mobility” (6)
- “in work support” (10)
- “just to have someone around to check that I am ok and doin the right thing” (11)
- “transport, time, expenses” (12)
- “someone who understands me an knows about my epilepsy” (13)
- “I need support to read” (16)
- “direct payment worker to support me to volunteer” (18)
- “show me how to do new skills with animals and support to get a placement” (19)
- “to be patient and help me read. I want to learn how to tell the time so I need people to tell me what time it is so that I can go to placement on time” (20).

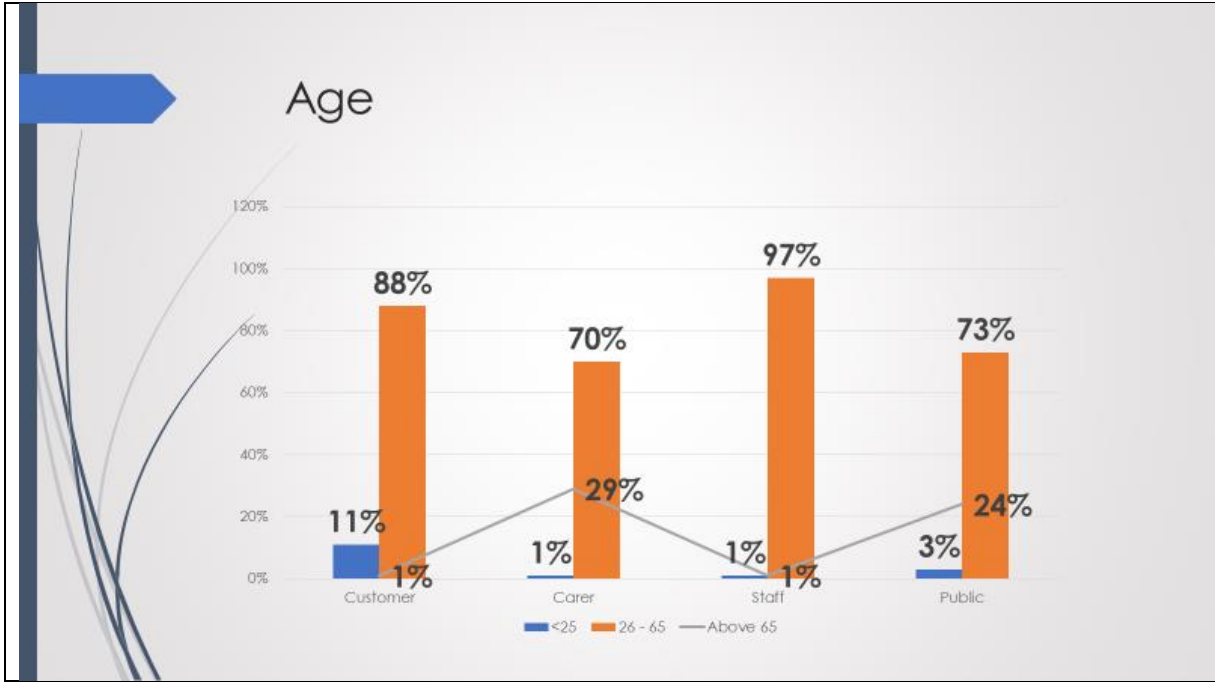
Section 6.3 Quantitative Analysis and Graphs

Report of Rotherham Consultations (with graphical representation)											
Question	Total responses/Total number approached										
Customer response	177/unknown										
Carer response	112/unknown										
Staff response	99/unknown										
Public response	85/unknown										
Interpretation	It is difficult to comment the number of the eligible study subjects										
<p>The bar chart displays the total number of responses for four categories: Customer (177), Carer (112), Staff (99), and General Public (85). The y-axis represents the number of responses, ranging from 0 to 200 in increments of 20. The x-axis lists the categories. The bars are blue and the data values are printed above each bar.</p> <table border="1"> <caption>Total Response Data</caption> <thead> <tr> <th>Category</th> <th>Total Responses</th> </tr> </thead> <tbody> <tr> <td>Customer</td> <td>177</td> </tr> <tr> <td>Carer</td> <td>112</td> </tr> <tr> <td>Staff</td> <td>99</td> </tr> <tr> <td>General Public</td> <td>85</td> </tr> </tbody> </table>		Category	Total Responses	Customer	177	Carer	112	Staff	99	General Public	85
Category	Total Responses										
Customer	177										
Carer	112										
Staff	99										
General Public	85										
Question 1a	Identification										

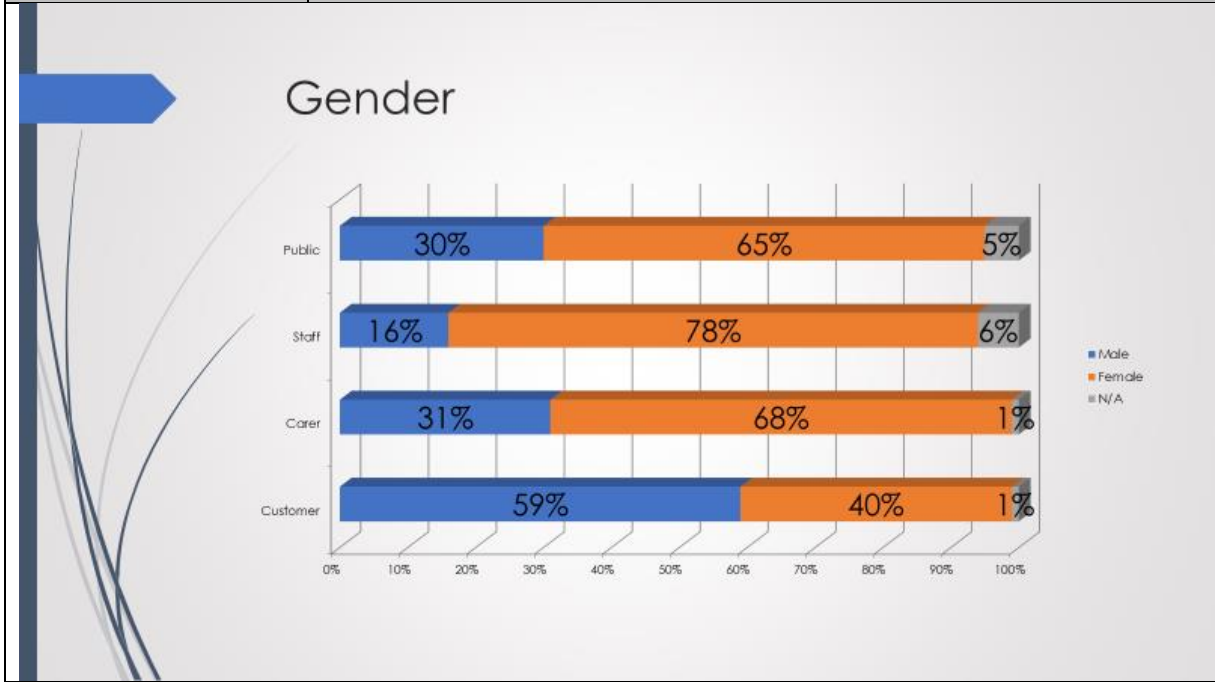
Customer response (177)	Learning Disability 104 (59%) Autism 12 (7%) Learning Disability+ Autism 32 (18%) Young 2 (1%) Learning Disability+ Autism+ Physical disability 15 (8%) Learning Disability+ Autism+ Mental Health issues 12 (7%)
Carer response (112)	Carer of a person with LD and/or Autism
Staff response (98)	RMBC – 64 (65%) Private provider 17 (17%) VCS 12 (12%) RDASH – 2 (2%) CCG 2 (2%) Rotherham Foundation Trust 1 (1%)
Public response (85)	I am a member of the public who uses the facilities of in house services 7 (8%) I am a member of the public living in Rotherham 66 (78%) I live outside Rotherham and I am a relative of person with a Learning Disability and/or Autism who uses Learning Disability Services in Rotherham 12 (14%)
Interpretation	*Most of the employees who responded are Local Authority staff. Very few responses were obtained from the CCG employees.



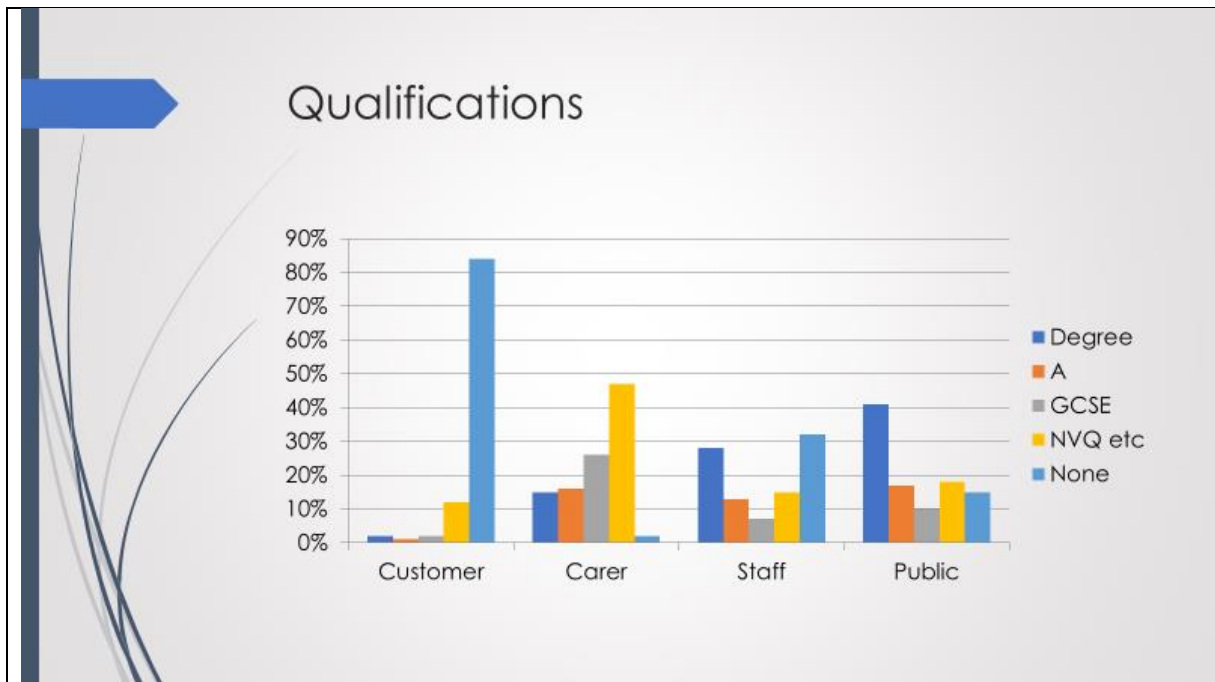
Question 1b	Which area of Rotherham do you live in? (please see Section 6.1)
Question 1c	Age
Customer response (171)	<18 2 (1%) 19 – 25: 18 (10%) 26 – 65: 150 (88%) >66: 1 (1%)
Carer response (110)	<18 1 (1%) 19 – 25: 0 (0%) 26 – 65: 77 (70%) >66: 32 (29%)
Staff response (96)	<18 0 (0%) 19 – 25: 1 (1%) 26 – 65: 93 (97%) >66: 2 (2%)
Public response (80)	<18 2 (2%) 19 – 25: 1 (1%) 26 – 65: 58 (73%) >66: 19 (24%)
Interpretation	There is a relatively young learning-disabled population against an ageing carer population.



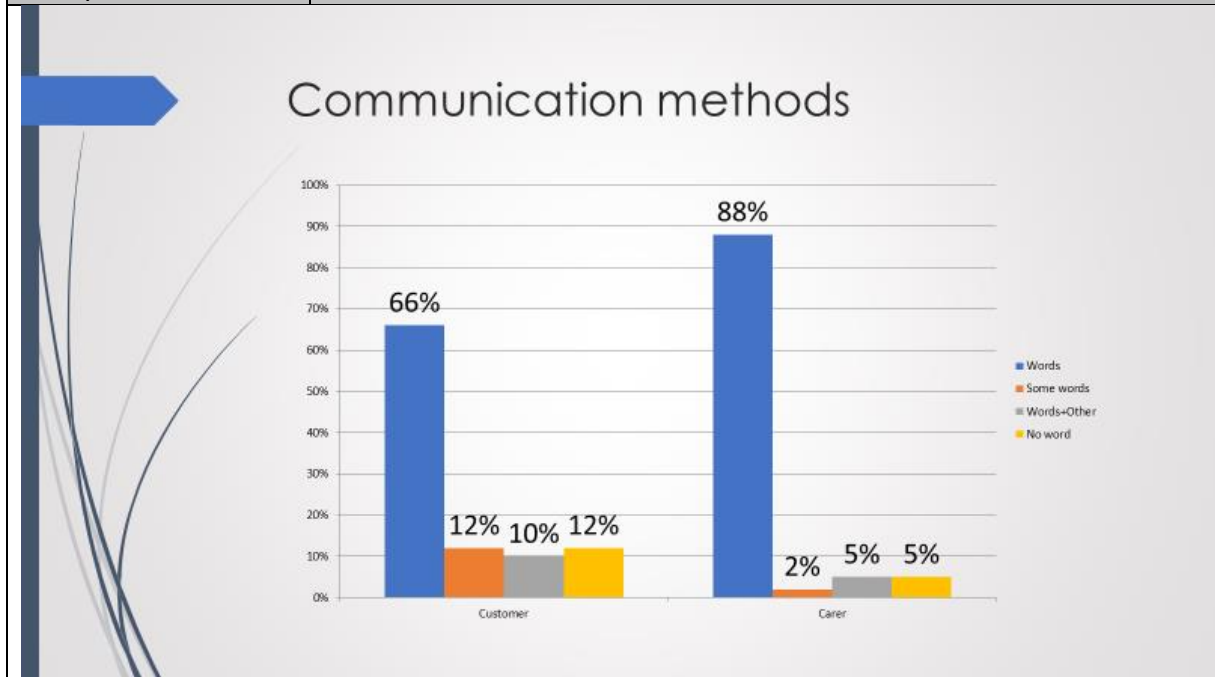
Question 1d	Gender
Customer response (170)	Male 101 (59%) Female 68 (40%) Prefer not to say 1 (1%)
Carer response (111)	Male 34 (31%) Female 76 (68%) Prefer not to say 1 (1%)
Staff response (98)	Male 16 (16%) Female 76 (78%) Prefer not to say 5 (5%) Own term 1 (1%)
Public response (80)	Male 24 (30%) Female 52 (65%) Prefer not to say 3 (4%) Own term 1 (1%)
Interpretation	There is a female preponderance among staff and carers. This may be a problem in supporting predominantly male customers.



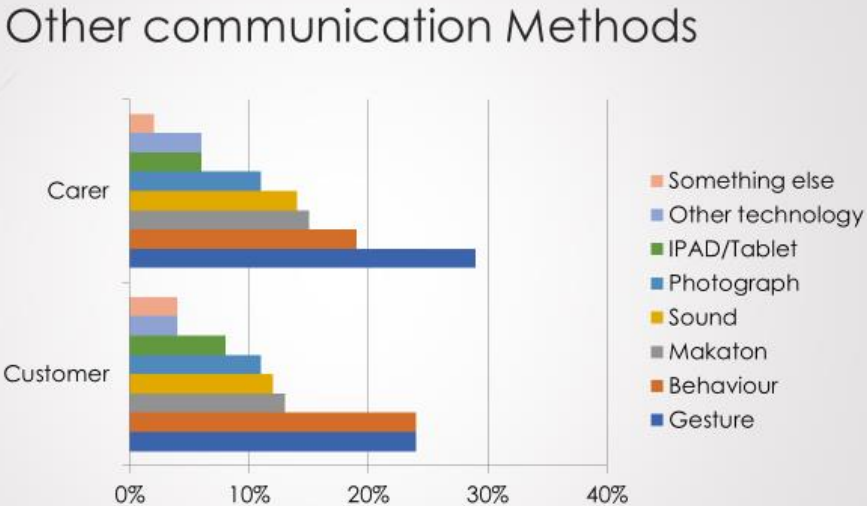
Question 1e	Ethnicity – White British (WB)																									
Customer response(172)	WB 153 (89%) Asian 10 (6%) Mixed 3 (2%) Chinese 1 Black 0 Not declared 5 (3%)																									
Carer response(111)	WB 106 (96%) Asian 2 (2%) Mixed 0 Chinese 0 Not declared 3 (2%)																									
Staff response (97)	WB 86 (89%) Asian 1 (1%) Other 2 (2%) Not declared 8 (8%)																									
Public response (80)	WB 70 (88%) Asian 1 (1%) Chinese 1 (1%) Other 1 (1%) Not declared 7 (9%)																									
Interpretation	Overwhelming White British responders to the survey																									
<p>The chart displays the percentage of respondents for each ethnicity across four categories. The White British group consistently represents the vast majority, with percentages of 89%, 96%, 89%, and 88% for categories 1, 2, 3, and 4 respectively. Other ethnicities (Asian, Others, N/A) represent very small percentages, all below 10%.</p> <table border="1"> <caption>Ethnicity Data</caption> <thead> <tr> <th>Category</th> <th>White British (%)</th> <th>Asian (%)</th> <th>Others (%)</th> <th>N/A (%)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>89%</td> <td>~6%</td> <td>~2%</td> <td>~3%</td> </tr> <tr> <td>2</td> <td>96%</td> <td>~2%</td> <td>~0%</td> <td>~2%</td> </tr> <tr> <td>3</td> <td>89%</td> <td>~1%</td> <td>~2%</td> <td>~8%</td> </tr> <tr> <td>4</td> <td>88%</td> <td>~1%</td> <td>~1%</td> <td>~10%</td> </tr> </tbody> </table>		Category	White British (%)	Asian (%)	Others (%)	N/A (%)	1	89%	~6%	~2%	~3%	2	96%	~2%	~0%	~2%	3	89%	~1%	~2%	~8%	4	88%	~1%	~1%	~10%
Category	White British (%)	Asian (%)	Others (%)	N/A (%)																						
1	89%	~6%	~2%	~3%																						
2	96%	~2%	~0%	~2%																						
3	89%	~1%	~2%	~8%																						
4	88%	~1%	~1%	~10%																						
Question 1f	Qualifications																									
Customer response (163)	Degree/Masters/PHD 3 (2%) A level 1 (1%) GCSE 3 (2%) NVQ/City Guild/BTEC/OCN 19 (12%) None 137 (84%)																									
Carer response (103)	Degree/Masters/PHD 15 (15%) A level 15 (16%) GCSE 27 (26%) NVQ/City Guild/BTEC/OCN 45 (47%) None 2 (2%)																									
Staff response (96)	Degree/Masters/PHD 27 (28%) A level 13 (13%) GCSE 7 (7%) NVQ/City Guild/BTEC/OCN 15 (15%) None 33 (32%)																									
Public response (79)	Degree/Masters/PHD 32 (41%) A level 13 (17%) GCSE 8 (10%) NVQ/City Guild/BTEC/OCN 14 (18%) None 12 (15%)																									
Interpretation	<ul style="list-style-type: none"> High academic achievement among carers and general public are noticeable It clearly indicates that caring responsibility is likely to have an impact on the ability to work among the carers It may however indicate self-selection bias to the survey 																									

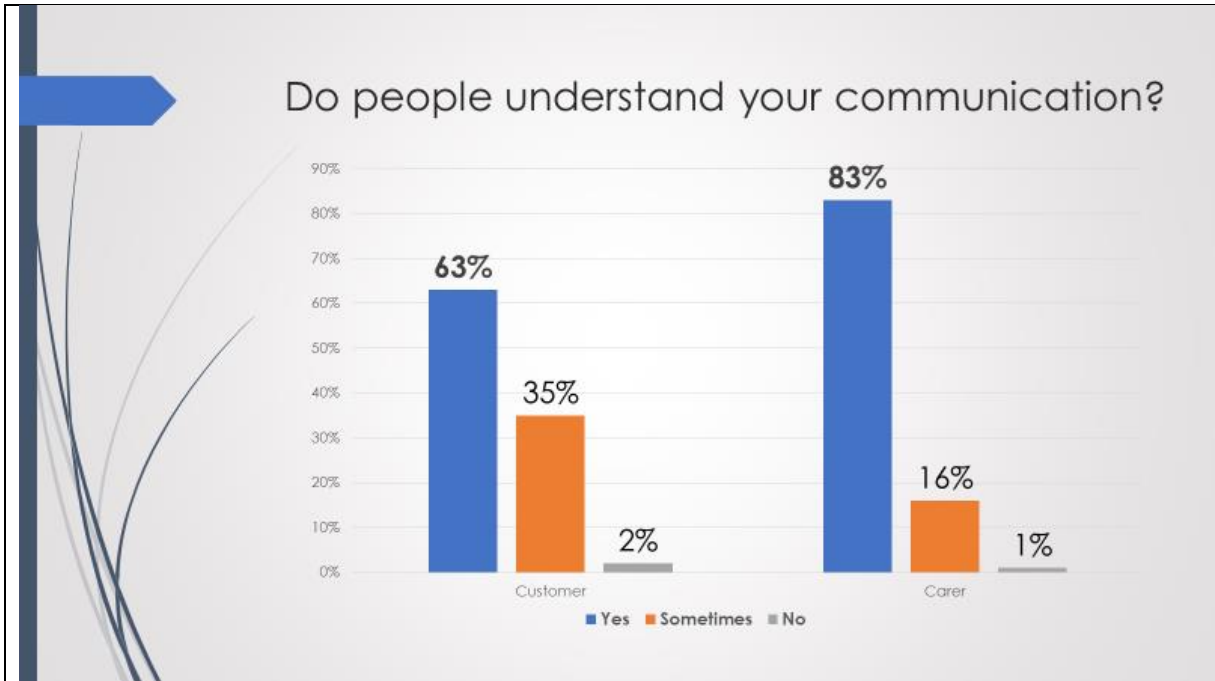


Question 1f1	If you have chosen NVQ/City and Guilds/BTEC/OCN as your qualifications, please tell us what subject (Please see Section 6.1)
Q2a	Do you use words to communicate?
Customer response (180)	Yes 119 (66%) No 21 (12%) Some words 22 (12%) Words + Other methods 18 (10%)
Carer response (106)	Yes 93 (88%) No 5 (5%) Some words 2 (2%) Words + Other methods 6 (5%)
Interpretation	

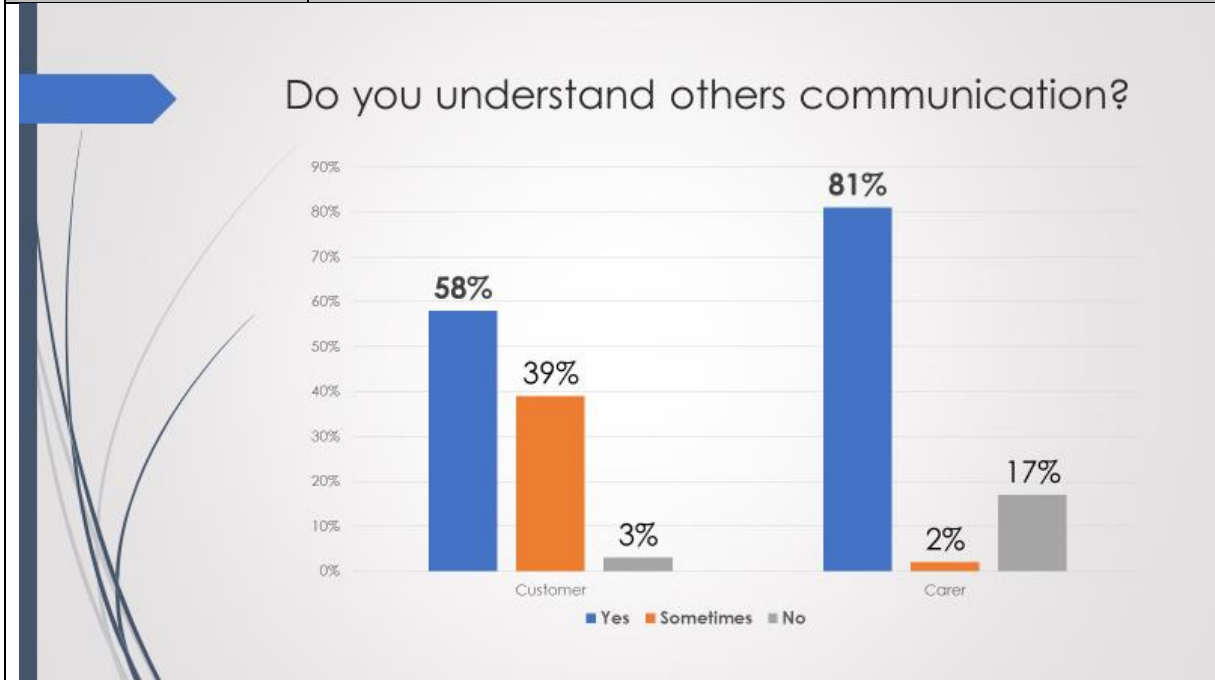


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Q2b	Which other way do you communicate?
Customer response	Gestures 71 (24%) Behaviour 70 (24%) Makaton 37 (13%) Sound 36 (12%) Photographs 33 (11%) IPAD/Tablets 23 (8%) Other technology 12 (4%) Something else 11 (4%)
Carer response	Gestures 36 (29%) Behaviour 23 (19%) Makaton 19 (15%) Sound 17 (14%) Photographs 9 (11%) IPAD/Tablets 7 (6%) Other technology 7 (6%) Something else 3 (2%)
Interpretation and comparison	<ul style="list-style-type: none"> • Lack of usage of assistive communication methods is thought provoking • The effectiveness of communication through gestures and behaviour can be questioned • It may also result in inability to develop customers to their full potentiality including supporting their independence.
<div style="display: flex; align-items: center;">  </div>	
Q2b.1	If you have chosen something else above please tell what? (Please see Section 6.2)
Q2c	Do people (who you relate to) understand how you communicate?
Customer response (171)	Yes 107 (63%) Sometimes 60 (35%) No 4 (2%)
Carer response (94)	Yes 78 (83%) Sometimes 15 (16%) No 1 (1%)
Interpretation and comparison	<ul style="list-style-type: none"> • Whilst customers may understand the carers; understanding their communications remains an issue. • Better usage of available technology may make a difference here • Advocacy might help here.

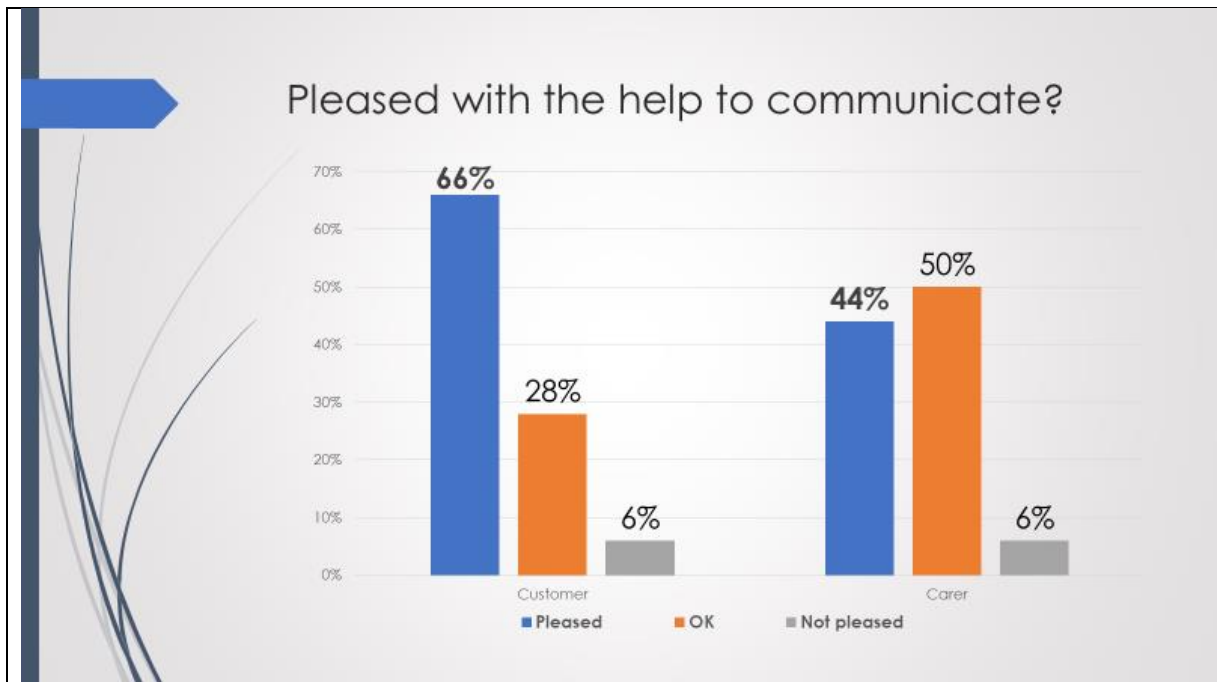


Q2d	Do you understand how others communicate with you?
Customer response (168)	Yes 97 (58%) Sometimes 65 (39%) No 6 (3%)
Carer response (93)	Yes 75 (81%) Sometimes 2 (2%) No 16 (17%)
Interpretation and comparison	<ul style="list-style-type: none"> • Whilst customers may understand the carers; understanding their communications remains an issue. It may hinder their development. • Better usage of available technology may make a difference here • Advocacy might help here.

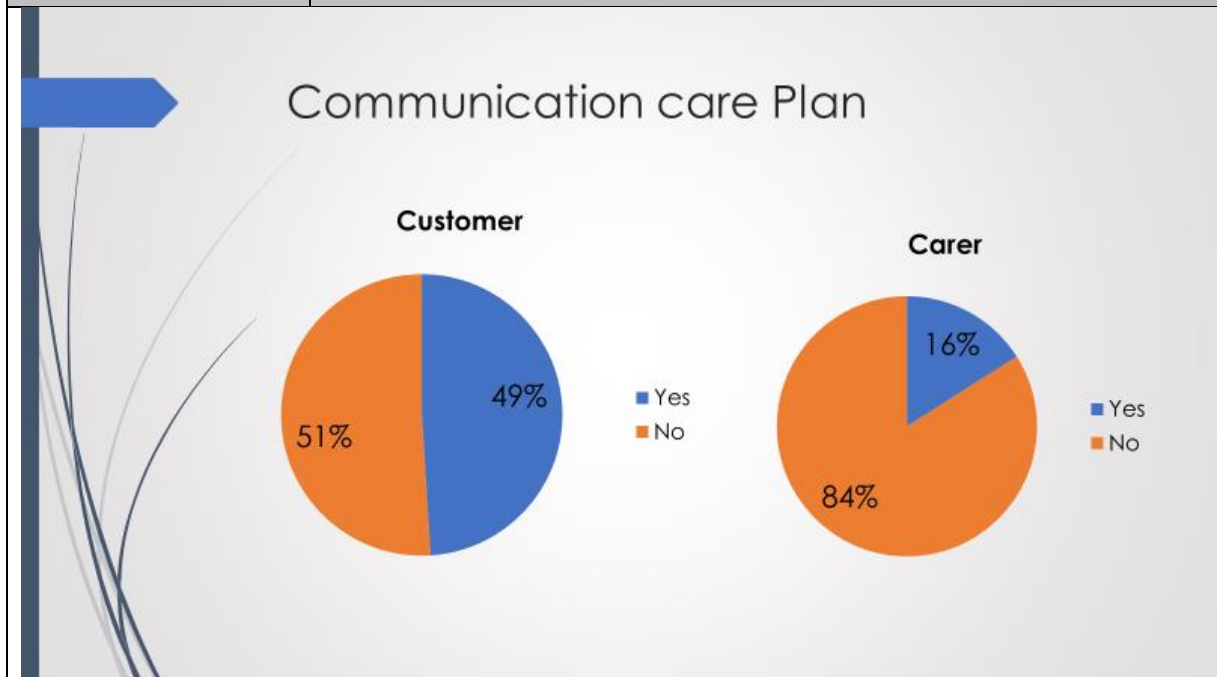


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Q2e	Do you need someone to help you communicate or speak on your behalf?												
Customer response (170)	Yes 51 (30%) Sometimes 79 (47%) No 40 (23%)												
Carer response (90)	Yes 12 (13%) Sometimes 15 (17%) No 63 (70%)												
Interpretation and comparison	<ul style="list-style-type: none"> Here customers are more realistic and they understand that they need help But even family carers may need advocacy support Technology may be a solution here. 												
<table border="1"> <caption>Needing help with communication?</caption> <thead> <tr> <th>Group</th> <th>Pleased</th> <th>Sometimes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Customer</td> <td>30%</td> <td>47%</td> <td>23%</td> </tr> <tr> <td>Carer</td> <td>13%</td> <td>17%</td> <td>70%</td> </tr> </tbody> </table>		Group	Pleased	Sometimes	No	Customer	30%	47%	23%	Carer	13%	17%	70%
Group	Pleased	Sometimes	No										
Customer	30%	47%	23%										
Carer	13%	17%	70%										
Q2e1	How pleased are you with the help that you get to communicate?												
Customer response (151)	Very pleased 50 (33%) Pleased 51 (33%) OK 43 (28%) Not pleased 5 (3%) Not pleased at all 2 (1%)												
Carer response (56)	Very pleased 12 (21%) Pleased 13 (23%) OK 28 (50%) Not pleased 1 (2%) Not pleased at all 2 (4%)												
Interpretation and comparison	<ul style="list-style-type: none"> Agreement between carers and customers. But it is clearly evident that more needs to be done with the support 												



Q2f	Do you have a communication care plan that helps everyone understand how you communicate?
Customer response (158)	Yes 77 (49%) No 81 (51%)
Carer response (74)	Yes 12 (16%) No 62 (84%)
Interpretation and comparison	<ul style="list-style-type: none"> • Significant discrepancy between carers and customers response. • Does it indicate that the customers could not understand the question? Or, • Are these not shared with the carers?



