

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH

**Venue: Town Hall, Moorgate
Street, Rotherham.**

Date: Monday, 15 December 2008

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence.
4. Minutes of the previous meeting held on 1 December 2008 (herewith) (Pages 1 - 4)
5. Adult Services Capital Budget Monitoring Report 2008/09 (herewith) (Pages 5 - 10)
6. Joint Rotherham Carers Strategy 2008 -2011 (herewith) (Pages 11 - 61)
7. CSCI Annual Performance Assessment Report 2008 (herewith) (Pages 62 - 82)
8. EXCLUSION OF THE PRESS AND PUBLIC
9. Setting the Maximum Charge for the new Residential Homes for Older People - 2008/2009 (herewith) (Pages 83 - 85)
10. Date and time of next meeting:- 12 January 2009

1D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 01/12/08**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 1st December, 2008**

Present:- Councillor Kirk (in the Chair); Councillors Gosling, P. A. Russell, Jack and Barron.

69. MINUTES OF THE PREVIOUS MEETING HELD ON 17 NOVEMBER 2008

Resolved:- That the minutes of the meeting held on 17 November 2008 be approved as a correct record.

70. FUTURE YEARS MEETING - LEEDS

Resolved:- That approval be given for Councillor F Hodgkiss to attend the "Future Years" meeting in Leeds on 8 December 2008.

71. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2008/09

Mark Scarrott, Service Accountant (Adult Services) presented the submitted report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2009 based on actual income and expenditure to the end of October 2008.

The approved net revenue budget for 2008/09 was £68.5m which included funding for demographic and existing budget pressures together with a number of efficiency savings identified through the 2008/09 budget setting process.

The report showed that there were budget pressures, with a projected net overspend of £262,000 (+0.38%), to the year end, after factoring in a number of management actions to mitigate these pressures.

The latest year end projections showed there were the following main budget pressures:-

- Direct Payments (£186k), within Physical and Sensory Disabilities and Mental Health services. Performance was on track to exceed the target which if achieved would lever £360k in Performance Reward Grant funding for the Council in March 2009
- Additional unforeseen placements into residential care for clients with Physical and Sensory Disabilities (£145k: a net increase of 7 placements)
- Overspends within employees budgets (£260k) including increased use of in-house residential care bank staff and an overspend within domiciliary care management and administration teams over and above budget

- Pressures had also been identified in respect of increased energy costs (£194k) within residential and day centres. The increase in energy costs was being monitored across all directorates within the Council.
- The above pressures were being partially offset by additional income from continuing health care placements (£523k)

The latest financial forecast assumed the full savings identified in the budget setting process for 2008/09 in respect of shifting the balance of home care provision from in-house to the independent sector. The implementation of this was currently experiencing delays due to further consultation and negotiation with the Trade Unions and employees. It was likely that these delays would increase the forecast overspend. This was being monitored closely and further work was being undertaken to both quantify and minimise any additional pressure on the budget.

The report also assumed full decommissioning of the five residential care homes into the two new homes by the end of December in accordance with the planned timetable. Any delays would impact on current financial projections and any further impact on budget would be reported as soon as they were identified.

Budget clinics with Service Directors and managers were now taking place on a monthly basis to monitor financial performance against approved budget and to consider further options for managing expenditure within budget.

A question and answer session ensued and the following issues were discussed:-

- The delays in the implementation of “shifting the balance” were partly due to high sickness levels within Home Care which was resulting in an increase in the level of overtime and therefore putting further pressure on the budget. Members were concerned about this and asked what had been done to overcome this problem. A request was made for a report to be presented to a future meeting of the Cabinet Member and also to Scrutiny to update members on progress made.
- It was felt that the overspend in relation to physical and sensory disability was an ongoing problem and a query was raised as to whether any forward planning was being undertaken to overcome this. It was confirmed that work was being carried out jointly with NHS Rotherham to forecast future demographic pressures and build these into the Medium Term Financial Strategy.
- Concerns were raised that more emphasis was being put on Performance Indicators instead of what was more beneficial for the service user.

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of October 2008

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 01/12/08

be noted.

(2) That a report in relation to work being undertaken on reducing sickness levels be presented to a future meeting of the Cabinet Member and the Scrutiny Panel for Adult Services and Health.

72. ADULT SERVICES 2ND QUARTER (APRIL TO SEPTEMBER) PERFORMANCE REPORT 2007/08

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2008/09 key performance indicator 2nd quarter results for the Adult Services elements of the Directorate.

At the end of the quarter, 73% (19) key performance indicators were on track to achieve their year end targets. This compared to 64% the previous year.

There were 7 indicators which were rated as "off" target which were:

- C32 – Older People helped to live at home
- C29 – People with physical disabilities helped to live at home
- C62 – Services for Carers
- D55 – Acceptable waiting times for an assessment
- D39 – Statement of need
- C73 – Younger adults admitted to residential or nursing care
- NI132 – Timeliness of Social Care assessment (all adults)

Kim Curry, Director of Commissioning and Partnerships updated members on the progress made in relation to safeguarding. She reported that there was an inspection pending. A team had been set up to manage the ten social workers and this team would be responsible for the investigation. Members requested that a report be presented to the Scrutiny Panel for Adult Services and Health in relation to the investigation.

Resolved:- (1) That the results and the remedial actions in place to improve performance be noted.

(2) That a report be presented to the Scrutiny Panel for Adult Services and Health in relation to the safeguarding investigation.

73. CARERS FORUM - VERBAL UPDATE

Linda Hayne, Assistant Manager from RAIN and Jeanette Mallinder gave an update in relation to the Carers Information Centre.

Jeanette reported that it was essential that more resources and assistance was given to support the Carers Information Centre as funding was due to cease at the end of December 2008. She highlighted the benefits that the centre provided to carers throughout Rotherham and

urged members to ensure that it remained open.

74. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

75. PARK LEA DAY SERVICES

Jackie Bickerstaffe, Head of Learning Disability Service presented the submitted report in relation to Park Lea Day Services.

The report summarised the reasons why Park Lea was not suitable as a long term base and set out proposals for the future of the service which was currently provided at Park Lea.

Resolved:- That the transfer of services from Park Lea to other community bases, be agreed and the action plan outlined in Section 8 be implemented.

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

(2) That a further report be presented to the Cabinet Member following the consultation exercise.

76. DATE AND TIME OF NEXT MEETING:- 15 DECEMBER 2008

Resolved:- That the next meeting be held on Monday 15 December 2008 commencing at 10.00 am.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet Member for Adult Social Care and Health
2.	Date:	Monday 15 December 2008
3.	Title:	Adult Services Capital Budget Monitoring Report 2008/09 - All Wards affected
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

To inform members of the anticipated outturn against the approved Adult Services capital programme for the 2008/09 financial year.

6. Recommendations

Members receive and note the Adult Services forecast capital outturn for 2008/09.

7. Proposals and Details

This capital monitoring report provides detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to the 17 November 2008 and the projected final outturn position for each scheme.

Actual expenditure to the mid November 2008 was £7.2m against an approved annual programme of £9.8m. The approved schemes are funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding. Appendix 1 shows actual expenditure to date against the approved budget together with the projected outturn position.

8. Finance

The overall programme is currently forecasting to underspend by £8.5k. The following information provides a brief summary of the latest position on the main projects within each client group.

Older People

The construction of the two new residential care homes is now complete. The timetable for full decommissioning of existing homes into the two new homes is expected to be completed by the end of December.

The Assistive Technology Grant (which includes funding from NHS Rotherham) is being managed jointly and is being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. The appointment of a project manager has resulted in a review being carried out together with NHS Rotherham and an agreement in principle that the funding will be used to procure lifeline connect alarms, low temperature sensors and fall detectors in peoples homes.

A small element of the Department of Health specific grant (£20k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2008/09. The balance of grant is being allocated across the independent residential care sector in accordance with the grant conditions and will be fully spent in 2008/09.

Learning Disabilities

The small balances of funding carried forward from 2007/08 are to be used for the equipment for Parkhill Lodge and within supported living schemes.

The refurbishment at Addison Day Centre, funded from the Council's Strategic Maintenance Investment fund is now complete.

There have been delays in the start of the refurbishment of the REACH Day centre due to insufficient funding. Funding has now been identified and the project is due to be completed by March 2009.

Mental Health

A small balance remains on the Cedar House capital budget and will be used for the purchase of additional equipment. A large proportion of the Supported Capital Expenditure (SCE) allocation has been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes. Suitable properties are being identified and spending plans are being developed. The possibility of funding equipment purchased for direct payments is also being considered to reduce the current pressures on the revenue budgets. Further options are also being considered to provide more intensive supported living schemes with a range of providers.

Management Information

Part of the capital grant for Improving Management Information was carried forward into 2008/09. The funding has been earmarked to further develop Electronic Social Care Records within Health and Social Care working with the Council's strategic partner RBT and Children & Young People's Services. At the end of August the Department of Health announced a new capital grant for Adult Social Care IT infrastructure over the next three years (£276k). Spending plans are still being developed with RBT to integrate social care information across both health and social care.

9. Risks and Uncertainties

The main risk relates to the potential overspends due to the increase in construction related costs for the two new homes over and above approved budgets. Also projects funded through Supported Capital Expenditure or capital grants where spending must be in accordance with certain spending conditions, in accordance with national priorities. Any shortfall in capital funding will delay implementation and may result in the Directorate not meeting national agendas and performance targets.

10. Policy and Performance Agenda Implications

The approved capital budget for 2008/09 allows Adult Services to invest and develop its assets to improve and maintain existing levels of service to support the most vulnerable people and continues to contribute to meeting the Council's key priorities.

11. Background Papers and Consultation

Department of Health Local Authority Social Services Letter LASSL(DH)(2007)3- Adult's Personal Social Services: Distribution of Single Capital Pot and Specific Capital Allocations in 2008-09, 2009-10 and 2010-11.

Department of Health Local Authority Circular (2008) 6 – Supported Capital Expenditure (Capital Grant) for Adult Social Care IT Infrastructure – 2008-09, 2009-10 and 2010-11.

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services and the Strategic Director of Finance.

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CAPITAL PROGRAMME 2005-10

Directorate **Adult Services**

Expenditure Code	Scheme description	Budget Holder Details (Initials)	Scheme Total Cost Profiled							Scheme Total Cost £	Scheme Total Funding Profile					Approval date /Committee/minute number	
			2005/06	2006/07	2007/08	2008/09	2009/010	2010/011	2010/11		Supported Capital Expenditure (SCE(R)) £	Specific Grant		Other Contributions			Unsupported Borrowing/Capital Receipts £
			£	£	£	£	£	£	£			£	Detail	£	Detail		
	Older People																
UXB149	Adult's Older Peoples Modernisation Strategy	S Mc	52,009	729,290	10,365,737	8,298,964			19,446,000								Cabinet 7 Sept 2005, 23 May 2007, 13 Feb 2008, 29 October 2008
UXB150	Assistive Technology	KE			267,648	232,352			500,000								
UXB151	Residential Care - Improving the Environment	S Mc			399,440	20,560			420,000	420,000	DOH Capital Grant		500,000				Local Authority Circular (2006)16
	Learning Disabilities																
UXL128	Addison Day Centre/Parkhill Lodge	AB			0	1,895			1,895								
UXL135	LDDF for Supported Living	AB	4,452	0	0	8,548			13,000				13,000				4,561
	Strategic Maintenance Investment Programme																
UXZ001	Oaks Day Centre Alterations	AB		94,514	3,152	0			97,666								95,000
UXZ004	Addison Day Centre - Alterations	AB			1,246	248,754			250,000								250,000
UXZ005	Oaks Day Centre Alterations - Phase 2	AB			97,280	2,720			100,000								100,000
	REACH Day Centre	AB				250,000			250,000								250,000
	Mental Health																
UXH098	Cedar House	JP	7,051	12,473	7,825	12,428			39,777								39,777
UXH101	Supported Capital Expenditure	JP	32,500	21,462	48,711	383,802			486,475	189,849							296,626
	Mental Health Single Capital Pot Capital Grant	JP				147,000	147,000	147,000	441,000	441,000							
	Management Information																
UXT002	Improving Information Management Grant	JD	140,650	143,932	26,376	120,057			431,015		431,015	DOH Capital Grant					Local Authority Social Services Letter (2006)1
	Social Care IT Infrastructure Capital Grant	JD				85,903	91,836	98,002	275,741		275,741						Local Authority Circular LAC (DH) (2008) 6
TOTALS			236,662	1,001,671	11,217,415	9,812,983	238,836	245,002	0	22,752,569	630,849	1,126,756	513,000	0	20,481,964		

Budget Holder Key
 S Mc Shona McFarlane
 KE Kirsty Everson
 AB Anne Baxter
 JP Janine Parkin
 JD Jayne Dickson

CAPITAL EXPENDITURE MONITORING 2008-09

Directorate Adult Services

Monitoring Period : 1 April to 17 November 2008

Expenditure Code	Scheme description	Approved Capital PROGRAMME 2008/09 £	Actual Expenditure 01/04/08 - 17/11/08 £	Projected Expenditure to 31/03/2009 £	Scheme 2008/09 Funding Profile					RAG Status	Comment Note number	
					Supported Capital Expenditure (SCE) £	Specific Grant		Other Contributions				Unsupported Borrowing/Capital Receipts £
						£	Detail	£	Detail			
	Older People											
UXB149	Adult's Older Peoples Modernisation Strategy	8,298,964	6,908,513	8,298,964					8,298,964	G	1	
UXB150	Assistive Technology	232,352	0	232,352				232,352		G	2	
UXB151	Residential Care - Improving the Environment	20,560	11,805	20,560		20,560 DoH Grant				G	3	
	Learning Disabilities											
UXL128	Addison Day Centre/Parkhill Lodge	1,895	0	1,895					1,895	G	4	
UXL135	LDDF for Supported Living	8,548	0	0				8,548 PCT		G	5	
	Strategic Maintenance Investment Programme											
UXZ004	Addison Day Centre - Alterations	248,754	224,955	248,754					248,754	G	6	
UXZ005	Oaks Day Centre Alterations - Phase 2	2,720	2,819	2,819					2,720	G	7	
	REACH Day Centre	250,000	0	250,000					250,000	G	8	
	Mental Health											
UXH098	Cedar House	12,428	0	12,428					12,428	G	9	
UXH101	Supported Capital Expenditure	383,802	16,089	383,802					383,802	G	10	
	Mental Health Single Capital Pot	147,000	0	147,000	147,000					G	11	
	Management Information											
UXT002	Improving Information Management Grant	120,057	0	120,057		120,057 DoH Grant				G	12	
	Social Care IT Infrastructure Capital Grant	85,903	0	85,903		85,903 DoH Grant				G	13	
TOTALS		9,812,983	7,164,182	9,804,534	147,000	226,520		240,900	0		9,198,563	

Comments

- 1 Projected overspend on scheme and an additional funding now approved. Report to Regeneration and Asset Board on 22 October. Approved by The Cabinet on 29 October 2008.
- 2 Review of spending profile in respect of Telehealth and Telecare equipment. Health funding to be carried forward into 2009/10 in agreement with Health, equipment currently being procured through the DoH grant.
- 3 Department of Health Capital Grant balance carried forward from 2007/08
- 4 Balance of finding to be used for furniture and equipment at Parkhill Lodge.
- 5 Funding is earmarked for equipment within supported living schemes to be carried forward into 2009/10.
- 6 Scheme commenced March 2008 and is now completed, awaiting final account.
- 7 Scheme completed in March 2008, balance to meet the cost of any retention/fee costs.
- 8 New scheme to commence in 2008/09 but delayed due to funding shortfall.
- 9 Committed expenditure on providing support for early interventions and crisis move on.
- 10 Committed funding on developing new supported living schemes plus Individual Budgets and direct payments
- 11 New Mental Health capital grant allocation replaces previously distributed Supported Capital Expenditure (Revenue).
- 12 Department of Health Capital Grant balance carried forward from 2007/08.
- 13 New Department of Health Supported Capital Expenditure (Capital Grant) announced 22 August 2008

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Report To Cabinet Members
2	Date:	15 December 2008
3	Title:	Joint Rotherham Carers Strategy 2008-11
4	Programme Area:	Neighbourhoods and Adult Services

5 Summary

To present to Members the Joint Rotherham Carers Strategy 2008-11 and inform members of the National Carers Strategy launched June 2008.

6 Recommendations

That Members receive this report, and accept the Joint Rotherham Carers Strategy as a replacement of the recent 2005/08 strategy.

That Members note the performance to date and proposed actions.

Background

Carers in Rotherham save the local economy £462 million per year, an average of £15,260 per carer. Of those carers over 7,000 provide in excess of 50 hours of care per week. It is estimated that every year in Rotherham another 8000 people become carers. This number is likely to rise over the next 10 – 15 years.

The purpose of the 2005-2008 strategy is to help Rotherham's health and social care economy (statutory and voluntary) to support carers, so that those who wish to can continue to provide care. While there are many issues that affect all carers, the strategy acknowledges both the uniqueness of each individual carer's situation and the specific needs of individual who is cared for. Annual action plans make the process more accessible to scrutiny through monitoring the delivery of value for money services that meet identified needs.

Key findings

During the course of the last year a number of significant achievements have been delivered. We have:

- More than doubled the number of carers who have received an assessment or review of their needs in the last year,
- Provided a 24/7 emergency response services for all carers with access to home based respite when required,

- Expanded the training opportunities for carers on a broader base of relevant issues such as the implications of the Mental capacity Act.
- Supported the continuation and enhancement of the Carers Information Centre which now has fully trained volunteers,
- Established the Carers Leads Group with representative from all Council Directorates, the Primary Care Trust and the Acute Trust. The group meet bi-monthly to highlight and address carers issues, identify and involve carers in policy and service development and co-ordinate information events.

Key actions

Consultation has taken place with carers and statutory organisations throughout the year and a provisional action plan has been developed for the next 3 years. Actions arising from the consultation will provide:

The Carers Strategy has 7 main objectives which have been informed by Rotherham carers and the national strategy. Recognising that the best investment we can make is to support carers, this strategy will provide carers with;

- Better access to information,
- Training and support for the caring role,
- Assessment and early intervention,
- Flexible support services,
- Better access to health services,
- Training, employment and financial support, and Protection and support for young carers

Beyond 2008

The current strategy is at the end of its intended focus and as the new National Carers Strategy is being developed, the action plan for 2008/09 will change radically and be incorporated into a new Joint Rotherham Carers Strategy 2008 – 2011. This document has been developed in joint partnership with NHS Rotherham and a Rotherham Carers Implementation Group has been established with all statutory and voluntary agencies taking part with carers.

A successful, 'Who Cares' event took place in July 2008 to consult on the implications of the new strategy and what action needs to be taken to enhance current services. This has been enhanced by a series of smaller focus groups around health, financial, community employment, training and equality issues.

8. Finance

There are a number of actions identified which have an impact on the use of resources. These will be addressed through existing resources which are supplemented by the Carers Grant. Rotherham has been allocated:

Year	Carers Grant Funding
2008/2009	£1,243,000
2009/2010	£1,333,000
2010/2011	£1,427,000

9. Risks and Uncertainties

Revision of the Strategy and review of services and policies, together with continued improvements to performance information about carer services, will reduce the risk of delivering inappropriate services and will place us in a better position to meet the needs of carers.

The financial commitments from Central Government although outlined in the released National Carers Strategy– ‘Carers in the 21st Century families and communities’ have not yet been disseminated to a local level. The announcement of allocation of funding is expected early 2009, but is estimated to be around £750K over a two year period. The allocation will be processed through NHS Rotherham with a condition that the funding is dedicated in joint agreement with the Local Authority. The achievements of the targets is dependent on realisation of this funding.

10. Policy and Performance Agenda Implications

All the actions developed in the revised carers strategy will have a significant impact on our ability to deliver improved performance against the all the objectives in the Outcomes Framework. Carers are especially relevant in promoting *improved health and wellbeing* and *exercising choice and control*.

The strategy contributes to National Indicator 135 (services for carers). The action plan associated with this strategy is the Rotherham Partnership’s delivery mechanism for achieving the Local Area Agreement (LAA) targets and better outcomes for carers.

Providing appropriate advice and support to carers, helps them to retain their chosen lifestyle, making it possible for them to continue to care. Inevitably, this will improve performance across all disciplines of health and social care services. This culture will enable service users to be more independent and in control of their own lives and the decision they make.

11. Background Papers and Consultation

Carers at the Heart of the 21st Century families and communities 2008
 The Carers (Equal Opportunities) Act, 2004
 National Carers Strategy, 1999

Rotherham Carers Strategy 2005 to 2008
Consultation at Carers event 'Who Cares' August 2008
Carers Survey September 2008
New Deal for Carers – carers engagement programme November 2007

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Who is a Carer?



...they all are!

Rotherham Joint Carers' Strategy 2008-2011

(10.11.08)

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1. Foreword by Councillor Richard Russell



Rotherham Carers' Champion

Welcome to the new 2008-2011 Rotherham Carers' Strategy where we take account of the main achievements over the previous 12 months and look to the future. Over the past year the Council and NHS Rotherham have been working together and demonstrating their commitment to involving carers in the development of this strategy. Their involvement has led to the improvement of existing services and the identification of new initiatives.

Significant legislative changes have taken place over the past few years and 2008 was no exception in progressing positive developments for carers. The Government extended its commitment to carers through the launch of the national Carers' Strategy entitled "Carers at the Heart of 21st Century families and communities". Our local strategy, developed by the Council and NHS Rotherham takes into account the national direction for change.

In Rotherham we recognise the value of the contribution that carers make in providing care in the community. The future challenge will be to continue to meet the growing needs of people with physical, sensory, learning disabilities, mental health problems and older people who want to remain living in the community. This strategy sets out to provide a greater understanding of how we can involve, inform and support carers to help us plan our services for the future.

Caring can be a positive experience if the appropriate services are available.

I'd like to thank all the carers who have influenced the production of this document.

Signature

2. Executive Summary

The Rotherham Partnership has identified that supporting carers is a major priority for the Borough. Through the Local Area Agreement we have made a public commitment to do more to help carers. The strategy includes investment of approximately, £750K (estimated) which shows that we:

- Value and support the needs of carers,
- Acknowledge that carers provide the best quality of care and personalised care,
- Believe that carers deserve the same opportunities as those without caring responsibilities, and we
- Recognise that the best investment we can make is supporting carers

The LSP will work with Rotherham MBC, NHS Rotherham, Rotherham NHS Foundation Trust, Job Centre Plus, Barnado's Young Carers, Crossroads, and Rotherham Carers' Forum. We have made certain that each of the carers' priorities is represented by an appropriate service and relevant partners. We recognise that all partner organisations both individually and collectively must do more to provide enhanced opportunities for carers to access employment, training and support.

The development of this strategy has been as a consequence of placing great emphasis on Rotherham carers' own judgement of what is right for them. This Joint Carers Strategy for the Borough is based on feedback from carers about the services that are currently on offer and what carers see as their priorities for redesigning services over the next 3 years.

We have listened to the carers by holding consultation events such as the "Who Cares?" visioning day, a Citizens' Jury and we continue to consult through open discussion at the "Carers' Forum" and events held during National Carers' Week in June. In an effort to reach out to carers we conducted a Carers' Survey in September 2008 and will establish actions from the findings by the end of this year. We have and will continue, over the life of this document, to actively engage with carers to pay close attention to their requests, aspirations and needs. Carers themselves will be the judges of the success of this strategy and will be fundamental to the monitoring of it.

In July of this year the national strategy, "Carers of the 21st Century families and communities" allocated funding to Primary Care Trusts with the stipulation that it is spent in partnership with Local Authorities. This amounts to £xxx for Rotherham. This will strengthen our commitment to work in partnership and facilitate an expansion of the opportunities to improve the lives of our carers and support them in their vital role.

Our Mission

To value and support to the needs and aspirations of all Carers.

Our Vision

Our vision has been shaped by Rotherham Carers. Our vision is for carers to be able to;

- Exercise choice, be independent, be protected and have fair access to services,
- Feel supported and encouraged to shape local services which meet their characteristics and needs, and
- Enjoy their lives as individuals and as part of families and neighbourhoods.

The Carers Strategy has 7 main objectives which have been informed by Rotherham carers and the national strategy. Recognising that the best investment we can make is to support carers, this strategy will provide carers with;

- Better access to information,
- Training and support for the caring role,
- Assessment and early intervention,
- Flexible support services,
- Better access to health services,
- Training, employment and financial support, and
- Protection and support for young carers

This strategy and action plan will deliver these 7 objectives by dedicating resources, commissioning different types of services and developing self assessment and self directed support. These actions will address the diverse needs of carers by providing support to carers to meet their own individual requirements and levels of caring responsibility.

3. Our Achievements 2005 – 2008

Carers' services have always been important in Rotherham. Our achievements since the first strategy for Rotherham (2005-2008) are as follows:

We have modernised and updated the Carers' Handbook. It is a living document that changes to adapt to Carers' needs

Impact – Carers are kept up to date with developments in local and national services in an easy, more appealing way

We have established a Carers' Information Centre that serves the whole of Rotherham

Impact – Carers have a central resource for information, support and advice that reflects their needs and aspirations

We have launched the Carers' Emergency Scheme

Impact – Carers are offered a personalised response to an accident, emergency or crisis which brings them peace of mind

We have involved carers in meaningful consultation at every opportunity

Impact – Carers have shaped services and developed innovations, they have been fully involved in high level strategic consultation.

We have provided support to give quality carer representation in a variety of arenas

Impact – Carers are empowered with confidence and assertiveness to challenge view points

We have supported the development of Caring 4 Carers wellbeing group

Impact – Carers are able to offer emotional and practical peer group support of the highest level

We have designed and developed a wide range of specific training for carers

Impact – Carers are now equipped with health and well-being skills. This has helped them to provide top quality care

This subsequent strategy (2008-2011) builds on our successes and reputation for providing high quality services for Carers. As we progress to achieve challenging targets, Rotherham MBC and its partner agencies will continue to support Carers throughout the borough and champion their essential role.

Picture

4. The scope of this strategy

This strategy will cover all carers in Rotherham. We will seek to reach “hidden carers” and raise awareness about the support available to them. Where there is value in engaging additional and emerging stakeholders, we will stimulate their interest and secure their involvement.

Who is a carer?

The National Strategy, “Carers at the Heart of the 21st Century families and communities 2008-2018” defines a carer as someone who, **“spends a significant portion of their time providing unpaid support for a relative, partner or friend who is frail, disabled or has mental health or substance misuse problems”**

A carer can be;

- An adult who cares for another adult such as a husband or wife, partner, friend or relative,
- A parent who cares for a child with a long-term illness or disability, and
- A young carer who is under the age of 18 and in some way affected by the need to take physical, practical and/or emotional responsibility for the care of another person.

Within the definition above, each carer will have different needs and characteristics. The ongoing development of the JSNA (Joint Strategic Needs Assessment) will include an analysis of the needs of carers. Specific groups of carers that are assessed within the criteria will be able to access the range of generic services that will be commissioned according to the 7 objectives identified by carers. If the generic services do not meet carers’ needs then personal budgets will be an alternative source of service provision.