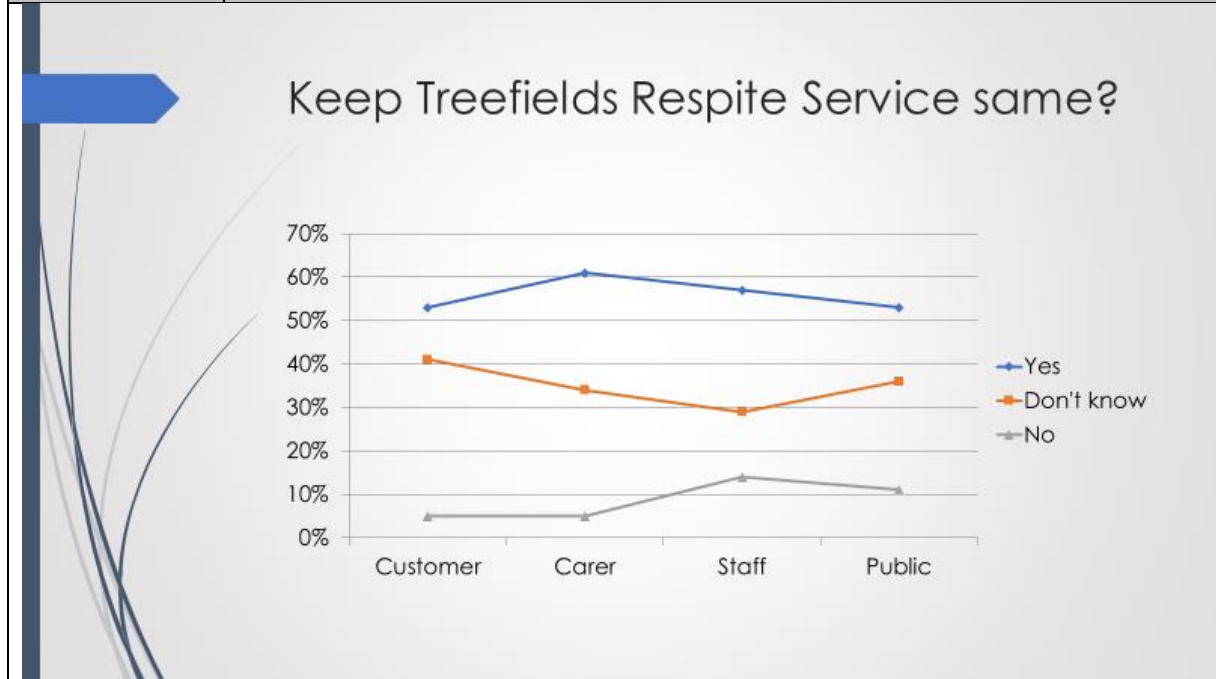
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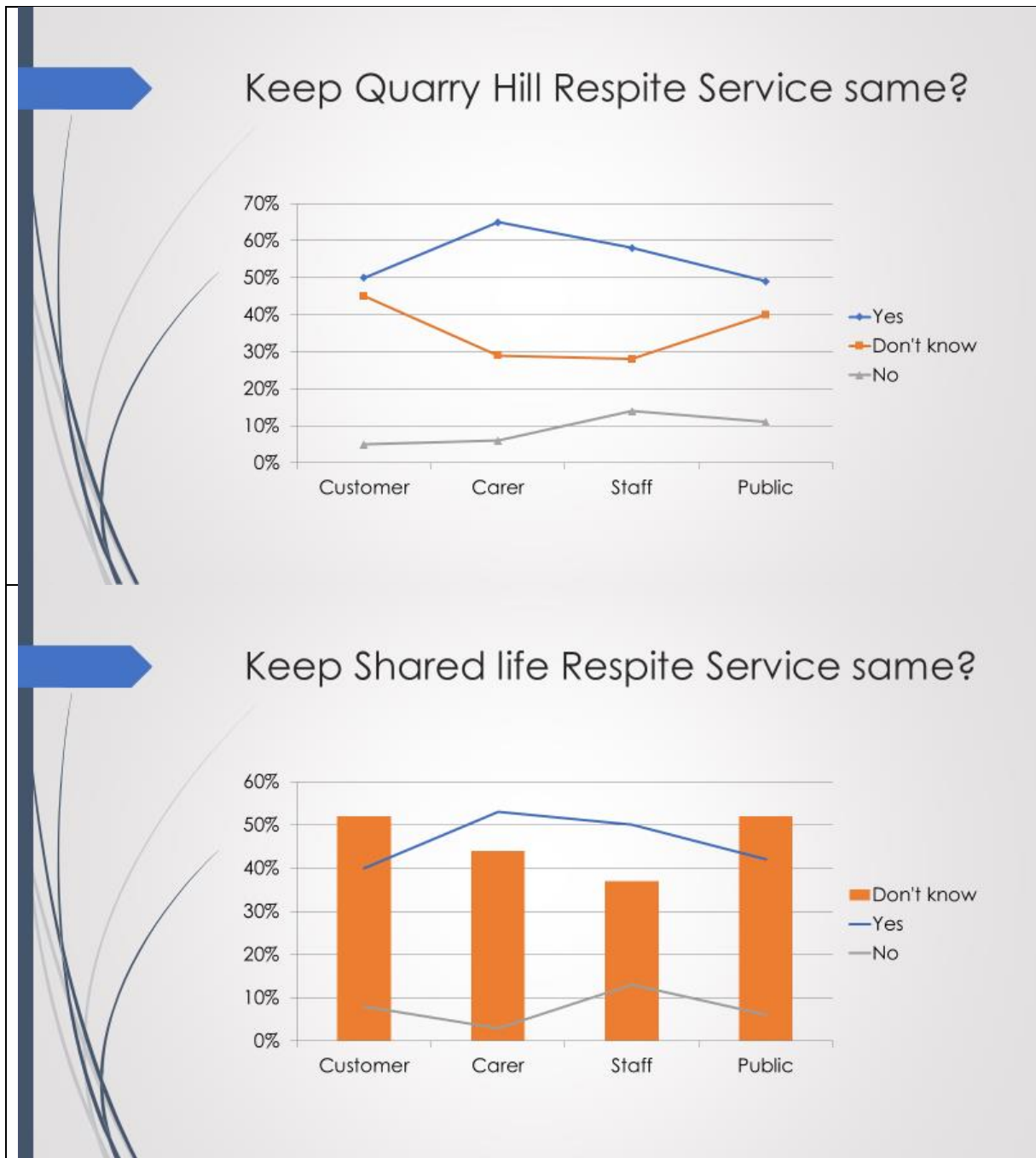
Q3a	Do you use Respite Care Services in Rotherham																									
Customer response	Treefield; Yes 22 (15%) No 120 (85%) – Total 142																									
	Quarry Hill; Yes 21 (15%) No 21 (15%) – Total 140																									
	Shared life; Yes 1 (1%) No 132 (99%) – Total 133																									
	Other; Yes 16 (16%) No 81 (83%) – Total 97																									
Carer response	Treefield; Yes 23 (36%) No 41 (64%) – Total 64																									
	Quarry Hill; Yes 19 (35%) No 36 (65%) – Total 55																									
	Shared life; Yes 2 (5%) No 42 (95%) – Total 44																									
	Other; Yes 14 (32%) No 30 (68%) – Total 44																									
Staff response	Treefield; Yes 4 (5%) No 75 (95%) – Total 79																									
	Quarry Hill; Yes 7 (9%) No 71 (91%) – Total 78																									
	Shared life; Yes 3 (4%) No 73 (96%) – Total 76																									
	Other; Yes 5 (7%) No 62 (93%) – Total 67																									
Public response	Treefield; Yes 5 (7%) No 65 (93%) – Total 70																									
	Quarry Hill; Yes 2 (3%) No 67 (97%) – Total 69																									
	Shared life; Yes 1 (1%) No 66 (99%) – Total 67																									
	Other; Yes 0 (0%) No 51 (100%) – Total 51																									
Interpretation and comparison	<ul style="list-style-type: none"> Respite care facilities are largely unutilised. More so the Shared life 																									
<table border="1"> <caption>Use of Respite care</caption> <thead> <tr> <th>Response Group</th> <th>Treefields (%)</th> <th>Oaks (%)</th> <th>Others (%)</th> <th>Shared life (%)</th> </tr> </thead> <tbody> <tr> <td>Customer</td> <td>15%</td> <td>15%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Carer</td> <td>36%</td> <td>35%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Staff</td> <td>5%</td> <td>9%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Public</td> <td>7%</td> <td>3%</td> <td>0%</td> <td>0%</td> </tr> </tbody> </table>		Response Group	Treefields (%)	Oaks (%)	Others (%)	Shared life (%)	Customer	15%	15%	0%	0%	Carer	36%	35%	0%	0%	Staff	5%	9%	0%	0%	Public	7%	3%	0%	0%
Response Group	Treefields (%)	Oaks (%)	Others (%)	Shared life (%)																						
Customer	15%	15%	0%	0%																						
Carer	36%	35%	0%	0%																						
Staff	5%	9%	0%	0%																						
Public	7%	3%	0%	0%																						
Q3a.1	If you use others please state (Please see Section 6.2)																									
Q3b	What changes could we make to respite services to make them better? (Section 6.2)																									
Q3c	Should we keep the Respite Services the same as they are?																									
Customer response	Treefield; Yes 79 (53%) No 8 (5%) Don't know 61 (41%) – Total 148																									
	Quarry Hill; Yes 75 (50%) No 8 (5%) Don't know 66 (45%) – Total 148																									

	Shared life; Yes 57 (40%) No 11 (8%) Don't know 75 (52%) – Total 143
Carer response	Treefield; Yes 46 (61%) No 4 (5%) Don't know 26 (34%) – Total 76
	Quarry Hill; Yes 43 (65%) No 4 (6%) Don't know 19 (29%) – Total 66
	Shared life; Yes 32 (53%) No 2 (3%) Don't know 27 (44%) – Total 61
Staff response	Treefield; Yes 49 (57%) No 12 (14%) Don't know 25 (29%) – Total 86
	Quarry Hill; Yes 48 (58%) No 12 (14%) Don't know 23 (28%) – Total 83
	Shared life; Yes 39 (50%) No 10 (13%) Don't know 29 (37%) – Total 78
Public response	Treefield; Yes 38 (53%) No 8 (11%) Don't know 25 (36%) – Total 71
	Quarry Hill; Yes 35 (49%) No 8 (11%) Don't know 29 (40%) – Total 72
	Shared life; Yes 29 (42%) No 4 (6%) Don't know 36 (52%) – Total 69

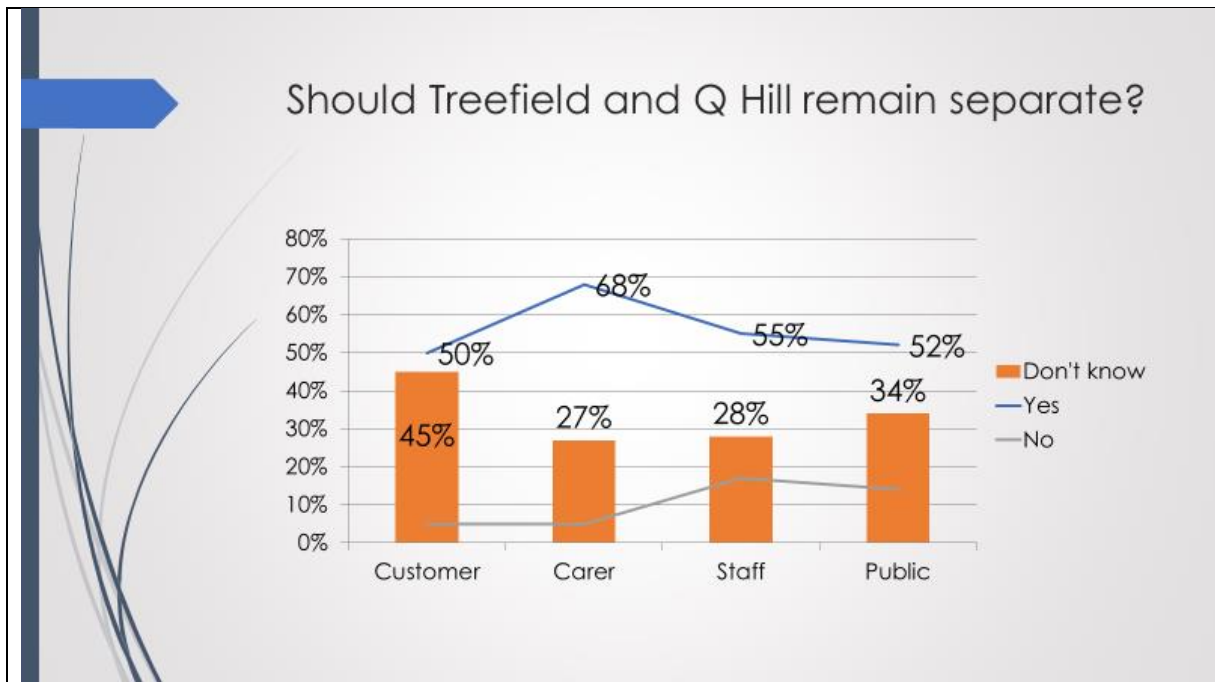
Interpretation and comparison

- Although these services are underused there is minimum impetus among all the groups to close them.
- As the sample did not incorporate HARD TO REACH users these findings may be biased
- Staff are most supportive of change among all the groups
- Public on the other hand are reluctant to change as are the customers and carers
- Shared life responders are not sure

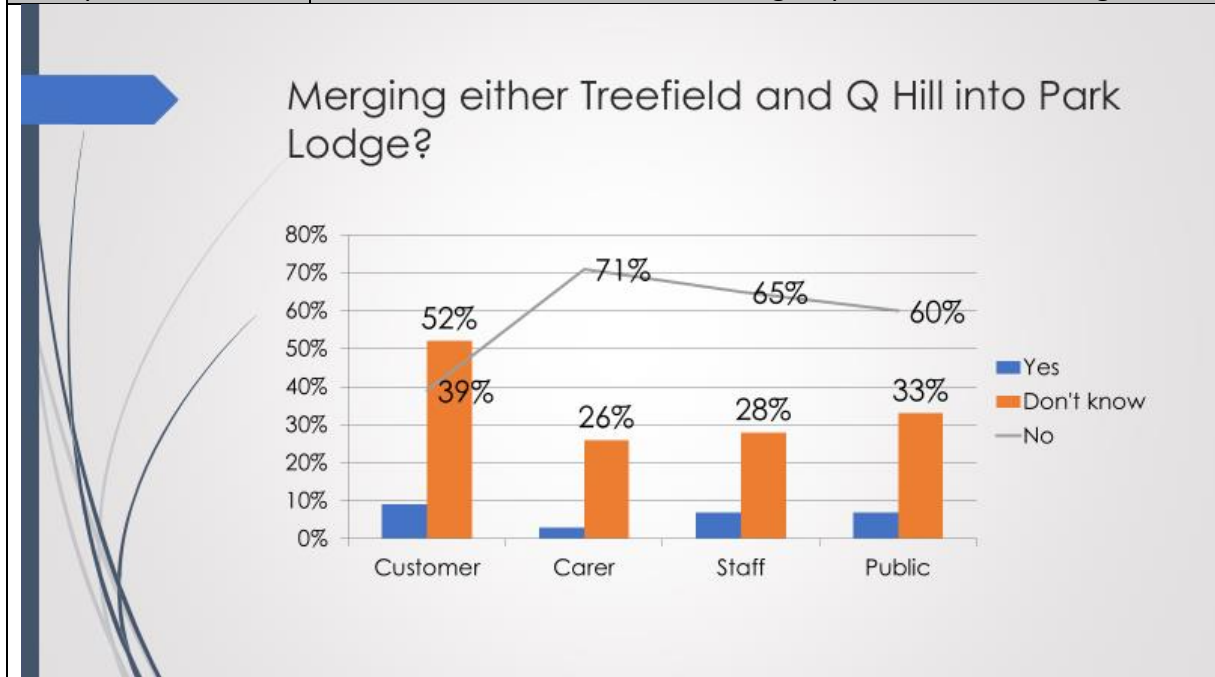




Q3d	Should we keep Treefields and Quarry Hill separate?
Customer response (152)	Yes 75 (50%) No 9 (5%) Don't know 68 (45%)
Carer response (85)	Yes 58 (68%) No 4 (5%) Don't know 23 (27%)
Staff response (88)	Yes 48 (55%) No 15 (17%) Don't know 25 (28%)
Public response (73)	Yes 38 (52%) No 10 (14%) Don't know 25 (34%)
Interpretation	Again overwhelming support to continue with present facilities

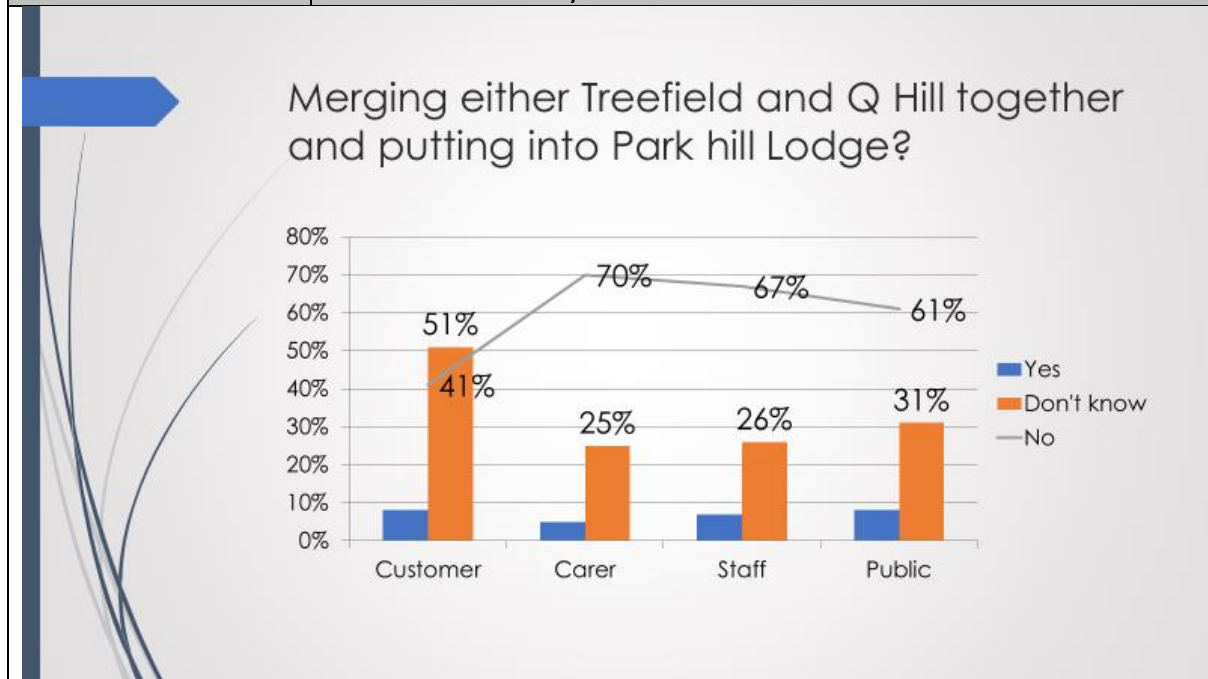


Q3e	Shall we put either Treefields and Quarry Hill into Park hill lodge?
Customer response (154)	Yes 14 (9%) No 60 (39%) Don't know 80 (52%)
Carer response (85)	Yes 3 (3%) No 60 (71%) Don't know 22 (26%)
Staff response (90)	Yes 7 (7%) No 58 (65%) Don't know 25 (28%)
Public response (73)	Yes 5 (7%) No 44 (60%) Don't know 24 (33%)
Interpretation	Customers were unsure but other groups did not wish change

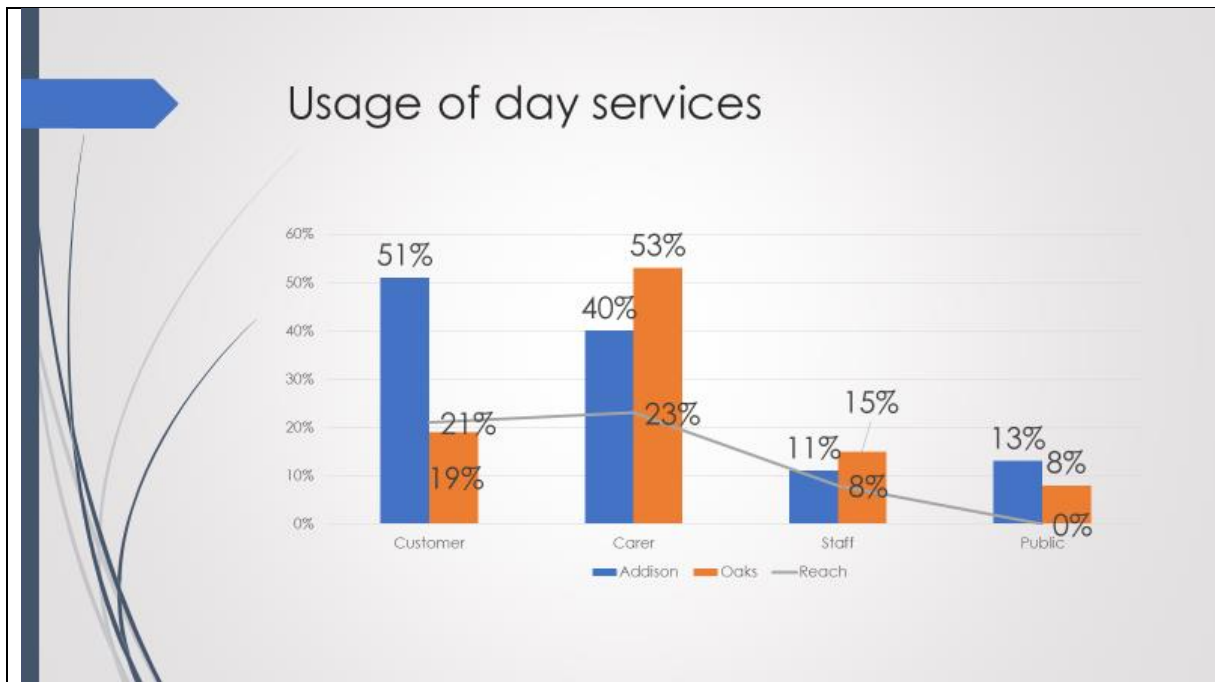


Q3f	Shall we put both Treefields and Quarry Hill together and put them into Park hill lodge?
Customer response (155)	Yes 13 (8%) No 63 (41%) Don't know 79 (51%)
Carer response (86)	Yes 4 (5%) No 60 (70%) Don't know 22 (25%)

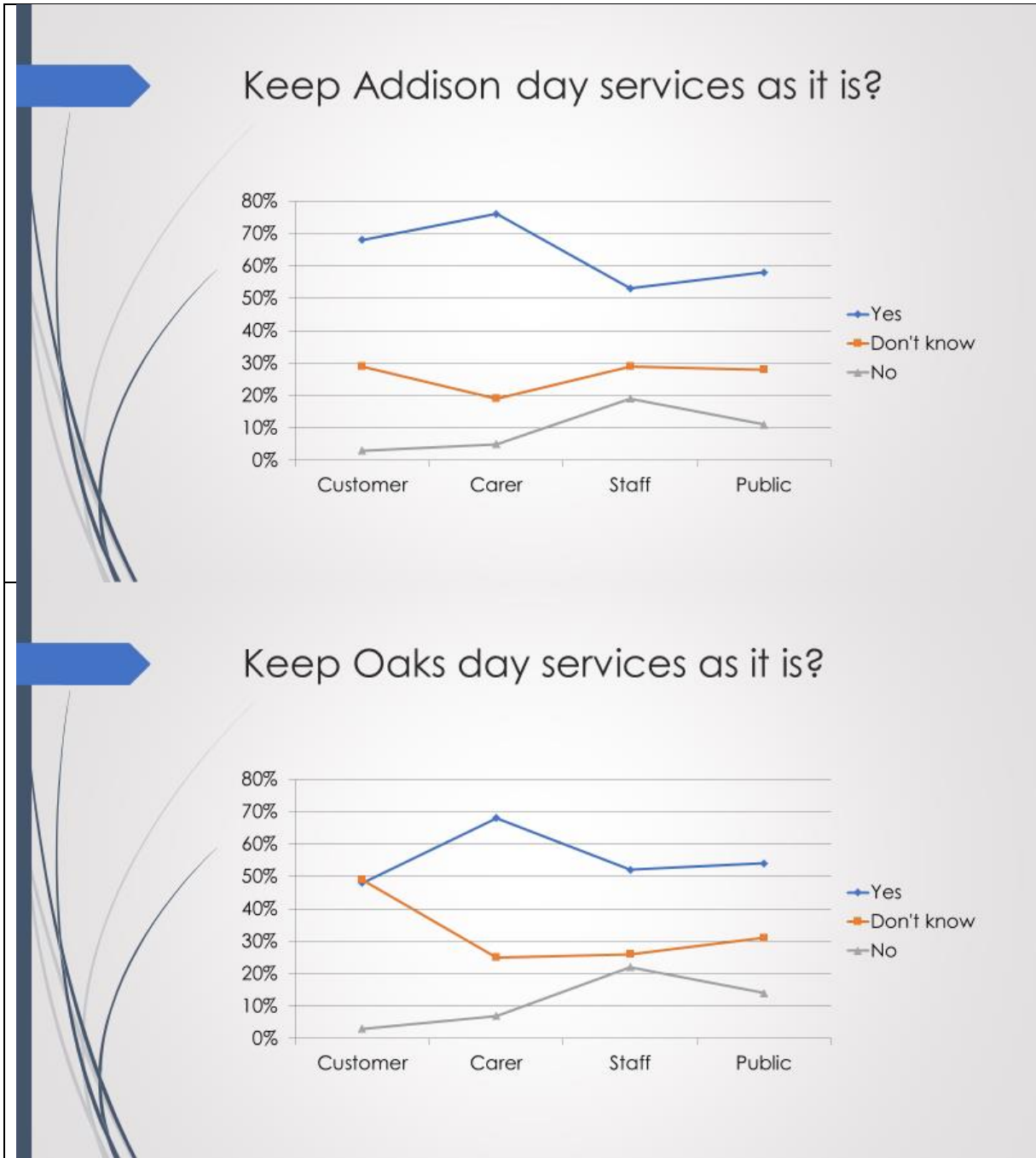
Staff response (88)	Yes 6 (7%) No 59 (67%) Don't know 23 (26%)
Public response (72)	Yes 6 (8%) No 44 (61%) Don't know 22 (31%)
Interpretation	Again customers were unsure but other groups were decisive in favour of continuity



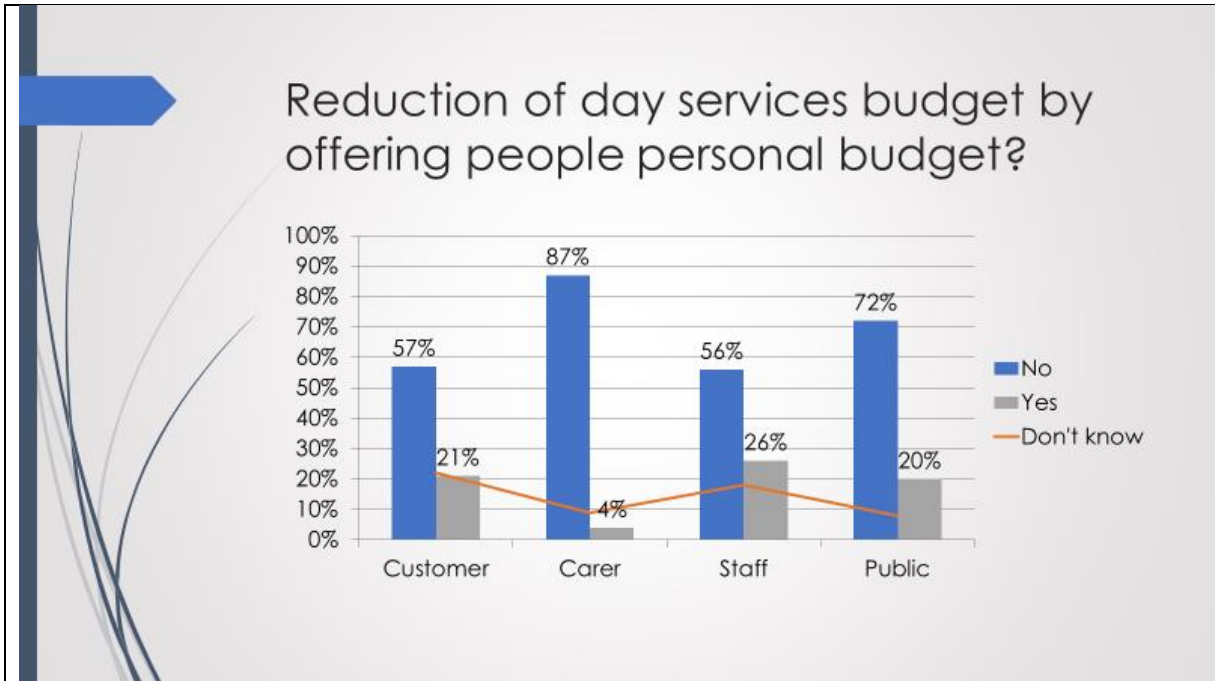
Q3g	Do you use Day Services in Rotherham?
Customer response	Addison; Yes 69 (51%) No 65 (49%) – Total 134 Oaks; Yes 25 (19%) No 106 (81%) – Total 131 Reach; Yes 29 (21%) No 107 (79%) – Total 136
Carer response	Addison; Yes 25 (40%) No 37 (60%) – Total 62 Oaks; Yes 32 (53%) No 28 (47%) – Total 60 Reach; Yes 11 (23%) No 37 (77%) – Total 48
Staff response	Addison; Yes 8 (11%) No 68 (89%) – Total 76 Oaks; Yes 11 (15%) No 64 (85%) – Total 75 Reach; Yes 6 (8%) No 66 (92%) – Total 72
Public response	Addison; Yes 9 (13%) No 58 (87%) – Total 67 Oaks; Yes 5 (8%) No 58 (92%) – Total 63 Reach; Yes 0 (0%) No 62 (100%) – Total 62
Interpretation	<ul style="list-style-type: none"> Both Addison and Oaks are well used The discrepancy in response among Customers and Carers merit revisiting



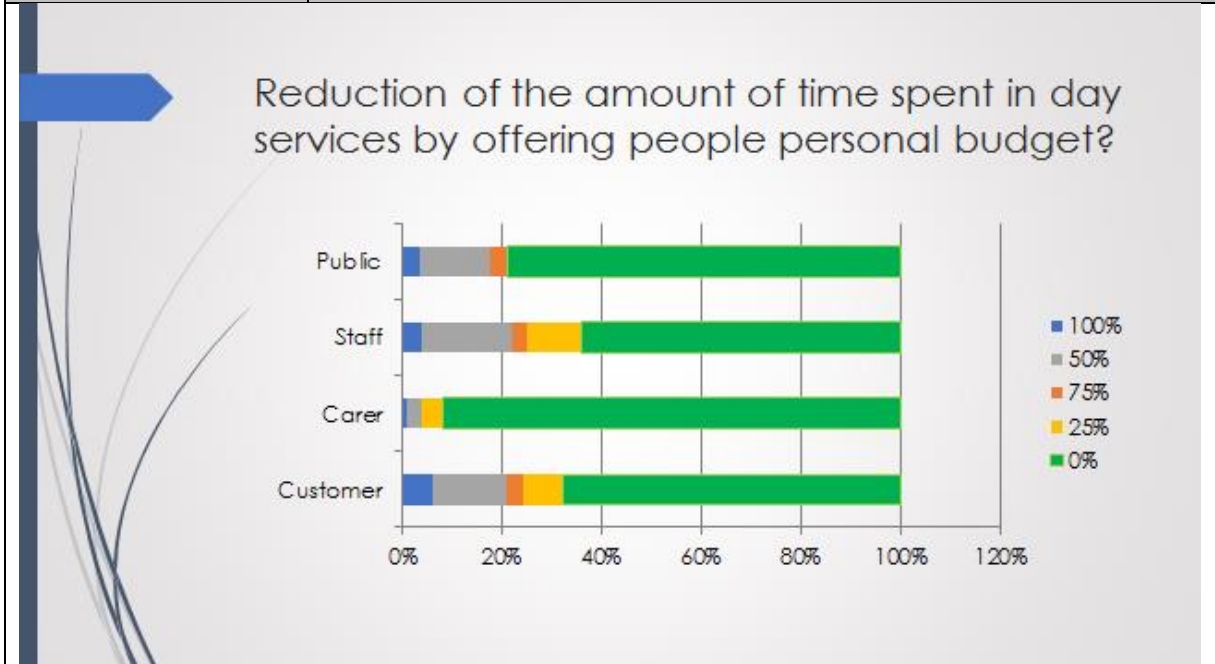
Q3h	What changes could we make to the day services to make them better? (Section 6.2)	
Q3i	Should we keep Oaks and Addison the same as they are?	
Customer response	Addison: Yes 107 (68%) No 4 (3%) Don't know 46 (29%)	Total 157
	Oaks: Yes 72 (48%) No 5 (3%) Don't know 73 (49%)	Total 150
Carer response	Addison: Yes 63 (76%) No 4 (5%) Don't know 16 (19%)	Total 83
	Oaks: Yes 47 (68%) No 5 (7%) Don't know 17 (25%)	Total 69
Staff response	Addison: Yes 42 (53%) No 15 (19%) Don't know 23 (29%)	Total 80
	Oaks: Yes 43 (52%) No 18 (22%) Don't know 21 (26%)	Total 82
Public response	Addison: Yes 38 (58%) No 9 (14%) Don't know 19 (28%)	Total 66
	Oaks: Yes 37 (54%) No 10 (15%) Don't know 21 (31%)	Total 68
Interpretation	<ul style="list-style-type: none"> All the groups expressed their desire to continue with present service as it is Customers were a little unsure about Oaks 	



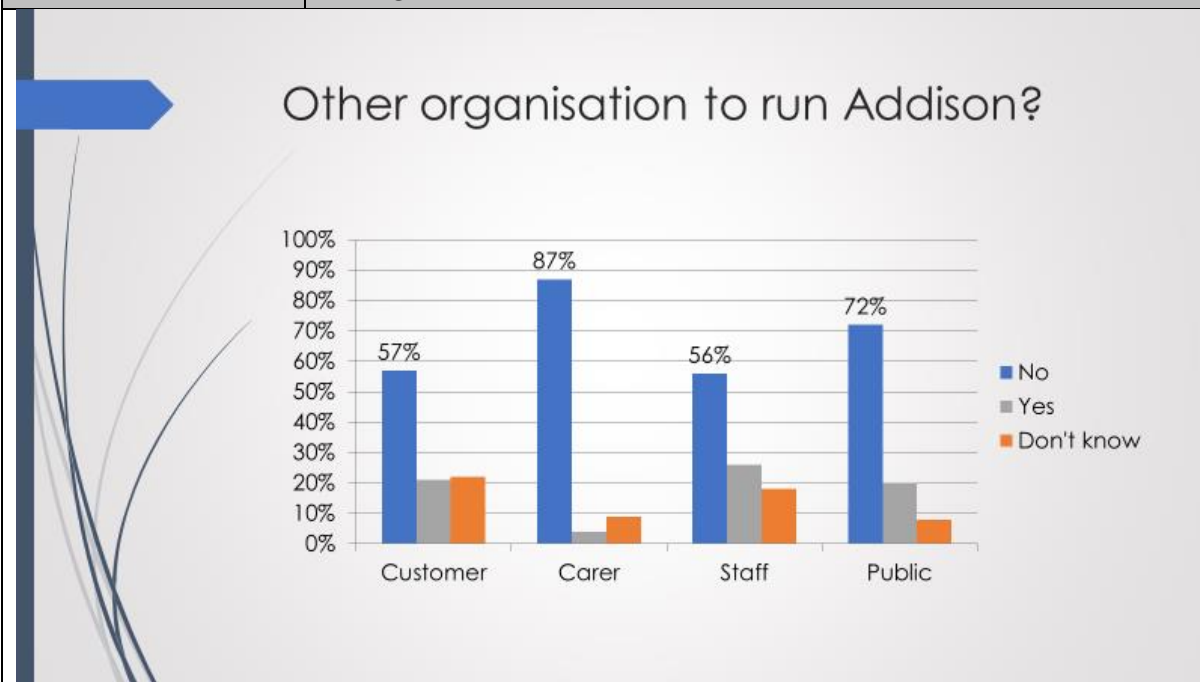
Q3j	Should the Council lower the amount of time people spend in day services and offer people personal budgets?
Customer response (164)	Yes 35 (21%) No 93 (57%) Don't know 36 (22%)
Carer response (91)	Yes 4 (4%) No 79 (87%) Don't know 8 (9%)
Staff response (82)	Yes 22 (26%) No 46 (56%) Don't know 14 (18%)
Public response (65)	Yes 13 (20%) No 47 (72%) Don't know 5 (8%)
Interpretation	<ul style="list-style-type: none"> The overwhelming response is negative, however very little information is currently available on how people manage personal budgets in Rotherham.