5. The Local Context

The Rotherham Carers Strategy is about providing more support for local carers. Through consultation we understand what would make the biggest difference to Rotherham carers' lives both in their role as a carer and in their lives outside caring. Knowing what is required of us we now have the opportunity to concentrate our efforts on helping to achieve Rotherham carers' priorities.

The partnership's undertaking to meet the identified needs of carers is consistent with the Community Strategy theme of "Achieving" and to deliver targets within the Local Area Agreement. These high level plans illustrates the commitment we have made to improve services for carers in a way which increases the level of support, range and flexibility of services, resources and employment opportunities by the year 2011.

Data gathered during the Joint Strategic Needs Assessment (JSNA) shows that Rotherham has higher levels of limiting illness or disability than the national average. In particular, dementia, coronary heart disease, strokes and chronic obstructive pulmonary disease are prevalent. This means that in comparison with other similar sized authorities, we have higher numbers of carers and this will only continue to grow.

Statistics show us that in Rotherham;

- One in eight adults is a carer totalling around 30,000 people¹.
- Over 15,000 people juggle care with work².
- 22.4% of people in Rotherham have a limiting long term illness or disability, which is significantly higher than the national average.
- Over 7,000 local people provide more than 50 hours of care per week¹.
- People providing high levels of care are twice as likely to be permanently sick or disabled³.
- 67% of carers are women and 33% are men⁴.
- By 2037 the number of carers could increase to more than 40,000².
- In 2008 there are 154 carers over 85, but in the year 2025 it is projected to rise to 262 carers⁵.
- It is estimated that every year in Rotherham another 8000 people become carers. This number is likely to rise over the next 10-15 years.

¹ Numbers directly from Census 2001 data. This includes unpaid care.

² As stated on Carers UK website

³ As stated on Carers UK website

⁴ Data from DWP claimant figures February 2007

⁵ POPPI –Projection of Older People Population Information/ Office of National Statistics

Equality

While there are many issues that affect all carers, this strategy acknowledges both the uniqueness of each individual carer's situation and the specific needs of the individual who is cared for. Besides addressing issues that have an impact for many or all carers, partners will need to take into account any implications for specific groups of carers, including;

- Black and Minority Ethnic (BME) carers,
- Carers from all faith communities,
- Carers from different age groups, particularly older carers and young carers,
- Carers who themselves have a disability or long term illness,
- Lesbian, Gay, Bisexual and Transgender (LGBT) carers, and
- Women and men

Black and Minority Ethnic (BME) Carers

The recent BME Health Needs Assessment provides some indication of the key health issues faced by Rotherham's minority ethnic groups. Ill health is a significant problem for most ethnic communities in our locality. These groups experience higher levels of limiting illness than their counterparts and tend to suffer from a range of conditions including, heart disease, stroke and diabetes, high blood pressure and kidney problems. A recent Health Equity Audit, conducted into access to services for coronary heart disease, concludes that South Asian communities have more heart disease and develop heart disease earlier than the rest of the population but access treatment services appropriately.

Rotherham's largest minority ethnic community is the Pakistani Kashmiri community. More recently, new communities including asylum seekers and migrant workers from Eastern Europe have added to the diversity. Through consultations, community representatives have expressed the view that they feel services should be more culturally sensitive. Carers' services need to be developed in light of this intelligence.

Age

The incidence of long term conditions increases with age. As the numbers of those with long term conditions will grow, caring responsibilities will increase and our carers will be older and perhaps suffering from ill health themselves. This strategy identifies more responsive and timely assessments and flexible services for carers to help them to continue to care during periods of stability and crisis. Annual health checks and reviews will also provide improved identification and assistance for carers. One of the objectives in the National Carers' Strategy is to ensure that children and young people are protected from inappropriate caring and that they receive the necessary support. Young carers and their needs emerged as one of the key priorities from our consultation, leading to the inclusion of specific objectives in the action plan.

Gender

The Equal Opportunity Commission⁶ has identified that, “women are significantly more likely than men to work part-time, often because of childcare and other caring responsibilities. Part-time work in Britain is characterised by particularly low rates of hourly pay and reduced access to promotion and development opportunities.” The Commission also recognises that men are disadvantaged by workplace cultures that do not support their caring responsibilities.

In Rotherham both women and men provide a significant volume of care but overall there are more women carers and on average women provide more hours of care⁷, which has a greater impact on both their access to employment and their career progression. The expansion of flexible working at all levels within organisations will benefit both women and men who are carers by providing more scope to combine caring responsibilities with paid employment. It will also help to narrow the gender pay gap.

Lesbian, Gay, Bisexual and Transgender (LGBT) carers

There is a lack of detailed information about LGBT communities in Rotherham but Government survey evidence suggests 6% of the UK population are LGBT people, which would equate to 15,200 people in Rotherham or 11,800 adults⁸. The Transgender population is estimated at 0.8% nationally which would be 2,000 people or 1,600 adults in Rotherham⁹. Local research in 2004 identified various obstacles and barriers faced by LGBT people¹⁰. Although only 2.1% of survey respondents identified too many family commitments (for example being a carer) as an obstacle, the following general barriers were identified - fear of discrimination, access to services and isolation. For many reasons LGBT people may not feel they can be open or “out” about their sexuality or gender identity, so sensitivity and confidentiality in service provision and support is vital.

We are committed to improving the range and availability of support services for carers. By recognition of the diverse make up of this group we undertake to provide a flexible range of services, which compliments their individual support needs.

6. Consultation

Engaging Carers in shaping their future

⁶ Gender Equality Duty Code of Practice for England and Wales, November 2006

⁷ Census 2001

⁸ Gender Equality Duty Code of Practice for England and Wales November 06

⁹ Census 2001

¹⁰ Research needs of LGBT people in Rotherham 2004

We have an excellent track record of consulting and involving carers. During 2008 we have held a number of consultation events to ensure that carers' views are integral components of organisational and development strategies. We made certain that opportunities for consultation were accessible by all. We have consulted in several different ways to recognise that it is often the same carers who participate and so we have taken steps to address this by;

- Strengthening representation on joint strategic planning groups, scrutiny, the Adults Board and other key decision making bodies,
- Having regular ongoing consultation with the Carers' Forum,
- Undertaking consultation with the Carers' Champion from each service area within Rotherham MBC to facilitate feedback from carers,
- Holding consultation events during National Carers' Week in June 2008 to further inform the development of the Carers' Strategy,
- Jointly facilitating a Citizens' Jury in June 2008,
- Facilitating a Carers' Visioning Day in July 2008 with NHS Rotherham and Neighbourhood and Adult Services attended by a cross section of agencies, staff and carers,
- Undertaking a broad carers' survey commenced in September 2008 to establish the needs of carers in the wider community to increase the scope of consultation,
- Concluding the Black and Minority Ethnic Hospital Project in autumn 2008, providing opportunities to consult with this specific minority group,
- Consultation during the development of Rotherham Women's Strategy included women workers and professionals and responsibilities were discussed, and
- Commissioning a Carers' Forum Service User Questionnaire to evaluate satisfaction rates amongst users of this service in 2007.

External assessment

In addition to the above consultation events, in July 2008 the Business Relationship Manager for the Commission for Social Care Inspection (CSCI) met a group of Rotherham carers as part of the annual review process. There was positive feedback from carers at this meeting but also there were indications we could improve some of these areas. These are identified below;

- carers should be routinely made aware of what is available to them by staff,

- carers should be given information about the Carers' Information Centre and local groups,
- all carers should have an annual assessment,
- carers said the carers' forum should meet more than quarterly, and
- Carers would like to see Rotherham MBC and partners produce guidelines for GPs on working with carers.

Some aspects of the services that are provided to carers have been accredited with the Government's Customer Service Excellence standards. The Council's Neighbourhoods and Adult Services achieved the prestigious award in June 2008. The accreditation focuses on the experience of customers through engagement/consultation and co-operative working with other providers, partners and communities.

Our joint working approaches were held up as an area of best practice which exceeded the requirements of Customer Service Excellence. The assessor stated,

"The Service demonstrates an exemplary commitment to work with other providers/partners in the customer focused delivery of joint services"

The following areas of strength around engagement and access to services for carers were highlighted:

- Carers Forum - *"this proved to be another excellent example of how the Service seeks user views on customer satisfaction"*.
- Carers Information Centre - *"services are easily accessible through a wide range of channels. In addition to letter, telephone and personal contact at customer service centres, you give customers other choices to make access easier: for example, you are in partnership with the Carers Information Centre in central Rotherham which provides a wide range of information and access to services"*

Reviewing the help given to carers when requesting a carer's assessment along with the response timescales was identified as an area for improvement which will be delivered through actions identified within this strategy.

7. Our Objectives and Priority Actions

Our objectives and priority actions have been identified through rigorous consultation through high profile events such as visioning and citizen jury to

the personal comments made by individual carers who have experienced our services.

Objective 1: Better access to information and advice

The first objective has been shaped by local carers and from the national strategy. The national strategy aims to provide every carer with the opportunity to access comprehensive information. Rotherham carers have said that they would like information and advice in a range of different formats and access arrangements to suit individual choice and preference.

This is what carers have said about the services that are currently in place in Rotherham...

"They never get back to you. Not knowing where to go"

"More outreach and community events to inform people"

"Have received very little/no information about the above (stated on carers' questionnaire) services"

"When sending officials to see carers have them up-to-date with the rules"

"Faster information for new carers"

"It is difficult enough when you become a carer without having to fight for information, help and support – not everyone has the energy or the time – what happens to them and their needs"

"Not enough information at the time of diagnosis ... shouldn't have to go and find it ... before I'm exhausted"

"Lack of communication from day centres. No continuity with staff"

"To improve on communication and for help to be there when you need it. Lots around until you come to use a service. Why carer allowance stops, you never stop caring"

"Information pack with all information relevant to carers or providers"

We now respond to this feedback by developing a local objective 'to improve the access to information by June 2009'.

To deliver this objective, we have a number of priority actions and these are:

- Undertake consultation on the types, format and means of information which are most desirable to carers.
- Undertake a joint information review with our partners.
- Produce an information DVD about carers' services to be handed out to all carers and shown in hospital waiting areas, GP Surgeries, Health Centres, information events and libraries, etc.

- Examine the local demographic to establish where the highest concentration of carers is likely to be.
- Make certain that information for carers is universally available by displaying in various formats in community buildings, customer information centres, warden centres, GP surgeries, mobile libraries, job centre plus, schools and at key events i.e. "National Carers' Week".
- Carry out an outreach project to promote information to rural areas and hard to reach groups, "hidden carers".
- Look at and employ different ways in which we can get information to carers early in their caring role, at diagnosis, in primary and secondary health establishments.

Objective 2: Training and support for the caring role

The second objective has been shaped by local carers and from the national strategy. The national strategy expands NHS services to evaluate how services can better provide support for carers in their caring role. Rotherham carers have said that they want information, advice and training programmes which help carers fulfil their caring role.

This is what carers have said about the services that are currently in place in Rotherham...

"Carers need equal partners in care to cope with caring time – not always money – support – info – groups"

"I want training in managing stress, moving and handling, any training that is available"

"Is it possible to have some form of educating people and look after Alzheimer's as to recognise the systems as the disease gets worse?"

"Carers to be listened to, consulted, valued in financial and practical terms on par with the professional services. They are at the sharp end!"

"Listen to carers' views and opinions. Carers do not have to look after their loved ones!"

"Commissioning of condition specific training programmes for carers which include carers as experts by experience"

"I paid privately for moving and handling ..."

"I want training on handling and assertiveness"

"Never been offered, expected to be able to cope. Also have a daughter that requires extra care, left to that too plus I have to feed and clothe everyone and pay mortgage"

"Learn from our experiences to develop service to customers"

"Why can't carer's information be included in people's induction programmes when they come to work for the service so they can help and support people properly?"

We now respond to this feedback by developing a local objective to 'develop effective access to training, education, and resources in a way that results in carers being treated as a valued partner with local authority and health organisations, by June 2009'.

To deliver this objective, we have a number of priority actions and these are:

- Undertake a joint training needs analysis for **carers**, build on the base already established, “looking after me”, “Moving and Handling” and further develop identified training courses.
- Examine the results of the September 08 Carers’ Survey to identify areas of training.
- Develop further a “Caring with Confidence” training programme for carers, “First Aid” and “Diabetes Awareness” and consider “Learning for Living” training and development issues within RMBC workforce.
- Undertake a local training needs analysis for **key staff** to establish training needs in all partner organisations.
- Consider the need for guidance to carers with regard to medication in the form of training information.
- Provide carers with relevant guidance in regard to their legal obligations especially in reference to the Mental Capacity Act and Deprivation of Liberty legislation, using information leaflets.

Objective 3: Carers assessments and early identification

The third objective has been shaped by local carers and from the national strategy. The national strategy looks at how the NHS, Local Authorities and the voluntary and community sector can work together to better support carers in their caring role. Rotherham carers have said that they want a more effectiveness and responsive assessment process and better support from professionals including the need for professionals to identify carers before carers themselves realise that they are 'a carer'.

This is what carers have said about the services that are currently in place in Rotherham...

"Carers' assessments not followed up"

"Carers should build their own carers' action plan"

"Carers' assessment forms – long – take a lot of time – nothing happens when they have been completed"

"Lack of personal time, can't do anything for myself"

"Carers want to care for their loved ones but do need client focused support"

"Want Carers' Assessments"

"We want more preventative services so help and support available before a crisis occurs"

"... need more support for carers' groups – not necessarily financial but qualified support (bodies)"

We now respond to this feedback by developing a local objective to "Increase the access for carers to have their own individual assessment of need at the earliest possible stage of the process March 2010".