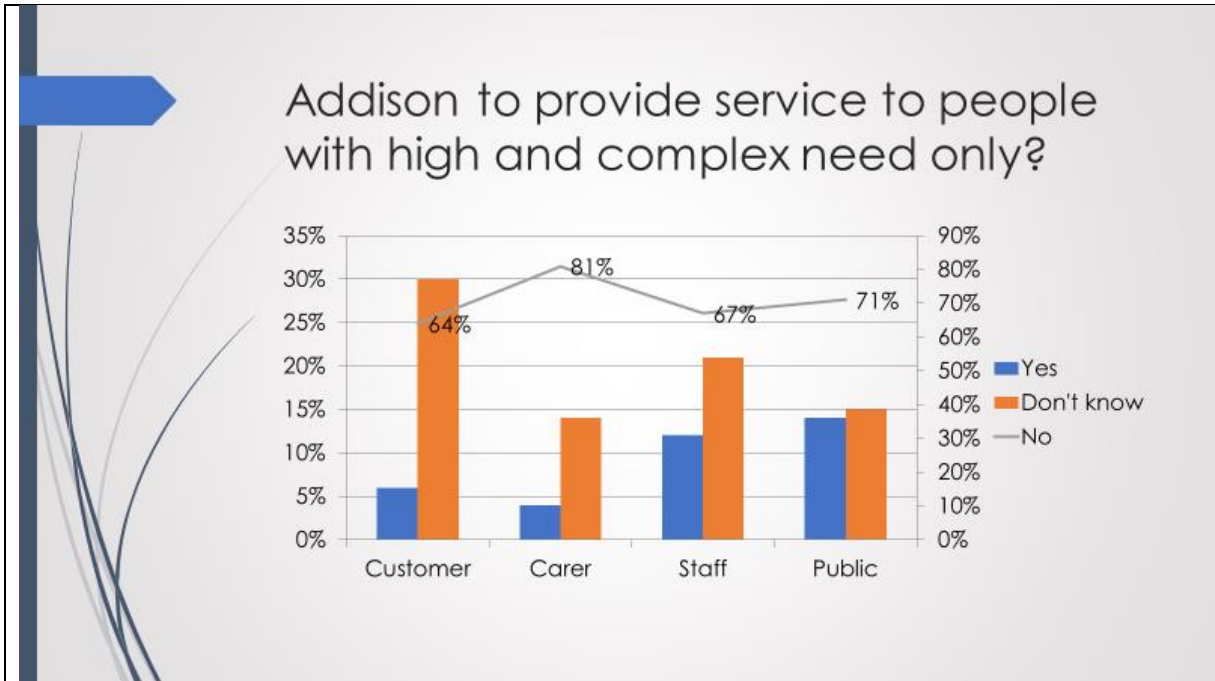
Q3j1	How much should we lower it by?
Customer response (117)	100% - 9 (8%) 75% - 3 (3%) 50% - 17 (15%) 25% - 9 (8%) 0% - 79 (68%)
Carer response (72)	100% - 1 (1%) 75% - 0 (0%) 50% - 2 (3%) 25% - 3 (4%) 0% - 66 (92%)
Staff response (71)	100% - 3 (4%) 75% - 2 (3%) 50% - 13 (18%) 25% - 8 (11%) 0% - 45 (64%)
Public response (57)	100% - 2 (3.5%) 75% - 2 (3.5%) 50% - 8 (14%) 25% - 0 (0%) 0% - 45 (79%)
Interpretation	Again no support for lowering the amount of time people use day services if they currently reside in residential care.



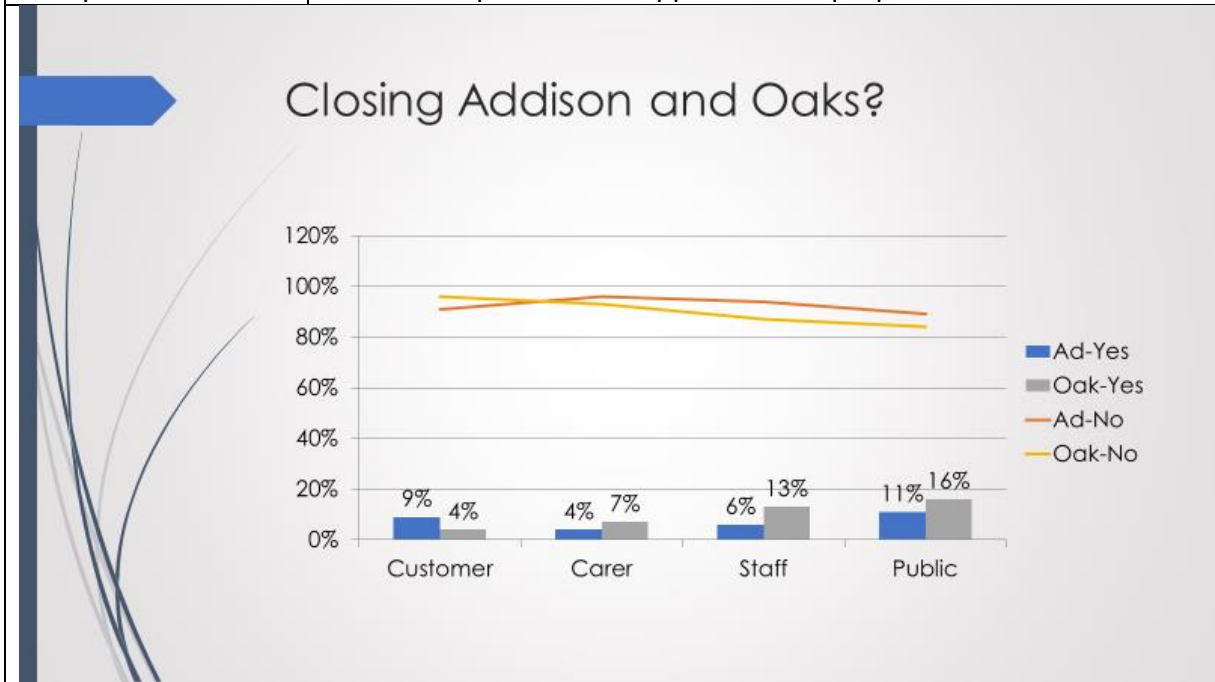
Q3k/j	Should the Council look for other organisations in the community to take over and run Addison?
Customer response (164)	Yes 17 (11%) No 78 (49%) Don't know 63 (40%)
Carer response (90)	Yes 7 (8%) No 55 (61%) Don't know 28 (31%)
Staff response (84)	Yes 16 (19%) No 45 (54%) Don't know 23 (27%)
Public response (67)	Yes 10 (15%) No 42 (63%) Don't know 15 (22%)
Interpretation	<ul style="list-style-type: none"> Groups were not enthusiastic about changes, however, they seem to be unsure about the pros and cons of this change as well.



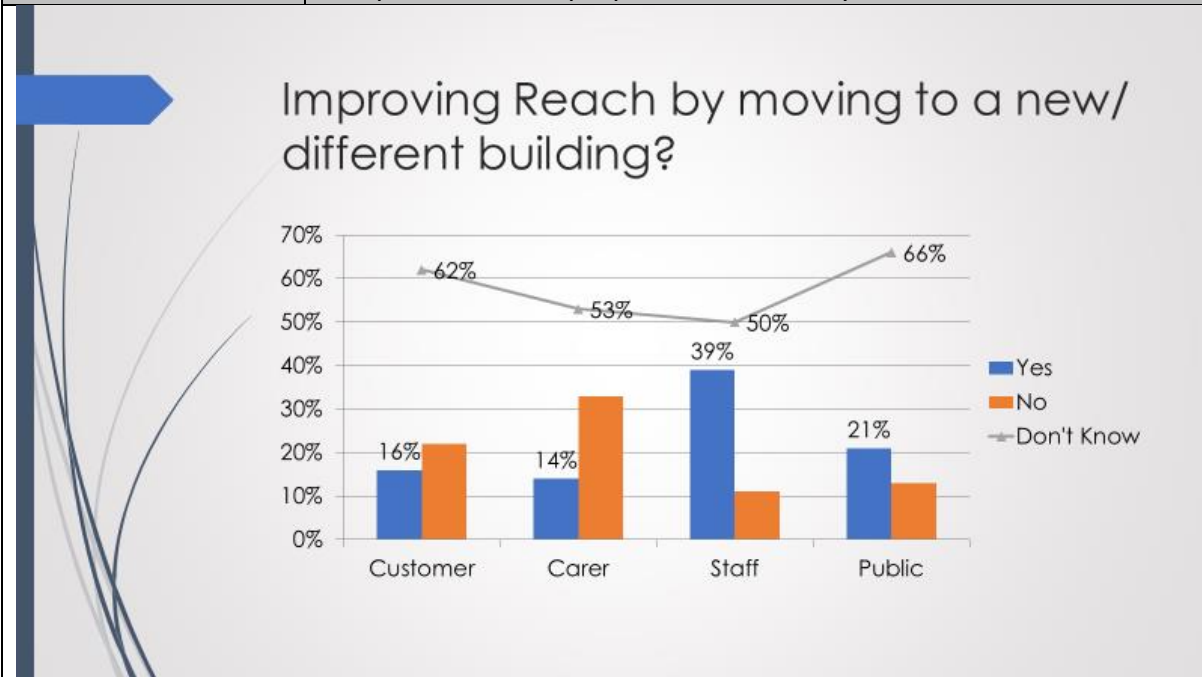
Q3l	Should the Council move Addison and only provide a service to people with high and complex needs?
Customer response (162)	Yes 9 (6%) No 104 (64%) Don't know 49 (30%)
Carer response (91)	Yes 4 (5%) No 74 (81%) Don't know 13 (14%)
Staff response (83)	Yes 10 (12%) No 56 (67%) Don't know 17 (21%)
Public response (66)	Yes 9 (14%) No 47 (71%) Don't know 10 (15%)
Interpretation	Decisive response – no support for the proposed change



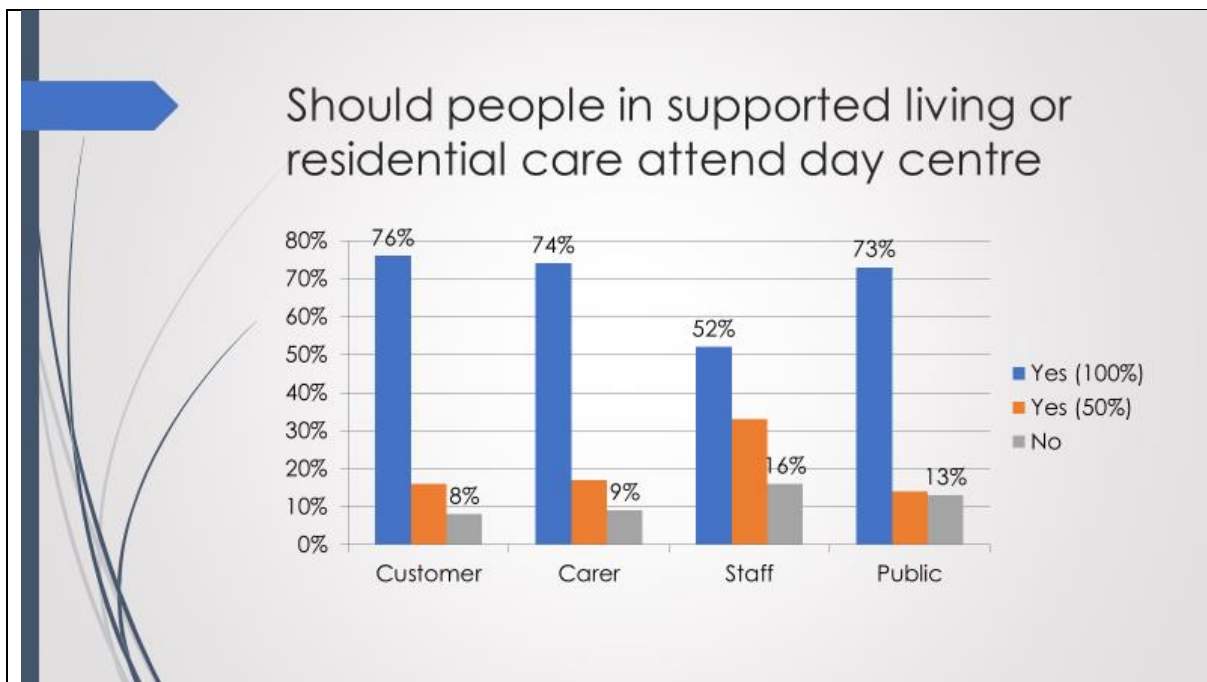
Q3m	Should we close Oaks and Addison Day Centre?
Customer response	Addison: Yes 12 (9%) No 119 (91%) - Total 131 Oak: Yes 4 (4%) No 109 (96%) - Total 113
Carer response	Addison: Yes 3 (4%) No 74 (96%) - Total 77 Oak: Yes 5 (7%) No 70 (93%) - Total 75
Staff response	Addison: Yes 4 (6%) No 65 (94%) - Total 69 Oak: Yes 9 (13%) No 61 (87%) - Total 70
Public response	Addison: Yes 6 (11%) No 51 (89%) - Total 57 Oaks: Yes 9 (16%) No 47 (84%) - Total 56
Interpretation	Decisive response – no support for the proposed closure



Q3h	Could we improve Reach Day Services by moving into a new/different building?
Customer response (154)	Yes 24 (16%) No 34 (22%) Don't Know 96 (62%)
Carer response (87)	Yes 12 (14%) No 29 (33%) Don't Know 46 (53%)
Staff response (82)	Yes 32 (39%) No 9 (11%) Don't Know 41 (50%)
Public response (67)	Yes 14 (21%) No 9 (13%) Don't Know 44 (66%)
Interpretation	Contrary to other changes proposed responders here were more receptive with this proposal. Council may wish to look into it.

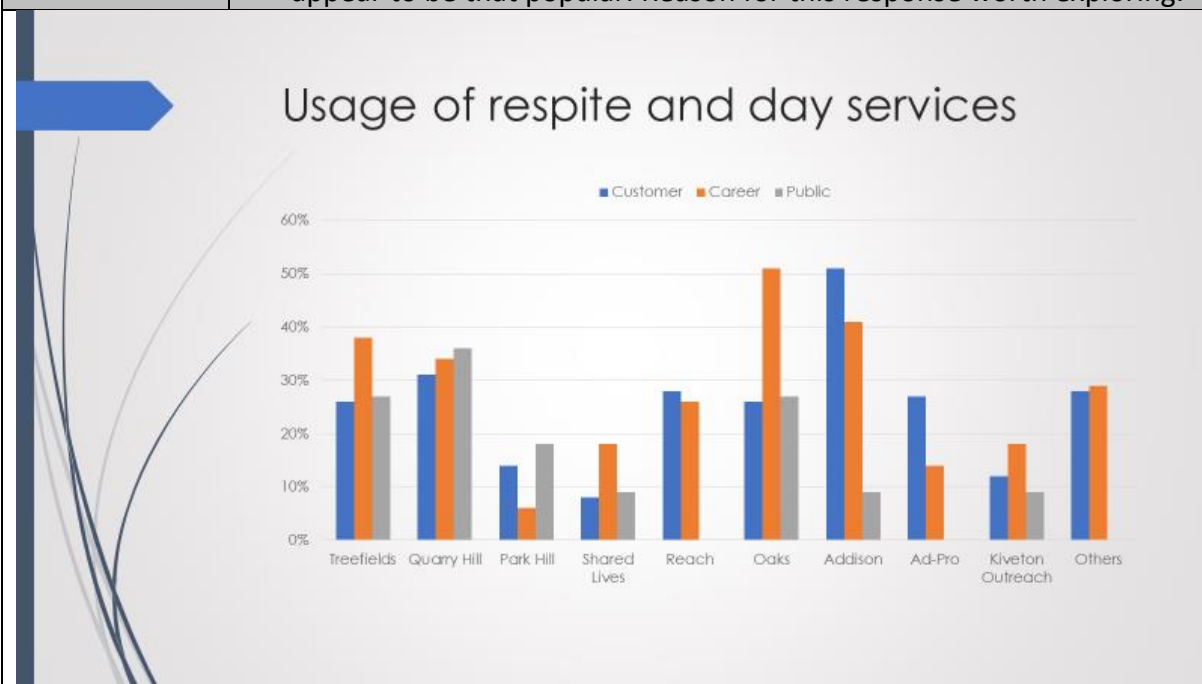


Q3o	Should people who live in Residential Care or Supported Living be able to attend a Day Centre?
Customer response (162)	Yes (100%) 106 (76%) Yes (50%) 23 (16%) No 11 (8%)
Carer response (88)	Yes (100%) 65 (74%) Yes (50%) 15 (17%) No 8 (9%)
Staff response (83)	Yes (100%) 43 (52%) Yes (50%) 27 (33%) No 13 (16%)
Public response	Yes (100%) 47 (73%) Yes (50%) 9 (14%) No 8 (13%)
Interpretation	All the groups are supportive of this dual service, however, the rationality of these support mechanisms combined needs to be studied.

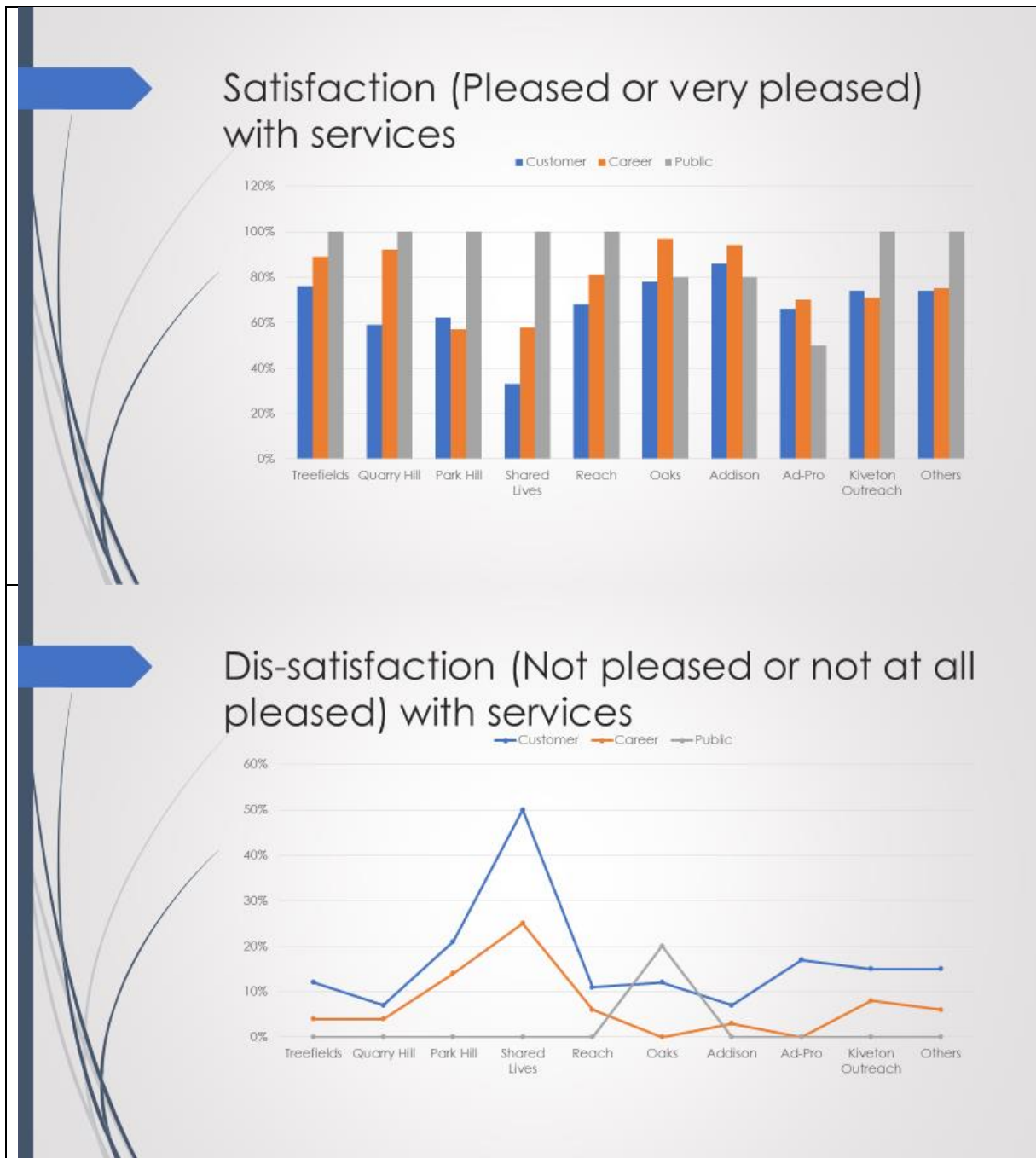


Q3p	Is there anything else you would like to say on the Rotherham Council options for Respite or Day Services in Rotherham? (Section 6.2)
Q4a	Please tell us what you do each day of the week?
Q4b	What would you like to do with your time? (If you don't know please leave blank)
Q5a	Do you use any of these services?
Customer response	Treefields (124) Now 18 (15%) Past 14 (11%) Never used 92 (74%)
	Quarry Hill (131) Now 20 (15%) Past 11 (8%) Never used 100 (76%)
	Park Hill (126) Now 11 (7%) Past 9 (7%) Never used 106 (84%)
	Shared Lives (123) Now 4 (3%) Past 6 (5%) Never used 113 (92%)
	Reach (126) Now 28 (22%) Past 8 (6%) Never used 90 (71%)
	Oaks (136) Now 25 (18%) Past 11 (8%) Never used 100 (74%)
	Addison (136) Now 60 (44%) Past 10 (7%) Never used 66 (49%)
	Ad-Pro (123) Now 21 (17%) Past 12 (10%) Never used 90 (73%)
	Kiveton outreach (122) Now 13 (11%) Past 2 (1%) Never used 107 (88%)
	Others (112) Now 25 (22%) Past 7 (6%) Never used 80 (71%)
Carer response	Treefields (60) Now 18 (30%) Past 5 (8%) Never used 37 (62%)
	Quarry Hill (59) Now 18 (31%) Past 2 (3%) Never used 39 (66%)
	Park Hill (50) Now 1 (2%) Past 2 (4%) Never used 47 (94%)
	Shared Lives (51) Now 4 (8%) Past 5 (10%) Never used 42 (82%)
	Reach (54) Now 8 (15%) Past 6 (11%) Never used 40 (74%)
	Oaks (65) Now 32 (49%) Past 1 (2%) Never used 32 (49%)
	Addison (64) Now 25 (39%) Past 1 (2%) Never used 38 (59%)

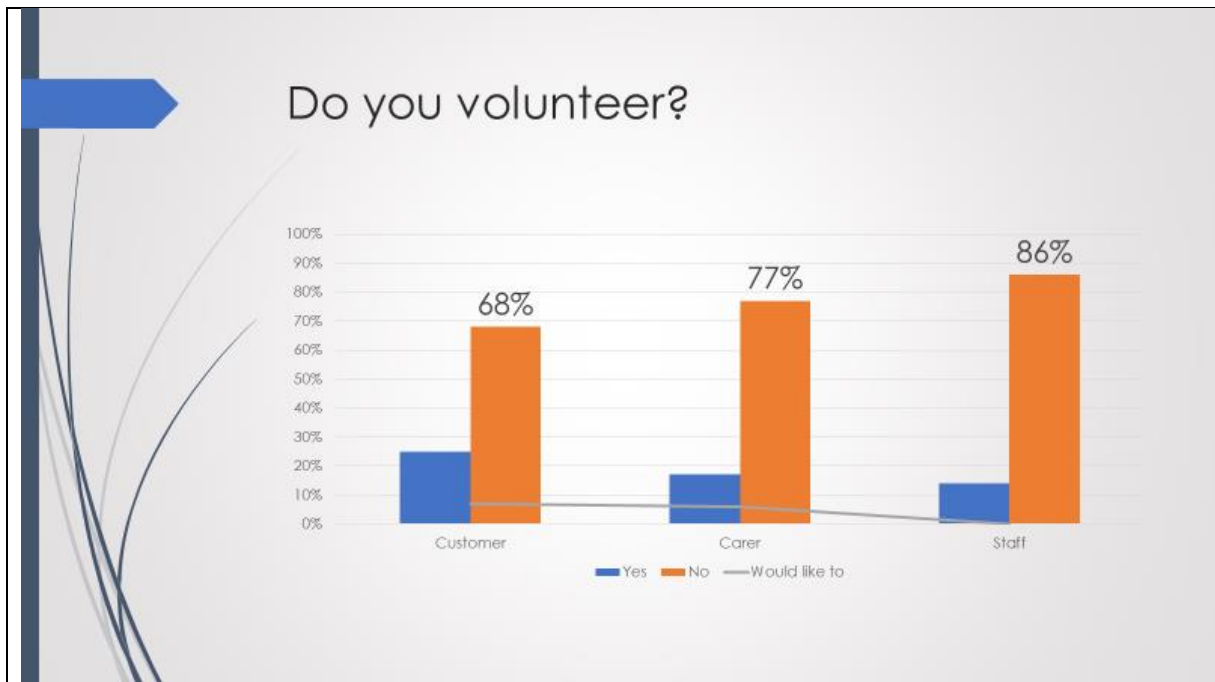
	Ad-Pro (52) Now 4 (8%) Past 3 (6%) Never used 45 (86%)
	Kiveton
	outreach (56) Now 8 (14%) Past 2 (4%) Never used 46 (82%)
	Others (48) Now 11 (23%) Past 3 (6%) Never used 34 (71%)
Staff response	
Public response	Treefields (11) Now 1 (9%) Past 2 (18%) Never used 8 (73%)
	Quarry Hill (11) Now 1 (9%) Past 3 (27%) Never used 7 (64%)
	Park Hill (11) Now 0 (0%) Past 2 (18%) Never used 9 (72%)
	Shared Lives (11) Now 1 (9%) Past 0 (0%) Never used 10 (91%)
	Reach (11) Now 0 (0%) Past 0 (0%) Never used 11 (100%)
	Oaks (11) Now 3 (27%) Past 0 (0%) Never used 8 (73%)
	Addison (11) Now 3 (27%) Past 0 (0%) Never used 8 (73%)
	Ad-Pro (11) Now 1 (9%) Past 0 (0%) Never used 10 (91%)
	Kiveton
	outreach (11) Now 1 (9%) Past 0 (0%) Never used 10 (91%)
	Others (10) Now 0 (0%) Past 0 (0%) Never used 10 (100%)
Interpretation	<ul style="list-style-type: none"> • Whilst the services by and large seem to be underused; these answers are not easy to interpret – Here an individual had 10 choices and it is impossible for them to access more than one or two services at a time. • Addison and Oaks seem to be mostly used followed by Treefields, Quarry Hill, Ad-Pro and Reach. Shared life and park Hill does not appear to be that popular. Reason for this response worth exploring.



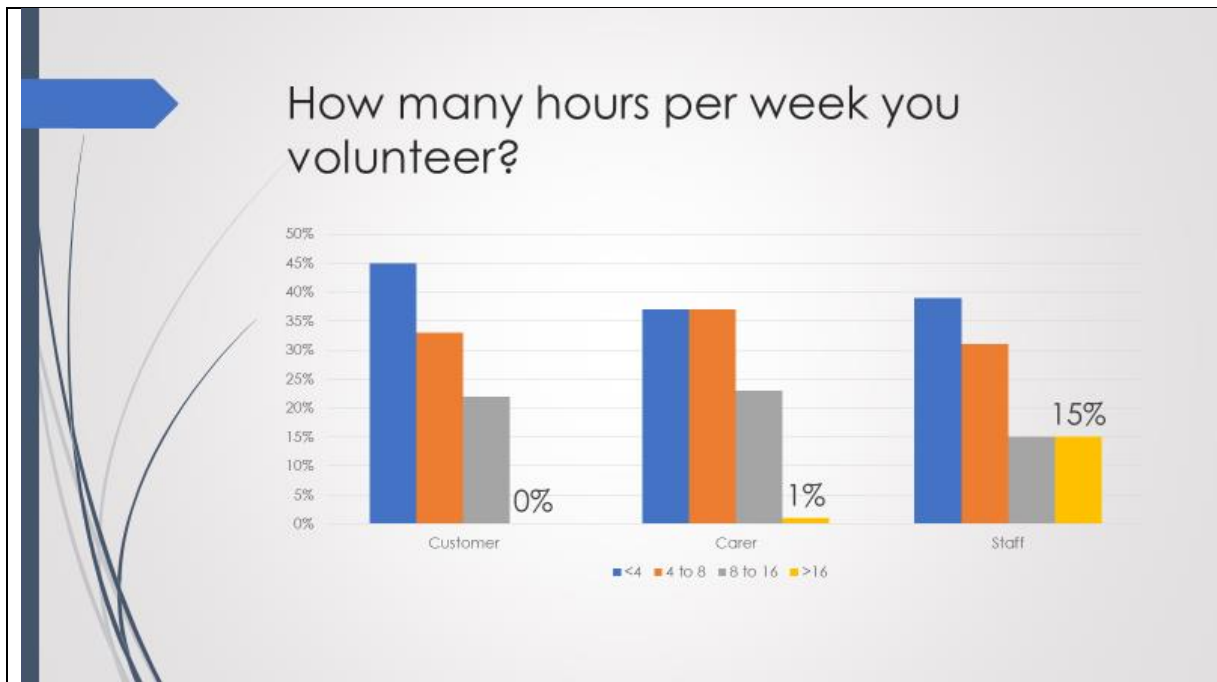
Q5b	How pleased are you with this service? (Very Please/Pleased; OK; Not pleased/Not at all pleased)
Customer response	Treefields (33) VP/P 25 (76%) OK 4 (12%) NP 4 (12%)
	Quarry Hill (32) VP/P 19 (59%) OK 11 (34%) NP 2 (7%)
	Park Hill (24) VP/P 15 (62%) OK 4 (17%) NP 5 (21%)
	Shared Lives (12) VP/P 4 (33%) OK 2 (17%) NP 6 (50%)
	Reach (34) VP/P 23 (68%) OK 7 (21%) NP 4 (11%)
	Oaks (40) VP/P 31 (78%) OK 4 (10%) NP 5 (12%)
	Addison (67) VP/P 57 (86%) OK 5 (7%) NP 5 (7%)
	Ad-Pro (35) VP/P 23 (66%) OK 6 (17%) NP 6 (17%)
	Kiveton outreach (19) VP/P 14 (74%) OK 2 (11%) NP 3 (15%)
	Others (27) VP/P 20 (74%) OK 3 (11%) NP 4 (15%)
Carer response	Treefields (27) VP/P 24 (89%) OK 2 (7%) NP 1 (4%)
	Quarry Hill (24) VP/P 22 (92%) OK 1 (4%) NP 1 (4%)
	Park Hill (7) VP/P 4 (57%) OK 2 (29%) NP 1 (14%)
	Shared Lives (12) VP/P 7 (58%) OK 2 (17%) NP 3 (25%)
	Reach (16) VP/P 13 (81%) OK 2 (13%) NP 1 (6%)
	Oaks (34) VP/P 33 (97%) OK 1 (3%) NP 0 (0%)
	Addison (29) VP/P 27 (94%) OK 1 (3%) NP 1 (3%)
	Ad-Pro (10) VP/P 7 (70%) OK 3 (30%) NP 0 (0%)
	Kiveton outreach (14) VP/P 10 (71%) OK 3 (21%) NP 1 (8%)
	Others (16) VP/P 12 (75%) OK 3 (19%) NP 1 (6%)
Public response	Treefields (6) VP/P 6 (100%)
	Quarry Hill (5) VP/P 5 (100%)
	Park Hill (7) VP/P 3 (100%)
	Shared Lives (2) VP/P 2 (100%)
	Reach (2) VP/P 2 (100%)
	Oaks (5) VP/P 4 (80%) OK 0 (0%) NP 1 (20%)
	Addison (5) VP/P 4 (80%) OK 1 (20%)
	Ad-Pro (2) VP/P 1 (50%) OK 1 (50%)
	Kiveton outreach (2) VP/P 2 (100%)
	Others (1) VP/P 1 (100%)
Interpretation	<ul style="list-style-type: none"> • By and large the responders are happy with the service that they receive • Shared life seems to have worst reputation among the customers



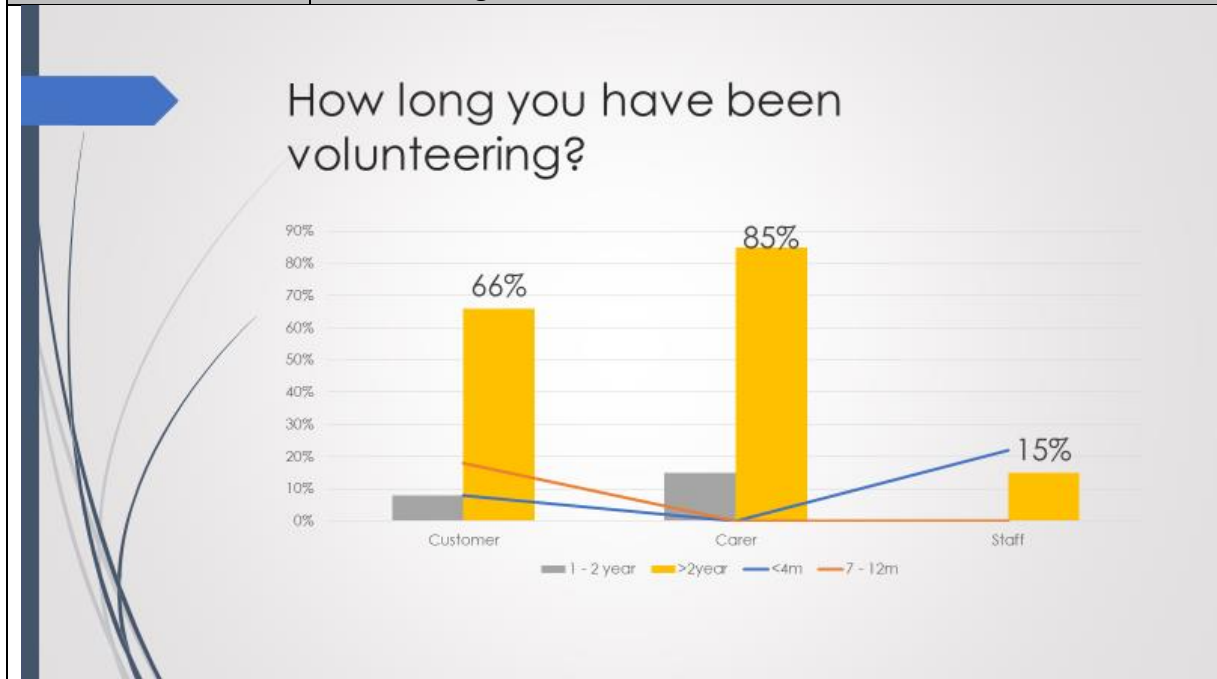
Q7a	Do you volunteer?
Customer response (160)	Yes 40 (25%) No 109 (68%) Don't volunteer but would like to 11 (7%)
Carer response (83)	Yes 14 (17%) No 64 (77%) Don't volunteer but would like to 5 (6%)
Staff response (80)	Yes 11 (14%) No 69 (86%) Don't volunteer but would like to 0 (0%)
Public response	
Interpretation	Customers would love to keep themselves engaged Even carers are interested. Not high in Staff agenda



Q7b	If you volunteer, please tell us where you do volunteering? Please tell us the name of company and location. (Please list all) (Section 6.2)
Q7c	How many hours do you volunteer per week?
Customer response (40)	<4 hours – 15 (37%); 4 – 8 hrs – 15 (37%); 8 – 16 hrs 9 (23%); >16 hours – 1 (3%)
Carer response (13)	<4 hours – 5 (39%); 4 – 8 hrs – 4 (31%); 8 – 16 hrs 2 (15%); >16 hours – 2 (15%)
Staff response (9)	<4 hours – 4 (45%); 4 – 8 hrs – 3 (33%); 8 – 16 hrs 2 (22%); >16 hours – 0 (0%)
Public response	
Interpretation	Most responders are doing volunteering up to 8 hours which seems to be realistic

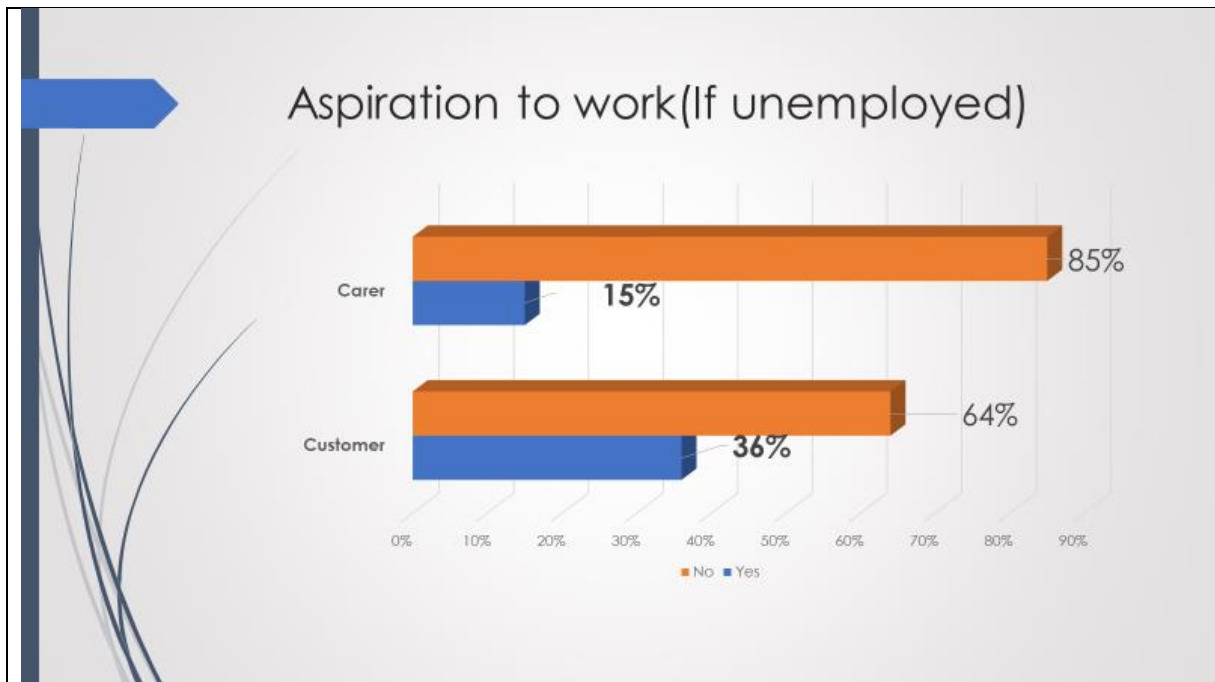


Q7d	How long have you been volunteering?
Customer response (40)	<4 months – 3 (8%); 7 – 12m – 7 (18%); 1 – 2 years 3 (8%); >2 years – 25 (66%)
Carer response (13)	<4 months – 0 (0%); 7 – 12m – 0 (0%); 1 – 2 years 2 (15%); >2 years – 11 (85%)
Staff response (9)	<4 months – 2 (22%); 7 – 12m – 0 (0%); 1 – 2 years 0 (0%); >2 years – 7 (78%)
Interpretation	It is encouraging that more and more customers are starting volunteering

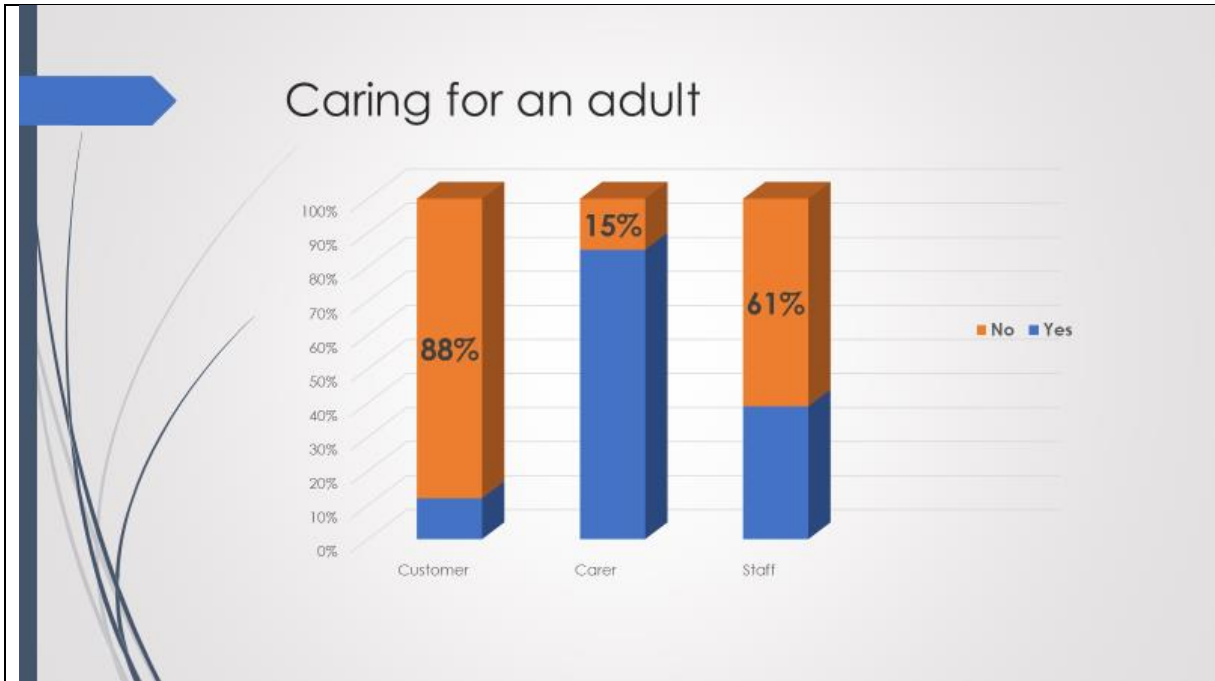


Q7e	Where would you like to volunteer? (Section 6.2)
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Q7f	What are the barriers to volunteering? (Section 6.2)
Q7g	What would need to be in place to support you to volunteer? (Section 6.2)
Q7h	What qualifications do you need to move from volunteering to work?
Q8a	Are you in paid work?
Customer response (156)	Yes 23 (15%) No 133 (85%)
Carer response (81)	Yes 21 (26%) No 60 (74%)
Staff response (84)	Yes 84 (100%)
Public response	
Interpretation	<ul style="list-style-type: none"> The response from the customers seems to be high as national average is around 6%. This could be explained by 11 people who are employed by Speakup and those who work for AdPro The numbers of people with a degree or higher level qualification does not relate to the national statistics on this and needs further exploring.
Q8b	If yes, please tell us where you work? Name and location of the company
Q8c	How many hours do you work and get paid per week?
Customer response (3)	<4 hours – 2 (67%); 4 – 8 hrs – 1 (33%)
Carer response (2)	<4 hours – 2 (100%); 4 – 8 hrs – 0 (0%)
Interpretation	<ul style="list-style-type: none"> The discrepancy between Q8a, 8c and 8d needs exploring
Q8d	How long have you been in paid work?
Customer response (3)	<6 months – 1 (50%); 1 – 2 years – 1 (50%)
Carer response (0)	<6 months – 0 (0%); 1 – 2 years – 0 (0%)
Interpretation	As above
Q8e	If you do not do paid work would you like to?
Customer response (100)	Yes 36 (36%) No 64 (64%)
Carer response (33)	Yes 5 (15%) No 28 (85%)
Interpretation	<ul style="list-style-type: none"> One third of customers want to do paid work



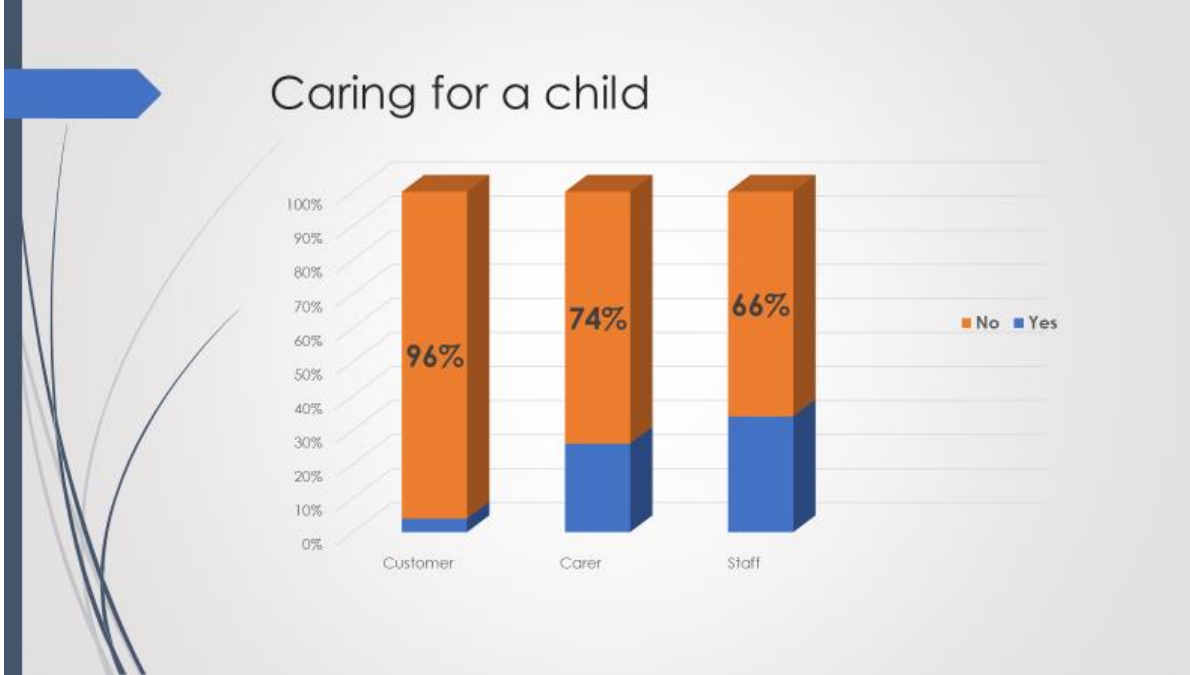
Q8f	Please tell us where would you like to work?
Q8g	What was/is good about your previous/current work experience?
Q8h	What were/are the problems with your previous/current work experience?
Q9a	Do you look after an adult?
Customer response (156)	Yes 19 (12%) No 137 (88%)
Carer response (89)	Yes 76 (85%) No 13 (15%)
Staff response (77)	Yes 30 (39%) No 47 (61%)
Interpretation	<ul style="list-style-type: none"> • Confusing question may be interpreted in different ways • It is however clear that some of the customers are taking up caring role in spite of their own requirement • The carers may have responsibility of caring more than one individuals

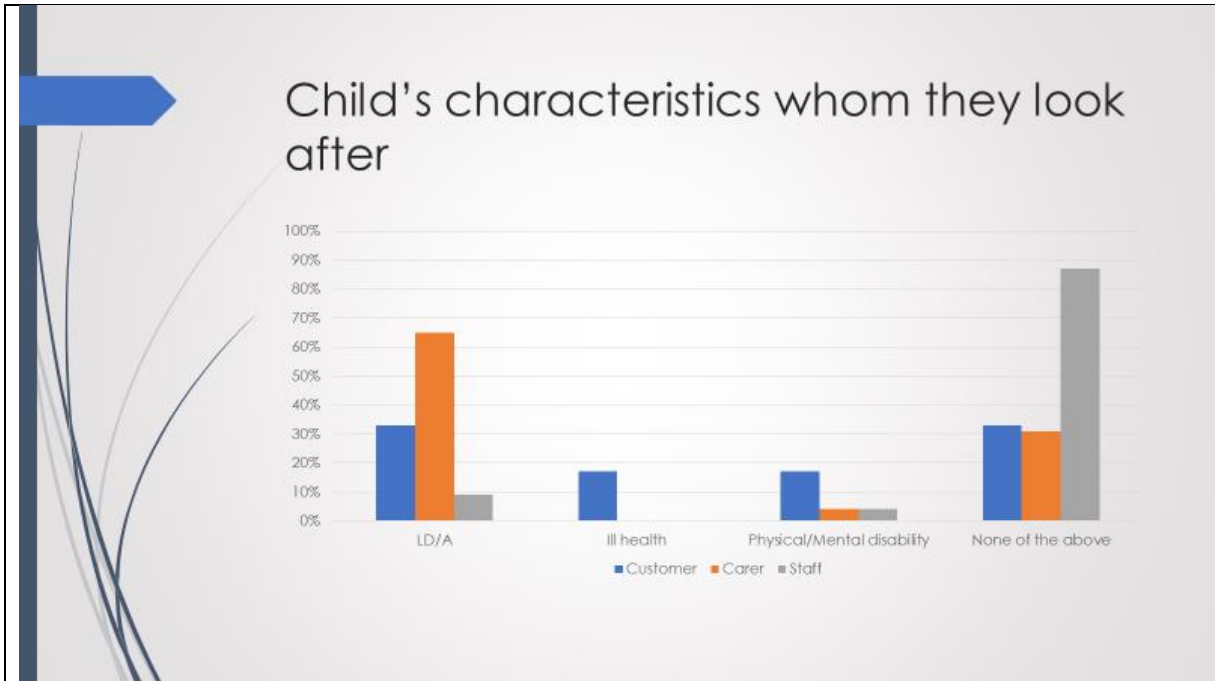


Q9b	Which term best describes the adult you look after?
Customer response (158)	Learning disability/autism 13 (72%) Ill health 5 (28%)
Carer response (75)	Learning disability/autism 70 (93%) Physical disability 4 (5%) Ill health 1 (1%)
Staff response (29)	Learning disability/autism 20 (69%) Physical disability 3 (10%) Ill health 2 (7%) Mental Health 1 (3%) Other 3 (11%)
Public response	
Interpretation	It seems that most of the individuals who have care need have Learning Disability/Autism

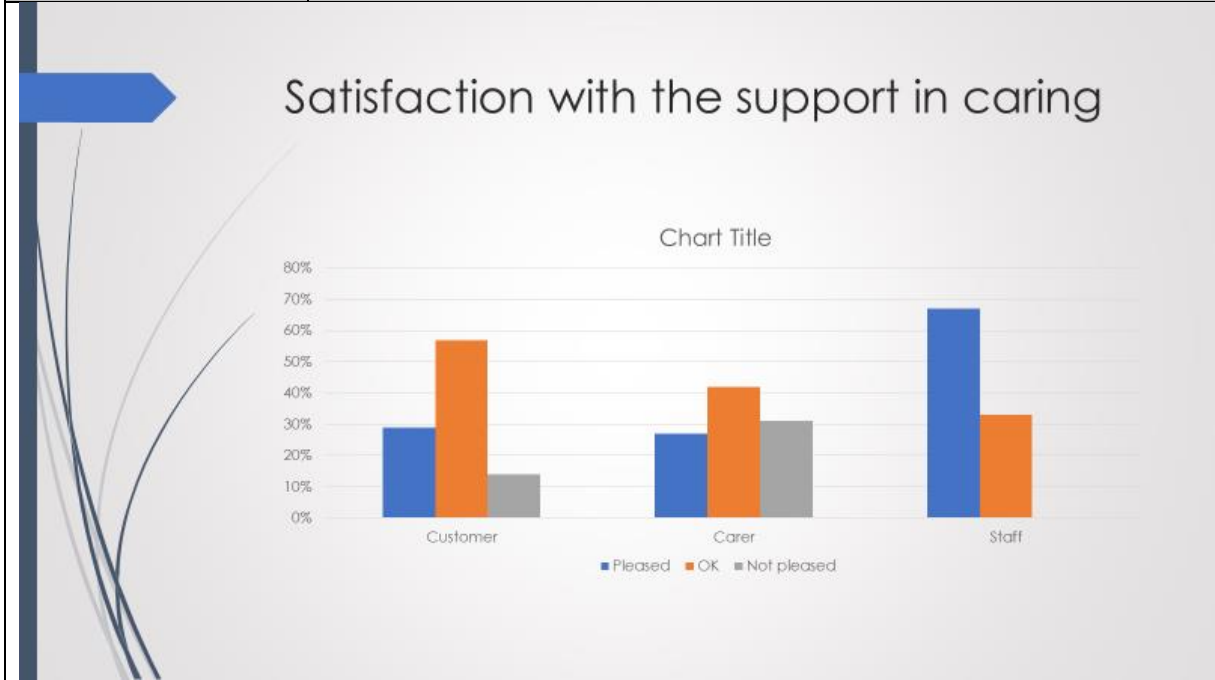


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Q9c	Do you look after a child in your home?												
Customer response (156)	Yes 6 (4%) No 150 (96%)												
Carer response (85)	Yes 22 (26%) No 63 (74%)												
Staff response (76)	Yes 26 (34%) No 50 (76%)												
Interpretation	<ul style="list-style-type: none"> Some customers are taking up caring role despite their own requirement The carers may have responsibility of caring more than one individuals 												
 <p>Caring for a child</p> <table border="1"> <thead> <tr> <th>Group</th> <th>No (%)</th> <th>Yes (%)</th> </tr> </thead> <tbody> <tr> <td>Customer</td> <td>96%</td> <td>4%</td> </tr> <tr> <td>Carer</td> <td>74%</td> <td>26%</td> </tr> <tr> <td>Staff</td> <td>66%</td> <td>34%</td> </tr> </tbody> </table>		Group	No (%)	Yes (%)	Customer	96%	4%	Carer	74%	26%	Staff	66%	34%
Group	No (%)	Yes (%)											
Customer	96%	4%											
Carer	74%	26%											
Staff	66%	34%											
Q9d	Does the child have?												
Customer response (6)	Learning disability/autism 2 (33%) Mental ill health 1 (17%) Other 1 (17%) None of the above 2 (33%)												
Carer response (23)	Learning disability/autism 15 (65%) Mental ill health 0 (0%) Physical disability 1 (4%) Other 0 (0%) None of the above 7 (31%)												
Staff response (23)	Learning disability/autism 2 (9%) Mental ill health 0 (0%) Physical disability 1 (4%) Other 0 (0%) None of the above 20 (87%)												
Interpretation	<ul style="list-style-type: none"> It seems that most of the individuals who have care need have Learning Disability/Autism. It however does not apply to the staff 												

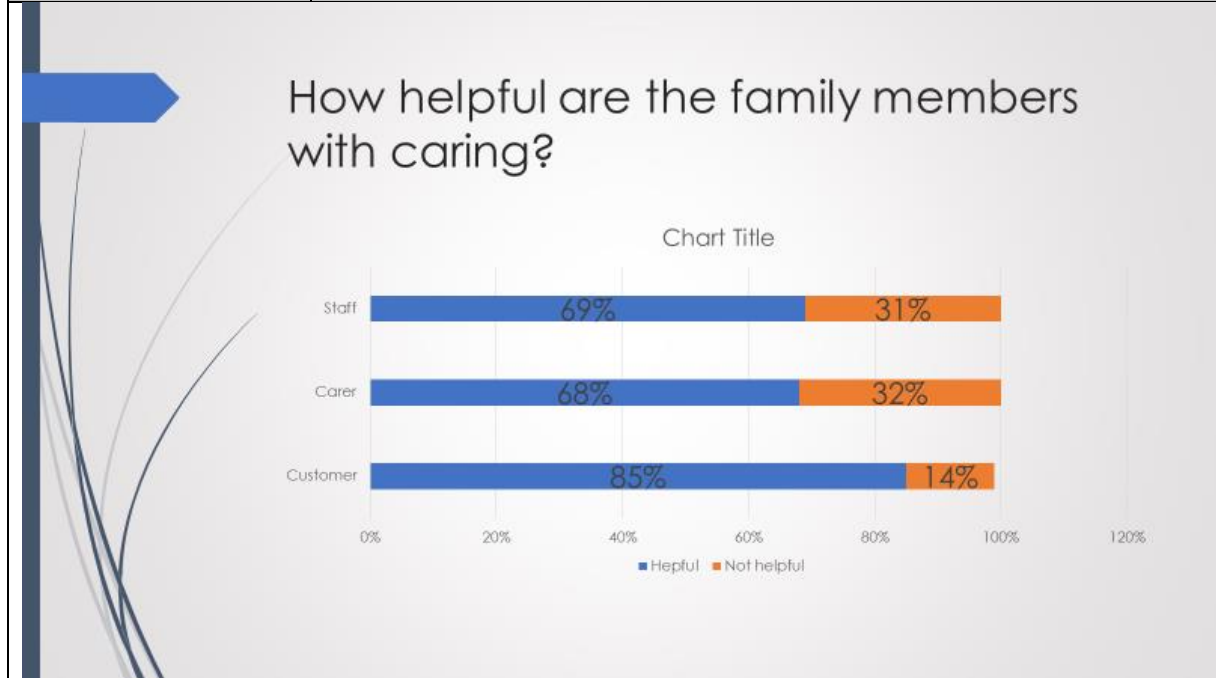


Q9e	How pleased are you with the support you get in your caring role?
Customer response (7)	VP/P 2 (29%) OK 4 (57%) NP 1 (14%)
Carer response (26)	VP/P 7 (27%) OK 11 (42%) NP 8 (31%)
Staff response (15)	VP/P 10 (67%) OK 5 (33%) NP 0 (0%)
Public response	
Interpretation	Neither the customers not the carers are very pleased with the support that they receive with their caring role

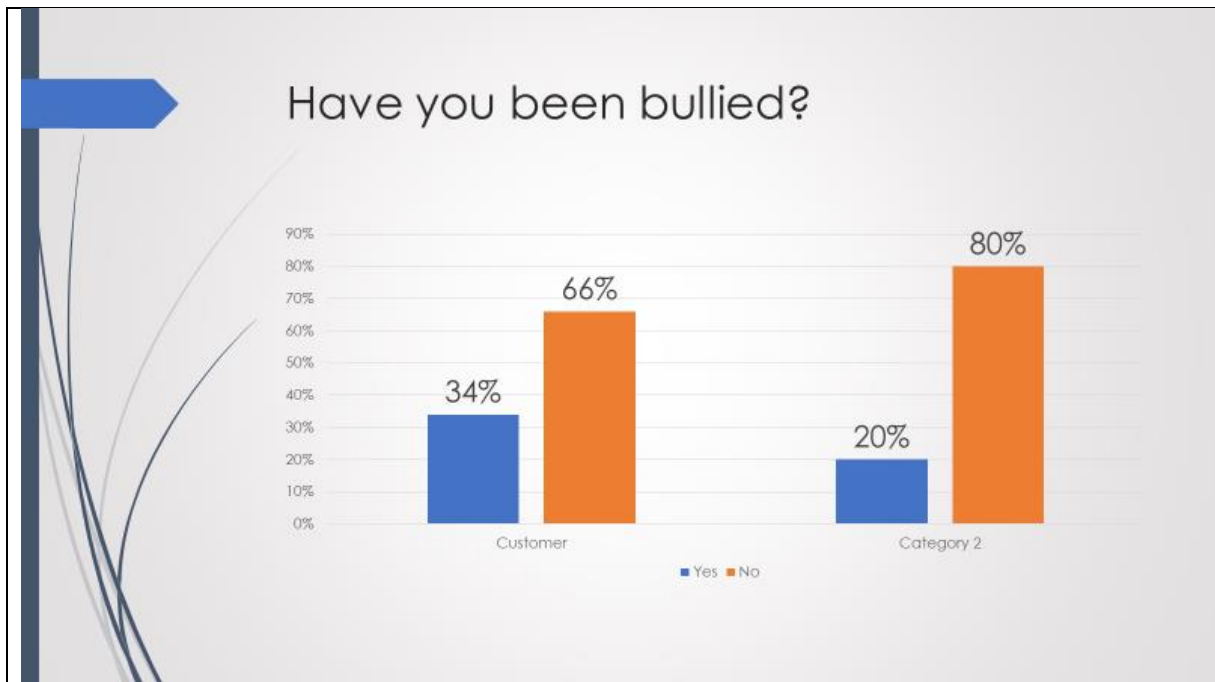


Q9e	How can the Council support you in your caring role?

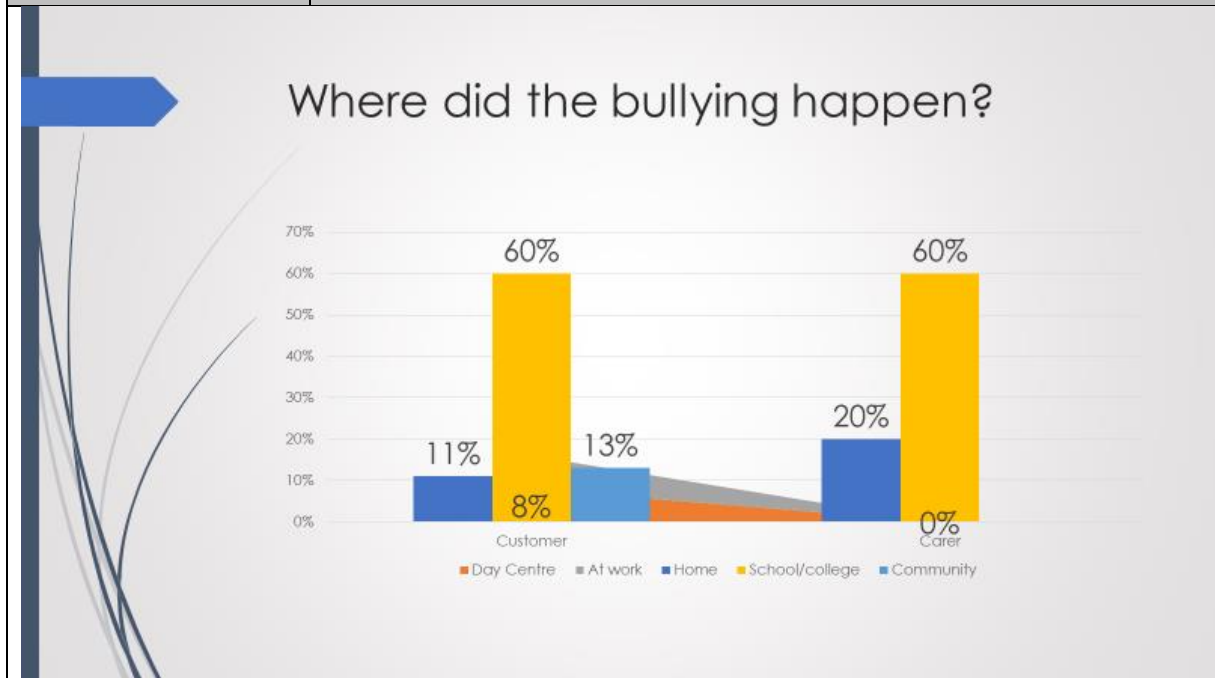
Q9g	How much do your family help you in your caring role?
Customer response (20)	Very helpful 5 (71%) Sometimes helpful 1 (14%) Not helpful 1 (14%)
Carer response (25)	Very helpful 10 (40%) Sometimes helpful 7 (28%) Not helpful 8 (32%)
Staff response (16)	Very helpful 3 (19%) Sometimes helpful 8 (50%) Not helpful 5 (31%)
Interpretation	Neither the customers nor the carers are very pleased with the support that they receive with their caring role however they receive some support from their other family members which may increase the burden on the family members



Q10a	Have you been bullied?
Customer response (154)	Yes 53 (34%) No 101 (66%)
Carer response (74)	Yes 15 (20%) No 59 (80%)
Interpretation	<ul style="list-style-type: none"> Bullying remain a problem. At least one fifth of the service users were bullied at some stage. One fifth of their carers had same unfortunate experience

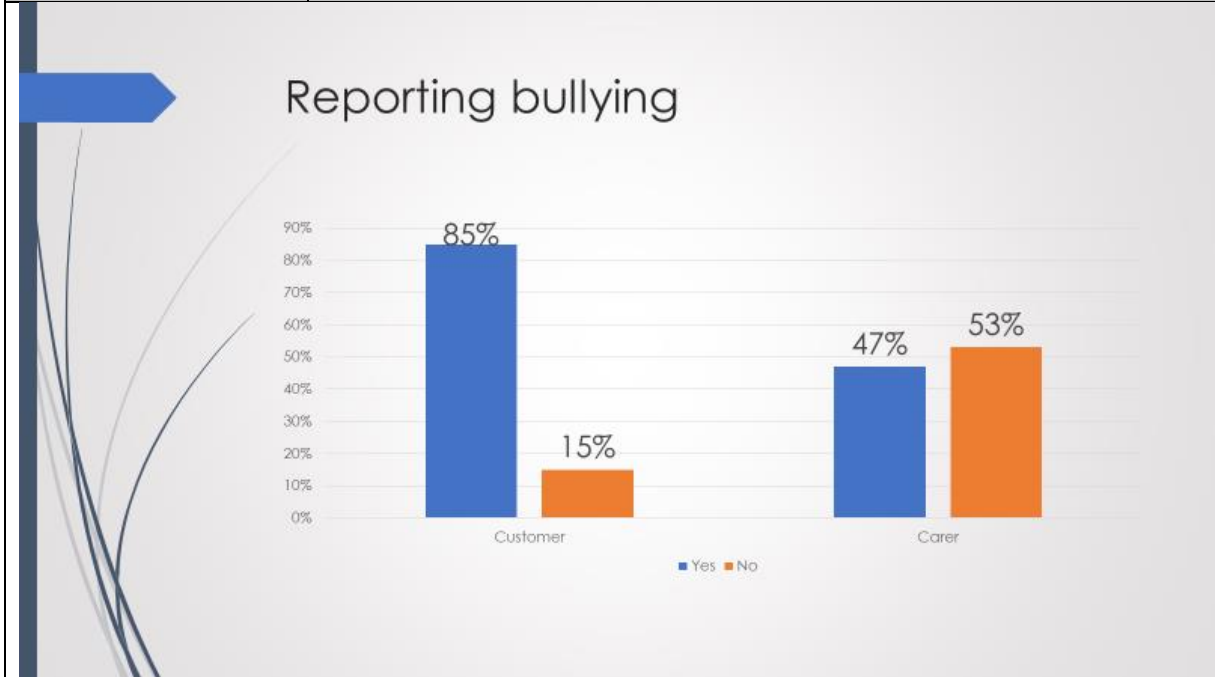


Q10b	Where did the bullying happen?
Customer response (52)	At home 6 (11%) Day Centre 4 (8%) at work 4 (8%) At School/college 31 (60%) In the community where I live in 7 (13%)
Carer response (15)	At work 3 (20%) At School/college 9 (60%) In the community where I live in (20%)
Interpretation	Worryingly bullying is spread across the society including home environment



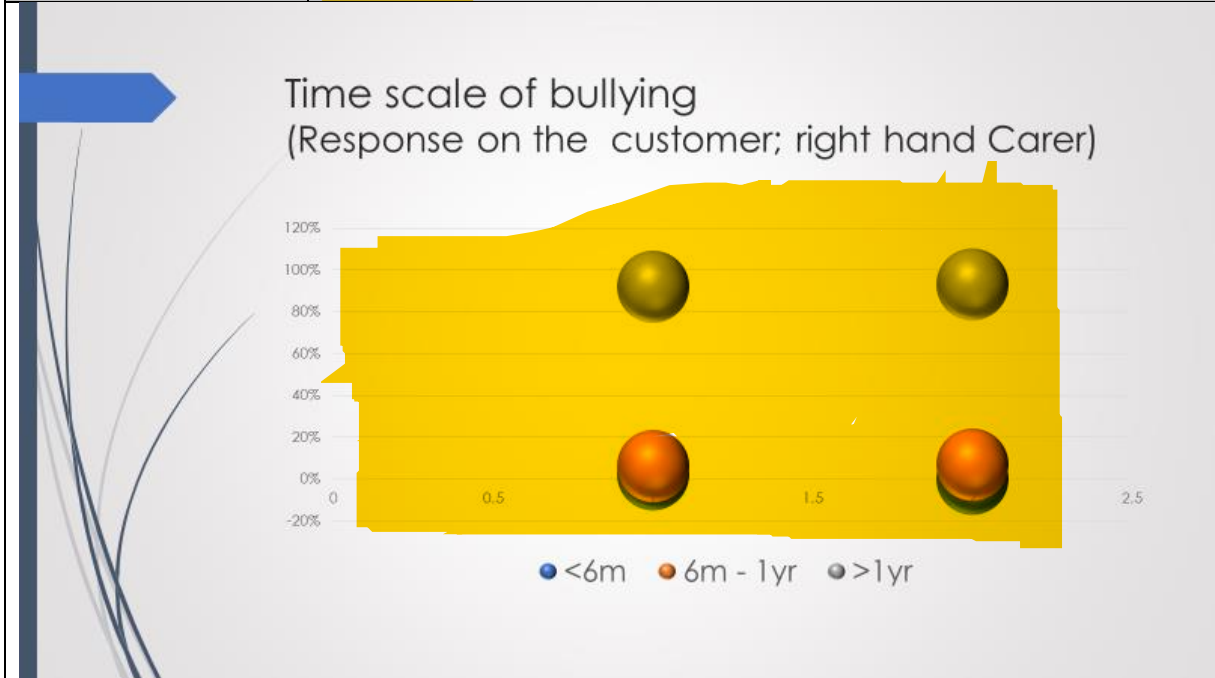
Q10c	Did you report the bullying?
Customer response (53)	Yes 45 (85%) No 8 (15%)
Carer response (15)	Yes 7 (47%) No 8 (53%)