To deliver this objective, we have a number of priority actions and these are:

- Increase the number of initial Carers' Assessment and annual reviews conducted throughout all service areas. Monitor PAF D42 "Carer assessments as a percentage of carer and client assessments" – a target increase will be agreed with relevant Directors.
- Create a Carers' Assessment form which addresses carer needs by joint working with assessment officers and benchmarking best practice, i.e. NICE guidelines.
- Incite key staff GPs, allied health professionals to identify carers at the earliest opportunity i.e. at the point of diagnosis, deterioration, by reviewing admission/discharge documentation/procedure.

- Promote Carer assessments – develop electronic self assessment for carers in partnership with Neighbourhoods and Adult Services, Assessment Direct, Direct Payments and monitor the increase of carer assessments.

Objective 4: Flexible support services

The fourth objective has been shaped by local carers and from the national strategy. The national strategy provides investment for carers breaks but in flexible way which meets the needs of carers and the people they support. Rotherham carers have said that they want access to self directed support and a range of services that will help carers continue caring but also enjoying their own lives.

This is what carers have said about the services that are currently in place in Rotherham...

“Want the same person for sitting, etc. and get to know them and for them to get to know clients”

“Services must be designed “around” the carer, flexible, high quality. Carers deserve the best we can provide”

“Respite good for 2 weeks but what about other 50? An hour a day to have a bath would be great”

“Not enough respite for carers”

“No Direct Payments for cleaning”

“I would just like a life of my own!”

“Would like to see the sitting service available at more reasonable hours, not around lunchtime when it takes me a fair while to eat and that takes time up out of the sitting hours”

“Respite care has been very good, but there are times when it is full due to demand for their service”

“Would like some extra assistance, if I go on holiday as I have no family to help...”

We now respond to this feedback by developing a local objective to “Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011”.

To deliver this objective, we have a number of priority actions and these are:

- The development of an outcome based assessment model,
- Consult widely on criteria, focusing on carers views,
- Establish commissioning and funding plans for the delivery of generic and specialised services,
- Promote the access to “Direct Payments’ Individual Budgets” in order to individualise carer provision and maximise opportunities for carer breaks,

- Provide similar or alternatives to day care provision which are flexible and meet the needs of carers and the cared for by monitoring the review of “Service Level Agreements” with our Voluntary Community Sector Partners - commenced in 2008 and in the recommendation from this review,
- Contribute to the cultural change required in the statutory support network by informing social workers and social service officers with regard to the carer support options available by carrying out presentations and information sharing with regard to new service provision,
- Maximise the opportunity available in the “Carers’ Grant” 2009/2010/2011 to disinvest in services which are considered inappropriate or ineffective and invest in services which are or could be more flexible and appropriate to the needs of carers,
- Pilot alternative ways in which to utilise the “Carers’ Grant” to promote appropriate carer breaks and evaluate their effectiveness,
- Promote access to the “Carers’ Emergency Scheme” and increase the number of carers on the Carers’ Emergency Scheme to 500 by 2011,
- The establishment of a dedicated resource to assess carers needs and
- Annual review of need for all carers and enhanced self assessment.

Objective 5: Better access to health services

The fifth objective has been shaped by local carers and from the national strategy. The national strategy expands NHS services to cover improved support from GPs, annual health checks for carers and improved emotional support. Rotherham carers have said similar things but want services to recognise that the health of carers themselves often takes a backward step and that this should be identified sooner by health and care professionals.

This is what carers have said about the services that are currently in place in Rotherham...

“Yearly medicals for all carers”

“The more you care the most at risk your own health is”

“Can we include alcohol screening in Carers’ Annual Health checks?”

“Don’t forget some carers are also service users themselves”

“... we only have a bath nurse twice a week to bath my husband who is 95 years old. I do the remainder with support from my stepdaughter and her husband. I am 92 ...”

We now respond to this feedback by developing a local objective to “Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011”.

To deliver this objective, we have a number of priority actions and these are:

- Look at how best to meet the needs of carers when the pilots are released and further direction from the Government regarding budget allocation is given,
- Provide carers with annual Health Checks,
- Develop a training package for all GPs,
- Provide carers with replacement care to attend hospital appointments and screenings and develop/adapt a Carers’ Assessment proforma that takes into account the health needs of the carer,
- Consider the options available within the “Carers’ Grant” carry forward from 2007/08 to provide appropriate services to carers which promote their health and wellbeing taking into consideration “Personalisation” – “Individual Budgets” and
- Examine the effectiveness of alternative wellbeing breaks and promote the duplication of this service should finding be favourable.

Objective 6: Training and employment opportunities and financial support

The sixth objective has been shaped by local carers and from the national strategy. The national strategy aims to enable carers to combine paid employment and caring role to re-enter the job market, through encouraging flexible working opportunities and increased training provision. Rotherham carers have said that they want better support from employers and better access to training.

This is what carers have said about the services that are currently in place in Rotherham...

"Carers should have the same opportunities as everyone else. We are all different, have own needs and wants."

"Poorly paid – financial precarious situation."

"I work for the service and care for a disabled husband"

"Employment is likely to be part-time due to benefits and caring responsibilities"

"Help to find work"

"Have lost contact with job market"

"When I wanted to return to work before my mother died I was informed I would lose the Carers' Allowance if I earned over £75 per week."

"Also have a daughter that requires extra care, left to that too plus I have to feed and clothe everyone and pay mortgage."

"Currently trying to hold down job but find it hard at times of "emergency" as per recent falls, etc."

"Many carers, such as those who juggle caring with work, parenting and other things"

"Flexible working for employees, they don't always understand or sympathise that you have a crisis and need to go now to resolve the situation. More flexibility"

We now respond to this feedback by developing a local objective to "Develop support mechanisms to assist carers into and to sustain employment and provide access to effective financial support whilst carrying out their caring responsibility or when their life changes by December 2009".

To deliver this objective, we have a number of priority actions and these are:

- Produce a guidance leaflet for workers explaining flexible employment policies,
- Produce/disseminate a good practice guide for employers around supporting carers and integrating them in the workforce,
- Advise carers of "New Deal" programmes which build flexibility into their caring role/employment training opportunities,
- Produce a directory of training which is flexible and in line with carers' commitments,
- Signpost carers to Job Centre Plus to be offered "Better Off calculations", flexible working arrangements,

- Assist carers to access relevant benefits by supporting them to complete application forms and be given quality advice at the Carers' Information Centre and by all partners, and
- Implement the Excluded Adults Employment Plan so that partner organisations to more to offer employment and training opportunities for carers.

Objective 7: Protecting and supporting the lives of children and young carers

The seventh objective has been shaped by local carers and from the national strategy. The national strategy aims to protect young people from inappropriate caring and to provide them with better support from services. Rotherham young carers have said that they want services that are targeted at young carers.

This is what young carers have said about the services that are currently in place in Rotherham...

“Not enough information about young carers – nationally the focus is always on older carers”

We now respond to this feedback by developing a local objective to “Increase support which protects children and young people from inappropriate caring in a way which encourages them to enjoy positive childhoods by March 2010”.

To deliver this objective, we have a number of priority actions and these are:

- Improve the identification of young carers,
- Raise awareness of young carers in schools via key education staff, healthy schools co-ordinator and on through the admission process,
- Provide support/advice and input on Younger Carer issues in schools and
- Complete a basic mail out to GPs to build awareness and skills in dealing with young carers/awareness raising on young carers to be delivered to GPs and practice managers.
- Work in partnership to develop “Extended Family Pathfinder Bid”.
- Work with Barnardo’s to ensure other service areas identify and support young carers by taking advantage of training and advice available from Rotherham Young Carers, “Early Intervention Team”, and “Clearways”.

8. Resources

The following tables show the Carers' Grant allocation and detail the way Rotherham MBC has spent the 2008/09 allocation.

The Carers' Grant Allocation 2008/11

Year	Carers' Grant Funding
2008/2009	£1,243,000
2009/2010	£1,333,000
2010/2011	£1,427,000

Carers' Grant Allocation 2008/9

Client Group	Service	Grant Amount	Additional Revenue	Total Spend
Older People	Weekend Day Sitting	35,067	16,877	51,944
	Ethnic Minority Day Care	63,176	0	63,176
	Specialist Sitting for Alzheimer's	42,240	7,636	49,876
	Older People with Mental Health problems Day Centre	118,736	35,852	154,588
	Crossroads – Carers' Support	69,682	26,125	95,807
	Home Care "in house"	92,951	0	92,951
	Home Care – "independent sector"	100,000	0	100,000
	Carers' Forum	35,800	609	36,409
	Consultation and Information	11,040	0	11,040
	Older People – Direct Payments	79,148	0	79,148
Older People – General Support	5,003	0	5,003	
Physical & Sensory Input	Social Worker Head Injuries	20,028	13,423	33,451
	Physical Disability Direct Payments	41,844	0	41,844
	Generic Day Sitting	7,651	2,472	10,123
	Thursday "out & about" Club	32,252	2,438	34,690
Learning Disabilities	Community Support Workers	18,638	402	19,040
	Evening Breaks			
	Eastwood Day Centre Care Breaks	26,390	804,137	830,527
	Day Care Ethnic Communities	10,978	7,275	18,253
	Learning Disability Direct Payment Scheme	15,300	0	15,300
Ladycroft – Respite Care	78,088	196,385	274,473	
Mental Health	Support and Sitting Activities	15,600	10,200	25,800
	Support and Sitting Activities	16,391	0	16,391
Children's Services	Various schemes	248,540	0	248,540
All groups	Carer Emergency Service	58,457	0	58,457
All groups	"Supported to care...your choice" – carry forward from 07-08	101,000	0	101,000
Total		1,344,000	1,123,831	2,467,831

The table below show the funding provided by NHS Rotherham 07- 08 and 08- 09

Item	Comment	Cost
Carers Handbook 07-08	Reprint only- share of costs	1,248
Crossroads 08-09	2 contracts £12,362 + £83,706	96,068
Grant until March 08 to Crossroads	One-off grant - for the Wellbeing Group	20,000
Continuing Care 07-08	Continuing care (7 clients)	43,588
	Funded nursing care	15,403
Grant until March 08 to Carers Information Centre -	One-off grant, used to provide benefit service 2008	20,000
Grant until March 08– Alzheimers society	One off grant - support and information to carers	25,000
Quality Outcome Framework payments (to GP's to hold carers lists) 08-09	Estimate only, not all will be taken up	16,693
Expert Patient Programme Carers Component 2008-9	Proportion of 25k	£3,000
	Total	241,000

Over the next year Rotherham NHS, will also seek to better track their commitments to carers in the following areas:-

- Support to carers who work for NHS Rotherham,
- Training,
- End of life care and
- Breathing Space

Further funding was committed following the announcement of financial commitment in the National Carers' Strategy in July 2008. The Department of Health have indicated that the details with regard to NHS Rotherham financial allocations for 2009/2010 should be released shortly along with the NHS Operating Framework. The Operating Framework should include direction about use of this finance. This allocation will be distributed to Rotherham NHS with a condition that it is to be spent in partnership with

Rotherham MBC. The detail of how this funding is utilised will be detailed in the refresh of this strategy in November 2009.

In addition, contracts between the statutory and voluntary sector, show ongoing commitment to carers by seeking additional funding through charitable/grant sources. The amount varies from this type of funding stream but as an example Crossroads obtained additional funding to the value of £12,744 from Communities for Health for the 2008/09 period.

Are carers value for money?

Carers in Rotherham save the local economy £462 million per year, an average of £15,260 per carer¹¹. Higher numbers of dependent people will place severe pressure on funding for health and social care organisations. The ageing population will result in an increased demand for unpaid carers. Carers UK have calculated that the number of carers nationally will need to increase by 3 million in total by the year 2037 if we are to continue caring for our ageing population.

Carers are unpaid and represent significant value as a resource. The need to support informal carers has never been more important and to underestimate the significance of their contribution would be foolhardy. Carers replace and support the function of statutory and third sector services inexpensively and therefore relieve budget demands. The opportunity to capitalise on this resource by providing additional support now exists as a result of the additional funding attached to the national strategy. If we fail to exploit the opportunity and funding, we will add to the financial pressures upon all partners and the burden upon carers.

Carers are currently propping up health and social care provision and are enabling partners, relatives and friends to continue living in the community. Carers are a diverse group and in turn provide support to an equally diverse population of cared for people. An estimated 1.9 million older people nationally are able to continue to live in their own homes because of the care they receive from partners, relatives and friends.

The future prospects

In line with the recommendations in the document "Putting People First" we will consider the impact of "personalisation" for carers. There is risk associated to the continuing reliance on traditional, high cost, intensive services. Carers who need flexibility of provision will be able to embrace the opportunities available with the advent of personal budgets. The advantage to families, friends and partners who see the value of directing their own support will, we hope, act as a catalyst for the move away from traditional services. This increased choice and control will promote the development of more appropriate services in the future. The value of the informal care provision from family and friends should not be underestimated and we will support carers who wish to take advantage of the flexibility of personal budgets.

¹¹ UK facts from Carers UK website applied proportionately to Census 2001 figures.

To this aim we will implement a pilot individual budget scheme, “Supported to care ... your choice” from November to March 2009. This project will invest £101k into the voluntary sector with an aim to target employment and training opportunities to respond to the needs of carers that they have identified and also criticism made by the Commission for Social Care Inspectorate in the annual performance assessment of adult social care in 2008.

We will evaluate the benefit through rigorous monitoring of outcomes and value for money. This will require a consistently applied assessment process based upon an agreed eligibility criteria which, unlike Fair Access to Services (FACS), is applied to carers to focus on supporting those who do not receive services as a result of the cared for person’s Social Care Assessment. This will support the health and social care economy as well as supporting carers to continue caring.

In our 2008–2011 strategy we will continue to use the Carers’ Grant to meet the needs of carers. We will consider the outcomes of the review of Service Level Agreements with our voluntary sector partners. Where there is quality and strength we will continue to invest. Where there are investment opportunities, we will seek best value in the services we buy and provide.

We will reconfigure our resources and investment from the Social Care Reform Grant (SCRG). In addition we will support and give strength to our voluntary sector partners who are able to draw on funding streams from charitable grant sources.

9. Action Plan

The consultation section of this strategy outlines what carers have told us that they would like to see change. The resources section shows where carers' money will be commissioned over the next 3 years so that investment aligns with carers priorities. The action plan sets out how we will deliver against the top 7 objectives for carers we will:

- **Improve the access to information by June 2009,**
- **Develop effective access to training, education, and resources in a way that results in carers being treated as a valued partner with local authority and health organisations, by June 2009,**
- **Increase the access for carers to have their own individual assessment of need at the earliest possible stage of the process March 2010,**
- **Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011,**
- **Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011,**
- **Develop support mechanisms to assist carers into and to sustain employment and provide access to effective financial support whilst carrying out their caring responsibility or when their life changes by December 2009, and**
- **Increase support which protects children and young people from inappropriate caring in a way which encourages them to enjoy positive childhoods by March 2010.**

Objective 1 Improve the access to information by June 2009			
Key Actions:	Desired Outcomes	Target Date	Lead Officer
Examine the local demographic to establish where the highest concentration of carers are likely to be	Impact of service delivery will be appropriate and targeted	June 2009	Monica Hudson
Make certain that information for carers is universally available by displaying in various formats in community buildings, customer information centres, warden centres, GP surgeries, mobile libraries, job centre plus, schools and at Key events i.e. "National Carers' Week".	Dispersing information will lead to greater positive impact, reaching more carers and raise awareness regarding services for carers.	June 2009	Jacqui Clark with joint services
Undertake consultation on the types, format and means of information that are most desirable to carers	Information will be available in formats conducive to carers' needs leading to better informed carers	Dec 2009	Monica Hudson
Undertake a joint information review with our partners	Information will be consistent, streamlined, and current	Dec 2009	Jacqui Clark/ Joint Services
Carry out an outreach project to promote information to rural areas, and hard to reach groups, "hidden carers".	Increase awareness to hard to reach groups of services available to carers, increasing support and preventing isolation and continued carer stress	Dec 2009	Monica Hudson
Look at and employ different ways in which we can get information to carers early in their caring role, at diagnosis, in primary, secondary health establishments	Carers will be aware of support at a time which is early in the process preventing unnecessary problems	Dec 2009	Helen Wyatt/ Sue Ball
Produce an information DVD about carers' services to hand out to all carers and to be shown in hospital waiting areas, GP Surgeries, Health Centres, information events and libraries etc	Timely information will be available at key points where carers are most likely to see it early on in the process of caring	Dec 2009	Helen Wyatt/ Sue Ball

Objective 2

Develop effective access to training, education, and resources in a way that results in carers being treated as a valued partner with local authority and health organisations, by June 2009,

Key Actions:	Desired Outcomes:	Target Date:	Lead Officer
Examine the results of the September 08 Carers' Survey to identify areas of training	A variety of training will be provided appropriate to the needs of carers	Dec 2008	Monica Hudson
Consider the need for guidance to carers with regard to medication in the form of training information	Carers will be skilled and competent in their role	June 2009	Helen Wyatt
Undertake a joint training needs analysis for carers and build on the base already established, "looking after me", "Moving and Handling" and further develop identified training courses	Carers will receive appropriate training to protect them from injury, and have their rights as an individual recognised	Dec 2009	Jacqui Clark/ Joint Services
Develop further the "Caring with Confidence" training programme for carers, "First Aid" and condition specific training where available. Consider "Learning for Living" training and development issues within RMBC workforce	Improve knowledge and skills for carers to enable them to carry out their role effectively and safely	Dec 2009	Monica Hudson
Provide carers with relevant guidance in regard to their legal obligations especially in reference to the Mental Capacity Act and Deprivation of Liberty legislation, using information leaflets	Carers will be protected from culpability..	Dec 2009	Monica Hudson/ Jacqui Clark
Undertake a local training needs analysis for key staff to establish training needs in all partner organisations	Improve staff attitudes towards carers and expand staff knowledge and understanding of carers' rights in order to effectively support carers	June 2010	Jacqui Clark/ Joint Services

Objective 3
Increase the access for carers to have their own individual assessment of need at the earliest possible stage of the process
March 2010,

Key Actions:	Desired Outcome:	Target Date:	Lead Officer:
Create a Carers' Assessment form which addresses carers' needs by joint working with assessment officers and benchmarking best practice i.e. NICE guidelines	Thorough assessment of needs will be achieved for carers	Sept 2009	Monica Hudson
Key staff including GPs and allied health professionals to identify carers at the earliest opportunity.	Early identification will maximise opportunity to support the carer to be sustained in their caring role and will ensure safe discharge from the hospital setting	Dec 2009	Sue Ball Helen Wyatt Monica Hudson
Promote Carer assessments – develop electronic self assessment for carers in partnership with Adult services, assessment direct, direct payments and monitor the increase of carer assessments	Will enable easier access for carers to facilitate the official recognition of their needs and receive services to support them in their role	Dec 2009	Monica Hudson
Increase the number of initial Carers' Assessments and annual reviews conducted throughout all service areas. Monitor PAF D42 "Carer assessments as a percentage of carer and client assessments" – a target increase will be agreed with relevant Directors	Individual Carers Assessments will allow their needs to be considered separate from the individual they care for	March 2010	Monica Hudson

Objective 4

Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011,

Key Actions:	Desired Outcome:	Target Date:	Lead Officer:
The development of an outcome based assessment model based upon high, medium and low levels of caring responsibility	Eligible carers provided with support to continue caring.	Dec 2008	Tim Gollins
Consult widely on criteria, focusing on carers' views	Agreement from partners and carers of an accepted assessment model to promote the delivery of tiered services tailored to the needs of carers based on a combination of generic, preventative and individualised support	March 2009	Tim Gollins
Establish commissioning and funding plans for the delivery of generic and specialised services	Agreed funding allocation from all partners to deliver the differing levels of support and dedicated resources.	March 2009	Tim Gollins
Promote access to "Direct Payments' Individual Budgets" in order to individualise carer provision and maximise opportunities for carer breaks	Carers will have the flexibility of options to support their individual needs	June 2010	Monica Hudson/ Jacqui Clark
Pilot alternative ways in which to utilise the "Carers' Grant" to promote appropriate carer breaks and evaluate their effectiveness	A more appropriate, flexible service will be offered to carers	June 2009	Jacqui Clark/ Tim Gollins Commissioning & Partnerships
Provide similar or alternatives to day care provision which is flexible and meets the needs of carers by monitoring the review of "Service Level Agreements" with our Voluntary Community Sector Partners - commenced in 2008 and in the recommendation from this review.	Day Care provision and similar support services will be more appropriate to the needs of carers giving reassurance and offering alternative quality services.	June 2010	Monica Hudson/ Jacqui Clark/ Tim Gollins Commissioning & Partnerships

Objective 4

Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011,

Key Actions:	Desired Outcome:	Target Date:	Lead Officer:
Contribute to the cultural change required in the statutory support network by informing relevant support staff of the options available by carrying out presentations and information sharing.	Staff are knowledgeable about services available and carers will access alternative services.	Dec 2010	Monica Hudson/ Jacqui Clark/ Tim Gollins Commissioning & Partnerships
Maximise the opportunity available in the "Carers' Grant" 2009/2010/2011 to disinvest in services which are considered inappropriate or ineffective and invest in services which are or could be more flexible and appropriate to the needs of carers	Services provided as a result of the Carers' Grant will be appropriate to the needs of carers.	Dec 2010	Jacqui Clark/ Tim Gollins Commissioning & Partnerships
Promote access to the "Carers' Emergency Scheme" and increase the number of carers on the Carers' Emergency Scheme to 500 by 2011.	Provide peace of mind for the carer should they have an emergency or crisis and provide uninterrupted support to the individual for whom they care	March 2011	Monica Hudson
The establishment of a dedicated resource to assess carers needs.	Carers will have their individual needs assessed	March 2011	Tim Gollins
Annual review of need for all carers and enhanced self assessment.	Changing support needs will be accounted for and carers will be provided with appropriate intervention	March 2011	Tim Gollins

**Objective 5
Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011.**

Key Actions:	Desired Outcome:	Target Date:	Lead Officer
Examine the effectiveness of alternative wellbeing breaks and promote the expansion of this service should finding be favourable.	Sustain the wellbeing of carers in order that their health needs are catered for	March 2009	Jacqui Clark/ Liz Bent
Consider the options available within the "Carers' Grant" carry forward from 2007/08 to provide appropriate services to carers which promote their health and wellbeing taking into consideration "Personalisation" – "Individual Budgets".	A variety of break options will be available to carers taking into account their individual needs away from traditional care provision	Dec 2008	Jacqui Clark
Carers should be provided with appropriate support to attend hospital appointments and screenings – develop/adapt a Carers' Assessment proforma that takes into account the health needs of the carer	Carers' health needs will be treated as a matter of priority along with the needs of the individual cared for	Nov 2010	Monica Hudson
NHS Rotherham will look to how best meet the needs of carers when the pilots are released and further direction from the government regarding budget allocation is given	This will be monitored and actioned as soon as the pilots are released	March 2011	Helen Wyatt
Carers be provided with annual Health Checks This objective will be reviewed quarterly	Guidance on Pilots is expected in year 2-3 of the strategy and therefore addressed as a long term commitment	March 2011	Helen Wyatt
A training package for all GPs will be developed This objective will be reviewed quarterly	Guidance on Pilots is expected in year 2-3 of the strategy and therefore addressed as a long term commitment.	March 2011	Helen Wyatt

Objective 6

Develop support mechanisms to assist carers into and to sustain employment and provide access to effective financial support whilst carrying out their caring responsibility or when their life changes by December 2009,

Key Actions:	Desired Outcomes:	Target Date:	Lead Officer
Invest £101k into the voluntary sector for individual budgets to target employment and training	Carers will be able to choose flexible services to help them gain access to employment and training opportunities	March 2009	Jacqui Clark
Produce a guidance leaflet for carers in RMBC employment explaining flexible employment policies	RMBC Carers are supported to remain in work and continue their caring role	March 2009	Tracey Priestley
Carers will be supported to access relevant benefits by supporting them to complete application forms and be given quality advice at the Carers' Information Centre and by all partners	Carers will be able to access benefits and support them to avoid financial hardship	June 2009	Jeanette Mallinder
Produce/disseminate a good practice guide for employers around supporting carers and integrating them into the workforce	Employers become aware of good business sense in retaining workers	Dec 2009	Tracey Priestley/ Jill Marsden
Advise carers of "New Deal" programmes which build flexibility into their caring role/employment and training opportunities	Promotes the retention of skills for carers whilst in their role and the development of new skills/competencies	Dec 2009	Jill Marsden with Joint Services
Produce a directory of employment related training which is flexible and in line with carers' commitments.	Carers are able to access training opportunities and continue their caring responsibilities	Dec 2009	Jill Marsden with joint services
Carers are signposted to Job Centre Plus to be offered "Better Off calculations" with flexible working arrangements.	Carers will benefit from retention of skills, economic wellbeing and improved mental health	Dec 2009	Jill Marsden with joint services
Implement the Excluded Adults Employment Plan with partner agencies	Carers will be able to access more training and work opportunities within the major employing organisations in Rotherham.	Dec 2010	Jackie Bickerstaffe

Objective 7

Increase support which protects children and young people from inappropriate caring in a way which encourages them to enjoy positive childhoods by March 2010.

Key Actions:	Desired Outcome:	Target Date:	Lead Officer:
Improve the identification of young carers by raising awareness in schools via key education staff, healthy schools co-ordinator and through the admission process	Young carers will be identified, informed and supported	Jan 2009	Peter Rutherford
Barnardo's service to provide support/advice and input on Younger Carer issues in schools	Understanding of younger carer issues will be achieved within school staff groups and the student body and improved reporting of young carers' issues arising from caring responsibilities	Initial links to be made Jan 2009	Peter Rutherford
Complete a basic mail out to GPs to build awareness and skills in dealing with young carers/awareness raising on young carers to be delivered to GPs and practice managers	Understanding of carers' issues/detection of harmful caring situations resulting in improved multi agency response. Resulting in appropriate referral to specialist service to support/protect young carer	March 2009	Peter Rutherford
Rotherham Young Carers to work in partnership with RMBC to develop "Extended Family Pathfinder Bid"	Improved multi-agency work with families where caring responsibility has a potentially detrimental impact on children and young people	TBC – dependant upon DCSF release details of application procedure	Peter Rutherford
Work with Barnardo's to ensure other service areas identify and support young carers by taking advantage of training and advice available from Rotherham Young Carers: "Early Intervention Team" "Clearways" Other areas will be identified within Neighbourhoods and Adult Services appropriate	Facilitate appropriate responses to Young Carers' situations	March 2010	Peter Rutherford/ Monica Hudson/ Joint Services

10. What Happens Next

By 2011 we will have achieved the 7 priorities that Rotherham carers have identified by the following initiatives on milestone dates agreed through consultation with all partner agencies and carers. The following Action Plan sets out our objectives and desired outcomes over the next 3 years. We will review the strategy annually and monitor progress through the established Rotherham Carers' Strategy Implementation Group. The first refresh of the 2008-2011 strategy will be published in November 2009.