Interpretation	<ul style="list-style-type: none"> • Customers are more confident in complaining about bullying • Carers seem to be more tolerant which reflects real life experience
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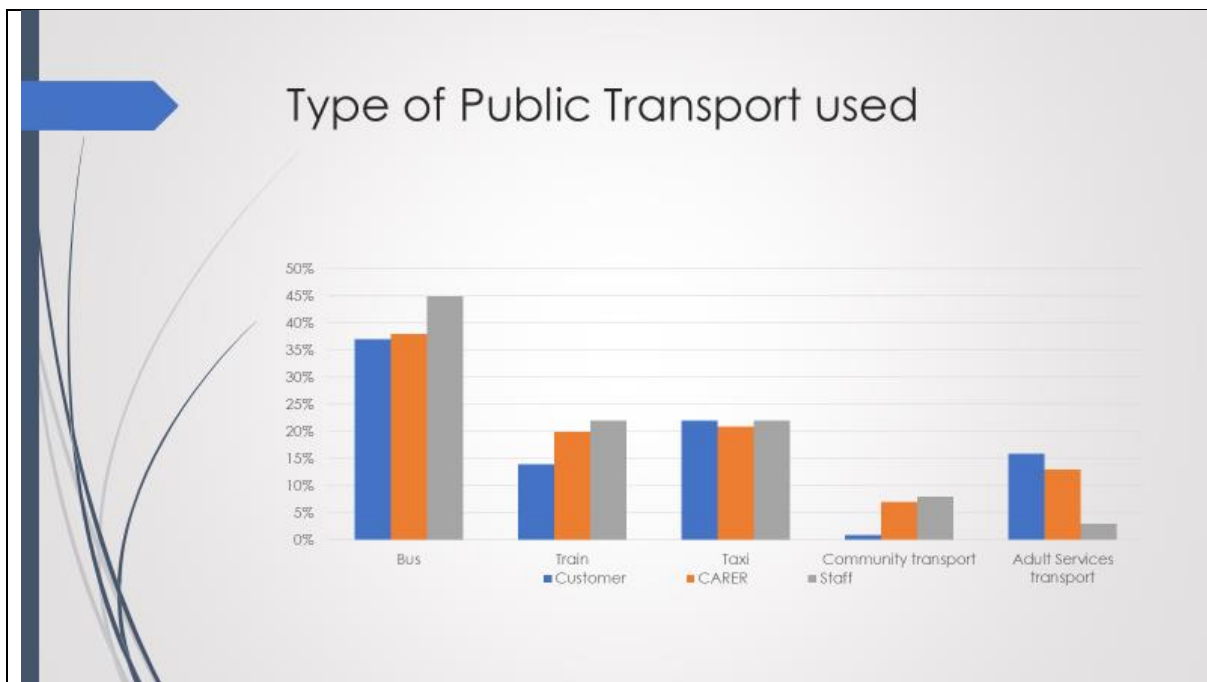
Q10d	When did this happen to you?
Customer response (53)	In the last 6 months 1 (2%) 6m – 1 year 3 (6%) Over a year ago 47 (92%)
Carer response (14)	In the last 6 months 0 (0%) 6m – 1 year 1 (7%) Over a year ago 13 (93%)

Interpretation	Fortunately situation has improved considerably recently
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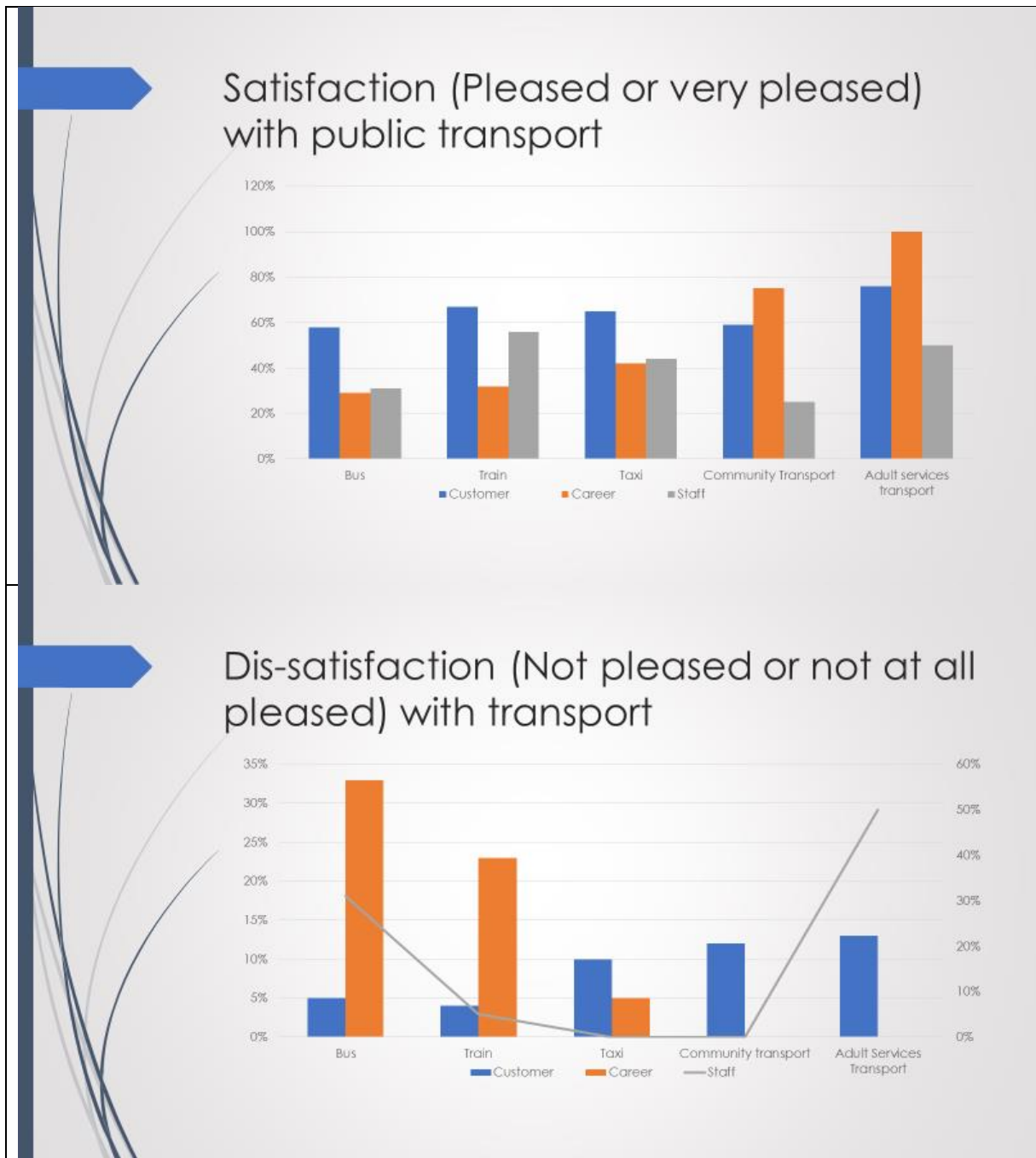


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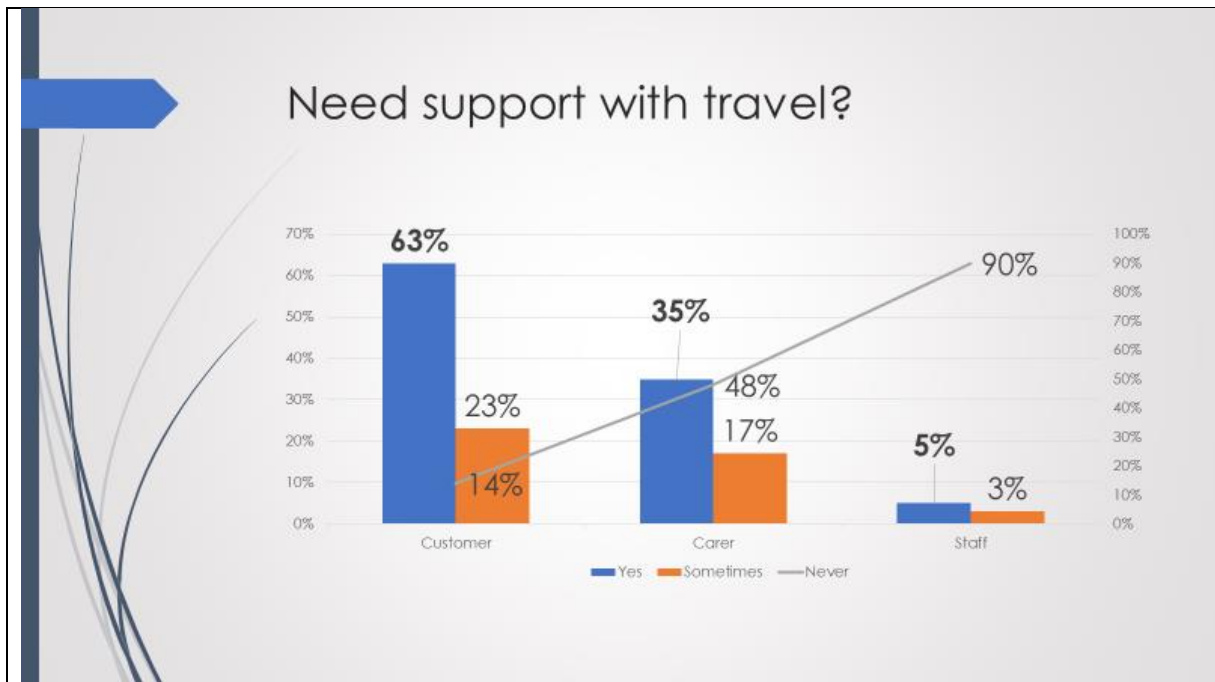
Q11a	Do you use public transport to get to places?																								
Customer response (160)	Yes 129 (80%) No 31 (20%)																								
Carer response (80)	Yes 41 (51%) No 39 (49%)																								
Staff response (73)	Yes 38 (52%) No 35 (48%)																								
Interpretation	Customers frequently use public transport which may indicate to their inability to drive or financial difficulty in buying a car Both staff and carer are more reliant on their own transport which may be because of the significant pressure on their time																								
<p>The bar chart displays the percentage of respondents using various public transport methods. The Y-axis represents the percentage from 0% to 50%. The X-axis lists the transport types: Bus, Train, Taxi, Community transport, and Adult Services transport. For each type, three bars represent Customer (blue), CARER (orange), and Staff (grey).</p> <table border="1"> <caption>Data for 'Type of Public Transport used' chart</caption> <thead> <tr> <th>Transport Type</th> <th>Customer (%)</th> <th>CARER (%)</th> <th>Staff (%)</th> </tr> </thead> <tbody> <tr> <td>Bus</td> <td>37%</td> <td>38%</td> <td>45%</td> </tr> <tr> <td>Train</td> <td>14%</td> <td>20%</td> <td>22%</td> </tr> <tr> <td>Taxi</td> <td>22%</td> <td>21%</td> <td>22%</td> </tr> <tr> <td>Community transport</td> <td>11%</td> <td>7%</td> <td>8%</td> </tr> <tr> <td>Adult Services transport</td> <td>16%</td> <td>13%</td> <td>3%</td> </tr> </tbody> </table>		Transport Type	Customer (%)	CARER (%)	Staff (%)	Bus	37%	38%	45%	Train	14%	20%	22%	Taxi	22%	21%	22%	Community transport	11%	7%	8%	Adult Services transport	16%	13%	3%
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Q11b	What type of transport do you use?																								
Customer response	Bus 108 (37%) Train 42 (14%) Taxi 64 (22%) Community transport 31 (11%) Adult Services Transport 46 (16%)																								
Carer response	Bus 36 (38%) Train 19 (20%) Taxi 20 (21%) Community transport 7 (7%) Adult Services Transport 12 (13%)																								
Staff response	Bus 33 (45%) Train 16 (22%) Taxi 16 (22%) Community transport 6 (8%) Adult Services Transport 2 (3%)																								
Interpretation	The choice of public transport possibly indicates towards the availability of services which is available locally																								



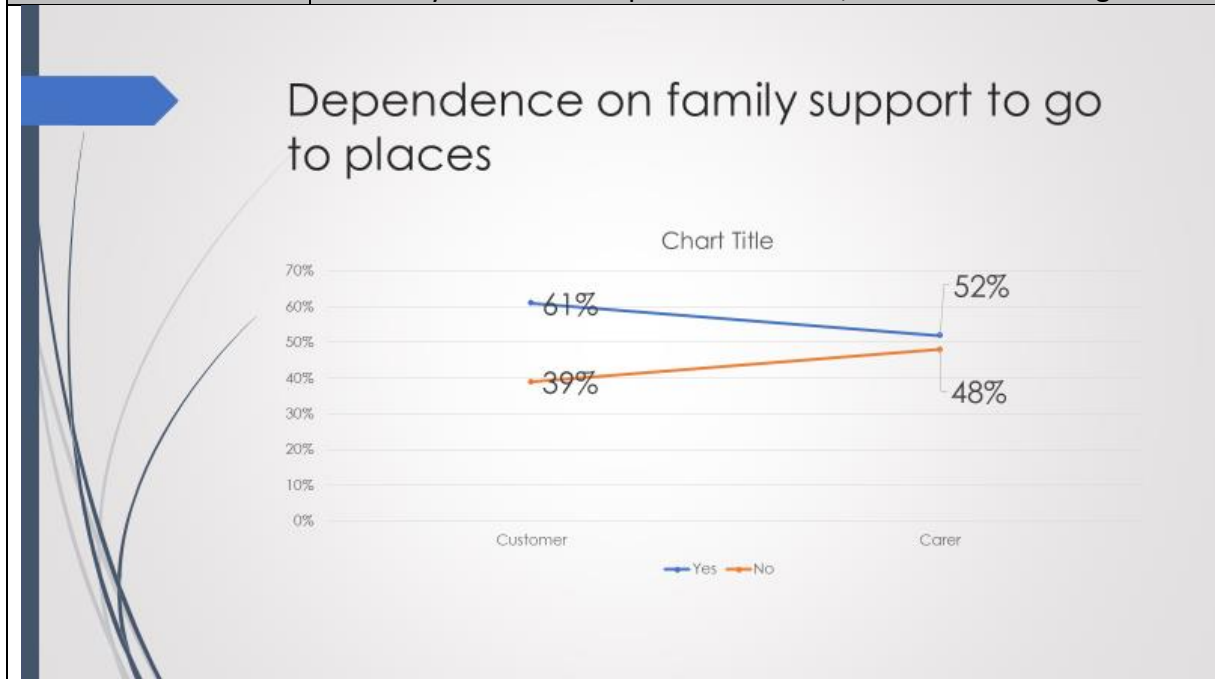
Q11b.1	How pleased are you with the public transport that you use?										
Customer response	<table border="1"> <tr> <td>Bus (110)</td> <td>VP/P 64 (58%) OK 41 (37%) NP 5 (5%)</td> </tr> <tr> <td>Train (49)</td> <td>VP/P 33 (67%) OK 14 (29%) NP 2 (4%)</td> </tr> <tr> <td>Taxi (69)</td> <td>VP/P 45 (65%) OK 17 (25%) NP 7 (10%)</td> </tr> <tr> <td>Community Transport (42)</td> <td>VP/P 25 (59%) OK 12 (29%) NP 5 (12%)</td> </tr> <tr> <td>Adult Services Transport (54)</td> <td>VP/P 41 (76%) OK 6 (11%) NP 7 (13%)</td> </tr> </table>	Bus (110)	VP/P 64 (58%) OK 41 (37%) NP 5 (5%)	Train (49)	VP/P 33 (67%) OK 14 (29%) NP 2 (4%)	Taxi (69)	VP/P 45 (65%) OK 17 (25%) NP 7 (10%)	Community Transport (42)	VP/P 25 (59%) OK 12 (29%) NP 5 (12%)	Adult Services Transport (54)	VP/P 41 (76%) OK 6 (11%) NP 7 (13%)
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Carer response	<table border="1"> <tr> <td>Bus (34)</td> <td>VP/P 10 (29%) OK 13 (38%) NP 11 (33%)</td> </tr> <tr> <td>Train (22)</td> <td>VP/P 7 (32%) OK 10 (45%) NP 4 (23%)</td> </tr> <tr> <td>Taxi (19)</td> <td>VP/P 8 (42%) OK 10 (53%) NP 1 (5%)</td> </tr> <tr> <td>Community Transport (8)</td> <td>VP/P 6 (75%) OK 2 (25%) NP 0 (0%)</td> </tr> <tr> <td>Adult Services Transport (12)</td> <td>VP/P 12 (100%) OK 0 (0%) NP 0 (0%)</td> </tr> </table>	Bus (34)	VP/P 10 (29%) OK 13 (38%) NP 11 (33%)	Train (22)	VP/P 7 (32%) OK 10 (45%) NP 4 (23%)	Taxi (19)	VP/P 8 (42%) OK 10 (53%) NP 1 (5%)	Community Transport (8)	VP/P 6 (75%) OK 2 (25%) NP 0 (0%)	Adult Services Transport (12)	VP/P 12 (100%) OK 0 (0%) NP 0 (0%)
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Community Transport (8)	VP/P 2 (25%) OK 6 (75%) NP 0 (0%)										
Adult Services Transport (6)	VP/P 3 (50%) OK 0 (0%) NP 3 (50%)										
Interpretation	<ul style="list-style-type: none"> • The customers were by and large happy with the public transport facility • The carers and staff were clearly not pleased with services and buses came out as the worst mode of transport. Identification of its root cause is beyond the remit of this study but in view of its wide coverage it merits exploring • Adult Services Transport had the highest approval rate 										



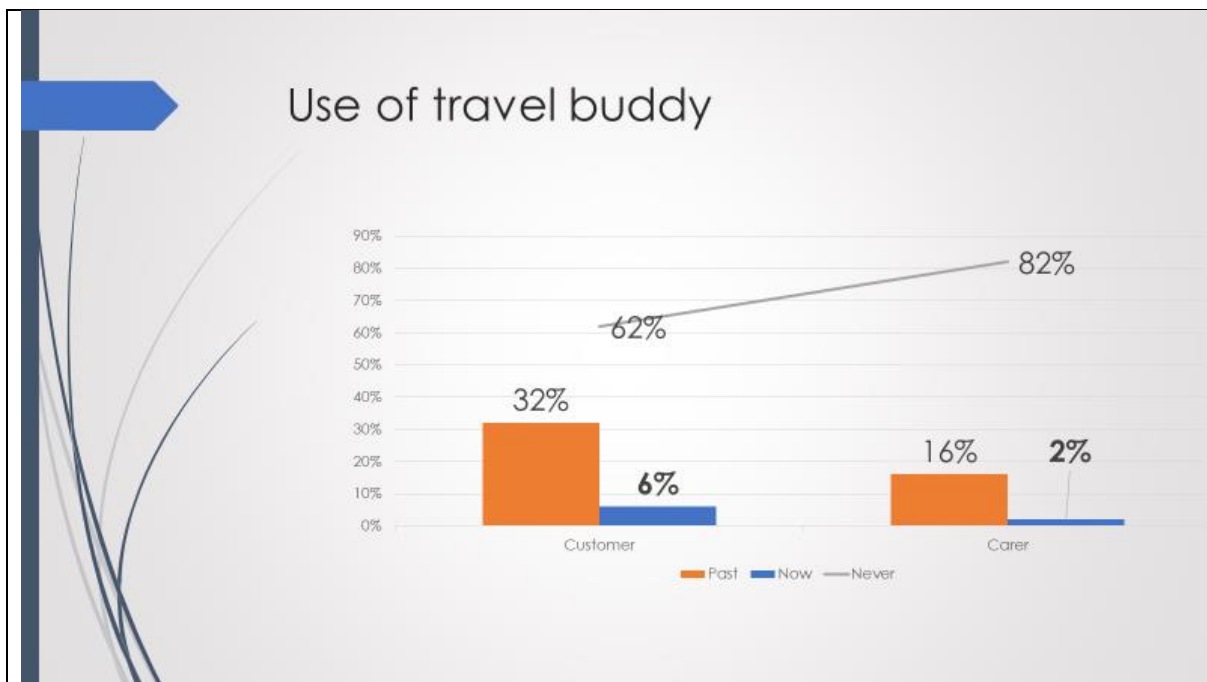
Q11c	What stops you from using public transport?
Q11d	Do you need support to travel?
Customer response (161)	Always 102 (63%) Sometimes 37 (23%) Never 22 (14%)
Carer response (65)	Always 23 (35%) Sometimes 11 (17%) Never 31 (48%)
Staff response (63)	Always 3 (5%) Sometimes 3 (5%) Never 57 (90%)
Public response	
Interpretation	<ul style="list-style-type: none"> Customers are rarely independent. 63% of them relies on support all the time; 23% sometimes. Even 1 in 3 carers need support all the time with transport to fulfil their caring responsibilities.



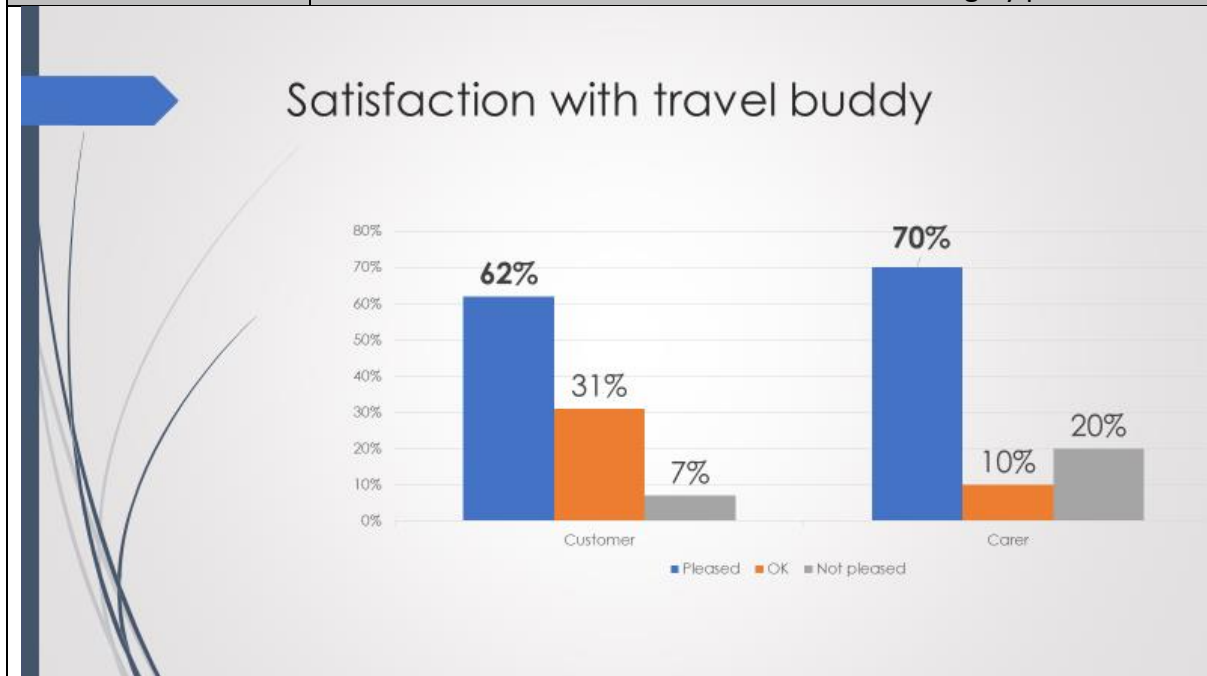
Q11e	Do you depend on family member to take you to places?
Customer response (161)	Yes 99 (61%) No 62 (39%)
Carer response (62)	Yes 32 (52%) No 30 (48%)
Interpretation	It is the family members who provide maximum support. Invariably it is likely to have an impact on their life, work and wellbeing



Q11f1	Have you ever used a travel buddy or had travel training?
Customer response (155)	Now 9 (6%) In the past 50 (32%) Never 96 (62%)
Carer response (61)	Now 1 (2%) In the past 10 (16%) Never 50 (82%)
Interpretation	Travel buddies had a role in supporting the customers when they were available



Q11f2	If you have used a travel buddy or had travel training, how pleased were you with the service?
Customer response (58)	VP/P 36 (62%) OK 18 (31%) NP 4 (7%)
Carer response (10)	VP/P 7 (70%) OK 1 (10%) NP 2 (20%)
Interpretation	Travel buddies and travel training may have had a significant role in the customers life. Their contribution has been highly praised

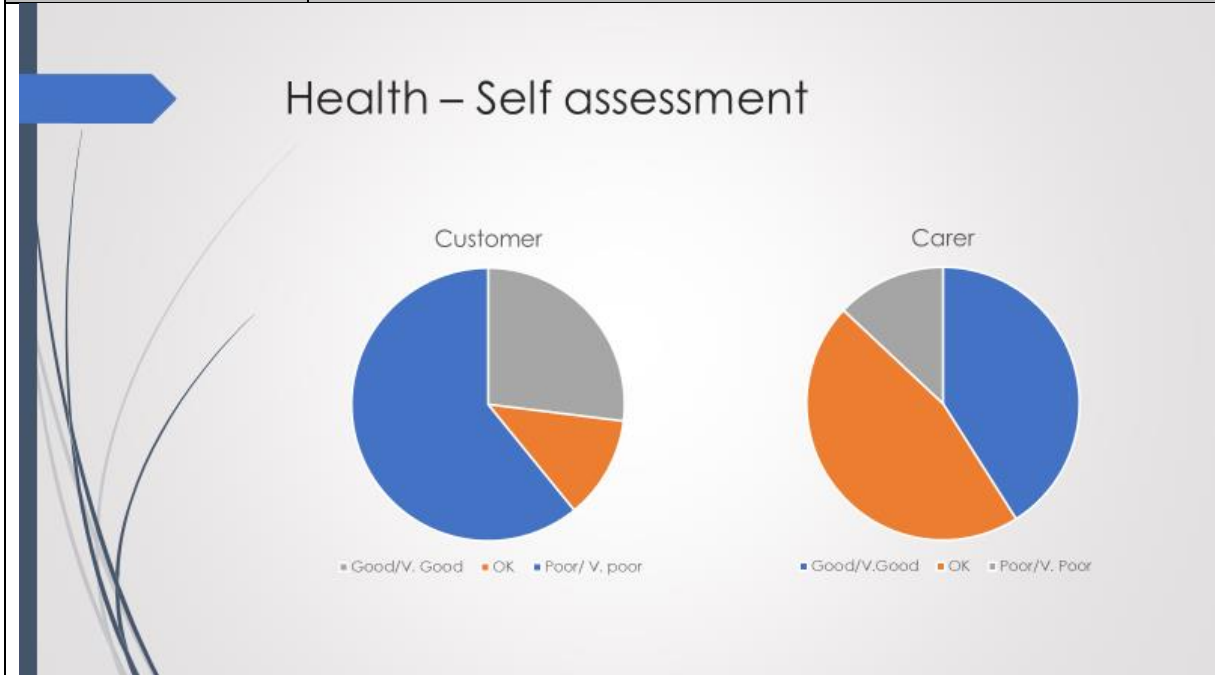


Q11g	Do you need further travel training?
Customer response (138)	Yes 31 (22%) No 64 (46%) I don't know 43 (32%)
Carer response (47)	Yes 6 (13%) No 25 (53%) I don't now 16 (34%)

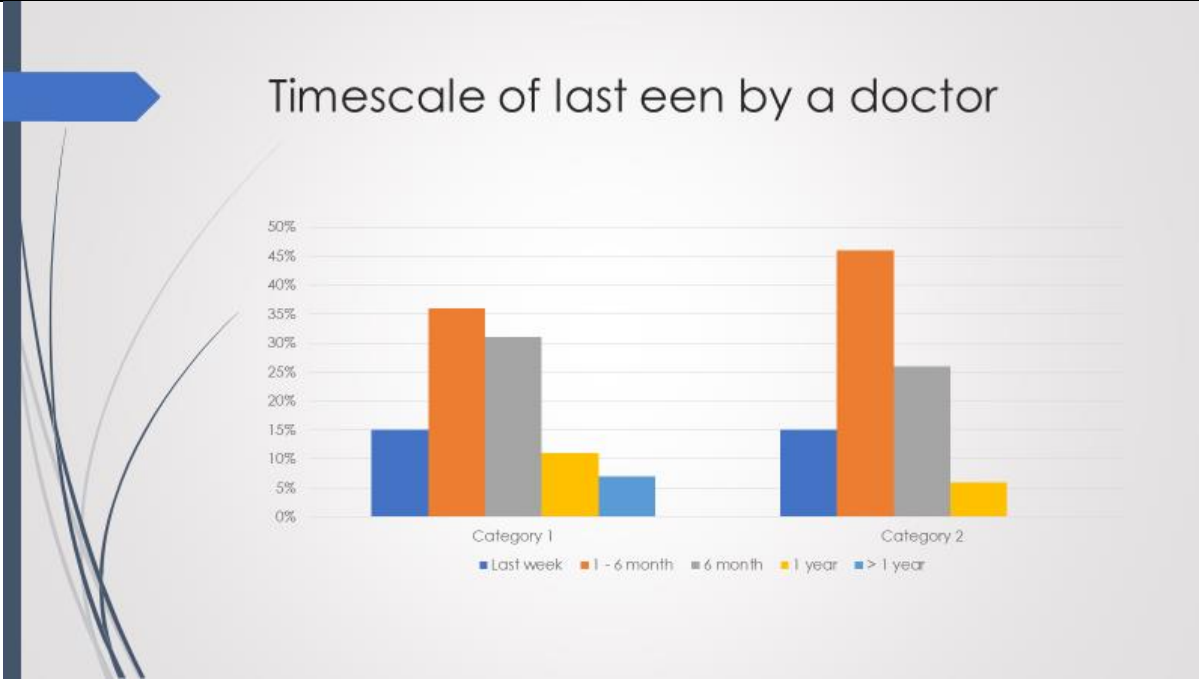
Interpretation	Neither customers nor the carers believed that the customers will require further travel training. However, a large number of customers were not sure of their requirement
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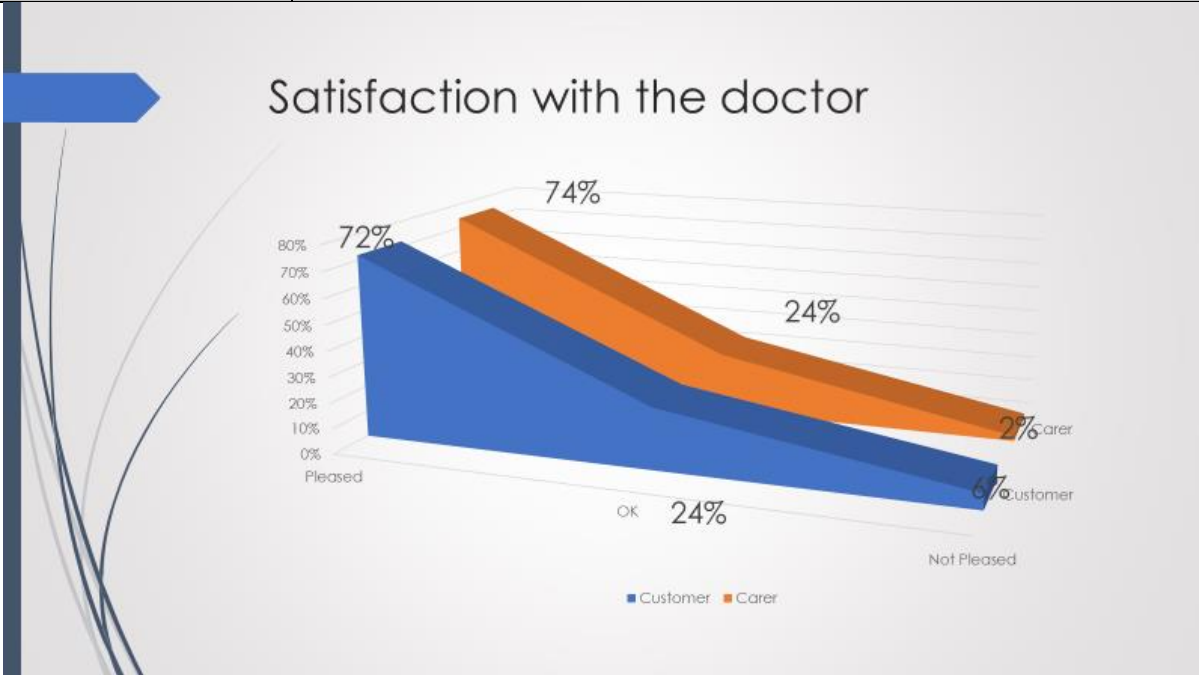
Q12a	How would you describe your health?
Customer response (156)	Very Good 49 (31%) Good 49 (31%) OK 43 (28%) Poor 12 (8%) Very poor 3 (2%)
Carer response (74)	Very Good 8 (11%) Good 22 (30%) OK 34 (46%) Poor 7 (9%) Very poor 3 (4%)
Interpretation	<ul style="list-style-type: none"> No significant health concern was expressed by the customers. Carer however were not that optimistic



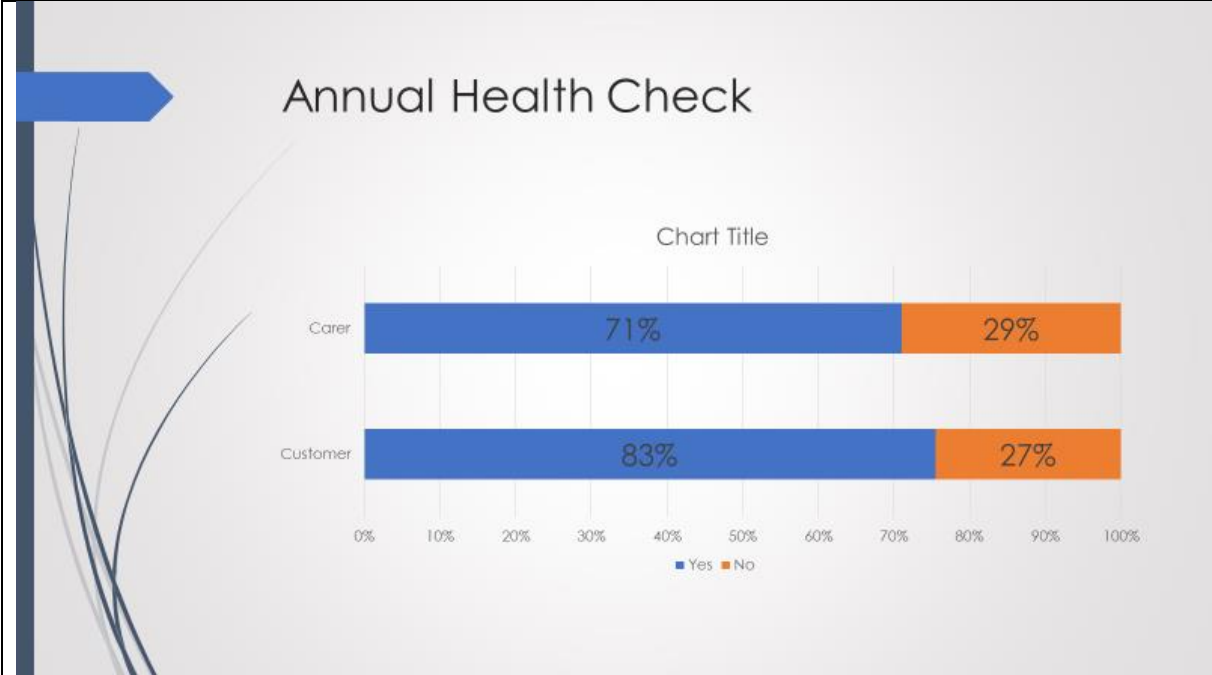
Q12b	When was the last time you saw the doctor?
Customer response (158)	In the last week 23 (15%) 1 week to 6 months (36%) 6 months ago 49 (31%) A year ago 18 (11%) Longer than a year ago 11 (7%)
Carer response (72)	In the last week 11 (15%) 1 week to 6 months 33 (46%) 6 months ago 19 (26%) A year ago 4 (6%) Longer than a year ago 5 (7%)
Interpretation	Most of the responders had a visit with their doctors within last year



Q12c	How pleased were you with your doctor?
Customer response (159)	VP/P 114 (72%) OK 39 (24%) NP 6 (4%)
Carer response (70)	VP/P 52 (74%) OK 17 (24%) NP 1 (2%)
Interpretation	The responders were by and large happy with their doctors



Q12d	What stops you from visiting the doctor?
Q12e	Have you had annual health check last year?
Customer response (158)	Yes 131 (83%) No 27 (17%)
Carer response (69)	Yes 49 (71%) No 20 (29%)
Interpretation	Most of them had a health check last year. This is higher than the national average which is 52% (Learning disability observatory reference)



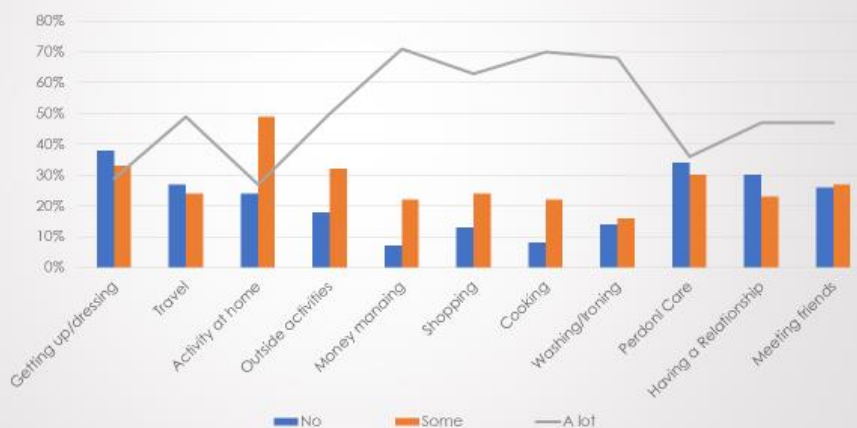
Q13a	Please tell us where you live?
Customer response (161)	A house 73 (45%) A flat 9 (6%) A bungalow 32 (20%) Residential service 21 (13%) Supporting living 24 (15%) Other 2 (1%)
Interpretation	1 in 5 customers were residing in a residential setting



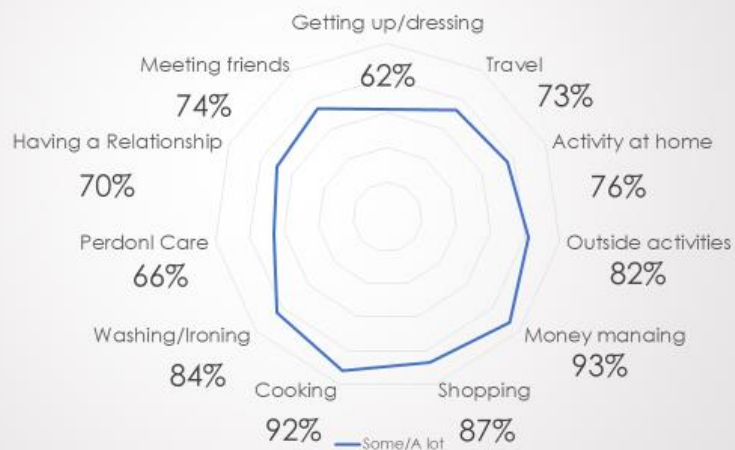
Q13b	How pleased are you about where you live?			
Customer response (159)	VP/P 138 (87%) OK 17 (11%) NP 4 (2%)			
Interpretation	The responders were very pleased with their residence			
Q14a	What help do you need?			
Customer response	Get up in the morning, get dressed and have breakfast (158)	No help 60 (38%)	Some help 52 (33%)	A lot of help 46 (29%)
	Travel to work, day centre or voluntary placement (156)	42 (27%)	37 (24%)	77 (49%)
	Do activities in the home (157)	38 (24%)	77 (49%)	42 (27%)
	Do activities outside of the home (159)	29 (18%)	51 (32%)	79 (50%)
	Manage money (158)	11 (7%)	34 (22%)	113 (71%)
	Shopping (157)	20 (13%)	38 (24%)	99 (63%)
	Cooking (154)	13 (8%)	34 (22%)	107 (70%)
	Washing and Ironing (146)	21 (14%)	26 (18%)	99 (68%)
	Personal Care (158)	53 (34%)	48 (30%)	57 (36%)
	Having a relationship (133)	40 (30%)	31 (23%)	62 (47%)
	Meeting friends (153)	40 (26%)	42 (27%)	71 (47%)
Interpretation	<ul style="list-style-type: none"> The responders were largely struggling with their confidence Highest level of confidence was expressed in their ability to dress and have breakfast but that too was only 1 in 3. They required most support in managing money and cooking (93% and 92%). 			