Rotherham Carers' Strategy Implementation Group – Membership:

Service Area	Named Officer
Neighbourhoods & Adult Services	Monica Hudson (RMBC)
Commissioning & Partnerships	Jacqui Clark(RMBC)
NHS Rotherham	Helen Wyatt
Rotherham NHS Foundation Trust	Sue Ball
Barnardo's Young Carers – VCS	Peter Rutherford
Crossroads – VCS	Liz Bent
Job Centre Plus	Jill Marsden
Rotherham Advice and Information Network -VCS	Yvonne Woolley
Rotherham MBC – Human Resources	Tracey Priestley
Rotherham MBC – Chief Executives Office – Policy & Partnerships	Janet Spurling
Rotherham MBC – Housing and Neighbourhood Services	To be confirmed
Rotherham MBC – RBT Benefits	To be confirmed

11. Monitoring and Evaluation

Performance Management

Helping carers is one of the Rotherham Partnership's key priorities through the Local Area Agreement. The strategy contributes to National Indicator 135 (services for carers). The action plan associated with this strategy is the Rotherham Partnership's delivery mechanism for achieving the Local Area Agreement (LAA) targets and better outcomes for carers. Performance will be reported to the Alive Theme Board. The Board will also monitor the delivery of the improvement and efficiency plan for LAA 135 targets between 2008/2011.

In addition, we will create new local indicators that will assist us to monitor the outcomes from some of the actions in the plan. These could include:

- Number of carer assessments and reviews undertaken,
- Carers in employment,
- Number of carer services offered through Direct Payments and Individual Budgets,
- Number of carers in receipt of the Carers' Emergency Scheme,
- Satisfaction with Carers Services and
- Satisfaction with support, information and assistance to help exercise choice and control to live independently.

In order to measure activity and outcomes of the action plan, we will develop an Outcomes Framework and Performance Management Framework by March 2009. Updated reports of this monitoring will be documented in the refresh of the strategy in November 2009.

Monitoring arrangements will also include monitoring the impact of the policy on equality and how it impacts on different groups in the community. We will ensure that we collect and analyse data disaggregated by equality strand (race, gender, disability and age as a minimum) in relation to both National Indicator 135 and for any local indicators developed. This will enable us to pick up any gaps or disadvantage for particular groups that might then require specific action. Further monitoring of the impact of the policy would also come through the ongoing consultation with carers and young carers to identify and evaluate how we are progressing to meet their needs.

Carers' involvement

The Carers' Strategy Implementation Group will meet regularly to monitor and evaluate progress made by partners. The group will also feed back to the Directorates Management Team, Corporate Management Team, NHS Rotherham, Local Strategic Partnership, Foundation Trust, Adults Board, Hospital Management Board and Corporate Directors

Carers will be informed as key milestones are achieved utilising local press, the Carers' Newsletter, Carers' Forum meetings, Local Authority website and partner organisations' information channels.

Ongoing consultation with carers and young carers will also identify and evaluate how we are progressing to meet their needs.

To demonstrate our commitment that carers themselves will be the judges of the success of this strategy we will take part in the Department of Health's Carers' Survey pilot during 2009.

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Appendix 1

Summary of the National Carers' Strategy:

Carers at the Heart of the 21st Century families and communities

The strategy was informed by a major consultation exercise with carers, including an online consultation and events around the country. Carers from Rotherham fed their views, opinions and recommendations into the events.

Health Secretary Alan Johnson launched the Government's carers' strategy, he stated:

“To say that carers are unsung heroes and heroines is without doubt an understatement. They do an amazing job and deserve our respect, our understanding and our support. This new strategy is another big step forward, and has the commitment of seven government departments, carers and those who work with them. It is broader than health, looking also at housing, benefits and education.”

The strategy emphasises the need to share responsibilities to support carers between central and local government, the NHS, voluntary and community sector, families and communities.

The vision detailing five major objectives to be achieved by 2018 include:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity; and
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

In total the new strategy commits £255 million nationally to create additional support for carers.

National Strategy: Short Term Commitments, 2008/2011

Information and Advice

- Providing every carer with the opportunity to access comprehensive information when they need to. The information will be easily accessible for all groups of carers and specific to their locality.

New Break Provision

- £150 million nationally provided in a flexible way, which meets the personal needs of carers and the people they support.
- Pilots (£4m) will help to develop models of break provision that demonstrate the cost-effectiveness of breaks and help identify what constitutes high-quality provision based on carers' needs.

Expanded NHS Services

- Pilots to look at how the NHS can better support carers in their caring role through developing models of best practice and enabling more joined-up service provision between the NHS, local authorities and the voluntary and community sector.
- Pilots to improve the support offered by GPs for carers.
- Piloting annual health checks for carers.

Employment and Skills

- Up to £38 million to enable carers to combine paid employment and caring role to re-enter the job market, through encouraging flexible working opportunities and increased training provision.

Emotional Support

- Improving the emotional support offered by central, local government and the voluntary and community sector to carers.

Young Carers

Over £6 million to ensure young carers are protected from inappropriate caring and receive the broader support they need. Through:

strengthening support from universal and targeted services; strengthening the quality and join-up of support around families so children are better protected from inappropriate caring.

Expert Partners in Care (Expert Carers' Programme is renamed Caring with Confidence)

- Training carers to strengthen them in their caring role and empower them in dealings with care professionals.

Workforce

- Training professionals across the board, from health to housing, to provide better services and support.

Voluntary and Community Sector

- Ensure that voluntary and community sector support for carers is available throughout the country to a larger proportion of carers.

National Strategy: The Longer Term, 2011/18

- Review benefits available to carers to reflect the social value of caring.
- Develop a full training package for all GPs.
- Examine how personal budgets and Direct Payments could be made more flexible.
- Review legislation around information sharing, especially in carers where mental capacity is an issue.
- Review the national indicator set to ensure that carers' experience of service is measured.

You can get a full copy of the National Strategy for carers from www.dh.gov.uk/publications.

Appendix 2

Policy Context

The current national policy framework for Health and Social Care is outlined below. It provides the background to the specific guidance relating to Carers.

- Community Care White Paper: Caring for People 1989 (Department of Health)
- The Government's response to the Education and Skills Select Committee's ninth report of session 2004-05: every child matters
- Modernising Social Services 1999 (Department of Health)
- NHS Plan 2000 (Department of Health)
- National Service Framework - Mental Health 1999 (Department of Health)
- National Service Framework – Older People 2000 (Department of Health)
- Framework for the Assessment of Children in Need and their Families 2001 (Department of Health, Department for Education and Employment, Home Office)
- Valuing People: A New Strategy for Learning Disability for the 21st Century 2001 (Department of Health)
- National Care Standards Commission April 2002 (Care Standards Act 2000 –Department of Health)
- Fair Access to Care Services 2002 (Department of Health)
- Our health, our care, our say: a new direction for community services
- The New Deal for Carers
- A New Outcomes Framework for Performance Assessment of Adult Social Care: Council Social Care Inspection

National Legislative Context

- The Carers (Equal Opportunities) Act 2004
- Work and Families Act 2006
- Disabled Persons Act 1986
- The Children Act 1989
- Carers (Recognition & Services) Act 1995
- Carers and Disabled Children Act 2000
- The Amendments to the Mental Health Act 1983
- The Human Rights Act 1998
- The Disability Discrimination Act 1995
- The Disabled Person (Services and Representation) Act 1986
- The Health and Social Security Amendment Act 1983

Appendix 3

Rotherham Joint Carers' Strategy

Your comments and suggestions

Your comments and suggestions will help us revise the Strategy and information guides in the future. Please help us by answering the following questions and returning the form to the **FREEPOST** Licence No RH10, Strategy & Planning, Neighbourhoods and Adult Services, Crinoline House, Effingham Square, Rotherham, S65 1BR (no stamp required). *Any information you provide will be kept strictly confidential.*

Is the information in this Strategy useful?

Yes No

Which part(s) did you find most useful? *(Please state why)*

Which part(s) did you find least useful? *(Please state why)*

Did you find this Strategy Document easy to read and understand?

Very easy

Quite easy

Quite difficult

Very difficult

If you have found the Strategy difficult to understand, can you suggest ways of improving it?

Do you like the way the information is presented?

Yes No

If no, how could it be improved?

Is there other information that you would like to see included?

Yes No

If yes, please give details:

If you care for someone, what is the nature of the disability or illness?

An Older Person Learning Disabilities

Physical or Sensory Impairment Mental Health Problems

Other – Please state

Where did you obtain your copy of the Rotherham Carers' Strategy?

Following assessment for a service (e.g. Home Care, Medical Priority).

Please state which service: _____

On display (e.g. in Council building or hospital)

Please state: _____

Other

Please state: _____

If you or your group would be interested in helping us better develop the Rotherham Carers' Strategy in the future, then please complete the following details and we will contact you:

Your/your group's name _____

Address _____

Telephone _____

E-Mail _____

What is your gender?

Male

Female

What is your age?

Are you disabled or do you have a long term limiting illness or condition?

Yes

No

Please give further details below if you wish.

White

- British
- Irish
- Other white background - please specify

Black or Black British

- Caribbean
- African
- Other black background - please specify

Multiple Heritage

- Asian and White
- Black African and White
- Black Caribbean and White
- Other multiple Heritage - please specify

Are you from one of the following EU countries?

- Bulgaria
- Estonia
- Latvia
- Poland
- Slovakia

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Kashmiri
- Other Asian background - please specify

Chinese, Yemeni

- Chinese
- Yemeni

Gypsy or Traveller

- Gypsy/Roma
- Irish Traveller

Other - please state

- Czech Republic
- Hungary
- Lithuania
- Romania
- Slovenia

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:-	Adult Social Care and Health Cabinet Member
2.	Date:-	15 December 2008
3.	Title:-	CSCI Annual Performance Assessment Report, 2008
4.	Directorate:-	Neighbourhoods and Adult Services All Wards affected

5. Summary

5.1 This report summarises the result and findings of the 2008 social care Annual Performance Assessment (APA) process for Rotherham conducted by CSCI (Commission for Social Care Inspectorate) which was published on the 27th November 2008.

5.2 The performance judgement for Rotherham is as follows:

- Delivering outcomes: Good
- Capacity for improvement: Promising
- Rotherham Adult Social Care services performance rating is 2 Stars

5.3 This result recognises that we have improved the quality of outcomes in six areas, achieving an excellent standard in four overall. We have maintained the performance rating received in 2006 and in 2007.

6. Recommendations

6.1 That the Cabinet Member for Adult Social Care notes the outcome of the assessment.

6.2 That the Cabinet Member for Adult Social Care notes the ‘Excellence Plan’ put in place to improve the areas of weakness identified in the report.

6.3 That Cabinet Member approves the investment to develop a safeguarding adults team which consists of 10 social workers, a manager and administration support to manage the increase in referral rates.

7. Proposals and Details

- 7.1 The 2008 adult social care Annual Performance Assessment (APA) identifies that Rotherham is Two Star (Good) Authority with Promising Prospects for Improvement. This maintains the score achieved in 2006 and in 2007. This assessment is based on the 2007/08 Self Assessment Survey submitted in May 2008, supplementary evidence requested by the Commission of Social Inspectorate (CSCI) and culminating in the Annual Review Meeting (ARM) which took place in July 2008.
- 7.2 The two judgements are made against the following criteria:
- Delivering outcomes (formerly Serving People Well); and
 - Capacity for Improvement (a combined judgement from the Leadership and the commissioning & use of resources evidence domains).
- 7.3 The report (Appendix A) sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action the Commission of Social Care Inspectorate (CSCI) will take.
- 7.4 CSCI stated that '**Rotherham has made significant and in parts striking improvements**' since last year which can be shown in the table below where 6 out of the 9 areas have improved upon last year.

Judgement Areas	2007 Rating	2008 Rating	Direction of Travel
Delivering Outcomes	Good	Good	
1. Improved health and well being	Good	Excellent	↑
2. Quality of life	Adequate	Good	↑
3. Making a positive contribution	Excellent	Excellent	↔
4. Increased choice and control	Adequate	Good	↑
5. Freedom from discrimination and harassment	Good	Excellent	↑
6. Economic well-being	Good	Good	↔
7. Maintaining personal dignity and respect	Adequate	Good	↑
Capacity to Improve (Combined judgment)	Promising	Promising	
8. Leadership	Promising	Excellent	↑
9. Commissioning and use of resources	Promising	Promising	↔
Performance Rating	2 Stars	2 Stars	

7.5 Key areas of strength affecting people using our services:

- Promotion of healthier lifestyles via information and advice,
- Performance on reviews of peoples care,
- Substantial reduction in the waiting list for occupational therapy and the fall in waiting times,
- Consultation with and involvement of people who use services,
- The range of measures in place to promote safety with high levels of satisfaction demonstrated,
- The excellent range of service standards and systems to test customer satisfaction and perception,
- Publication of complaints procedures and satisfaction levels with outcomes,
- High levels of satisfaction from those who use equipment and adaptation services, domiciliary care service, out of hours services, and support at first contact,
- Progress on direct payments,
- The range of work to promote equality, and achieving level 4 of the equality standards for local government,
- Most people are effectively safeguarded against abuse,
- The extensive range of action to improve performance,
- People with a learning disability are helped to live at home,
- The good progress on person centred planning and reviews,
- High numbers of people are supported to work,
- People with mental health problems are helped to live at home,
- Progress on individual budgets,
- High levels of satisfaction with the timeliness of contact and choice of support,
- Minor and major adaptations are delivered in a timely fashion,
- Services for deaf and blind people are of a high quality,
- Carers services have improved and more are now known to adult social care and
- The focus on support to employment during the carers assessment processes.