- 4 out of 5 required support with Ironing/cleaning, shopping and outside home activities
- 3 out of 4 required help with travel and household chores

Level of help needed – no/some/a lot



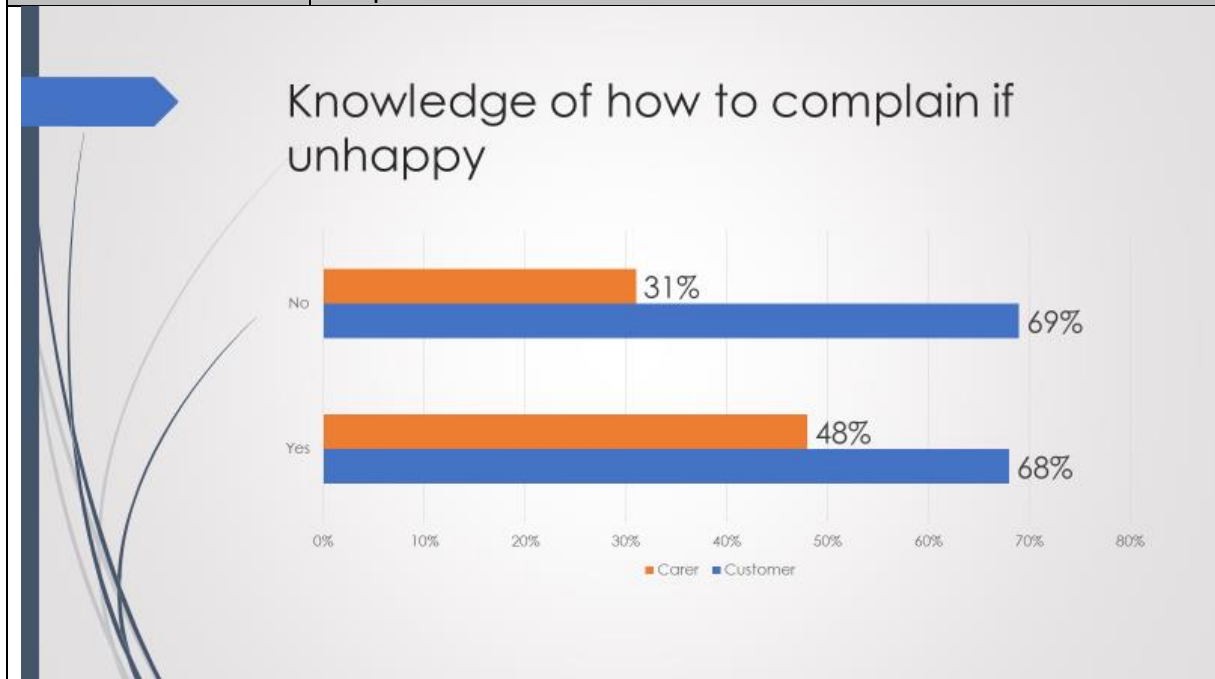
Services where help is needed



Q14b	How pleased are you with the level of support you get?
Customer response (154)	VP/P 125 (81%) OK 22 (14%) NP 7 (5%)
Carer response (65)	VP/P 31 (48%) OK 24 (37%) NP 10 (15%)
Interpretation	<ul style="list-style-type: none"> • 4 out of 5 customers were pleased with the level of support that they receive • In case of carers it drops down to 1 in 2 only

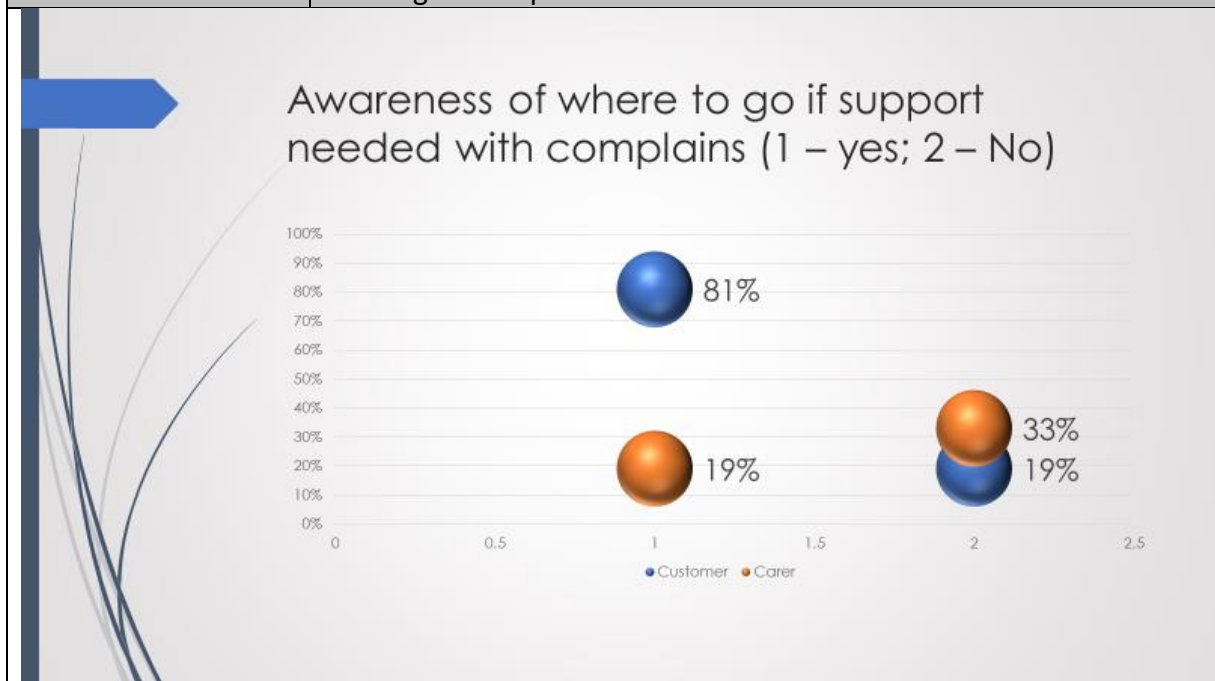


Q14c	Is there anything else you need support with – Please tell us what?
Q14d	Do you know how to complain about a service if you are not happy?
Customer response (150)	Yes 102 (68%) No 48 (32%)
Interpretation	<ul style="list-style-type: none"> 2 out of 3 customers and carers were aware of the complaint procedure



Q14e	Do you know who to go to if you need support to complain?
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Customer response (148)	Yes 120 (81%) No 28 (19%)
Carer response (67)	Yes 45 (67%) No 22 (33%)
Interpretation	<ul style="list-style-type: none"> 80% customers and 67% carers were aware of where to go to lodge a complain

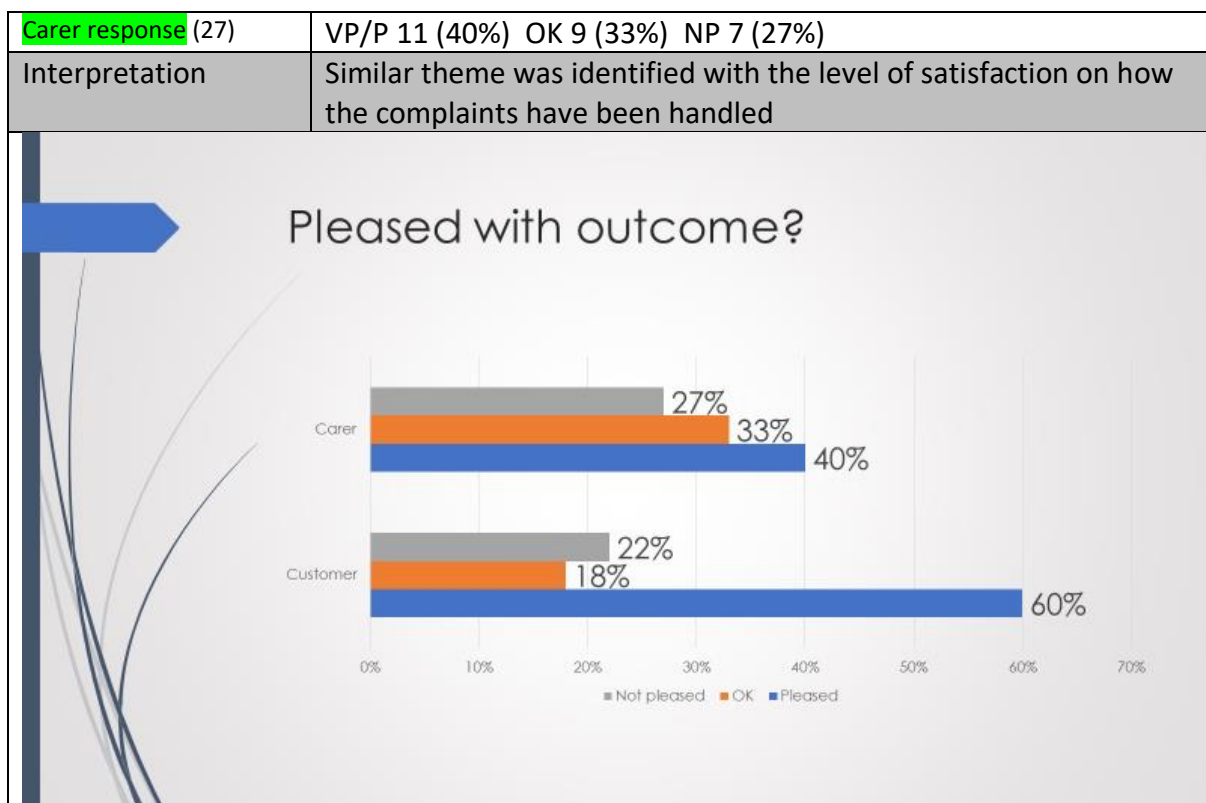


Q14f	Have you ever complained about a service?
Customer response (149)	Yes 35 (23%) No 114 (77%)
Carer response (71)	Yes 24 (34%) No 47 (66%)

Interpretation	<ul style="list-style-type: none"> Carers made more complaints than the customers which may indicate their increased level of confidence over the customers
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Q14g	How pleased were you that your complaint was dealt with?
Customer response (45)	VP/P 27 (60%) OK 8 (18%) NP 10 (22%)



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Appendix 1 - Questionnaire and Questions for each stakeholder group

	A person with a LD	A person with Autism	A Person with a LD/Autism	A young person 13-18	A Person with a LD/Autism & PD	A Person with a LD/Autism & Mental Health need	A carer of a person with a LD/Autism	A member of the public living in Rotherham	A member of the public who uses in house day services	A member of staff	Live outside Rotherham and a relative of PWLD/A
1. Please tell us about you											
1A Are you?	x	x	x	x	x	x	x	x	x	x	x
1B which postcode/area?	x	x	x	x	x	x	x	x	x	x	x
1C How old are you?	x	x	x	x	x	x	x	x	x	x	x
1D What is your gender?	x	x	x	x	x	x	x	x	x	x	x
1E What is your ethnicity?	x	x	x	x	x	x	x	x	x	x	x
1F What are your qualifications?	x	x	x	x	x	x	x	x	x	x	x
2. Communication											
2A Do you use words to communicate?	x	x	x	x	x	x	x				
2B Which other ways do you communicate?	x	x	x	x	x	x	x				
2C Do people understand how you communicate?	x	x	x	x	x	x	x				
2D Do you understand how others communicate?	x	x	x	x	x	x	x				
2E Do you need someone to help you communicate or speak on your behalf?	x	x	x	x	x	x	x				
How pleased are you with the help you get to communicate?	x	x	x	x	x	x	x				

2F Do you have a communication care plan that helps everyone understand how you communicate?	x	x	x	x	x	x	x				
3. Your views on the Consultation of Respire, Day Services and Residential Services in Rotherham											
3A Do you use respite care services in Rotherham?	x	x	x	x	x	x	x	x	x	x	x
3B What changes could we make to respite services to make them better?	x	x	x	x	x	x	x	x	x	x	x
3C Shall we keep respite services the same as they are?	x	x	x	x	x	x	x	x	x	x	x
3D Should we keep Treefields and Quarryhill separate?	x	x	x	x	x	x	x	x	x	x	x
3E Should we put either Treefields or Quarryhill into Parkhill Lodge?	x	x	x	x	x	x	x	x	x	x	x
3F Should we put both Treefields and Quarryhill into Parkhill Lodge?	x	x	x	x	x	x	x	x	x	x	x
3G Do you use Day Services in Rotherham?	x	x	x	x	x	x	x	x	x	x	x
3H What changes could we make to day services to make them better?	x	x	x	x	x	x	x	x	x	x	x
3I Should we keep Oaks and Addison the same as they are?	x	x	x	x	x	x	x	x	x	x	x
3J Should the council lower the amount of time people spend in day services and offer people personal budgets?	x	x	x	x	x	x	x	x	x	x	x
3K Should the council look for other organisations in the community to take over and run Addison?	x	x	x	x	x	x	x	x	x	x	x
3L Should the council move Addison and only provide a service to people with high and complex needs?	x	x	x	x	x	x	x	x	x	x	x
3m Should we close Oaks and Addison Day Centre?	x	x	x	x	x	x	x	x	x	x	x

3N Could we improve Reach Day service by moving it to a new/different building?	x	x	x	x	x	x	x	x	x	x	x
3O should people who live in Residential Care or supported living be able to attend a Day Centre?	x	x	x	x	x	x	x	x	x	x	x
3P Is there anything else you would like to say on the Rotherham Council options for Respite or Day Services in Rotherham?	x	x	x	x	x	x	x	x	x	x	x
4. A week in the life											
4A Please tell us what you do each day of the week?	x	x	x	x	x	x					
4B What would you like to do with your time?	x	x	x	x	x	x					
5. How Pleased are you with in house services?											
6. School / College				x							
6A Please tell us what you do at school or college?				x							
6B Please tell us what you would like to do when you leave school / college?				x							
6C Is there anything that will stop you doing this?				x							
7. Volunteering											
7A Do you volunteer	x	x	x	x	x	x	x			x	
7B if you volunteer please tell us where	x	x	x	x	x	x	x			x	
7C How many hours do you volunteer?	x	x	x	x	x	x	x			x	
7D How long have you been volunteering?	x	x	x	x	x	x	x			x	
7E Where would you like to volunteer?	x	x	x	x	x	x	x			x	
7F What are barriers to volunteering?	x	x	x	x	x	x	x			x	
7G What would need to be in place to support you to volunteer	x	x	x	x	x	x	x			x	
7H What qualifications do you need to move from Volunteering to work?	x	x	x	x	x	x	x			x	

8. Work											
8a Are you in paid work?	x	x	x	x	x	x	x				
8B If please tell us where you work	x	x	x	x	x	x	x				
8C How many hours do you work and get paid a week?	x	x	x	x	x	x	x				
8D How long have you been in paid work?	x	x	x	x	x	x	x				
8E If you don't do paid work would you like to?	x	x	x	x	x	x	x				
8F Please tell us where you would like to work?	x	x	x	x	x	x	x				
8G What was/is good about your previous/current work experience?	x	x	x	x	x	x	x				
8H What were / are the problems with your previous/current work experience?	x	x	x	x	x	x	x				
9. Caring, Family and Friends											
9A do you look after an adult?	x	x	x	x	x	x	x			x	
9B Which term best describes the adult you look after?	x	x	x	x	x	x	x			x	
9c Do you look after a child in your home?	x	x	x	x	x	x	x			x	
9D Does the child have a disability?	x	x	x	x	x	x	x			x	
9E How pleased are you with the support you get in your caring role?	x	x	x	x	x	x	x			x	
9F How can the council support you in your caring role?	x	x	x	x	x	x	x			x	
9G How much do your family help you in your caring role?	x	x	x	x	x	x	x			x	
10. Keeping safe											
10A Have you been bullied?	x	x	x	x	x	x	x				
10B Where did the bullying happen?	x	x	x	x	x	x	x				
10C Did you report the bullying?	x	x	x	x	x	x	x				
10D When did this happen to you?	x	x	x	x	x	x	x				
11. Transport											
11A Do you use transport to get to places?	x	x	x	x	x	x	x			x	

11B If yes what sort of transport do you use?	x	x	x	x	x	x	x			x	
11C What stops you from using public transport?	x	x	x	x	x	x	x			x	
11D Do you need support to travel?	x	x	x	x	x	x	x			x	
11E Do you depend on family member to take you places?	x	x	x	x	x	x	x			x	
11F Have you ever used a travel buddy or had travel training?	x	x	x	x	x	x	x			x	
11G Do you need further travel training?	x	x	x	x	x	x	x			x	
12. Health											
12A How would you describe your health?	x	x	x	x	x	x	x				
12B when was the last time you saw your doctor?	x	x	x	x	x	x	x				
12C How pleased were you with your doctor?	x	x	x	x	x	x	x				
12D What stops you from visiting the doctor?	x	x	x	x	x	x	x				
12E Have you had an annual health check in the last year?	x	x	x	x	x	x	x				
13. Where you live	x	x	x	x	x	x	x				
13A Please tell us where you live?	x	x	x	x	x	x	x				
13B How pleased are you about where you live?	x	x	x	x	x	x	x				
14. Where you live and the support you get											
14a what help do you need	x	x	x	x	x	x	x				
14B How pleased are you with the level of support you get?	x	x	x	x	x	x	x				
14c Is there anything else you need support with - please tell us what	x	x	x	x	x	x	x				
14D Do you know how to complain about a service if you are not happy?	x	x	x	x	x	x	x				
14E Do you know who to go to if you need support to complain?	x	x	x	x	x	x	x				

14F Have you ever complained about a service?	x	x	x	x	x	x	x				
14G How pleased were you that your complaint was dealt with?	x	x	x	x	x	x	x				

Rotherham Community Options Project Taster Programme



The project

The project is a partnership between social enterprise Community Catalysts and Rotherham Council. It aims to develop connections between adults with a learning disability and their local community. Part of the project is the Taster Programme that gives people who attend a Rotherham day centre, the opportunity to try or 'taste' great local community activities. Key to success is that people are supported to 'navigate' their way through the programme by someone who works at the day centre and knows them well.

Taster Session Information	Total
Taster sessions completed	21
Different options accessed	14
Participants	37 (many have done several)
Individual experiences	101
Taster sessions that have been cancelled having been arranged	10
Staff (navigators) involved	6

Taster Programme Update



The project

The project is a partnership between social enterprise Community Catalysts and Rotherham Council. It aims to develop connections between adults with a learning disability and their local community. Part of the project is the Taster Programme giving people who attend a Rotherham day centre the opportunity to try or 'taste' great local community activities. Key to success is that people are supported to 'navigate' their way through the programme by someone who knows them well.

The first taster sessions

The first sessions are now underway and what a great start it has been! Trailblazers were John and Leanne from Oaks day centre who went with Navigators Debbie and Richard to participate in the Open Minds Theatre Company - 'Life Act' drama group. Everyone travelled together on public transport to visit the drama group at their ROAR Art Space venue for the first time.

They were all welcomed by a group of 30 people and took part in a variety of creative activities and exercises.



Life Act has performed to high acclaim across Rotherham. It's members help run and devise all performances, which are mainly based on personal experiences and issues that affect them.

Feedback

Leanne and John said they really enjoyed trying something new and would like to try other new activities.

They were both very complimentary about the 'Life Act' group and the fact that everyone has a chance to get involved. John said that he liked the entire session and felt fine going somewhere new. He also said he was glad to have had the Navigators to support him as he probably wouldn't have gone on his own



The people coming along to the taster sessions have been a real pleasure to work with. Creating theatre and music with new people has been really fun for all of our members - especially as we all like meeting new actors and musicians. With more people coming to the classes now, we may have to start a new group to be able to meet demand!

Amy from Life Act

Navigators Debbie and Richard said they enjoyed the experience and the staff at 'Life Act' were really good, very welcoming and made an extra effort to welcome new people to the group. They felt that the session was very well pitched, friendly and everyone enjoyed it. Richard also described how he liked the challenge, using his skills and stretching himself as a worker through this experience.

Charlie's Story

Charlie has a passion for beauty therapy and has achieved several therapy qualifications. She offers many different treatments including manicures, pedicures and massage.

Charlie is working with Community Catalysts and Speak Up to turn her passion into her own business.



Charlie

'I looked for a salon job and nobody would take me on or give me a chance because of my disability, even though I am hard working. Therefore I thought I might as well set up my own business.'

Charlie is already offering treatments to friends, family and a local carers group. She has also recently held her first taster session in which she invited people from Oaks day centre to try her therapies. This was a resounding success as everyone really enjoyed the session and remarked on Charlie's excellent work.

- Charlie will soon be offering her therapies to more people and is working on developing her flyer and a price list.
- Charlie is getting more interest and customers all the time.
- Her success is because of her hard work and it is also a great example of what is possible when someone is supported to focus on what they are good at.

Alex's Story*

Alex has a lot of skills and interests and so they have been a regular of the Taster Programme, trying a range of activities. Alex participated in a musical group, sports sessions and a drama group. The diversity of these activities shows Alex's enthusiasm for new things and also the great variety of groups based across Rotherham. The tasters also represented an opportunity for Alex and their friends to meet new people.

Alex had a great time and was keen to offer us and the group leaders their positive feedback. Alex has agreed to share their experiences at an upcoming event.

Feedback

Musical group

Alex said they loved it and would like to go again.

Name (navigator) said it was a great group and ideal for Alex as they had a love of music.

Sports group

A talked about how much they enjoyed the session and the high quality of the tutor. The Navigator described how Alex got really involved in the activities.

Drama group

Alex again said how much they had enjoyed the activities.

The Navigator said Alex really loved it and got to catch up with old friends. A felt so comfortable they did an individual performance.

Billie and Charlie Story*



Billie and Charlie went to a gardening/horticultural group with navigators. Billie and Navigator used public transport to get to and from the group and Charlie 'made a day of it' by spending the morning before the session shopping with Navigator.

All 4 people enjoyed seeing the facilities and activities on offer. These included woodwork, gardening and a space for socialising. This is a good example of people getting support in ways that suit them and then using it to access an activity that interests them.

Feedback

The gardening group is open to everyone and the Navigators remarked on how much Billie and Charlie enjoyed meeting and speaking to the other locals accessing the group.

All 4 people commented on how much they enjoyed the group, how welcoming it was and that the groups coordinator Name was great. Both Billie and Charlie said that they would like to go again.

Both Navigators said it was clear how much Billie and Charlie enjoyed trying something new, in a new environment. Charlie's family member called to thank the centre for giving their family member the opportunity. Family member said:

Frankie and Gabriel's Story*



Frankie and Gabriel both have lots of skills and interests which meant they were keen to do a number of different 'taster' activities.

On one day they learnt to drive a barge in the morning, had lunch and then went on to try basketball in the evening! This is a great example of 2 friends sharing support and also shows how different activities can be combined to create a full and fun day that leads to great outcomes.

Frankie and Gabriel also had a try at a musical group, sports group and drama group . Showing that Rotherham has a lot to offer, whatever your interests.

Feedback

Frankie said that they loved the activities and would like to do many of them again. They also talked about how much they enjoyed seeing old friends at one of the groups.

Navigator described how well Frankie took to everything, fitted in with each group and increased their confidence, even performing a solo song. Gabriel also described how they had really enjoyed the activities and would like to go again. The navigator commented that they really got stuck in to each activity.

*Fictional names have been used to ensure anonymity

Transitions Case Study*

Person Profile

Morgan is 18 years old and has a global developmental delay.

They were a Looked After Child and in a long term foster placement which has been converted to shared lives placement in Rotherham within a family setting.

By being part of a Shared Lives offer this enables Morgan to be involved in normal family life: for example, shopping at the local supermarket, being part of family routine and focussing on what they enjoy and developing life skills which will enable future independent living.

About Shared Lives

Shared Lives allows adults to live or spend time with carers and their families - as valued members of their own communities.

Older people and adults with disabilities receive tailored support. This helps them to live as independently and safely as possible.

Shared Lives offers:

Long term accommodation and support in the carer's home

Short break respite care in the carer's home

Day time support and social activities using the carer's home as a base

Person centred planning approach

Morgan has expressed a wish to explore the possibility of returning to their birth family and their shared lives carers are supporting them and their birth family to consider this option.

Morgan's birth father also cares for their birth mother who also has additional support needs. Due to this longer term planning is being undertaken to explore other accommodation options for Morgan which will meet their wishes and support independent living. One of the options that are being looked at is Supported Living. This would enable Morgan to live independently in the community with the required support and enable Morgan to have their own front door and circles of friends and support.

Both shared lives family and birth family are supporting Morgan with their aspiration and both families plan to take a role in their future.

Morgan is in full time education until July 2018 and is hoping to continue education and go to college in September.

*Fictional names have been used to ensure anonymity

Transitions Case Study*



Person Profile

Kennedy is 19 years old and has a learning disability.

Kennedy was a Looked After Child and was with long term foster parents in Hull. Kennedy considered remaining in Hull and the placement being converted to Shared Lives.

About Shared Lives

Shared Lives allows adults to live or spend time with carers and their families - as valued members of their own communities.

Older people and adults with disabilities receive tailored support. This helps them to live as independently and safely as possible.

Shared Lives offers:

Long term accommodation and support in the carer's home

Short break respite care in the carer's home

Day time support and social activities using the carer's home as a base

Person centred planning approach

Through conversations and looking at what Kennedy's aspirations and wishes were, it was decided that Kennedy would like to return back to Rotherham to live back with their birth Father and partner.

The transition from Hull to Rotherham has been successful and Kennedy also has regular contact with their birth mother and siblings.

Conversations around Kennedy's ambitions were also explored as part of the move back to Rotherham and whilst Kennedy made the choice not to continue in education they wished to look at work options.

Kennedy has had several work experience placements since returning to Rotherham and is now considering an apprenticeship which is a positive outcome.

*Fictional names have been used to ensure anonymity

Transitions Case Study

Person Profile

Rowan is 22 years old and has severe autism and cerebral palsy.

Rowan experiences extreme anxiety and can have behaviours that challenge. Rowan uses a wheelchair for mobility and has assistance with transfers.

Rowan also has assistance with all personal care tasks.

Person centred planning approach

Rowan was in out of authority residential educational placement during term time and with parents in Rotherham during school holidays.

Rowan had a direct payment which they used to employ a personal assistant for support during school holidays.

This enabled Rowan to undertake “ordinary life” activities and tasks like going out to socialise with people, going to the shops and generally doing things that Rowan enjoys.

Rowan has now been supported to move back to Rotherham where their family live and they have become confident to now live independently in their own property with 24 hour support via a direct payment. The Direct Payment is used for a variety of support tasks and activities throughout the day to ensure Rowan’s needs are met – these include things like accompanying Rowan to attend educational activities and volunteering opportunities. Attendance to community activities in their local area and support in the home for personal care and life skills as far as possible ie: preparation of meals and meal choices.

Rowan has also been awarded fully funded Continuing Health Care.

Case Study examples

Customers who have moved on from Traditional Services

Person Profile

Dylan has Down syndrome and a Learning Disability they attended Oaks Day Centre in Wath for over 10 years , 5 days per week.

Person centred planning approach

Throughout the work that has been undertaken as part of the modernisation work for Learning Disability Services customers have had the opportunity to engage in different activities in the community.

Dylan accessed “Social Eyes” a new community based Day Opportunity. Social Eyes are established for supporting people with Learning Disabilities and Autism and engage in existing community events and activities. The team support people to get involved in everyday activities within the local community and focus on what they can do for themselves with an emphasis on a meaningful outcome for the person.

Quotes from the customers who have transitioned to a new alternative community provision

“I LIKE MY NEW ACTIVITIES, COOKING AND SINGING IN THE BAND. I LIKE MY NEW STAFF”

“I AM SO GLAD I MOVED TO SOCIAL EYES, WE GET TO USE DIFFERENT BUILDINGS, MEET NEW FRIENDS AND TRY NEW ACTIVITIES”

“I HAVE BEEN GIVEN LOTS OF NEW OPPORTUNITIES; I AM TRYING MANY NEW THINGS, MEETING NEW PEOPLE AND BEING SUPPORTED BY NEW STAFF. I AM SO GLAD I CAME HERE”.

*Fictional names have been used to ensure anonymity

Case Study examples*



Harry & Sally have been living in a shared house, with two other tenants. This arrangement had been in place for some time. In the shared house, they had their own living room space.

In this house, there was always a member of staff there. The member of staff would support Harry & Sally with the cooking, cleaning and shopping. Harry & Sally didn't carry out these tasks on their own. Harry & Sally both worked in a charity shop in the local area. Sally attends a day service.

At the end of summer 2017, they got married. The plan was always that, once they were married, they would find their own property.

Social workers helped them to identify a flat in a supported living service for them to move to. They moved in to their own flat in February 2018, there is a support provider on site to help them. They can ask for help when they need it.

This new flat means that they can have their own front door, and privacy but also support at times when they need it. Harry & Sally bought all the furniture for their new flat, even putting up flat pack furniture themselves. Harry & Sally are now doing all of their own cooking, cleaning, meal planning and food shopping. With some help from the provider, they have both learnt the bus routes that they need to use to access all their activities.

Harry is being supported to find activities in the area that they have moved to. Harry has been cooking Sunday lunch, and even making his own Yorkshire puddings. There is a pet shop in the area, and Sally would like to work there.

*Fictional names have been used to ensure anonymity

Case Study examples*



Case study 1

Sam wants to live a full life and make their own choices. Their family wanted to support them with this but didn't want them to attend a traditional day service. They worked with RMBC to get a Direct Payment to support them to achieve their dreams and live a person centred life. Sam has moderate learning disabilities and has a direct payment for a number of hours a week. Sam's direct payment works really well, it is centred around the things they like and love such as Barnsley Football Club. Sam has three Direct Payment workers who support them on a weekly basis, two male and one female. Sam likes having male support as they can have some "banter".

Sam's dream was to play for Barnsley Football Club, and they now use their direct payments to support themselves to attend Barnsley Away Matches and to play for Barnsley Disability Football Team. Sam's Direct Payment workers encourage Sam to try new things, go on holiday and gain independence. Over the last three years Sam's skills have increased – through travel training and peer support from other people with learning disabilities, Sam is now able to travel independently on some bus routes before this, they had to rely on other people to take them places.

Through peer support Sam now has lots of friends and a great social life. Sam says

"I like my direct payment I get to do more things and be independent, I am also doing things I love without my mum and dad".

Case Study examples*



Case study 2

Jamie used to live in supported living, Jamie wanted a Direct Payment as it was more flexible and would give him more choices in their life. Jamie has Autism.

Jamie worked with a social worker to get a Direct Payment and now gets 10 hours of support a week. Jamie uses their direct payment for whatever they need, this can be support to shop, tidy up, socialise and go on holiday. For example, Jamie loves bowling and going to the pictures. Jamie moved from supported living and into Keyring and having a Direct payment helps them keep their independence.

Jamie says

“I get on really well with my DP worker, If I didn’t have his support I wouldn’t be able to do all of the things I can do now, I would end up board and this would affect my health”.