7.6 Some of the key areas for development affecting people who use services and identified by the Council are:

- The implementation of an electronic single assessment process,
- Further development and usage of assistive technology,
- Further shaping and influencing of the third sector provision of preventative services, and development of universal information and advice systems,
- Further transformation of the in-house domiciliary care service to an enabling service,
- Progressing the planned programme approach to personalisation,
- Further development of services to ensure older people are fully supported to live independently,

- Helping more younger people with a physical disability to enable them to live at home,
- Manage the increase in safeguarding referral rates.
- The development of additional respite and supported living services, and
- Further improving carers services to ensure consistency of support, including support for employment.

8. Finance

- 8.1 Commissioning and use of resources judgement remained as 'promising'. CSCI rules indicate that moving this domain to 'excellent' would unlock the door to a 3 star rating overall. Although an independent panel within CSCI noted that Rotherham has made good progress around the commissioning and financial planning agenda there was more development needed.
- 8.2 Direct payments are recognised in the Performance Summary Report as a 'strength' and it highlights our work on mental health users in particular. We recognise and have plans in place to improve self directed support for all user groups.
- 8.3 Outcome based commissioning is listed as an area for development, which was part of Adult Services Commissioning Strategy agreed at CMT in February 2008 with plans in place to transform the 3 year contracts into outcome based contracts.

9. Risks and Uncertainties

- 9.1 The main risk is that the Council does not prioritise adult social care improvement as part of its corporate improvement agenda. There is a Performance Assessment Excellence Plan to capture all of the areas for development in one place to mitigate this risk. It should be noted that all areas for development were already contained within our service plan and commissioning action plan. The new LAA improvement plans will help focus the Rotherham Partnership on the social care improvement priority actions and the added value health colleagues and the voluntary sector can provide.
- 9.2 Cabinet Member should be aware that Authorities have to strike the balance between meeting significant demographic pressures, deliver even more efficiencies as described in the Pre Budget Report in November 2008 and also to meet the demands of the Department of Health's transforming social care agenda which was described by Rt Hon Alan Johnson MP during a speech in October 2008 as "it is the innovation in social care – personal budgets, care plans for people with multiple and long term conditions, integrated care, and high quality commissioning – that is leading change not only in Local Government, but also in the National Health Service. Interestingly, 11 Councils dropped a star rating during the 2008 assessment process.

10. Policy and Performance Agenda Implications

- 10.1 It is anticipated that the score for adult social care will have no impact on the Councils CPA score which is announced in February 2008.
- 10.2 The assessment process for 2009 has not yet been confirmed following a period of consultation. There are a number of challenges that are set out in the revised excellent descriptors which raises the bar. The main issue to address corporately is that the Rotherham Partnership through the ALIVE Theme Board must be able to demonstrate reduced incidence of preventable illness and disabling conditions through its Public Health Strategy and health promotion campaigns.

11. Background Papers and Consultation

- Rotherham Self Assessment Survey submission
- Commission of Social Care Inspectorate (CSCI) Performance Assessment Notebook for Rotherham
- Annual Performance Assessment Report for Rotherham (Appendix A)
- Department of Health Local Authority Funding Circular 'Transforming Social Care', January 2008
- CSCI Consultation on assessment of adult social care, August 2008
- Performance Assessment Excellence Plan (Appendix B)
- Local Government White Paper 'Our Care, Our Health, Our Say'
- Neighbourhoods and Adult Services Service Plan 2008-11
- Adult Services Commissioning Strategy, Action Plan 2008-11

A copy of the Performance Summary Report is available on the website for the public.

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Mr Tom Cray
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27th October 2008

Ref: BDLS & LC

Dear Mr Cray

PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES IN ROTHERHAM

Introduction

This performance summary report summarises the findings of the 2008 Annual Performance Assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the Performance Assessment Notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

And

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2009) and to make it available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08

Areas for judgment	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Excellent
Improved quality of life	Good
Making a positive contribution	Excellent
Increased choice and control	Good
Freedom from discrimination and harassment	Excellent
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgment)	Promising
Leadership	Excellent
Commissioning and use of resources	Promising
Performance Rating	2 stars

The report sets out the high level messages about areas of good performance, areas of development over the last year, areas which are priorities for development and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for development
All people using services	
<ul style="list-style-type: none"> • Promotion of healthier lifestyles via information and advice. • Partnership working across the council and with health. • Performance on reviews of peoples care. • Substantial reduction in the waiting list for occupational therapy and the fall in waiting times. • Consultation with and involvement of people who use services. • The range of measures in place to promote safety with high levels of satisfaction demonstrated. • The excellent range of service standards and systems to test customer satisfaction and perception. • Publication of complaints procedures and satisfaction levels with outcomes. • High levels of satisfaction from those who use equipment and adaptation services, domiciliary care service, out of hours services, and support at first contact. • Progress on direct payments. • The range of work to promote equality, and achieving level 4 of the equality standards for local government. • Effective partnership arrangements providing an increasing range of pathways to support people into work. • Most people are effectively safeguarded against abuse. An audit in year has led to improved safeguarding arrangements. • A radical restructure has been completed with capacity strengthened in key areas. • The extensive range of action to 	<ul style="list-style-type: none"> • The implementation of an electronic single assessment process. • Further development and usage of assistive technology. • Further shaping and influencing of the third sector provision of preventative services, and development of universal information and advice systems. • Further transformation of the in-house domiciliary care service to an enabling service. • Development of outcome based contracts. • Progressing the planned programme approach to personalisation. • Developing an outcome focussed performance management framework.

<p>improve performance.</p> <ul style="list-style-type: none"> • Self evaluation and benchmarking is used effectively. • Effective budget management and investment in adult social care. • A joint commissioning strategy has been agreed, and commissioning capacity increased. 	
<p>• Older people</p>	
<ul style="list-style-type: none"> • The joint 'Active in Age' training for staff that has improved levels of physical activity. • The increase in assessments of older people leading to a service, and an increase in service to 39% of those reviewed. 	<ul style="list-style-type: none"> • Further development of services to ensure older people are fully supported to live independently.
<p>People with learning disabilities</p>	
<ul style="list-style-type: none"> • Health action plans are in place for all people who use services. • The service has Beacon status. • People with a learning disability are helped to live at home. • The good progress on person centred planning and reviews. • High numbers of people are supported to work. 	
<p>People with mental health problems</p>	
<ul style="list-style-type: none"> • People with mental health problems are helped to live at home. • Progress on individual budgets. • High levels of satisfaction with the timeliness of contact and choice of support. • Focused implementation site for delivering race equality. 	<ul style="list-style-type: none"> • Improving the frequency of performance data supplied by the mental health service.
<p>People with physical and sensory disabilities</p>	
<ul style="list-style-type: none"> • Minor and major adaptations are delivered in a timely fashion. • Services for deaf and blind people are of a high quality. 	<ul style="list-style-type: none"> • Helping more younger people with a physical disability to enable them to live at home. • The development of additional respite and supported living services.
<p>Carers</p>	
<ul style="list-style-type: none"> • Carers services have improved. • The active work to identify carers resulting in more being known to adult social care. • The focus on support to employment during assessment processes. 	<ul style="list-style-type: none"> • Further improving carers services to ensure consistency of support, including support for employment.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well-being

The contribution that the council makes to this outcome is excellent.

Almost all people who use services are helped to understand how to stay healthy and maintain their emotional well-being. There is a good range of health literature that is well publicised and easily accessed. Information seen was appropriately available in a range of formats. The council can demonstrate good and effective working relationships with health. For example, a joint commissioning strategy has been produced identifying key action areas. Individual advice and support is available for almost all groups, and initiatives are in place to target difficult to engage communities. There is some evidence of the effectiveness of health improvement work for the wider population with, for example, levels of chronic heart disease and strokes falling, and better than national averages. There is still work to do to reduce health inequalities, and the Local Area Agreement does identify improving health as a priority. A draft comprehensive health needs assessment has been completed for black and ethnic minority communities, and an action plan is being developed. This is a proactive piece of positive action.

Key strengths

- The council has continued to work effectively with partners to further improve the availability of health information and advice.
- There is a wide range of activity to promote health both in the wider population and with those who use social care services. For the latter, the council could evidence impact with individual stories about health improvements, and with data.
- In the learning disability service, all people who use services have a health action plan, and an audit tool has been developed to evaluate how these are improving health. Completed audits to date are showing significant health benefits.
- Regulatory inspection reports speak positively about individual support being available to meet health needs.
- The joint 'Active in Age' training programme for staff in care homes has improved levels of physical activity, mobility and social interaction.
- A carer wellbeing group for men has been set up.
- A memory clinic has been developed.
- Early intervention mental health services have been improved.
- Significant progress has been made reviewing the intermediate care service, and a range of improvements have been implemented, with further planned. It is clear that the service is effective in helping people return home.
- The rate of delayed discharges attributable to the council is zero.
- There is effective investment in rehabilitation to prevent the need for medical and social care intervention. Stays in hospital reflect medical need in almost all instances.
- The Alcohol Harm Reduction strategy was launched in year, and a new

service specification for rehabilitation was agreed. Services were reviewed and relocated, and new assessment procedures introduced. Waiting times for Tier 2 Alcohol services reduced considerably in year, and by the start of 2008-09 there was no waiting list.

- Retention in drug treatment services is good.
- Performance on reviewing people's care needs has improved significantly, and is now good. There is evidence of the effectiveness of these reviews, and high levels of satisfaction from those reviewed.
- Progress has been made on long-term conditions, with the council reporting they have exceeded National Service Framework targets. There is an emphasis on partnership working with a community matron service for case management, and an integrated case management approach.

Key area for development

- For single assessment – see outcome 4.

Improved quality of life

The contribution that the council makes to this outcome is good.

The independence of most people who use services and their carers is promoted. The learning disability service has been awarded Beacon status for its performance in helping people into work, listening to what they have to say and supporting them to live in their own home. People with mental health problems are also helped to live at home and considerable progress has been made providing direct payments demonstrating that the service is offering personalised services. The council is working to minimise the impact of disabilities and considerably more equipment to aid independence was delivered in year. There has been additional investment in, and more people have accessed, grant funded services. Signposting to preventative services has increased, and the council does monitor a sample of those referred onto other services to assess satisfaction with outcomes. For older people, the picture is more mixed, with good levels of intensive home care but fewer people helped to live at home. The council has however, reduced the number of older people admitted to care on a permanent basis. Whilst performance on this does remain behind comparators, the rate of improvement is greater, so the gap is narrowing over time. There has been an increase in assessments of older people leading to a service, and an increase in service to 39% of those reviewed. Carer's services have substantially improved and although performance remains behind comparators, there is an action plan in place, and evidence this year, suggests there is room for optimism for further continuous improvements.

Key strengths

- There has been active work to identify carers, with increased publicity and carers' champions in GP surgeries. A scheme to support carers in an emergency has been developed. All of this has resulted in a good increase in the numbers of carers known to adult social care services.
- Work with the PCT has resulted in a substantial reduction in the waiting

list for occupational therapy, and a 75% fall in waiting times. Minor and major adaptations are delivered in a timely fashion. There is a high level of satisfaction from those who use equipment and adaptation services.

- User satisfaction surveys, visioning days and the star ratings of the council provided regulated services, evidence that the council uses and provides good quality services.
- The 'Every Contact Counts' initiative is an innovative proactive way of ensuring older and vulnerable people receive services at an early stage, and is proving successful with 500 visits resulting in 246 referrals.
- An excellent range of measures is in place to promote safety, with high levels of satisfaction demonstrated.
- The in-house domiciliary care service is being transformed to an enabling service. There are now key milestones in place with a view to achieving the transformation in 2008. In the meantime, there is a high level of satisfaction from those using the current service.
- There is very positive feedback about the mainstream telecare service, Rothercare, with people saying it helps them to maintain their independence.
- Services for deaf and blind people are of a high quality, and a charter mark for customer excellence was retained.
- People with profound and multiple learning disabilities have their needs met through commissioning at an individual level.
- The access process has been modernised to ensure effective signposting to preventative services, and to improve information and knowledge about existing preventative services. There is an intranet site for staff to access information about preventative services.
- There have been considerable improvements in year in systems to test customer satisfaction and perception, and the council can now evidence that the majority of people who use services feel safe as a result.
- Directly provided and commissioned social care preventative services are proving to be successful, with people being diverted from residential care and unnecessary stays in hospital.

Key areas for development

- The council acknowledges that telecare needs to develop further and has a plan in place to implement a wider range of assistive technology.
- Support for younger people with a physical disability to enable them to live at home has fallen, and is low. The council has responded by setting new targets for the physical disability team, and provision of new resources to help meet these.
- There is further work to do to shape and influence the third sector provision of preventative services. This was identified in the Joint Strategic Needs Assessment, and work has started, and is planned for, in the commissioning strategy.
- Further development of services to ensure older people are fully supported to live independently.

Making a positive contribution

The contribution that the council makes to this outcome is excellent.

Almost all people who use services and their carers continue to be well supported to develop their confidence, ability and skills and to contribute to the wider community. Rotherham very actively seeks the views of the wider population and those who use services. There is an embedded culture of consultation and involvement and the council can point to numerous examples of ways in which people who use services have influenced service design. The council's innovative learning from customer's service, the use of customer diaries and the visioning days, are worthy of particular note. There is good support from the council to enable volunteering, and a good level of new volunteers have been identified in year. Rotherham's adult social care service has achieved 'Standard Bearer' status from the Cabinet Office for Customer Service Excellence.