Working together for change

The success of the first taster sessions has only been possible due to the concerted efforts of everyone involved. Taster trailblazers like John and Leanne, and positive, skilled Navigators like Debbie and Richard have made valuable contributions to the tasters so far and have played a key role in planning future sessions.

Day centre managers have shown real positivity and a determination to make sure people get an opportunity to try something new. Senior council managers have supported the project by helping to overcome the kind of early challenges that often come with a ground breaking programme like this. Local community groups and organisations like the Life Act drama group have also been very supportive with a willingness to help the project in any way they can combined with real tolerance as we worked through early delays and changes.

Summary Sheet

Name of Committee and Date of Committee Meeting

Cabinet and Commissioners Decision Making Meeting – 21 May 2018

Report Title:

Proposals for the future of Rotherham Intermediate Care Centre (RICC) Badsley Moor Lane

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

Yes

Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Janine Moorcroft, Head of Service – Adult Care Services
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Claire Smith, Head of Service – Commissioning
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Ward(s) Affected

Rotherham East Ward (Badsley Moor Lane)
All (community based services)

Summary

The Rotherham Plan, Integrated Health and Social Care Plan and Better Care Fund (BCF) Plan 2017-19 illustrates the importance of prevention, early intervention, rehabilitation and reablement to maximise independence, increase quality of life, support people to live in the community for longer and reduce reliance on support from the health and social care economy. The purpose of intermediate care services is to facilitate hospital discharges, prevent admissions and re-admissions to secondary care, and reduce the need for home care packages and admissions to 24 hour residential care.

The RICC is located on Badsley Moor Lane in the centre of Rotherham and delivered in partnership by Rotherham Council and The Rotherham Foundation Trust and contributes to the aims, objectives and outcomes set out in the intermediate care service specification and BCF Plan 2017/19.

The centre is jointly commissioned by Rotherham Clinical Commissioning Group (CCG) and Rotherham Metropolitan Borough Council through a Section 75 Agreement under the Better BCF to provide rehabilitation and community integration facilities within a day setting for residents of Rotherham or who are registered with a Rotherham GP practice. As such, the report has been through the CCG's governance (Operational Executive 13 April 2018 and Strategic Commissioning

Executive 18 April 2018) and the BCF governance (BCF Operational Group 4 April 2018 and BCF Executive Group 12 April 2018).

The centre also accommodates therapists, specialist mental health workers and support workers who are providing services across Rotherham to promote and maximise independence following a person's recent episode in hospital, change in functional abilities or a worsening of their long-term condition.

The national context in relation to Adult Social Care and Health is reflected in:-

- Care Act 2014
- 5 Year Forward View, October 2014
- Next Steps 5 Year Forward View March 2017
- 6 Steps to Managing Adult Social Care, John Bolton, March 2017

The legislation affirms the commitment to personalisation and shaping responses to individual circumstances, enabling people to exercise choice and maintain control over their own lives, whilst promoting efficiency and value for money in the use of shrinking resources. The challenge at both national and local level is to develop robust, sustainable opportunities and support which promotes prevention and early intervention.

Recommendation:

That option 2 of the report be approved, which is to move the provision of rehabilitation out of the building base (RICC at Badsley Moor Lane) and re-provide within the community.

List of Appendices Included:

Appendix A Equality Impact Assessment

Background Papers:

Vision and Strategy for Adult Social Care – March 2016 and January 2018

Care Act 2014/15

Think Local, Act Personal 2010

Rotherham Housing Strategy 2016 – 2019

Rotherham Integrated Health and Social Care Place Plan, November 2016

Health and Wellbeing Strategy 2015-18

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

Overview and Scrutiny Management Board – 21 May 2018

Council Approval Required:

No

Exempt from the Press and Public:

No

**Proposals for the future of Rotherham Intermediate Care Centre (RICC)
Badsley Moor Lane**

1. Recommendations

- 1.1 That option 2 of the report be approved, which is to move the provision of rehabilitation out of the building base (RICC at Badsley Moor Lane) and re-provide within the community.

2. Background

- 2.1 **RICC Day Rehabilitation Service (Phase 1 and Phase 2)** The service provides rehabilitation sessions to adults 60 years and over in a day setting. There are two elements within the day rehabilitation service. The first comprises of the physical rehabilitation service in order to improve safety, function and independence and the second includes the community integration service in order to maintain the physical health and well-being achieved through on going exercise and access to community services. Both services (Phase 1 and Phase 2) are delivered at the RICC.

- 2.2 **Physical Rehabilitation Service (Phase 1)** The physical rehabilitation service provides holistic physiotherapy and occupational therapy assessment leading to a treatment/rehabilitation plan being developed.

The emphasis of this phase is to increase and optimise customer's physical function and ability to live safely at home. This is a 6 week exercise programme that addresses the physical needs of the customer.

The service can only be accessed on 2 days per week, either on a Monday and Wednesday or a Tuesday and Thursday.

- 2.3 **Community Integration Service (Phase 2)** The Community Integration Service concentrates on the person's health and well-being and assists them to consider options available, through existing community opportunities, once their treatment/rehabilitation plan at the physical rehabilitation phase has been fully completed.

If the customer has been referred from the physical rehabilitation phase (Phase 1), then the aim is to maintain the physical well-being achieved through on-going exercises and to enhance this with purposeful activity and access to community services to prevent social isolation and promote good mental health.

Purposeful activity is dictated by the customer's own interests and abilities. A mixture of groups currently run at RICC to assist customers to maintain or improve physical or mental function, while enjoying the activity and achieving an end product or outcome of their choice.

Customers are assisted to access community groups according to their needs and personal interests. For some customers, this will include participation in the Lifestyle Matters programme which covers many topics affecting everyday life, such as keeping physically active, social relationships and memory. This allows customers to set their own goals and outcomes within the area discussed and look at breaking down any barriers to achieving these goals.

2.4 The Care Act 2014 requires people to be assessed as individuals and for their needs to be determined in terms of their personal 'wellbeing'. The Act focuses on looking at people's strengths, what they can do and what outcomes they want to achieve, which is described as strength based approach. It anticipates that most individuals can lead full lives focussing on prevention and timely advice and information. This will require a significant practice and cultural shift locally to which the Council has to respond.

2.5 Historically adult social care in Rotherham has been based upon a traditional "assess for service" model which has resulted in a higher proportion of adults in receipt of services when compared to regional neighbours. Care and support has been provided by services rather than prevention and promotion of an individual's strengths.

2.6 In many Local Authorities, they have moved away from providing any in house building based offers and offered a tailored individualised service to people in the community, predominantly in their own home. A personalised approach will look at the individual's outcomes as outlined in the Care Act 2014 and support a recovery in the person's home environment.

2.7 **Opening Hours -**

The service operates Monday to Thursday between the hours of 10.00 am and 4.00 pm. Customers arrive at the centre from around 9.30 am (depending on availability of community transport) and leave at around 3.00 pm.

2.8 **Accommodation -**

The RICC building accommodates both Phase 1 and Phase 2 services; the service also acts as a central hub to provide office accommodation for all intermediate care therapists (beds, community and day rehabilitation facilities). However, use of RICC by the intermediate care therapists has declined over the past 12 months due to improved IT access within Lord Hardy and Davies Court.

The service operates from a large health building of which the Council pay rent to the NHS. There are a number of issues with the security of the building overnight and weekends and there is underutilised space that remains either unoccupied or rarely used within the centre. The centre is also based in the centre of Rotherham and excluded from the community.

2.9 **External Provider Usage -**

The Stroke Association (voluntary sector provider providing a service commissioned through CCG contract) occupies some office space at RICC and pays the Council rent.

The TRFT Falls Team uses the Phase 2 large rehabilitation room for customers/patients on a Friday morning (as it is not in use for Phase 2 on a Friday) at no additional cost.

The large room within Phase 2 is also rented out to an Otago self-help exercise group on a Friday afternoon for up to a maximum of 30 customers/patients (mainly for people 60 years and over, although a person of 18 years of age also attends who has autism). This generates an income of £10 per hour (1 hour per week) for room hire which amounts to £470 in 2016/17 (hired out approximately 47 weeks of the year). Otago sessions by this provider are also delivered at Maltby, Wath and Swinton.

If the decision is made to proceed with option 2 to vacate the building then notice will have to be given to the Stroke Association to end their occupation. Otago will also need to be notified that this accommodation will no longer be available.

2.10 Transport -

Transport is provided via the Council's in-house adults transport consisting of the use of around six vehicles at any one time to transport customers from their home address to the Centre (including return journeys) for those living in the Rotherham area or those registered by a Rotherham GP.

The practicalities of this operation are not sustainable or cost effective. This also creates dependency for customers who may be able to self-travel or access services more locally.

Customers currently contribute towards their travel costs (in accordance with the Council's charging policy).

2.11 Meals Provision -

A two course meal is offered and provided to all Phase 1 and Phase 2 customers on Mondays to Thursdays every week. Customers contribute £4.84 per meal (in accordance with the Council's charging policy).

3. Key Issues

3.1 The proposal to move away from a building base provision of rehabilitation is in line with the Integrated Care Partnership's vision through the Rotherham Place Plan. The importance of prevention, early intervention, rehabilitation and reablement to maximise independence, increase quality of life, support people to live in the community for longer and reduce reliance on support from the health and social care economy is paramount. The shift to community rehabilitation supports the ability to ensure that individualised care planning takes place to maintain people's independence for longer at home.

3.2 At present there are a number of inter-related issues which result in the delivery of a service from a building base which is not easily accessible for some customers and is limited in the number of days per week it operates. This then results in the use of transport (adult care and community transport) of which routes have to be re-configured every six weeks due to a change of customer base.

3.3 The building which is occupied at Badsley Moor Lane is one of several buildings on a health site, owned by NHS Prop Co. The site is underutilised and costly with several buildings having to be secured and attracting some anti-social behaviour.

3.4 The existing model is delivered within a building based setting and could be maximised through a delivery of an integrated community based offer which would be provided from customers' homes, through the current reablement provision. The current model is a traditional model, which is not replicated elsewhere (based on benchmarking data) and does not provide value for money due to the high cost per customer.

There are new models emerging to support social inclusion, community cohesion and wellbeing principles including self-management, which provide a more innovative approach to Phase 2 of RICC. This includes services such as social prescribing and community connectors employed by the Council.

3.5 The current model does not fit with the Rotherham Place (Integrated Care Partnership) vision for a more streamlined pathway of provision to prevent, reduce and delay care and support needs through an increased focus on an integrated intermediate care/ reablement pathway home.

3.6 The service is partly funded through the BCF under a Section 75 Agreement with the CCG. Any reconfiguration of the service would require agreement through the appropriate governance arrangements for the BCF. Savings need to be agreed with the CCG in terms of proportionality across the funding partners (CCG and the Council).

3.7 The service is provided by both adult social care and health (TRFT) staff; consultation would therefore be required with TRFT as changes may impact on their staff as well as the Council's staff.

3.8 The review of RICC needs to coincide with the wider review of intermediate care/reablement in particular community bed base provision.

3.9 **Performance 2016-17 & 2017-18**

3.9.1 The data below is provided by the Council and TRFT staff, based at RICC, on a monthly basis to the joint commissioning team (Council and CCG). The total number of new customers receiving rehabilitation and community integration services from Phase 1 and Phase 2 during 2016/17 was 228.

3.9.2 147 people attended rehabilitation sessions at Phase 1 in 2016/17 and the average length of stay was 11.1 days (2 weekly sessions x 6 weeks).

3.9.3 81 people were in receipt of Phase 2 services in 2016/17 and the average length of stay was 18.6 days in 2016/17.

Performance Data 2017/18

Year 2017/18	RICC Phase 1	RICC Phase 2
April 2017	7	10
May 2017	23	6
June 2017	13	5
July 2017	14	4
August 2017	13	9
September 2017	28	2
October 2017	11	6
November 2017	13	11
December 2017	15	3
January 2018	15	6
February 2018	25	2
March 2018	15	6
Cumulative Total	192	70

3.9.4 The table above shows that a total of 262 new customers received rehabilitation and community integration services from Phase 1 and Phase 2 in 2017/18.

3.9.5 192 people attended twice a week for rehabilitation sessions at Phase 1 in 2017/18 and the average length of stay is 9.6 days.

3.9.6 70 people were in receipt of Phase 2 services and the average length of stay is 20.9 days in 2017/18.

3.10 **Property Maintenance**

3.10.1 The Adult Care & Housing Directorate has liaised with colleagues from Asset Management to establish its terms of occupation and the potential cost of ending its occupation of the RICC. There is a service charge provision within the lease to pay a fair and reasonable proportion for maintenance of the communal area. The Council are occupying the premises under an expired lease (NHS granted lease to the Council from 1.4.11 to 31.3.16). As the lease has expired, this is now on a periodic tenancy which normally requires 3 months' notice served on the landlord to terminate the tenancy.

3.10.2 The building is owned by NHS Prop Co.

4. **Recommended Proposals**

4.1 Option 1: The service would remain 'as is', the Council and CCG would continue to commission a traditional day service model of provision to a low number of people per annum (an average of 300 new customers per year), at a high cost to the Rotherham health and social care economy, that does not align with the principles of 'Home First' set out in our Rotherham Place Plan priorities.

4.1.1 This option is not viable and therefore is not recommended. The option does not tackle the need to change and transform Council business, in line with the requirements of the Care Act 2014.

4.2 Option 2: Decommission RICC as a building based rehabilitation service and re provide within the community. The support staff, therapists and admin would be redeployed into the in house reablement service with a focus on recovery at home. Reablement provision supports customers to live life as independently as possible, through an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a reablement team to achieve them over a limited period. It focuses on what people can do, rather than what they can't, and aims to reduce or minimise the need for on-going support after reablement. This is in line with the current competencies of the RICC staff team.

4.2.1 The current reablement model is being reconfigured with a pilot underway to integrate health and social care provision by including occupational therapy resource. This is having a positive impact on staff skill mix (sharing of knowledge and skill throughout the team) and the ability to assess the reablement needs of more complex customers appropriately. Feedback from the service is that physiotherapy input would also be valuable in the model.

4.2.2 This would leave a small number of (4) staff members that provide maintenance and catering provision at risk. See HR section.

Option 2 Potential staffing models

4.2.3 Health employed therapy (Occupational and Physio Therapy) staff, would support the delivery of reablement programmes in customers own homes in order to promote independence and reduce care packages/admission to care homes. This would also help to support clients coming out of bed based provision including Intermediate Care.

4.2.4 If the new service is provided purely with the existing qualified therapy provision (Phase One and Two combined) this would limit the likely number of contacts to approximately 12 new customers per week (this is based on appropriate calculations provided by clinical resource at TRFT), and is predicted to meet the current customer base per annum at RICC.

4.2.5 By also utilising the current RMBC support staff working alongside the qualified therapists a more balanced skill mix would be achieved, making more efficient use of therapy skills, and delivering a more productive service. The combined service would increase the number of potential contacts.

4.2.6 In summary, this would enable a similar level of service that is currently offered but in a more person centred method, closer to the person's home, and making more use of locally available resources.

4.3 Services accessing the Building Base

Falls Group Rehabilitation

4.3.1 One group session per week is delivered at RICC on Friday's by the Falls and Bone Health Team. The falls group rehabilitation session can be re-located to an alternative venue on the Badsley Moor Lane site with no identified impact to the service. The day/time may be subject to review depending on room availability.

Base for TRFT teams/staff

4.3.2 The following TRFT staff currently use RICC as their base:

- Therapy Clinical Lead Localities -Intermediate Care
- Intermediate Care Admin Support Officer
- Central Therapy Locality team members

4.3.3 Alternative accommodation for the above staff will be identified in partnership with the TRFT Estates Lead. The intermediate care therapy teams have recently relocated from using RICC as a base to the respective units (Lord Hardy Court and Davies Court), significantly reducing the number of staff accessing the building.

5. Timetable and Accountability for Implementing this Decision

5.1 The next stages to take the recommendations forward once approved will be to conduct a period of formal consultation with the relevant staff and stakeholders to establish the implementation of the new model and how it will operate. The consultation would take place between June to July 2018 and would involve officers from HR and Union representation where necessary.

6. Financial and Procurement Implications

6.1 The total cost of the service as currently provided, including transport, is £553,655. CCG funding of £240,844 is provided through the Better Care Fund and £47,869 is funded from the intermediate care therapy pooled budget, leaving a net annual cost of £264,942 met by the Council.

6.2 If it was agreed to decommission the service, this is the maximum annual saving which would accrue to the Council. However, further analysis would need to be done around the operational details of the service being reconfigured to move from a building based service to one provided within the community, in order to assess the exact financial savings.

6.3 In particular this includes savings from transport which are closely linked to the review of Learning Disabilities and thus the timescales for delivery of these savings will be determined by how quickly the 2 projects progress.

6.4 In addition decommissioning the service could have the following one-off potential financial implications:

- Severance costs for displaced staff which could cost up to £93k (based on an average severance cost)
- Potential dilapidation costs estimated in the region of £20k

7. Legal Implications

7.1 The purpose of the Care Act is to improve people's independence and wellbeing. The legislation sets out specific duties of local authorities to provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

7.2 Local authorities are required to consider the following:

- what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people
- identifying people in the local area who might have care and support needs that are not being met
- identifying carers in the area who might have support needs that are not being met

In discharging this duty, local authorities are required to work with their communities and provide or arrange services that help to keep people well and independent. This should include identifying the local support and resources already available and helping people to access them.

7.3 In addition to the legal requirements for robust consultation, the Council has to ensure it complies with its duties under the Equality Act 2010. Under Section 1 of that Act the Council must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage. In addition under Section 149 of the Equality Act, the Council must comply with the public sector equality duty which requires it to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In dealing with this duty, the Council must have due regard in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant characteristic that are connected to that characteristic.
- Take steps to meet the needs of people who share a relevant protected characteristic that are different to the needs of persons who do not share it.
- Encourage persons who share a relevant characteristic to participate in public life or any other activities where their participation is disproportionately low.

Protected characteristics include disability, age, race, sex, religion or belief, gender reassignment, marriage and civil partnership, pregnancy/maternity and sexual orientation.

- 7.4 It is proposed that full assessments of customer and carers will be undertaken to ensure all care and support packages are appropriate.

8. Human Resources Implications

- 8.1 Each proposal will need more detailed work to assess the specific impact on staff and appropriate consultation with staff and trade unions will need to be undertaken.

- 8.2 There is a total of 20 staff members attached to the Phase 1 and Phase 2 RICC service that would be affected by the change in the model of provision from a building base to the community.

The Council currently employs a total of 17 staff members at RICC for Phase 1 and Phase 2:

The Rotherham Foundation Trust currently employs 3 members of staff at RICC.

Transport section – a number of drivers are employed to transfer customers/patients to and from the RICC centre on 4 days a week.

- 8.3 The consultation would include specific consultation with staff for a period of 30 days, to understand the implications of the options detailed in this report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The service is for older people and would not affect the provision of any Children and Young People services.

10. Equalities and Human Rights Implications

- 10.1 An Equality Analysis specific to this piece of work will be completed in conjunction with the consultation to determine the appropriate course of action.

11. Implications for Partners and Other Directorates

- 11.1 It is a requirement as part of the Section 75 agreement for the BCF to ensure that all parties (CCG/RMBC) are fully appraised on any decision regarding BCF provision. Formal agreement from the CCG is being sought in conjunction with agreement through the Council.

- 11.2 Key partners and stakeholders have been engaged in some early discussions and this will continue through the formal consultation stage.

- 11.3 There is a need for a clear engagement and communication/media plan. There will need to be a working group that would drive this project and include dedicated officers from a variety of teams including the communications team.

12. Risks and Mitigation

- 12.1 Risk of not agreeing to the recommendations will mean that the aspirations and outcomes for customers will not be achieved and the budget savings will not be met, and alternative options will need to be identified in order to achieve a balanced budget.
- 12.2 There is an increased risk of formal complaints, which will be mitigated through appropriate consultation with staff and service users.
- 12.3 There is a risk of disruption to other service which utilise the building which will be mitigated through early engagement in the process of decommissioning and support to seek alternative arrangements where appropriate.

13. Accountable Officer(s)

Anne Marie Lubanski, Strategic Director of Adult Care and Housing
 Nathan Atkinson, Assistant Director Strategic Commissioning
 Janine Moorcroft, Head of Service, Adult Care Services (Provider)
 Claire Smith, Head of Adult Commissioning (CCG/RMBC)

Approvals obtained on behalf of

	Named Officer	Date
Strategic Director of Finance & Customer Services	Julie Copley	13.03.2018
Assistant Director of Legal Services	Neil Concannon	13.03.2018
Head of Procurement (if appropriate)	Neil Murphy	21.02.2018
Head of Human Resources (if appropriate)	Kay Wileman	13.03.2018

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

<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Summary Sheet

Name of Committee and Date of Committee Meeting

Overview and Scrutiny Management Board – 16 May 2018

Report Title

Scrutiny Review – Drug and Alcohol Treatment and Recovery Services

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

No

Strategic Director Approving Submission of the Report

Shokat Lal, Assistant Chief Executive

Report Author(s)

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Ward(s) Affected

All

Executive Summary

This report sets out the main findings and recommendations from the cross-party spotlight scrutiny review of Drug and Alcohol Treatment and Recovery Services for adults undertaken by the Health Select Commission. The draft review report is attached as Appendix 1 for consideration by Members.

Recommendations

That the Overview and Scrutiny Management Board:

- 1 Approve the report and recommendations as outlined in section 6 of the review report in Appendix 1.
- 2 Agree for the report to be forwarded to Cabinet and Commissioners for their consideration and to Council for information.
- 3 Agree that the response from Cabinet and Commissioners be reported back to the Health Select Commission.

List of Appendices Included

Appendix 1 – Scrutiny review report

Background Papers

As listed in section 8 of the review report.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Health Select Commission - 12 April 2018

Council - 23 May 2018

Cabinet and Commissioners Decision Making Meeting - 11 June 2018

Council Approval Required

No

Exempt from the Press and Public

No

Scrutiny Review – Drug and Alcohol Treatment and Recovery Services

1. Recommendations

1.1 That the Overview and Scrutiny Management Board:

- a) Approve the report and recommendations as outlined in section 6 of the review report in Appendix 1.
- b) Agree for the report to be forwarded to Cabinet and Commissioners for their consideration and to Council for information.
- c) Agree that the response from Cabinet and Commissioners be reported back to the Health Select Commission.

2. Background

2.1 Under austerity the need to make budget savings has meant that when services are recommissioned this has often been with a smaller budget. Given the damaging impact that drug and alcohol misuse has, a cross-party sub-group of members of the Health Select Commission undertook a short spotlight review of the Drug and Alcohol Treatment and Recovery Service. The purpose was to ensure that the service, which would be operating within a reduced budget, would provide a quality, safe service under the new contract from April 2018.

3. Key Issues

3.1 The report in Appendix 1 presents the findings and recommendations from the cross-party spotlight review of Drug and Alcohol Treatment and Recovery Services for adults. This section summarises the main points that emerged from the review, which was structured around a number of core objectives. These were to:

- ascertain the prevalence of people with substance misuse issues in Rotherham
- understand the new service specification and budget
- understand the procurement process undertaken for the new contract
- clarify the key factors in a safe drug and alcohol service
- determine how effective support for people misusing drugs and alcohol is provided, taking account of the diverse needs of service users
- identify how performance is measured and good outcomes achieved
- consider the findings from an in-depth analysis of deaths by suicide in relation to service users in the Rotherham Care Group (mental health trust).

3.2 The review group received a detailed overview of substance misuse in Rotherham noting that the majority of service users are male and White British. Although numbers in service are declining over time there are a number of older long term drug users, many of whom now have associated physical health issues. A significant number of service users have used methadone for several years, which is one area where Public Health want to make significant progress under the new contract.

- 3.3 Performance on many of the measures/targets was good at the time of the review, mainly based on quarter one data for 2017-18 or rolling 12 month data. However successful exits from services after treatment have been challenging for some time and Rotherham has had a high percentage of people who re-present to services, particularly opiate users.
- 3.4 Bringing various aspects of the service together under a single contract, including having treatment and recovery services available in one location, may facilitate a more personalised and holistic approach to treatment and recovery. In-depth initial assessments are essential and re-assessments/reviews with service users important in identifying any changes in circumstances as well as enabling people to see their progress towards recovery.
- 3.5 The service specification sets out very clear aims and objectives for both treatment and recovery services, including a clear focus on safety. Naloxone use training (rapid antidote to heroin overdose) and proactive measures to raise awareness of safety concerns with service users and families were supported.
- 3.6 Outcomes of the detailed analysis of deaths by suicide will inform the work of the multi-agency Suicide Prevention and Self-Harm Group and Members highlighted the importance of continuing with suicide prevention awareness raising.

4. Options considered and recommended proposal

- 4.1 The review group formulated a number of recommendations, as set out on page 9 of Appendix 1, which were endorsed by the Health Select Commission.
- 4.2 Recommendation 1 is for a full progress report to the Health Select Commission in the autumn and if agreed this will be included in the draft work programme for 2018-19.

5. Consultation

- 5.1 Not applicable.

6. Timetable and Accountability for Implementing this Decision

- 6.1 The response from Cabinet and Commissioners to the review recommendations will be reported back to the Health Select Commission in September 2018.

7. Financial and Procurement Implications

- 7.1 Any financial and procurement implications will be considered by Cabinet in their response to the recommendations.
- 7.2 Recommendation 5 is specifically in relation to the procurement process.

8. Legal Implications

- 8.1 There are no direct legal implications arising from this report.

9. Human Resources Implications

- 9.1 None arising directly from this report, although the review identified the importance of a successful transfer of staff into change, grow, live (CGL) from previous service providers.

10. Implications for Children and Young People and Vulnerable Adults

- 10.1 The review focused on treatment and recovery services for adults, many of whom are vulnerable due to the nature of their substance misuse and the impact it has on their lives, especially during the early stages of their recovery journey.
- 10.2 Service providers provided assurance regarding parental capacity/safety, especially for service users with young children, and safeguarding training for staff, volunteers and peer mentors.

11. Equalities and Human Rights Implications

- 11.1 Scrutiny focuses on promoting equality through improving access to service and support, ensuring the needs of groups sharing an equality protected characteristic are taken into account.

12. Implications for Partners and Other Directorates

- 12.1 Public Health commission the Drug and Alcohol Treatment and Recovery service and oversee the performance management and delivery of the contract with CGL.
- 12.2 Various agencies and partners are involved in delivering a personalised holistic service, including housing support and GPs, plus CGL links with other organisations such as the Jobcentre and Shiloh.

13. Risks and Mitigation

- 13.1 As set out in section 3 of the review report, drug and alcohol misuse has a significant cost in both human and financial terms. Having a safe, accessible and effective treatment and recovery service helps to prevent some of the negative consequences.

14. Accountable Officer(s)

James McLaughlin, Democratic Services Manager and Statutory Scrutiny Officer

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Scrutiny review: Drug and Alcohol Treatment and Recovery Services

Health Select Commission

November 2017 and February 2018

Review Group:

Cllr Simon Evans (Chair)

Cllr Jenny Andrews

Cllr Pat Jarvis

Cllr Amy Rushforth

Cllr Peter Short

V3 April 2018

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1. Why Members wanted to undertake this review

Following discussions between Members, officers and health partners about current service provision, and with a new contract commencing in April 2018, the Health Select Commission (HSC) decided to undertake a short review. The purpose was to ensure that the drug and alcohol service, operating within a reduced budget, would provide a quality, safe service under the new contract.

The six main objectives of the review were to:

- ascertain the prevalence of people with substance misuse issues in Rotherham
- understand the new service specification and budget
- understand the procurement process undertaken for the new contract
- clarify the key factors in a safe drug and alcohol service
- determine how effective support for people misusing drugs and alcohol is provided, taking account of the diverse needs of service users
- identify how performance is measured and good outcomes achieved

Aware of an increase reported nationally in drug-related deaths, there was concern regarding a recent spike in deaths by suicide or suspected suicide of people known to the Rotherham Drug and Alcohol Service. This spike had already occasioned Rotherham Doncaster and South Humber Mental Health NHS Trust (RDaSH) to undertake an in-depth analysis to identify any themes or trends, to inform future work on suicide prevention through the multi-agency group. Members also decided to consider these findings as part of their review.

2. Method

A spotlight scrutiny review was carried out by a cross-party sub-group of the Health Select Commission, comprising Councillors Simon Evans (Chair), Jenny Andrews, Pat Jarvis, Amy Rushforth and Peter Short.

An initial paper outlined the aims and objectives for the Drug and Alcohol Service, together with an overview of the interventions with service users. Evidence for the review was then gathered through the following means:

- Presentations and discussion with the portfolio holder, Council officers and partners from Rotherham Doncaster and South Humber Mental Health NHS Trust (RDaSH)
- Supplementary documentation with performance and benchmarking data
- Visit to the recovery service at Carnson House to meet staff from change, grow, live (CGL)

Members would like to thank everyone who provided evidence for the review and in particular Anne Charlesworth, who collated the majority of the evidence and liaised with partners.

3. Background

Drug and alcohol misuse has a significant cost; in human terms with the impact on the individual, their family and friends and the wider community, and also in financial terms for service providers such as the police and health. Ensuring an effective treatment and recovery service is in place helps to prevent a wide range of issues that result from misuse of drugs and alcohol, such as:

- harm to self and potentially to others, for example during pregnancy
- drug and alcohol misuse may impact on other family members including children, through financial problems or domestic abuse as well as safeguarding concerns

- impact on the person's employment opportunities and economic activity
- impact on individual life expectancy and healthy life expectancy
- mental ill health impacts on physical health and vice versa
- risks to maintaining accommodation and potential homelessness
- risk of engaging in criminal activity
- drug related death

4. Findings

4.1 Prevalence of people with substance misuse issues in Rotherham

From figures produced by the National Drug Treatment Monitoring Service (NDTMS) nearly 1,700 people were in treatment for drug and/or alcohol misuse in Rotherham as at June 2017. Of these 1,018 people were having treatment for opiate use, 72 for non-opiate use, 82 for non-opiate and alcohol use, and 412 for alcohol-only use. The NDTMS system also provides partial postcodes, helping services to identify hotspots.

Members considered the demographic profile of service users in treatment for opiate use (mainly heroin), non-opiate use (includes amphetamines and legal highs) and alcohol-only use for quarter one in 2017-18, plus data for the previous three years. Information about each cohort was disaggregated by age, gender and ethnicity. Points to note were:-

- numbers in service were declining
- service users were mainly white British and the majority male
- opiate users were more from the older age groups including some aged 65-74
- just over 50% of opiate users were aged 40+ with small numbers under 30, declining year on year
- older long term drug users have more complex physical health issues such as respiratory problems or Chronic Pulmonary Obstructive Disease
- non-opiate users were more from younger age groups, with over 50% aged 20-29
- alcohol-only service users were concentrated in the 40-54 age groups, with the number of young people aged under 24 reducing year on year
- the number of new service users who were pregnant at the time of presenting was small
- alcohol is a challenge as fewer people are coming for treatment and people are facing a lot of pressures

Safe alcohol consumption is one of the messages in the Making Every Contact Count initiative but in light of reducing numbers accessing services and people facing pressures this is an area to continue to focus on.

Recommendation - That Public Health consider strengthening the messages under Making Every Contact Count around safe alcohol consumption and where to go for help, when it is refreshed.

4.2 Service specification and budget

a) Service specification

The specification for the service from April 2018 has very similar aims and objectives to those of the previous service. Appendix 1 summarises these, together with an overview of the range of interventions with service users. Overarching aims for the service are to reduce illicit and other harmful substance misuse and to increase the numbers recovering from dependence.

Significant points are:

- sustainable recovery, recognising that this is a journey for people with several stages
- interventions provided in hospital or community settings
- holistic approach – wider health and wellbeing
- evidence-based psychosocial interventions (including cognitive therapies)
- meaningful activities and learning new skills

There will also be a strong focus on tackling long term methadone use as the majority of those in treatment have been using it for six years or more and the chances of recovery are higher if used for less than two years. Some people are using methadone plus alcohol and/or other drugs to “top up”, which is difficult for clinicians to deal with and means greater risk of an overdose.

Members supported the emphasis on addressing long term methadone use and acknowledged that it will be a challenge. They also recognised that this represents a change in strategy from how services had operated in the past when people were more likely to be kept on methadone for longer periods, to try and prevent crime.

b) Budget

The Public Health team in Rotherham MBC (RMBC) commission treatment and recovery services for drug and alcohol users and their families in Rotherham. As with all Council services, those commissioned by the Public Health Team have been subject to the All Service Review process to identify savings to meet budget pressures. The overall budget for all aspects of drug and alcohol services (young people as well as adults) includes primary drug care by GPs, specialist midwifery and social workers, and has reduced in each of the last three years from just over £4.2m in 2015-16, to £3.39m in 2017-18. For the next two years it will be £3.338m each year, with a number of the services brought together under a single new contract valued at just under £3m per annum.

4.3 Procurement of the new contract

Previously the treatment services and recovery services for adult drug and alcohol users have been delivered by different providers, treatment services by RDaSH and recovery services by CGL (since June 2017 when they replaced Lifeline). CGL is a voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales, including substantial contracts with HM Prison Services, and also provides the drug and alcohol services in Bradford. From April 2018, CGL will provide recovery and treatment services in Rotherham after being successful in the tender process for both services. The contract was awarded on a three plus two year basis, so if performance is good it can be renewed.

The contract value exceeded the Official Journal of the European Union threshold and a stringent procurement process undertaken that was explained in detail to Members by the commissioning and procurement lead officers. Treatment services were tendered first but no bids were made in response to the tender. Dialogue with organisations who had viewed the tender identified the following issues – funding too low, complex documents and the importance of GP involvement/Shared Care¹, including governance arrangements. This feedback resulted in some simplification of the paperwork and £150,000 increase in funding before going back out to tender, for both treatment and recovery services. Additional obligations regarding Naloxone were included following a number of drugs overdoses in Barnsley. Naloxone is an antidote that quickly reverses the effects of an overdose of opiates or opioids. The tender was open 45 days (minimum is 30) with six bids for one lot and five for the other.

Mobilisation plans were put in place to prepare for the changes from April 2018 with regular meetings between CGL and Public Health. CGL will subcontract with GPs and pharmacies and Shared Care remains central to the new model/pathway with a target of 50% seen by their own GP. Patient records will be transferred, subject to patient permission, on an opt-out basis and arrangements made for prescriptions to continue over the changeover period.

Staff from RDaSH and Action Housing will transfer to CGL under TUPE Regulations and both CGL and RDaSH have met with the staff concerned. This will be a critical factor as people are likely to have to adapt to new ways of working and a different organisational culture.

Members were reassured that a robust procurement process had been undertaken for the contract for both services, informed by feedback from potential providers after unsuccessfully going out to tender for treatment services initially. As a general principle for future service commissioning they would like to ensure dialogue takes place with providers/potential providers in advance of going out to tender.

Recommendation - That future commissioning of services by RMBC that exceed the Official Journal of the EU threshold, especially public health and social care services, includes soft market testing with providers/potential providers in advance of going out to tender to ensure a successful process first time.

4.4 Key factors in a safe drug and alcohol service

The themes explored in these next three sections regarding safety; ensuring effective support; and measuring performance/achieving good outcomes are interlinked within the overall strategic approach to treatment and recovery services. Ease of access to care and support and keeping people engaged in services during their recovery journey are fundamental. People are able to self-refer to services in Rotherham and may also be referred by their GP or social worker. Local waiting times are short - 96.4% of service users overall had their first treatment intervention in three weeks or under (quarter 1 of 2017-18), rising to 98.1% for alcohol treatment.

Several objectives for the service explicitly prioritise safety and harm minimisation, in particular:

- Support and promote effective, safe, accessible and responsive quality treatment consistent with national guidance and principles.
- Reduce or stabilise substance misuse, reducing risky drug taking behaviours and promoting harm minimisation approaches.
- Intensive working with pregnant drug and alcohol users

During the review Members' attention was drawn to examples of how partners take account of safety issues, including practical initiatives with service users, families and staff:

- supervised methadone prescribing
- medically supervised detoxification if required
- needle exchanges in 16 pharmacies across the borough so there is good coverage, although some people prefer to travel rather than go to a local one for greater anonymity
- offering blood borne virus vaccination and screening, although take up of the offer needs to increase to be in line with national averages
- Naloxone use training – for service users, families and staff members
- emergency first aid training for families/carers
- keeping up to date with new trends in substance misuse and new drugs/legal highs
- learning from Serious Case Reviews – information provided for service users on the dangers of co-sleeping and the need to store medication safely at home in a locked box

- home visits offered based around parental capacity/safety and for all service users with children under 5, plus links with health visitors
- knowledge and use of safeguarding procedures, including safeguarding training for peer mentors and volunteers as well as staff

Wider multi-agency suicide prevention work (see 5.1) also contributes to keeping people safe by raising awareness about factors that may lead to higher risk, especially among more vulnerable groups of people, and equipping people to respond if they have concerns about an individual.

Members welcomed the focus on safety, both in terms of addressing direct issues resulting from substance misuse and through preventative actions, and expect this to continue in the future.

Recommendation - That Public Health and CGL continue to take a proactive approach to safety in the service, including incorporating any lessons learned from elsewhere and the findings of any Serious Case Reviews when published.

4.5 Providing effective support for people misusing drugs and alcohol

Effectiveness means successfully producing a desired or intended result, in this case reducing substance misuse and increasing the number of people who progress on their recovery from dependency. It also entails recognising and being responsive to the needs of particular groups of service users, for example the intensive work with drug and alcohol users who are pregnant. Service users will be integral to service planning and involved in part of the delivery in the recovery services, notably through peer mentors.

Providing effective support stems from taking a personalised service-user focused approach based on the outcomes the person wants to achieve on their recovery journey. Effective support is also holistic, considering the person's wider physical and mental health, their social environment, housing support needs and training or skills development as part of the recovery journey. For example, people may go for inpatient detoxification "Detox 5" but this is often ineffective as well as costly as it does not include other work such as cognitive therapies. Keeping people occupied in a busy activity programme (see Appendix 2) also forms part of the holistic approach.

Members emphasised the importance of reassessments or regular reviews so that service providers are aware of any changes in a person's circumstances or environment and thus to changing levels of need or risk, linking back to safety issues. They are also integral to measuring a person's recovery progress. CGL informed Members that they would be carrying out a reassessment with all service users to determine their goals and aspirations and how the service can help them to get there.

Ensuring that interventions put in place to support people are making a difference is captured through qualitative feedback from service users and their families. A range of quantitative measures and tools for measuring progress on individual outcomes are used and monitored.

4.6 Measuring performance and achieving good outcomes

Public Health are responsible for contract and performance management and hold regular meetings with providers to monitor performance on quality indicators and measures. Meetings also cover any serious incidents, deaths or safeguarding incidents that have occurred. The review group received a copy of the RDaSH Performance Report produced in September 2017 showing the key measures and targets and in year performance against these (mainly for quarter 1 data) with an accompanying narrative. They also scrutinised longitudinal data and benchmarking data against Rotherham's 32 Local Outcome Comparators².

a) Good performance

As mentioned above this was seen on short waiting times and on offering blood borne virus vaccination and screening. There had been no re-presentations to services after successfully completing treatment for non-opiate users and non-opiate and alcohol users during a three month period in rolling data from May 2016-June 2017. Expected targets had been achieved for Treatment Outcomes Profile³ (TOP) starts and exits - a picture of the treatment and progress made at key stages against a number of criteria. Similarly improvements on the elements of the Outcome Star⁴ in both Alcohol Primary Care and Alcohol Secondary Care had exceeded their target.

b) Challenged areas of performance

TOP reviews

Given the importance of regular service user reviews one area of concern was the percentage of TOP reviews completed on time - 61.5% in June 2017 against a target of 80%, although actions had been put in place by RDaSH to ensure this was addressed.

Council Plan priorities

Two national Public Health Outcome Framework indicators that enable benchmarking are included in the plan - successful completion of treatment⁵ for opiate users (18-75) and non-opiate users (18-75). Opiate exits have been a challenge over the last couple of years with a downward trajectory on successful exits. Rotherham's quarter 1 figure for 2017-18 of 3.9% was outside our Local Authority Comparators top quartile range of 7.65-11.8% and below the England average. Re-presentations to services for opiate users were 26.1% in rolling data from July 2016-June 2017 compared with top quartile performance of 13.56%. Performance on non-opiate exits also declined from 48.3% in quarter 2 of 2016-17 to 36.9% in Quarter 1 of 2017-18, just outside the top quartile range of 37.3% - 54.8% but similar to the England average.

Public Health had increased performance management on these measures, including through trying to provide support in areas such as transfers to GP shared care, and facilitating joint work with the recovery service. There are issues for people in leaving a service they are comfortable in, not only in Rotherham. It will be a challenge to reduce the numbers of very long term users and will take time as coming off methadone is not possible quickly, for example reducing by 5mls at a time from a level of 120mls can take two years.

Overall the review group saw a mixed picture on the performance indicators and one of their expectations of the new contract is to see improvements in the key measures that have proved challenging over the last 18 months. At the time of the review a new performance report was being developed for CGL to cover both the treatment and the recovery sides, which may include some different measures. Part of CGL's approach will be to start planning for service exit from the beginning and they have been set a target of achieving an annual 1.5% increase in exits.

Rather than probing further into the reasons for the recent decline on some of the performance measures, Members sought assurance that robust performance management and exception reporting would be in place for the new contract, with clear targets and expectations from CGL as they introduce their new service model. The Health Select Commission will be asking Public Health and CGL to report back on how the new service is performing against its key indicators.

Recommendations – That Public Health and CGL present an overview of how the new service is progressing, including a summary of progress on the key performance indicators, to the Health Select Commission in autumn 2018.

That Public Health ensure robust performance management is in place for the new contract from the outset in 2018, including exception reporting and a mid-contract review (to report back to Health Select Commission).

5. Suicide prevention

5.1 Suicide Prevention and Self-Harm Group (SP&SHG)

Rotherham has an effective multi-agency SP&SHG working in partnership to implement a detailed action plan in line with national strategy. Training and awareness raising is an important element of the plan with RDaSH and Public Health delivering many sessions, including to voluntary and community sector organisations such as Crossroads Care and Rotherham Alzheimer's Society; to partners on risk factors and to GPs on suicide prevention.

A significant piece of work was undertaken within the Wentworth Valley locality where the former Area Assembly funded suicide prevention work in Maltby, Hellaby and Wickersley wards, including suicide prevention training in communities. Beer mats and posters promoting suicide prevention were also distributed to every pub in the locality area. Two HSC sub-group members had been directly involved in this initiative and acknowledged its success in raising awareness.

Rotherham has an early suicide alert system so all partners are informed when there is a suspected suicide. Families are visited within 48-72 hours of the suspected suicide by officers from the Vulnerable Persons Unit in South Yorkshire Police. Each family is offered the *Help is at Hand*⁷ resource and asked if they would like to be referred to the bereavement support service provided by Rotherham Samaritans that commenced in January 2017.

Suspected suicides are reviewed by the Suicide Audit Group which includes representatives from Public Health, Rotherham Clinical Commissioning Group (RCCG), RDaSH and South Yorkshire Police, plus RMBC's Domestic Abuse Coordinator.

Recommendation - That the Suicide Prevention and Self-Harm Group revisit the suicide prevention awareness raising work in Wentworth Valley in 2018-19 and roll it out more widely through sharing resources and learning, particularly in hotspot areas identified through the National Drug Treatment Monitoring Service.

5.2 Themes and trends analysis of suspected suicides

As referred to above, RDaSH carried out a detailed examination of the 43 suicides known to services in Rotherham between 1 April 2016 and 31 July 2017, of which five people had had sporadic engagement with drug and alcohol services. The analysis considered multiple factors including, but not limited to, demographic information, employment status, patient history of substance misuse, and if there had been a family bereavement or any history of abuse. A number of common themes emerged with regard to the five deaths but will not be covered in detail in this report for reasons of maintaining confidentiality and being sensitive to the bereaved families and friends.

RDaSH also mapped how Rotherham compared with the national picture in the results from a related national confidential inquiry. They presented their overall findings from the two pieces of analysis to the SP&SHG as areas for development in the refresh of the multi-agency action plan. Key issues indicating potential elevated risk were: loss of a family member to death or suicide; relationship breakups/issues; a history of domestic or sexual abuse; or being a carer.

The local analysis also identified good practice, much of which focused on good communication, clinical information sharing and joint working between partner agencies

including primary care, probation, drug and alcohol services and mental health services. Support with housing and/or adult social care was also offered and accessed by service users.

RDaSH highlighted how services continued to offer and arrange appointments to support and maintain engagement with service users, including promptly rearranging when people failed to attend. Phone calls, letters and texts were all used to try and maintain contact.

The sub-group probed deeper into how maintaining contact with people who were not engaging with services was balanced against managing the existing caseload, to avoid people potentially falling through the gaps. Some people did not meet service thresholds so there was still risk regarding non-engagement but RDaSH dealt with the most complex and most at risk. Clear formalities were in place for Safeguarding Children and then below that for Children in Need, but it was less clear cut regarding adults. However adult safeguarding procedures were in place, together with the complex care pathway and the multi-agency Vulnerable Adults Risk Management⁶ (VARM) process.

Recommendation – That drug and alcohol care pathways and signposting, including protocols for links to other processes such as the Vulnerable Adults Risk Management process, are reviewed by RMBC and partners in 2018, to minimise any risk of people not being able to access support.

Linked to the point on reassessments and reviews in 4.5 and the themes identified in the analysis by RDaSH, Members recognised the importance of thorough service user initial assessments. These need to capture historical and social environment information about the individual and their family circumstances, in order to ascertain individual needs and level of risk and should be a key part of the service from April 2018.

Recommendation – That in their initial assessments and reassessments with service users CGL include the additional risk factors identified from the RDaSH analysis into suicides, from April 2018.

6. Conclusions and recommendations

The review group felt they had a good understanding of the local picture regarding substance misuse after the review. Although numbers in service are declining over time there are a number of older long term drug users, many of whom now have associated physical health issues.

A significant number of service users have used methadone for several years, which is one area where Public Health want to make significant progress under the new contract. Members supported the ambition to address long term methadone use and to increase the number of successful exits from services but acknowledged the challenges of people being comfortable in services and the time needed to come off methadone successfully.

Bringing various aspects of the service together under the one contract, including having treatment and recovery services available in one location, may facilitate a personalised and holistic approach to treatment and recovery. Linked to this is the importance of a successful transfer of staff from RDaSH and Action Housing to CGL and adapting to potential new approaches or new ways of working with service users.

Performance management needs to be robust around the performance measures and indicators for the new service. Members recognised the value of re-assessments and reviews with service users and emphasised that these were an essential part of the service to help

measure progress against people's desired outcomes for recovery and also to be aware of changes in circumstances or potential risk.

The focus on safety in the service specification, including Naloxone use training and the proactive measures taken to raise awareness of safety concerns with service users and families was welcomed. Members appreciated the detailed analysis undertaken by RDaSH into suspected suicides that would inform the work of the multi-agency Suicide Prevention and Self-Harm Group and highlighted the importance of continuing with suicide prevention awareness raising.

Recommendations

1. That Public Health and change, grow, live (CGL) present an overview of how the new service is progressing, including a summary of progress on the key performance indicators, to the Health Select Commission in autumn 2018.
2. That Public Health ensure robust performance management is in place for the new contract from the outset in 2018, including exception reporting and a mid-contract review (to report back to Health Select Commission).
3. That the Suicide Prevention and Self-Harm Group revisit the suicide prevention awareness raising work in Wentworth Valley in 2018-19 and roll it out more widely through sharing resources and learning, particularly in hotspot areas identified through the National Drug Treatment Monitoring Service.
4. That Public Health consider strengthening the messages under Making Every Contact Count around safe alcohol consumption and where to go for help, when it is refreshed.
5. That future commissioning of services by RMBC that exceed the Official Journal of the EU threshold, especially public health and social care services, includes soft market testing with providers/potential providers in advance of going out to tender to ensure a successful process first time.
6. That drug and alcohol care pathways and signposting, including protocols for links to other processes such as the Vulnerable Adults Risk Management process, are reviewed by RMBC and partners in 2018, to minimise any risk of people not being able to access support.
7. That in their initial assessments and reassessments with service users CGL include the additional risk factors identified from the RDaSH analysis into suicides, from April 2018.
8. That Public Health and CGL continue to take a proactive approach to safety in the service, including incorporating any lessons learned from elsewhere and the findings of any Serious Case Reviews when published.

7. Thanks

Our thanks go to the following people for their contributions to our review:

Councillor David Roche

RMBC – Anne Charlesworth, Ruth Fletcher-Brown, Louise Hayter and Teresa Roche

Rotherham Doncaster and South Humber NHS Foundation Trust – Dianne Graham and Matt Pollard

Change, Grow, Live (CGL) – Stephen Graham and Gemma Hewitt

8. Background papers

Notes and presentations from HSC spotlight session held on November 2017

Notes from visit to Carnson House February 2018

Non-fatal overdose among people who inject drugs in England: 2017 report, Public Health England, November 2017

Public Health England Key Indicators for drug and alcohol treatment services

Rotherham Care Group – Drug and Alcohol Services Performance Report September 2017

RMBC Council Plan Performance Report quarter 3 2017-18.

Appendix 1 Drug and Alcohol Service - overview of the aims, objectives and interventions

Treatment Services

Aims:

- To reduce illicit and other harmful substance misuse.
- To increase the numbers recovering from dependence.

Objectives:

- Support and promote effective, safe, accessible and responsive quality treatment consistent with national guidance and principles.
- To provide a coherent service model that incorporates several previously separate services, including housing support, and intensive working with pregnant drugs and alcohol users.
- Improve and increase access and engagement into the system for those needing support for their substance misuse.
- To reduce or stabilise substance misuse, reducing risky drug taking behaviours and promoting harm minimisation approaches.
- To provide a wide range of evidence based psychosocial interventions which will meet the assessed needs of service users in treatment.
- Develop a service that is responsive to emerging trends in drug and alcohol misuse.
- To maintain the positive developments service users make in their recovery journey.

Interventions

The Service will provide a full range of brief and structured interventions for drug and/or alcohol users, which includes:-

- full range of pharmacological interventions in line with recognised national guidance
- access to detoxification from drugs and alcohol in the community, and if required to arrange medically supervised detoxification
- expert advice and guidance for other professionals on the management of complex and vulnerable individuals with substance misuse problems whom are difficult to manage; including support for Rotherham GPs who provide shared care services
- assessments for drug use, care/recovery planning and reviews
- assessments to determine the level of need/complexity
- the delivery of evidence based psycho-social interventions (individual and group work)
- blood borne virus vaccination and screening
- general health, smoking cessation and sexual health monitoring, advice and referrals
- personalised, service user focused and asset based interventions and support

Recovery services:

Aims

More people recover from drugs and alcohol by:-

- Raising the aspirations of service users and increase their recovery capital in order to build their self-esteem and re-engage with the local community.
- Promoting self-development and provide a safe environment in which service users can challenge themselves, enabling them to develop the skills they will need to maintain their recovery in the community.
- Maintaining the positive developments service users make in their recovery journey.

Objectives

- To provide a structured day programme to recognise and adapt to different cohorts i.e. those who are in active recovery and those striving towards recovery.
- To provide a wide range of evidence based psychosocial interventions which will meet the assessed needs of service users in recovery.
- To manage the various aspects of recovery including working towards abstinence, improving physical and psychological health and wellbeing, life skills and maintaining positive family and social networks.
- To enable service users to use their time constructively, engaging in meaningful activities and working towards volunteering, education, training or paid work.
- To offer service users the opportunity to develop new skills and individual strategies to build sustainable recovery capital.
- To provide opportunities for service users to engage with agencies which will promote health, economic, social wellbeing and community reintegration.
- To stimulate and sustain local partnerships with a range of local statutory and third sector agencies that can support and broaden the provision of wraparound support to service users, therefore, allowing them to develop and strengthen their social capital.
- To enable more service users to complete treatment in a planned way which will encourage the development of on-going networks of support.
- To ensure recovery is visible in Rotherham by promoting, celebrating and publicising recovery and 'good news' stories across the drug and alcohol treatment system and wider, including the use of innovative approaches via social media and events etc.
- To provide periodic contact post planned discharge (keep on at tier 2) to ensure recovery is being maintained (3 - 6 months) or to determine if further support is required.

Appendix 2 **Drug and Alcohol Service – facilities and activities at Carnson House**

Facilities at Carnson House

- Informal reception area
- Basement being transformed into treatment area
- Level access to basement and dropped step facilitate access
- ICT room
- Laundry
- Kitchen with a hot meal provided daily for £1 and free hot drinks
- Large meeting room available for partners to use
- Couple of rooms for 1:1 work
- Flexible use of space possible
- Open two evenings and on Saturdays

Support and activities provided

- Group work and 1:1s - graphs on wall to show progress
- Peer mentors (also have own room)
- Positive activities including barbeques, camping trips, cycling
- Creative writing group
- Annual art competition in Leeds “Art of Recovery” (examples on display)
- Annual “Recovery Games”
- AA hold meetings there
- Help with CVs, training and gaining qualifications
- Links with a range of other local organisations including Target Housing, Jobcentre, Shiloh
- Appointing an asset based community development worker
- Auricular acupuncture – helps people relax and is also a pain management tool
- Access to on-line recovery tool
- Training on Naloxone use for service users and families as well as staff

Glossary

CGL	change, grow, live
HSC	Health Select Commission
NDTMS	National Drug Treatment Monitoring Service
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham Doncaster and South Humber Mental Health NHS Trust
RMBC	Rotherham Metropolitan Borough Council
SP&SHG	Suicide Prevention and Self-Harm Group
SYP	South Yorkshire Police
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

Endnotes

1 Shared Care – joint working between the specialist drug and alcohol services and GPs to provide personalised and holistic care to a patient through their own GP.

2 Rotherham's Local Outcome Comparators:

Since 2014-15 Rotherham has been compared to the following 32 areas:

Somerset, North Somerset, Warwickshire, Cornwall & Isles of Scilly, Newham, Kingston upon Thames, Bexley, Westminster, Torbay, Lambeth, Havering, Camden, Norfolk, Gateshead, Staffordshire, Durham, Medway, Haringey, North Yorkshire, Nottingham, Sandwell, Stockport, Bath and North East Somerset, Suffolk, Gloucestershire, Barnsley, Northumberland, Telford and Wrekin, Enfield, Stockton, Newcastle upon Tyne and Middlesbrough.

3 Treatment Outcomes Profile (Drugs) – shows the effectiveness of treatment and progress made at key stages: Start/Review/Exit and can also include Post Treatment Exit capturing longer term impact of treatment. Completed by the practitioner with the service user and has four sections – substance use/injecting risk behaviour/crime/health and social functioning. The latter includes overall ratings by service user of their quality of life, psychological health and physical health; plus participation in work, volunteering and/or education; and housing – suitability and security.

4 Outcome Star (Alcohol) – covers drug use, alcohol use, physical health, meaningful use of time, community, emotional health, accommodation, money, offending, family and friendships.

5 Successful completion of drug treatment – success is measured as being in the quarter six months after the end of treatment where a person did not re-present to services so there is a time lag on this target.

6 Vulnerable Adults Risk Management (VARM) process - a means of facilitating effective working when a vulnerable adult with mental capacity, at risk through issues such as self-neglect or refusal of services, makes choices that could result in serious harm, injury or death.

7 *Help is at Hand* – Support guide for people after someone may have died by suicide.

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

Contact

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Council Report

Overview and Scrutiny Management Board – Wednesday 16th May 2018

Title

Improving Lives Select Commission: Spotlight review following the Ofsted Inspection of Adult Community Learning

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

No

Director Approving Submission of the Report

Assistant Chief Executive

Report author(s):

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Ward(s) Affected

All

Executive Summary

The scrutiny report (attached as Appendix 1) presents the findings of spotlight review following the Ofsted Inspection of Adult Community Learning in June 2017. The purpose of the review was to seek assurance that there was a clear understanding of the issues leading to the inadequate judgement in June 2017; that the issues arising from the inspection have been addressed; and that there are clear plans in place to ensure that adult learners have pathways to secure employment or skills training. The conclusions and recommendations made by Members are based on information gathered from the spotlight review and examination of related documentation.

Following OSMB, the report is to be presented to the Council meeting of 27 June 2018 for information to share the findings with the wider membership. The Cabinet will be required to respond formally to the recommendations and indicate agreement or otherwise, what action, will be taken to implement the recommendations, along with details of timescales and accountabilities.

Recommendations

- 1) That the report and recommendations from the spotlight review following the Ofsted Inspection of Adult Community Learning, as outlined in Paragraph 7 of Appendix 1, be approved.

- 2) That OSMB forwards the scrutiny review to Council for its consideration;
- 3) That the response of Cabinet to the recommendations be fed back to this Committee.

List of Appendices Included

Appendix 1 – Improving Lives Select Commission: Spotlight review following the Ofsted Inspection of Adult Community Learning

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

No

Exempt from the Press and Public

No

Overview and Scrutiny Management Board

1.	Date of meeting:	16 May 2018
2.	Title:	Spotlight review following the Ofsted Inspection of Adult Community Learning
3.	Directorate/Agency:	Assistant Chief Executive's Children and Young People's Services

4 Background

4.1 This paper outlines the outcomes of the spotlight review following the Ofsted Inspection of Adult Community Learning (ACL) by members of Improving Lives Select Commission.

5 Context

5.1 In June 2017, an Ofsted inspection of RMBC Adult and Community Learning provision delivered a judgement "*that the quality of teaching, learning and assessment is now inadequate and the proportion of learners who stay to the end of their course and achieve a qualification is low*". Delivery of this service has since been transferred from the local authority to Rotherham and North Notts College (RNN).

Of the approximate 1400 learners registered for the 2016/17 academic year, the majority were enrolled on non-accredited courses, which included family learning, with approximately 25% enrolled on courses leading to qualifications, including functional skills or English for speakers of other language. The ACL Ofsted reported concerns about the monitoring of progress and assessment; poor standard of teaching provision and inadequate support and guidance.

5.2 It was agreed that a small cross-party working group would be established to examine what actions had been taken to address the issues raised by the Ofsted inspection. In undertaking the review, Members wanted to seek assurance:

- That there was a clear understanding of the issues leading to the inadequate judgement in June 2017;
- That the issues raised in the 2017 Ofsted inspection of Adult and Community Learning have been addressed; and
- That there are clear plans in place to ensure that adult learners have pathways to secure employment or skills training.

5.3 The following Members undertook the spotlight review on Tuesday 6th March 2018:

- Cllr Chris Beaumont;
- Cllr Maggi Clark (Chair);
- Cllr Victoria Cusworth.

Cllr Peter Short also contributed to the planning meeting which determined key lines of enquiry for the spotlight review.

5.4 The conclusions and recommendations made by Members are based on information gathered during the course of the review and examination of related documentation.

This documentation included:

- Ofsted: Further education and skills inspection report – Rotherham Borough Council (20 -23 June 2017, published 28 July 2017)

- RMBC Corporate Plans 2016 -17 Quarter 1 - 4 Performance Reports
- RMBC Council Plan 2017/18 Quarter 1 – 2 Performance Reports
- RMBC Annual Governance Statement 2016/17

5.5 The review group thanks the following Cabinet Member for Children and Young People's Services and officers for their co-operation with this inquiry.

- Cllr Gordon Watson, Deputy Leader (Lead Member Children and Young People Services)
- Ian Thomas, Strategic Director for Children and Young People Services (CYPS)¹
- Dean Fenton, Head of Service – School Planning, Admissions & Appeals, CYPS
- Aileen Chambers, Head of Service - Early Years and Childcare, CYPS

6 Key Issues

6.1 The Ofsted report flagged areas of concern arising from the previous inspection which had not been addressed in a timely manner. It further identified that quality improvement plans had not been enacted quickly enough and Elected Members had not received clear information about performance. Members sought explanation as to the circumstances behind these issues. Whilst acknowledging that ACL is a small part of CYPS provision overall, in light of previous Council governance failings outlined in the Casey Report², Scrutiny Members wanted to be assured that wider issues around oversight and governance had been addressed.

6.2 Events leading to the inadequate judgement in June 2017:

6.2.1 As context, the Strategic Director reminded Scrutiny Members that from September 2014 onward CYPS had been focussed on addressing the serious and widespread failures identified in the Jay Report and the Ofsted Inspections³. Prioritisation was therefore given to addressing the shortcomings in safeguarding within children's social care and tackling Child Sexual Exploitation, with resources dedicated accordingly. It was acknowledged that assurance from the ACL service about performance had been accepted at 'face value', which in retrospect, did not correlate with supporting data. It was noted that the Ofsted judgement did not raise any safeguarding concerns for the ACL service.

6.2.2 The Strategic Director explained that the delivery of ACL is a non-statutory duty and the local authority has no requirement to provide adult learning courses directly. The provision was comparatively small, with a small in-house team delivering some elements of adult and community learning with the remainder commissioned to be delivered by voluntary and community agencies.

6.2.3 Although under the previous inspection framework, the service had received an Ofsted judgement of "Good" in 2014, concerns had been expressed by senior managers at that time that performance was inconsistent. A notice of concern was issued in 2015 by the Skills Funding Agency (now the Education and Skills Funding Agency) for the ACL service's failure to meet the minimum performance thresholds. As a result of this, significant additional management support was given to the service to increase capacity which resulted in the notice of concern being lifted again in February 2016. However, despite these actions, there were continuing concerns that the improvements were not

¹ Ian Thomas left the Authority in April 2018 to take up a new position.

² Louise Casey CB: Report of Inspection of Rotherham Metropolitan Borough Council (February 2015)

³ Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board (September 2014)

embedding at pace with a further notice of concern issued in spring 2017 which triggered the re-inspection.

6.2.4 Due to additional management intervention, the extent of the issues became apparent in early 2017 (prior to the re-inspection in June 2017). Accelerated action was then taken to address the serious shortcomings that had arisen regarding data analysis; poor supervision of teaching quality; and lack of performance monitoring and risk management. The actions to address poor performance were acknowledged in the Ofsted ACL report however, it was reported that there was not sufficient time for these to embed for Ofsted to evaluate the impact of the interventions.

6.2.5 It was reported to the Scrutiny Members that following management intervention, significant improvements had been made which became evident later in the year (post-inspection). It was noted that the required achievement rate for accredited courses levels had been reached by the end of July 2017 and had been well above the threshold on which the Notice of Concern was issued.

6.2.6 Conclusions

- Scrutiny Members appreciate the candour of the Deputy Leader and officers in their explanation of the circumstances that led to the inadequate judgement.
- From the evidence, it is clear that following the 2014 ACL Ofsted judgement of “Good”, a false assurance was given of service quality. This allowed performance and data concerns which had been highlighted prior to 2014 to remain unresolved which in turn led to poor outcomes for many learners. Despite additional management support to address these issues, performance remained inconsistent.
- Scrutiny Members are assured that robust action was taken to address the decline in service quality and resources were allocated accordingly. This accelerated from March 2017 with increased oversight from the Deputy Leader and it is evident that improvements were made to the service, albeit too late to embed sufficiently in time for the ACL Ofsted inspection.

6.3 How wider issues raised in the 2017 Ofsted inspection of Adult and Community Learning were addressed:

6.3.1 The ACL inspection report highlighted that *“until recently, managers have not given elected members clear information about performance.....This means that council members have been unable to challenge managers or hold them to account for the decline in standards”* (Ofsted, 2017, p5). It was clarified that a Performance Board had been established in March 2017, chaired by Cllr Watson as Lead Member, which provided rigorous challenge to managers for service delivery. From the time line presented to Scrutiny Members, it would appear that the reports to the Performance Board commenced some two years after the first Notice of Concern was issued in March 2015.

6.3.2 Although it is accepted that the Deputy Leader was informed latterly of the serious decline in performance, neither this decline or the inadequate judgement were referred explicitly to any of the Council’s Overview and Scrutiny Committees at the time.

6.3.3 The ACL Ofsted inspection report stated that *“Leaders and Managers have not rectified areas for improvement identified at the previous inspection”*. The Scrutiny Members sought guarantees that this was an anomaly and there were rigorous processes in place to address areas of improvement identified in inspections and there was clarity about how these were recorded. Both the Deputy Leader and Strategic Director referred

Scrutiny Members to the recent Ofsted report⁴ which concluded that the local authority “has taken a systematic and rigorous approach to improvement... Leaders and senior managers have appropriately prioritised the improvement of key service areas... embedding a culture of performance and quality assurance”. The Deputy Leader gave further assurance that these principles had been applied across the directorate and he had oversight of the inspection schedule and related performance issues across individual services.

6.3.4 The importance of adult learning as a gateway to further skills development or employment opportunities was recognised in the RMBC Corporate Plan 2016-17 and the successor RMBC Council Plan 2017-20, with specific outcomes linked to this activity⁵. Performance was reported on a quarterly basis with reports submitted to Cabinet and in some instances, Overview and Scrutiny Management Board.

The Scrutiny Members reviewed the reports to examine whether the decline in performance was flagged as a risk. It was noted that concerns were reported in the narrative in both the Quarter 3 and 4 Corporate Plan Performance Reports and Quarter 1 and 2 Council Plan Reports, however, it was felt that the performance decline was not signposted sufficiently in the cover reports or scorecards. This also meant that opportunities for wider corporate organisational learning arising from the decline in performance were not fully explored and applied.

6.3.5 It was also noted that the inadequate judgement was reported in the 2016/17 Revised Annual Governance Statement to the Audit Committee. However, this was not reported in the regular reports to the committee on recommendations from external audits and inspections. This appears to be a gap. It is also unclear if the decline in performance and attached risks relating to the reissuing of the Notice of Concern in spring 2017 were raised with the Audit Committee.

6.3.6 Conclusions

- Scrutiny Members are assured that the Deputy Leader had a full understanding of the performance issues from March 2017. However, given that concerns had been raised about inconsistent performance from 2013, it is surprising that this was not flagged earlier to the Cabinet Member or Scrutiny and/or Audit Committee as a risk.
- The Council rightly aspires to high standards of openness and transparency in the way in which it allows for adequate scrutiny by Councillors and responds to inspection outcomes and issues of performance. In addition to consideration by the Cabinet Member, public democratic oversight of inspection outcomes, performance concerns or service failure should also include timely referral to the relevant scrutiny body and/or the Audit Committee.
- It is accepted that the decline in performance was detailed in the narrative of both the Corporate Plan and Council Plan reports from February 2017 onward. However, in order for Members to hold officers to account on an informed basis, it is important that critical performance issues are also signposted more explicitly in cover reports and performance scorecards.
- The organisational learning arising from areas of concern should be reviewed and

⁴ Ofsted Re-inspection of services for children in need of help and protection, children looked after and care leavers (January 2018)

⁵ Outcome: 4C. Adults supported to access learning improving their chances of securing or retaining employment Improve participation, performance and outcomes of people aged 19+ accessing Council funded and RMBC delivered adult learning provision.

- Increase the number of people aged 19+ supported through a learning programme
- Increase the number of learners progressing into further learning, employment and/or volunteering

reported on by the Corporate Performance, Intelligence and Improvement Team on a timely basis to provide assurance that improvements and learning are being applied.

6.4 **What pathways are in place for adult learners to secure employment or skills training?**

6.4.1 Provision for ACL has been transferred to Rotherham and North Notts College (RNN) from the start of the 2017/18 academic year and the Education and Skills Funding Agency confirmed that RNN will be allocated the funding previously awarded to the local authority. This ensured that whilst the provider had changed, the funding was maintained in Rotherham for local adults.

6.4.2 It was reported that as a large college provider, RNN could manage the delivery and quality assurance requirements that the Council had failed to deliver consistently in the past. It was felt that this would address the significant decline in the standards of teaching and learning and in learners' outcomes which were reported in the Ofsted judgement. The Deputy Leader and Strategic Director were confident in RNN as a strategic partner and its capacity to deliver a programme that would focus on engagement, first steps learning and targeting Rotherham's most vulnerable groups and communities. It was asserted that this would support the Council aim to deliver family learning, digital inclusion and community cohesion training and workshops. Some of this activity had been sub-contracted to the Creative Learning Centre within the Local Authority to deliver for the 2017/18 academic year.

6.4.3 It was reported that negotiations between the Business Growth Board, Health and Well Being Board and the newly evolving Local Integration Board would need to take place in order to influence the ongoing programme offered by RNN so it meets the needs of Rotherham's communities. In order to ensure that there is good governance of these arrangements, given there are potentially three reporting routes, it was felt that further clarification was required on how RNN's delivery of ACL links to the agreed Council priorities around the employment and skills agenda (as outlined in the Council Plan) and how these are reported to Members.

6.4.4 It was also reported that Government proposals for adult education delivery would lead to funding being devolved to combined authorities (including Sheffield City Region Combined Authority) to determine how this is to be allocated in local areas. The Department for Education has signalled that this will take place from 2019.

6.4.5 **Conclusions**

- Scrutiny Members are assured that the transfer of provision to RNN means that the delivery of ACL will be on a more sustainable footing, with proper oversight of teaching standards and advice and guidance. This will lead to better outcomes for adult learners and address the concerns raised in the ACL Ofsted report about teaching, learning and assessment.
- Although the transfer of provision is supported, there is a lack of clarity about how RNN will deliver a programme which links to Council priorities around the skills and employment agenda, (targeting Rotherham's most vulnerable groups and communities) and how this is reported to Members.
- Whilst it is accepted that the Council is no longer responsible for the delivery of this provision, it is important that the Council maximises its influence in this key area, particularly in light of the devolution of adult education delivery to the Sheffield City Region Combined Authority.

7 Recommendations

- 7.1 That areas of concern raised in external inspections or reviews are referred to the relevant scrutiny commission on a timely basis, alongside a plan detailing what action is proposed to address identified areas of improvement;
- 7.2 That the Corporate Performance, Intelligence and Improvement Team ensures that learning from the reporting of areas of concern and in particular the issues arising from this spotlight review, are applied to inform how performance management information is shared and acted upon;
- 7.3 That future performance reports and scorecards should signpost Members clearly to areas of declining performance and actions taken to address these;
- 7.4 That further details are provided to the Improving Places Select Commission to clarify how Council priorities linked to the skills agenda and community engagement will be delivered by RNN and how outcomes will be reported to Members;
- 7.5 That the Council's representatives on the Sheffield City Region Combined Authority Scrutiny Panel are asked to keep oversight of the devolution of adult education provision to ensure good outcomes for Rotherham learners.

8 Name and Contact Details

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