Key strengths

- The Rotherham senior citizens network has been established.
- The council has an innovative service to learn from customers. This involves a number of people who use services meeting regularly to, amongst other things, improve accessibility of information, learn from complaints and carry out customer inspections of services. This had clearly led to a number of service improvements.
- Visioning days are a successful and integral part of service development, and have been given national recognition. These involve events with large numbers of people who use services and other stakeholders, to help shape priorities.
- Regulatory inspection reports confirm people do have a say in the running of the services that they use.
- The 'Home Truths' project tests the quality of services through video and handwritten diaries, by people recording their experiences of using services.
- The use of people's forums and focus groups.
- People who use services and carers have been involved in the mental health self assessment.
- The council has local performance indicators to monitor customer satisfaction. Performance improved in year. Almost all people said they were satisfied with opportunities to get involved, and that the council listens and acted as a result.

Key areas for development

- None

Increased choice and control

The contribution that the council makes to this outcome is good.

There have been considerable improvements in the timeliness and completion of assessments for older people, with business process re-engineering taking place in year, and the opening of 'Assessment Direct'. This means that most older people accessed timely assessments in year. This improvement is set within the context of considerably more new assessments. It is notable that since January there has been no backlog for assessments and 100% of people have been seen within 4 weeks. The increase in demand for assessments and reviews did lead to a slight fall in the timeliness of provision of services but management action has now reversed this fall. Review processes are effective. New processes and protocols have been put in place for carers assessments and performance has improved with more assessments completed in year. More statements of need have been issued in year but performance remains low in relation to other similar councils. This is due to the high volume of reviews conducted in year. Systems have been changed, and this should ensure further progress.

Almost all people who use adult social care and their carers are well informed about services via a wide range of appropriate methods. The council has an excellent range of service standards, all one page and user friendly. The care website has been improved in response to customer feedback. People who fund their own care have their own dedicated range of information.

The range of services is relatively broad, and the council is increasingly working to extend choice. For example, as stated elsewhere in this report there is further work underway to modernise the home care service, improve intermediate care and carers services. There is a need for more respite and supported living for people with a physical disability and to ensure older people are fully supported to be as independent as possible.

Key strengths

- In the learning disability service performance on reviews has substantially improved with 90% of people receiving a review in 2007-08.
- Regulatory reports and consumer surveys provide evidence that people believe they are treated with respect.
- Good progress has been made with person centred planning and reviews.
- Information on how to make a complaint is well publicised. Performance on complaints has improved in year with almost all people saying they are kept informed of the progress of their complaint. Satisfaction with outcomes has also increased and is good. There is considerable evidence of the council acting on complaints and improving services as a result where necessary.
- There is a high level of satisfaction with support at first contact with adult

social care. Almost all people said the council provides information that is clear and understandable.

- The council has assessed what services are needed outside of normal office hours and launched a new service in year. Satisfaction with the service has increased.
- There is a good range and level of advocacy services with plans to extend access to advocacy further.
- The council actively promotes rights of access to records with leaflets handed out to all customers during the assessment process and information is on the website.
- Self-assessment opportunities have increased in year.
- Excellent progress has been made in year on direct payments and in the mental health service on individual budgets. There is considerable evidence that people feel more in control as a result.
- Regulatory inspection reports on council operated services confirm care plans are detailed and reflect peoples needs.
- In the mental health service, almost all people report that they are satisfied with the timeliness of contact, and most are satisfied with the choice of support.

Key areas for development

- Single assessment - At present, some people do have to tell their story more than once.
- Progressing the planned work to ensure access to a full range of modernised services.

Freedom from discrimination and harassment

The contribution that the council makes to this outcome is excellent.

The council has been proactive in reviewing eligibility criteria in year with people who use services and their carers, and does have evidence of impact of the criteria. A review of information about the criteria also took place, and it was revised so that it is now clear and easy to understand. The council did find some inconsistencies in application and have actions in place to address this.

The council has been doing proactive work in year to establish if people who fund their own care actually access assessments. As a result of this, approval has been given to enhance the support for self-funders, to offer assessments **and** an annual review. This is to fully ensure that assessments are available to all, regardless of whether a person intends to fund themselves for a service or not.

The council has reached level 4 of the Equality Standards for Local Government. There is evidence that the council does meet most people's individual diverse needs with an appropriate and growing range of services. Action is clearly being taken to increase take up of services from under represented groups, with for example, work being done at the point of admission to hospital with people from ethnic minority backgrounds. Rotherham's mental health service is a focused implementation site for delivering race equality.

Key strengths

- People from black and ethnic minority communities do have equal access to assessments and services, and the council has been doing further work engaging with black and ethnic minority (BME) people at the point of admission to hospital, to further ensure accessibility and awareness of services.
- As an employer the council sets good standards, in that the proportion of BME in the workforce, reflects the proportion in the community as a whole.
- The council has published a disability equality scheme, which was put together after extensive consultation. Rotherham can demonstrate that it is meeting its responsibilities in this area.
- The council has undertaken 100% of the identified equality impact assessments.
- There is good evidence of consultation with people with a disability. Deaf/blind people were identified as a priority, and the council can point to progress and improved outcomes.
- There has been a good improvement in the percentage of council buildings that are accessible, with plans in place to achieve full compliance.
- A good range of advocacy services are available with plans in place to expand these.
- There is evidence of satisfaction with assessment processes, and that individual needs are met. People are assigned to a team for assessment.

Key area for development

- As an employer there is some work to do to ensure the council's workforce reflects the proportion of disabled people in the community, however, there are active measures in place to encourage people with a disability to apply for jobs.

Economic well being

The contribution that the council makes to this outcome is good.

There is an effective protocol between the council and the PCT covering continuing care and there were no disputes in year.

There are partnership arrangements in place to provide an increasing range of pathways to support people into work. Improving employment opportunities for all adults in Rotherham is a focus within the Local Area Agreement. A project started in January 2008 to support access to work for people with mental health problems. It is too early to assess the full impact of this, although early signs are positive. In physical disability services, the council reported good outcomes with people being assisted to find or maintain employment in a variety of ways. An

employment plan is in place to create further opportunities. There is a growing range of ways in which carers are supported and the council provided case studies evidencing the effectiveness of support offered. The adequacy of support is to be further reviewed when developing the new carers strategy in year.

The development of early intervention services is resulting in most people who receive support making reduced contributions. However, as stated earlier, there is work to do to ensure that older people's independence is further promoted.

An effective partnership arrangement exists to help people who use services to maximise their income.

Key strengths

- The council has improved attendance and leadership at the continuing care panel. This has been successful in that there is now a more equitable balance of funding which is moving towards the national average.
- The council continues to support high numbers of people with a learning disability into work.
- The new assessment form for carers is designed to ensure that employment support is addressed. Support to enable carers to work has been strengthened by improved day, respite and home care services to fit in with work patterns. There is increased access to direct payments to enable carers to arrange care around employment commitments. The new carers emergency scheme assists carers to make arrangements for emergency cover.
- People reported high levels of satisfaction with information they received about charges for social care, and with financial assessment home visits.

Key areas for development

- Continuing to support carers in employment.
- Ensuring the effectiveness of the project to support people with mental health problems into work.

Maintaining personal dignity and respect

The contribution that the council makes to this outcome is good.

Most people are effectively safeguarded against abuse. Work on awareness raising in year has contributed to an increase in referrals. The council has made sure that internal front line staff are aware of how to identify safeguarding issues and respond appropriately to concerns. There is still a training need for independent sector staff but considerable progress has been made in year. Privacy and confidentiality is assured in most cases through appropriate policies and procedures. A safeguarding board is in place, all partners are represented, and there is a multi-agency information sharing protocol. Serious case review processes are in place and the first one, now being undertaken, should help to advance practice in this area. The council and partners are working on production of a multi-agency safeguarding strategy, which is due to be finalised by December

2008. The council has improved access to preventative services in year, and there are early indications that early intervention has led to an increase in referrals to safeguarding. For example, via the 'Every Contact Counts' scheme.

The council and PCT have finalised a policy on interpersonal relationships. This has been developed with people who use services. Next steps are planned and include staff training on the new policy and to ensuring monitoring of practice.

Key strengths

- New South Yorkshire wide safeguarding procedures were launched in year.
- The council is proactive in dealing with contracted services that are offering poor quality services, and ceases contracts and/or placements when necessary.
- Resources dedicated to safeguarding have increased.
- The work in year to raise awareness of safeguarding has included visioning and leadership days, poster and publicity campaigns, and the 'Every Contact Counts' initiative. This has helped to ensure that council and PCT staff and the police, are trained to identify safeguarding issues.
- There is a specific safeguarding website and access arrangements have been improved and referrals can be made to a 24/7 hotline.
- Audits of practice have helped to improve safeguarding arrangements. Examples include:
 - New safeguarding standards and a framework to capture safeguarding issues have been developed.
 - An elected member champion is now in place.
 - Performance indicators have been developed.
 - Easy read procedure cards have been produced.
- All people admitted to care homes have access to single rooms.
- In the wider safeguarding arena, citizens have said that they feel much safer in their homes and communities, and there has been a reduction in crime.

Key area for development

- Safeguarding referral rates have increased but do remain low in relation to comparators. The council needs to do further work to understand why this is.

Capacity to improve

The council's capacity to improve services further is promising.

There is highly competent and determined leadership, a shared vision and targeted priorities for improvement. The council and the PCT are taking a joint approach to transforming social care and developing personalised services. A three year joint work programme has been agreed. Leaders are highly ambitious and champion the needs of almost all people who use services. People who use services and carers are extensively consulted on provision and there is clear

evidence of how their contribution effects developments. A comprehensive and developing range of measures are in place to ensure effective staff contribution. Plans are comprehensive and strategically linked, and there is good evidence of coordinated working across the council, and with partners. Plans for improvement have clear targets, and are bringing about improvements in many areas. The council has responded well to last years performance report and has considerably improved outcomes for people who use services. Performance management arrangements overall are effective, and can demonstrate that targets are mostly met. There are a small number of areas where plans for performance indicators were not met and where further improvements are needed.

The council and partners have produced a joint strategic needs assessment, which they inform us, is being held up by the Care Services Improvement Partnership as an exemplar. Expenditure on social care mostly reflects national and local priorities, and further modernisation is planned and underway. For example, the planned changes to domiciliary care and in-house older peoples residential care. The newly approved commissioning strategy does include investment in areas that would further modernise services, and does reflect achieving the outcomes in 'Our Health Our Care Our Say'. The council has a clear understanding of the social care market and commissioners do take action to deal with failing services that it contracts with. The council intends to introduce a quality assessment framework for the independent sector providers and proposes to link this to incentives for high achievers.

Key strengths

Leadership

- A radical restructure has been completed in year and capacity has been strengthened in key areas.
- There is an effective joint health and social care learning disability service.
- A workforce development strategy is in place, and data shows that the council has staff in place who are skilled.
- The council is working with the independent sector to ensure that there are people with skills and capability in place. A Learning and Development Officer has been appointed specifically for the sector, and training with a focus on common induction standards is being piloted. A comprehensive training programme is being developed, and funds were made available in year to the sector to improve learning. An evaluation found that these did encourage applications across the sector. There was a good increase in the numbers of independent staff accessing training courses in year.
- SCILS, a social care information and learning service was launched which is receiving positive feedback from providers.
- The council has been rated as a 4 star council in the Audit Commission's 2008 Corporate Performance Assessment.
- An extensive range of actions are being taken to improve performance and include:
 - Team and individual targets, and weekly performance clinics held with social work managers.
 - Named accountable managers to improve specific areas of

- performance.
- Regular reporting to senior managers.
- Investing to improve.
- As a result the number of assessments has doubled and reviews trebled. An historical backlog of 300 new assessments has been removed and management changes have been made in poorly performing teams. There have been considerable improvements in the blue badge scheme and waiting times for adaptations.
- Self-evaluation and benchmarking is used effectively.
- Excellent performance has been maintained on consultation and involvement.
- Staff contribute to planning and delivery of services, through visioning days, road shows, service and team planning, and personal development reviews.
- Effective systems are in place to communicate with staff, and include newsletters, employee opinion surveys, focus groups and the 'Reach In' panel of 300 council wide employees who are surveyed on topics within the council. Additionally, there is an employee involvement programme for staff to communicate with senior managers.

Commissioning and use of resources

- The council is purchasing care from good or excellent services at a higher proportion than average.
- A good level of efficiency savings were made, which were re-invested, and the council manages the budget effectively.
- The council has information about costs and quality, and uses this in service planning.
- The medium term financial plan demonstrates the council is investing in a modernised adult social care service.
- A joint commissioning strategy has been agreed, and capacity in joint commissioning has been increased.
- The council has a clear understanding of the social care market, and there are innovative measures to ensure that people's needs are met, such as the agreement to conduct annual reviews for self-funders.
- There are effective systems to proactively monitor and audit the quality of services provided by the independent sector. The council has demonstrated in year, that it will take action to investigate concerns and cease contracting if necessary. The emphasis is, however, on working alongside providers to improve services whenever possible.

Key areas for development

Leadership

- Progression of the planned programme approach to personalisation.
- Further work to ensure staff in the independent sector are adequately trained.
- Progression of plans to develop universal information and advice regardless of eligibility.
- Development of an outcome focussed performance framework, particularly for preventative services.
- Improving the frequency of performance data supplied by the mental

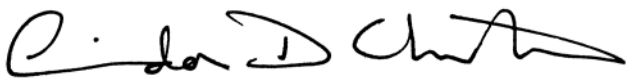
health service.

Commissioning and use of resources

- The development of outcome-based contracts.
- Further modernisation of the in house domiciliary care service.

A service inspection is being considered for this council for 2008/09 performance year.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Linda Christon', written in a cursive style.

**LINDA CHRISTON
REGIONAL DIRECTOR**

Commission for Social Care Inspection

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted