

## ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate  
Street, Rotherham.

Date: Thursday, 12 November  
2009

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 and Communications.
4. Declarations of Interest.
5. Questions from members of the public and the press.

#### **For Consideration**

6. Personalisation Agenda - Presentation by Tom Sweetman, Innovations Manager (Pages 1 - 51)

#### **10.05 am**

7. Rotherham Community Health Service - Presentation by Lorraine Watson, Associate Director (Pages 52 - 66)

#### **10.30 am**

8. Annual Report of the Joint Learning Disability Service - Presentation by Jackie Bickerstaffe, Head of Learning Disability Service (Pages 67 - 76)

#### **10.55 am**

#### **For Information**

#### **11.30 am**

9. Joint Disability Scheme (herewith) (Pages 77 - 81)
10. NHS Performance Ratings 2008/09 (herewith) (Pages 82 - 85)
11. CQC Adult Social Care Inspection Report (herewith) (Pages 86 - 120)

12. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 1st October 2009 (herewith). (Pages 121 - 129)
13. Minutes of a meetings of the Cabinet Member for Health and Social Care held on 28th September 2009 and 12th October 2009 (herewith) (Pages 130 - 138)

**Date of Next Meeting:-  
Thursday, 3 December 2009**

**Membership:-**

Chairman – Councillor Jack

Vice-Chairman – Barron

Councillors:- Blair, Clarke, Gouly, Hodgkiss, Hughes, Kirk, Turner, Wootton and F. Wright

**Co-opted Members**

Mrs. I. Samuels, Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council),  
Russell Wells (National Autistic Society), Taiba Yasseen, (REMA), Mrs. A. Clough (ROPES),  
Jonathan Evans (Speak up), Victoria Farnsworth (Speak Up), Mr. G. Hewitt (Rotherham Carers'  
Forum), Ms. J. Mullins (Rotherham Diversity Forum), Mr. R. H. Noble (Rotherham Hard of Hearing  
Soc.) and Parish Councillor Mrs. P. Wade

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>ADULT SERVICES AND HEALTH SCRUTINY PANEL</b>
<b>2.</b>	<b>Date:</b>	<b>Thursday 12 November 2009</b>
<b>3.</b>	<b>Title:</b>	<b>Personalisation Plan 2009 - 2011</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Chief Executive's</b>

**5. Summary**

Personalisation allows customers to have choice and control over the way they live their lives.

The report sets out Rotherham MBC's statement of intent and vision for the future of Personalisation in Rotherham.

This 'introduction' paper is to inform members that a detailed presentation will be made at today's meeting that will highlight current Personalisation performance.

**6. Recommendations**

**That the Adult Services and Health Scrutiny Panel note the contents of this report and determines any further action required.**

**7. Proposals and Details**

A detailed presentation will be undertaken at the panel meeting to be supported by handouts. This will cover:

- Rotherham's Personalisation Progress: The Story So far;
- The Benefits of Personalisation;
- The key role for members;
- Guiding Principles;
- Feedback;
- Direct Payments;
- The Way Ahead.

**8. Finance**

The Personalisation Plan has the potential to deliver a more cost effective system coupled with long term savings through prevention.

In addition to making good use of existing resources, the Department of Health are making available through the Social Care Reform Grant, monies to support our Council in this transformation. This grant is specifically to be used to make sure that personalisation works.

**9. Risks and Uncertainties**

The Personalisation Plan could be undermined by the impact of the recession.

**10. Policy and Performance Agenda Implications**

Action Plan 2006 – 2009

LAA 2008-11

**11. Background Papers and Consultation**

Putting People First A Shared Vision and Commitment to the Transformation of Adult Social Care (2007)

Transforming Social Care Local Authority Circular

Putting People First (December 2007)

**Contact:** *Tom Sweetman, Innovation Manager, direct line: (01709) 743917*  
*e-mail: [tom.sweetman@rotherham.gov.uk](mailto:tom.sweetman@rotherham.gov.uk)*

# PERSONALISATION PLAN 2009—2011



*PUTTING PEOPLE IN CONTROL OF THEIR LIVES*

## FOREWORD

*Welcome to Rotherham's Personalisation Plan. Personalisation allows customers to have choice and control over the way they live their lives. The national call for transformation that has come from the government could not be clearer. We have a tremendous reputation for listening to our customers and this is the starting point for the work that is required. These changes represent a small step for many of our services due to the relationship they we already have with our customers. This plan is our statement of intent and vision for the future of Personalisation in Rotherham.*

*It is essential that our customers are enabled and supported to exercise choice and control over their own lives. With this in mind, this document has been created by talking to our customers and listening to their views. The content; such as the five guiding principles that are outlined on page three, came directly from our customers at the first of a series of visioning events. Following this other events are being held to make sure that we are doing what our customers are asking for. The next stage is to communicate this vision to as many of our staff and customers as we can, quickly and effectively.*

*I am pleased to say that this plan goes beyond the opportunities presented by Direct Payments and Individual Budgets, to clearly embrace a far bolder agenda than just Adult Social Services. For personalisation to succeed it must focus on far more than social care. It must be central to everything that we do as a Council. This applies not only to individuals but also to communities and neighbourhoods*

*Personalisation represents an opportunity to take stock of the excellent service we offer our customers and to make sure that our very highest standards are present in everything we do and every service we offer. We are working together with our partners, voluntary organisations, our staff and our customers to make sure that we make a positive change to people's lives. That change must be long lasting and we must relentlessly pursue what is good for our customers.*

*This is a time for lasting and innovative change. This is a time for a new culture. This document sets the groundwork for this and I would like to thank the people who have worked together to shape this vision. A supporting document will set our programme and project management approach to achieve the change management required to deliver Personalisation in Rotherham. Changes in the make up of society in the coming years offer challenges that every Council must rise to meet. We are defining the future by listening to our customers, to their needs, their dreams and their aspirations and are setting the scene for a radical, long lasting and refreshing transformation of our services.*

*True change will come through working together to do what is fair, right and just for every one of Rotherham's customers. A customer comment made at a recent Visioning Day was that "personalisation is about everything we are, everything we do and everything we aspire to be." This plan is our starting point.*

## OUR PERSONALISATION PROMISES

**This document contains a number of promises that summarise our approach to our customers. These promises emphasise our commitment to increasing choice and control for the people of Rotherham.**

We will **insist on** the development of services that bring care, dignity and choice to our customers

### **We promise;**

- To develop universal services, accessible for all people. That includes information, advice and advocacy service for people needing services and their carers
- To make sure that person-centred planning and self-directed support become mainstream activities.
- To create a fair and transparent way to allocate resources to customers with different levels of need.
- To offer personal budgets as an option for everyone who is eligible.
- To deliver an increase in the take-up of direct payments.
- That family members, friends and carers are treated as experts and supported in their roles.
- To commission services that offer high standards of care, dignity and maximum choice and control for our customers.
- To enable customers, their carers and families to influence policy and provision through consultation and dialogue.
- To insist on the promotion of dignity in local care services as part of systems aiming to minimise the risk of abuse and neglect of vulnerable adults.
- To see prevention, early intervention and re-ablement as standard good practice.
- To identify the pathways for assistive technology and to promote actively the importance of telecare services.

The action plan within this document contains a number of objectives that we have developed; these objectives are referenced to the Department of Health guidance:

- **Putting People First A Shared Vision and Commitment to the Transformation of Adult Social Care (2007) and**
- **Transforming Social Care Local Authority Circular (LAC 2009)**

## **Our Mission**

To work with people, communities and neighbourhoods to support them to take control of their lives.

## **Our Vision for personalisation in Rotherham**

Our vision has been shaped by our customers. Through visioning events, consultation and discussions we have shaped personalisation in Rotherham. The Customer Service Excellence Standard, awarded across Neighbourhoods and Adult Services, sets the measure for relationships with our customers. By listening to them we learn and we improve our services.

## **Guiding Principles**

Our vision for personalisation in Rotherham is outlined by five guiding principles.

These guiding principles were established by involving over 200 customers, members and officers in a 'Visioning Day', held on 13<sup>th</sup> November 2008. They will make personalisation the cornerstone of public services in Rotherham.

A second customer event on 5<sup>th</sup> February 2009 saw customers confirming these principles. The wording was then considered at various events with customer and staff agreement coming at a Visioning event held on 24<sup>th</sup> June.

The guiding principles established with our customers are that;

- **Customers will have maximum choice and control over all aspects of their lives;**
- **Services will respond to individuals and communities needs by developing innovative ways of working;**
- **Services will become totally focused on customers and the outcomes they desire;**
- **Personalisation will seek to improve the quality of life for the individual, their community and their neighbourhood; and,**
- **Services will be developed in association with partners and customers to focus on prevention.**



## Bringing Change to Rotherham

We recognise that the personalisation agenda is initially about change in Adult Social Care, but we believe that it is essential that we apply changes to all Council services. This will give customers, communities and neighbourhoods the opportunity to exercise choice and control.

We see personalisation as the way ahead for all of our services.



We are moving towards a personalised world that has the customer firmly at the centre of decision making, where services fit around people and where prevention and safeguarding become our regular watchwords.

Although the changes proposed in this plan may be a small step for some services we accept that a huge culture change may be required for others. They must be prepared to rethink their role in a bold, innovative and lasting manner. The customer is the central focus of all our efforts and officers will undertake what is required to support people to live the lives they want. This represents a fundamental change in relationships for some services.

The national drive for personalisation calls for '*significant steps*' towards change by 2011. The document Putting People First (December 2007) states that 'Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live

their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.'

This plan expresses our firm commitment to these changes.

### 1. Introduction

This plan sets out the direction for the development and implementation of personalisation in Rotherham between 2009 and 2011. It recognises the urgency for change and develops the vision required through empowering customers to make change happen.

It gives a clear and understandable way to improve services for the individual, local communities and neighbourhoods by;

- Giving more choice and control to people needing services.
- Setting a culture where everyone entitled to support will have a personal budget including clear information about finance. Customers will have the opportunity to take all or part of this budget as a direct payment.

- Focusing on the provision of support for those with complex needs.
- Developing our already well established consultation methods to ensure that the views and experiences of customers, carers and other stakeholders are central to every aspect of our services.

To achieve this, we follow an overarching milestone plan that will identify what we need to do to include our personalisation promises in everything we do. It will also build upon those services that are now successful at achieving a customer focused approach.



Personalisation puts the customer at the centre and this is already our established and recognised position. We have many areas of good practice that can be highlighted. Our relationship with our customers is already our proudest achievement and will be the vehicle for the transformation that we are undertaking.

To help us transform our systems we will

- Provide information, support, signposting and advice & guidance services;
- Deliver self directed support, safeguarding services and support for carers;
- Develop the market for services through innovative commissioning
- Develop our workforce by commissioning our workforce to deliver new skills and competencies required for personalisation; and,
- Make sure that services are operating in an efficient and cost effective way.
- Ensure that people who fund their own care, self funders, are integrated throughout our plans

## 2. The National Picture

### Modernisation

The Government has made modernisation of social care services a national priority. This approach is a significant challenge for social care.

In December 2007 the government paper, *Putting People First*, set out proposals for a radical reform of public services. The main focus is to enable people to live their own lives as they wish, confident that services are high quality, safe and promote their own individual needs for independence, well-being and dignity.

The Putting People First document sets out the shared aims and values which will guide the transformation of adult social care, recognising that the sector will also work with customers and carers to transform customers' experience of local support and services.

The importance of carers can not be overstated. They must be recognised for their importance to families and communities. This was reflected in the 2008 Carers' Strategy which called for the personalisation of services.







**Rotherham faces the challenge of an ageing population who will expect high quality standards of care and support.**

- **There will be a 23% increase in the numbers of people aged 65 and over by 2015**
- **There will be 1,000 more people with dementia by 2020**
- **By 2020 36% of men and 16% of women may have continence problems**
- **There will be an increase in falls of 30% by 2020**
- **There will be a 31% increase in Bronchitis / Emphysema by 2020 due to the industrial past of Rotherham and high smoking levels**

The demand for social care is increasing and this suggests that a significant increase in funding will be needed to meet the demands for high quality care over the next two decades. In addition, the Comprehensive Spending Review 2007 identified a number of challenges. These include rapid increases in the numbers of frail older people coupled with a decline of working age adults and rising consumer expectations of public services. In particular, customers want access to support when they need it and they expect it to be available to them quickly, easily and for it to fit in with their lives. One important aspect of support will be the active pursuit of telecare solutions to improve the quality of our customers' lives. Telecare can, and must, contribute to the prevention agenda.

**Customers want dignity and respect to be at the heart of any interaction, so that they can access high quality services and support closer to home.**

Currently the system for people accessing services may be seen as complex and managed by the 'professional.' Public services often seem complicated to outsiders and systems led, rather than around the needs of the person they serve.

### 3. Making Personalisation a Reality

It will be a challenge to translate our 'vision' for personalisation into practical changes in order to make a real difference to the way we provide services to individuals, communities and neighbourhoods.

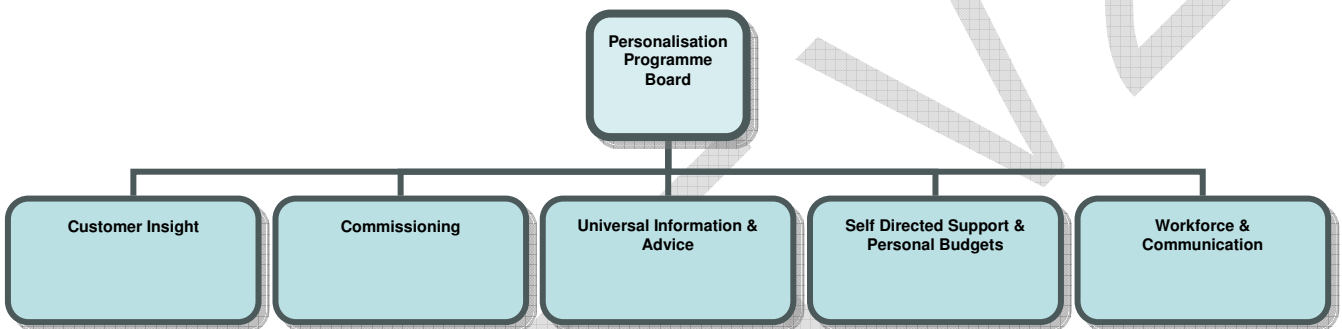


A Personalisation Programme Board has been established to guide this process and 5 Personalisation Project Groups will oversee and steer the changes required to deliver personalised services in Rotherham

The Group's brief is to;

**Oversee and manage a consistent and co-ordinated approach to delivering personalised services in Rotherham.**

Five project groups have been established from the Personalisation Programme Board to deliver key actions in specific areas of work. These groups are illustrated in the diagram below.



The broad brief for each of the groups is;

<b>Personalisation Project Groups Group</b>	
<b>Customer Insight</b>	To ensure that service users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care
<b>Commissioning</b>	To ensure that new services are developed in all sectors that meet the changing needs of our customers.  To promote access to community services and to develop community capacity.
<b>Universal Information &amp; Advice</b>	To ensure that the council have arrangements in place for access to universal information and advice.
<b>Workforce &amp; Communication</b>	To ensure that staff have the confidence, support and skills to deliver personalised services.
<b>Self Directed Support &amp; Personal Budget</b>	To ensure that a fair system is created that allows customers to access self directed support and personal budgets  To change the provision of care to give customers more choice and control over their lives.

There are individual action plans for each of the Groups. These form the main actions that will deliver personalisation in Rotherham. The actions that will emerge from the project groups contribute significantly to many parts of Rotherham's Outcomes Framework:

- Economic Well Being
- Exercise of Choice and Control
- Improved Health and Well Being
- Improved Quality of Life
- Personal Dignity and Respect
- Making a Positive Contribution

Customers will be involved at a series of consultation events, but they will also form an essential part of the activity undertaken by the Customer Insight project group. From time to time there will also be customer involvement in the other project groups.

### **Resources**

In addition to making good use of existing resources, Department of Health (DH) are making available through the Social Care Reform Grant, monies to support our Council in this transformation. This grant is specifically to be used to make sure that personalisation works.

The purpose of the grant is to;

- Shift the social care system away from traditional services towards a more flexible, efficient approach, which delivers the outcomes people want and need and promotes their independence, well being and dignity,
- Create a shift in resources and culture with an emphasis on early intervention, prevention and focusing on promoting independence,
- Increase involvement of customers in the design, commissioning and evaluation of services and how their needs are met,
- Remodel systems and processes so they are not only efficient and fair but also recognise and influence the ability of individuals to identify cost effective personalised solutions through wider community networks and innovation,
- Promote new ways of working and raise the skills of the workforce
- Develop leadership at all levels to enable this change to happen.

## 4. Our Journey So Far

### Assessment Direct

Introduced in March 2008, this relatively new service has resulted in improved information and advice to customers. It has achieved a significant reduction in waiting times for assessment and has boosted satisfaction levels to 96%. Assessment Direct will be a key factor in the development of personalisation and staff within that service have already begun to establish the essential 'first contact' approach. The role that Assessment Direct is about to play cannot be overstated.



### The Customer Service Excellence Award

This award was presented to Rotherham Neighbourhoods and Adults Services in recognition for the excellent customer services delivered by our staff. This award recognised that we are committed to using a variety of methods to consult with and involve the community, so that as many people as possible have the opportunity to give us their views.

### Best Practice

This plan builds on and uses the positive practice and transformational learning that has occurred in Rotherham over the past year. Some examples of success have been;

- Uptake of Direct Payments for adult social care and people with disabilities, and establishing sound and fair support and audit arrangements,
- The Service User Forum established a regular Newsletter and devised creative publicity engaging individuals in the take up of Direct Payments,
- Shifting the Balance: move from in-house to independent sector domiciliary care provision and the growth of capacity in the independent sector. This will deliver more flexible and tailored support and the development of a reabling approach to maximise independence and confidence.
- Adult Safeguarding procedures providing clarity on the role of the Local Authority in protecting people's rights to citizenship and maintaining our Duty of Care in an environment where people are determining their own needs,
- Commissioning Strategy and Joint Commissioning Strategy published in 2008, informed by the Rotherham JSNA and Supporting People Five Year Strategy and by the vision of self-directed support in Putting People First.

Providing an excellent service to customers has always been important to Neighbourhoods and Adult Services and our recent achievements have established and enhanced our approach to personalisation. These examples of good practice and achievement have been highlighted at our Visioning Events as giving examples of how personalisation will look in Rotherham.





### **Personal Budgets Pilot for People with Mental Health Problems**

We have been successful in piloting personal budgets for people with mental health problems. To date, 152 people receive a personal budget. An evaluation of this pilot has shown that individuals feel more in control when they direct their own support and care needs. This has been the most successful pilot in the country establishing excellent results from an area that was traditionally thought of as reluctant to change.

This success is highlighted in the following case studies

### **David's Story**

David is a 50 year old man from Rawmarsh who lives with his wife in their own home.

David has suffered for approximately 14 years with severe depression.

He initially had a direct payment and was using this to fund some respite for his wife, who is his main carer. He did not like having to take respite away from home but knew that his wife needed the break from caring.

David agreed to become one of the first people to transfer on to a personal budget by being given his allocation as a yearly figure and writing his own support plan.

David identified that he did not want to go away on respite that he wanted to stay at home and that his wife would be happier if she had short breaks throughout the week. David also wanted to regain some skills and do something productive and fulfilling with his time.

He decided to use his personal budget to have support to take evening classes, which would allow him to learn new skills and give his wife a break.

He now takes a course on learning how to play the guitar, which has allowed him to develop his confidence and gain self esteem so much so that his wife feels like they are a 'normal' family again doing what other people do.

The solution was simple and it was shaped by David and his wife.

### **Alison's Story**

Alison lives in Kimberworth. She is a single parent with two teenage children who suffers from a serious and recurring mental illness. This has resulted in numerous hospital admissions. She also has a disabling physical condition. Her children were taken into foster care when she was admitted to the acute ward.

Alison now chooses to receive a personal budget and by using a direct payment she employs a Personal Assistant to support her.

The most important and dramatic change for Alison is the management of her illness and the quality of her life. There is clear evidence that this is better than at any time in the last fourteen years. During the last year she has had two significant crises (in previous years she has had four admissions each year), which in the past would have resulted in lengthy adjustment and resettlement both on the ward and then back at home. She has been able to stay out of hospital by increasing her PA's hours and by employing someone to do housework to help with caring for her family.

Alison has gained control over her life and is looking forward to the future.

### **Deborah's Story**

Deborah is a young woman from Wath who is married; with three children all aged under 16. She has a diagnosis of schizophrenia, and has had several hospital admissions, and until recently has found it difficult to engage with follow-up services, especially as she finds it hard to leave the house. Her husband is very supportive and takes responsibility for most household tasks and for looking after the children, especially when his wife is unwell. However, at times the situation has been very stressful and this has had an impact on all members of the family.

As part of the work to transfer people onto a personal budget, Deborah and her husband decided to develop the support plan together and identified that a break away would help both their relationship and Deborah's health.

Mum's mental health problems meant that they had done little together as a family for some years, but it soon emerged that they had fond memories of a camping trip to Derbyshire.

The family priced up the equipment, transport and found a campsite, and decided as part of their personal budget to have a direct payment to pay for the costs of this trip.

The family are therefore able to have a week's respite together; addressing both the carer's need for a break and allowing Deborah to go away supported by her family. They hope this will help strengthen the family bonds which have been put under strain.

Success stories are not just centred on Mental Health Services as is demonstrated by the following examples.

### **Judith's Story**

Judith is a 43 years of age and lives with her daughter, Susan, in Anston. She has numerous medical conditions that have impacted on her independence for a number of years including Rheumatoid Arthritis, Lupus, Cystic Fibrosis and Raynaud's disease and had all of her fingers and toes amputated in 2004.

Judith defied her 1 in 5 chances of survival, gradually getting stronger and returning to live with her daughter who had to help her with everything including personal care. Susan, who was 21 and studying to be a Nursery Nurse, could not leave her mum alone at all for even short time periods to go to college or see friends.

When Judith found out about Direct Payments and Independent Living Fund (ILF) she felt that she could finally "unburden" her daughter. Judith receives 32 hours care through Direct Payments which enables Susan to be paid for a small amount of the help she provides to her mum for the first time. Judith also receives 32 hours care through ILF which she uses to employ a Personal Assistant (PA) who empowers her to socialise with friends and family, participate in council events and activities and helps her get out shopping or to the seaside, without her daughter!

Susan, who is now 26 not only receives some payment to enable her to continue supporting her mum but has also been able to finish her driving lessons and get a part time job at Rotherham District General Hospital to help her to “give something back for their amazing help”.

Judith says:

“I can finally spend time with Susan without feeling that I’m a burden. It keeps our relationship going strong and has made a huge difference. It’s really given my daughter her life back.”

### **John’s Story**

John and his wife Yvonne live together in Hellaby. Their lives changed dramatically when John suffered a spinal injury in 2005. After a lengthy period of time in hospitals, John was diagnosed as Paraplegic, able to get around solely with the use of a wheelchair or in his car with assistance.

John’s wife Yvonne took on the role of carer, helping John with everything both in and out of the home and accompanying him at all times to help him transfer from his chair to the car and to ensure his safety in case he fell from the chair.

Spending all of their time together caused increasing strain on their relationship from being a couple who had previously been quite independent and John says “It can start to become insidious. It gets to the point where, as much as you love one another, you just have to get away from each other”.

John and Yvonne heard about Direct Payments and thought this might be the solution. Through a joint social work and Direct Payments assessment, John was awarded 15 hours of support to access social activities. John has had 2 PA’s and is happy with the support he gets from his second PA who helps him to get out and about 3 – 4 times a week, to paint at the nearby lake, or race his electronic boats or ducks on the lake. Yvonne is also finally able to pursue her hobbies of arts and crafts and church and community volunteer work once again, knowing that John is safe and pursuing his interests.

Yvonne attributes some of their happiness to Direct Payments saying:

“Every so often when I was so tired I would just sit and cry. I haven’t done that for a very long time. We’re happy.”

### **Joe’s Story**

Joe lives with his parents in Swinton who both work. He has Pradar Willi Syndrome which means that he has Learning Disabilities and therefore needs a high level of support in all of his daily activities. Before receiving Direct Payments he was helped solely by his Mum and Dad and relied upon them to help him with everything from socialising to pursuing interests like walking. His only independence was through occasional respite to Quarryhill.

He and his family were informed about Direct Payments by Joe’s Social Worker, Debbie Sellars when they contacted Adult Services for support.

Joe now has two Support Workers for a total of 39 hours per week. He, with the help of his Social Worker, interviewed for his own Support Worker and chose the one he found was most suited to him in terms of shared interests and traits such as a similar sense of humour. His Mum then interviewed and chose a second one.

With his PA's, he is now able to do so much that he struggled to before and even works part time on the reception desk at Speak Up. He enjoys walking and biking at Rother Valley Country Park, going to the gym to keep fit which is also vital for his condition. He meets up with friends for lunch regularly and goes to his girlfriend's house for his tea. Joe has also discovered a newfound interest playing pool and is gradually learning the rules of Snooker.

Joe knows that without Direct Payments he would not be able to do the things he does and feels that it has transformed his life. He says "I now have a choice of what to do. I can be like any other young man. I bet you don't do as much as I do!"

## 5. Performance Management

### Outcomes

The Joint Strategic Needs Analysis (JSNA) undertaken by Rotherham MBC and NHS Rotherham has told us that people want the following outcomes;

- Being healthy,
- Being independent and in their own homes,
- Being able to choose from a wide range of different health and social care services, and
- Being able to access all public and voluntary sector services.

**Ultimately our success will be defined by people's experiences and their outcomes. Every customer experience should be a potential case study to demonstrate the success of personalisation in Rotherham.**

## Measures

In order to support the process of change, Association of Directors of Adult Social Care, Local Government Associations, Department of Health and other key stakeholder including Care Quality Commissioning have set 5 key priorities and milestones which we judge our progress. These key priorities are:



1. The transformation of adult social care has been developed in partnership with existing service users (both public and private), their carers and other citizens who are interested in these services.
2. That a process is in place to ensure that all those eligible for council funded adult social care support will receive a personal budget via a suitable assessment process
3. That partners are investing in cost effective, preventative interventions, which reduce the demand for social care and health services
4. That citizens have access to information and advice regarding how to identify and access options available in their communities to meet their care and support needs
5. That service users are experiencing a broadening of choice and improvement in quality of care and support service supply, built upon involvement of key stakeholders (councils, primary care trusts, service users, providers, 3<sup>rd</sup> sector organisations etc), that can meet the aspirations of all local people (whether council or self-funded want to procure social care services

**Accountability**

The progress we make to implement personalisation in Rotherham will be scrutinised by the following agencies;

<b>Local Level</b>	<b>National Level</b>
The Rotherham Partnership	Care Quality Commission
Adults Board	Audit Commission
Council Cabinet	NHS World Class Commissioning
Commissioning, contracting, voluntary and community sector and service user user engagement forums	Association of the Directors of Adult Social Services (ADASS)

**COMMISSIONING**

The Vision for NHS World – class commissioning states that the activity is more about transformation than transaction. Putting People First calls for a commissioning strategy which includes incentives to stimulate development of high quality services that treat people with dignity and maximise choice and control as well as balancing investment in prevention, early intervention, reablement and providing intensive care and support for those with high-level complex needs. This will stretch beyond in-house services to embrace third/private sector innovation including social enterprise and examples of joint working.

In effect commissioners will become strategic bridge builders who encourage development in markets. This development is essential if personalisation is to have a real and lasting impact on the way we deliver services.

**SUMMARY**

This document may be seen as a statement of intent. An intent to develop upon our relationship with our customers to ensure that the services we offer in Rotherham are the very best that can be offered.

The statements and promises contained here have been shaped with our customers, our partners and our staff. These statements have received high level endorsement at a political level and at a senior management level.

The Visioning events that have helped to shape this document have continually focused on simplicity, common sense and transformation. It is our firm belief that the ethos that is contained within this document captures our strategic and aspirational standpoints.

In Rotherham we are passionate about our customers and continually look for ways to improve the lives of our people, their families, their carers and their communities. This document offers a strong vision that is backed by measurable milestones and outcomes.

We welcome personalisation. We insist in choice and control for our customers, we are proud of our relationship with customers and we believe that Rotherham is at the forefront of meaningful, long lasting and life affirming change.

**Measuring Success**  
**Overarching Action Plan**  
**& Targets**



# Rotherham Personalisation Overarching Plan

Priority	Milestones	Date	Director	Lead Manager	Personalisation Project Group/ Action Plan	Transformation Lead
<b>1. Effective Involvement of Service Users/ Carers/ Citizens</b>	Communicate to public, including all current service users and all stakeholders about transformation agenda and its benefits	Dec-09	Chrissy Wright	Tom Sweetman	Customer Insight	Jackie Scantlebury
	Clear communication to ensure personal budgets are understood by service users and service users can contribute to the development	Dec-09	Chrissy Wright	Tom Sweetman	Customer Insight	Jackie Scantlebury
	Process in place which has user and carer representations where contributing to the local delivery of transformation is a main part of their work	Apr-10	Chrissy Wright	Dave Roddis	Customer Insight	Jackie Scantlebury
	Local service users understand that the changes to personal budgets and they can contribute to the development of local practice	Oct-10	Chrissy Wright	Dave Roddis	Customer Insight	Jackie Scantlebury
	Every council area has a minimum of one user-led organisation who are directly contributing to the transformation to personal budgets	Dec-10	Chrissy Wright	Dave Roddis	Customer Insight	Jackie Scantlebury

2. Self-Directed Support & Personal Budgets	Introduce personal budgets which are being used by existing or new service users/carers	Apr-10	Shona McFarlane	Doug Parkes	Self Directed Support & Personal Budgets	Claire Green
	All new service users/carers are offered a personal budget	Oct-10	Shona McFarlane	Doug Parkes	Self Directed Support & Personal Budgets	Claire Green
	All service users whose care plans are subject to a review are offered a personal budget	Oct-10	Shona McFarlane	Doug Parkes	Self Directed Support & Personal Budgets	Claire Green
	30% of eligible services users/carers have a personal budget	Apr-11	Shona McFarlane	Doug Parkes	Self Directed Support & Personal Budgets	Claire Green
3. Prevention & Cost Effective Services	Build clear strategy jointly with health to show move in investment of reactive provisions to preventative, enabling and rehabilitative intervention services 2010/2011	Apr-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Green
	Agreement in place with health to share the risks and benefits to the whole system	Apr-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
	Processes in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services	Oct-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
	Efficiency gains captured and factored into joint investment planning, especially with health	Oct-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith

	Evidence cashable savings have been released as a result of preventative strategies	Apr-11	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
	Social Care deliver a minimum of 3% cashable savings	Apr-11	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
	Evidence joint planning has been able to apportion costs and benefits across the whole system	Apr-11	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
4. Information & Advice	Build strategy to create universal information and advice services	Apr-10	Chrissy Wright	Dave Roddis	Universal Information & Advice	Claire Smith
	Arrangements in place for universal access to information and advice	Oct-10	Chrissy Wright	Dave Roddis	Universal Information & Advice	Claire Smith
	Clear public information about where to go and get the best information and advice about their care and support needs	Apr-11	Chrissy Wright	Dave Roddis	Universal Information & Advice	Claire Smith
5. Local Commissioning	Council & health have commissioning strategy that address future needs of their local population and have been subject to development with all stakeholders, including users, carers, service providers and third sector organisations	Apr-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
	Commissioning strategies take into account priorities identified through their JSNA's	Apr-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith

	Providers & third sector organisations are clear on how they can respond to the needs of people using personal budgets	Oct-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
	Increase in the range of service choice is evident	Oct-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
	Clear plans to balance investment to deliver transformation agenda	Oct-10	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith
	Stakeholders clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded will have on the procurement of councils and PCT's in such a way that will guarantee the right kind of supply of services to meet local care and support needs	Apr-11	Chrissy Wright	Janine Parkin	Commissioning	Claire Smith

# Personalisation Plan – Measuring Success

Indicator No.	Indicator Description	Accountable Director	Accountable Manager	Target 09/10	Target 10/11	Current Performance	Status
NI 125	Achieving Independence through rehabilitation/ intermediate care	Chrissy Wright	David Stevenson	80%	TBC	78.79%	
NI 130	The proportion of eligible service users with a direct payment and/or a personal budget	Shona McFarlane	Richard Waring	300	325	371	
NI 134	Number of emergency bed days	Shona McFarlane	TBC	TBC	TBC	TBC	
NI 139	People over 65 who say that they can receive information, assistance and support to live independently at home	Shona McFarlane	TBC	TBC	TBC	TBC	
NI 145	Settled accommodation for adults with learning disabilities	Shona McFarlane	Jackie Bickerstaffe	60%	62%	100%	
NI 146	Employment for adults with learning disabilities	Shona McFarlane	Jackie Bickerstaffe	4%	4.5%	5.63%	
NI 149	Settled accommodation for adults with mental health problems	Ian Jerams	TBC	TBC	TBC	TBC	TBC
NI 150	Employment for adults with mental health problems	Shona McFarlane		TBC	TBC	TBC	

DRAFT V2

DRAFT V2



# ROTHERHAM'S PERSONALISATION PROGRESS

It's all that we are and it's all that we do

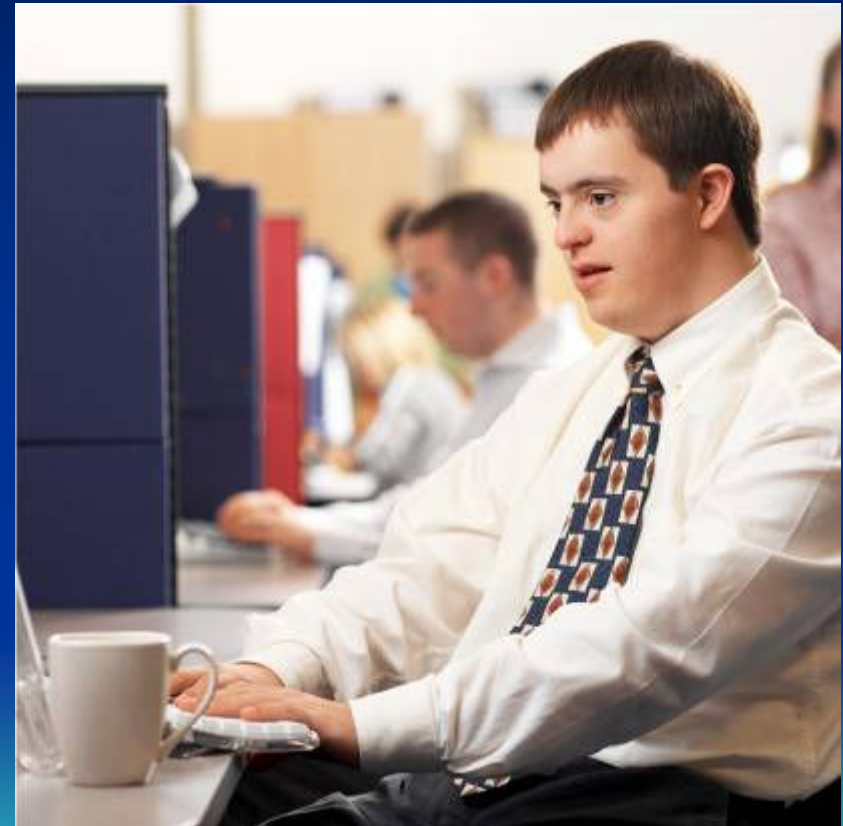


# THE STORY SO FAR

- Report brought to Cabinet Member – 27<sup>th</sup> April on progress so far in Rotherham.
- Report accepted and promise made to return with an updated personalisation plan.
- Development of personalisation to continue working alongside customers, families, carers, partners and staff.
- Progress approved then back to our customers for further development – 24<sup>th</sup> June.
- Progress agreed and going to scrutiny in the autumn

# What's it all about ?

Personalisation means starting with the customer. This person has strengths, preferences and aspirations as well as needs and a circle of family, friends and other resources and support mechanisms around them.



# It's about people

The customer is at the centre of the process of identifying their needs and making choices regarding the support they need to live their lives.



# It's about services

Services are tailored and developed around the requirements of the customer instead of the customer having to fit in with the requirements of the service.



Common sense rules !



# It's about quality

The traditional service-led approach has often meant that customers have not received the right support for their circumstances or been able to help shape the kind of help they need to live their lives.



# It's about partnerships

Personalisation also means finding new collaborative ways of working and developing local partnerships, which produce a range of services for people to choose from. It's about making sure that individuals and communities have options. The importance of the voluntary sector can not be stressed too highly.



# WHO BENEFITS ?

- Customers
- Carers
- Friends and Families
- Communities
- Voluntary Groups
- The Local Economy
- Cabinet Members
- Rotherham Council
- Common Sense



# It's about vision



- Series of Visioning Events has begun
- National Director for Transformation in Social Care Jeff Jerome attended second event.
- Monthly events have followed to involve customers, carers, staff and partners.
- Priorities and progress being defined with our customers fully involved
- Personalisation Manager in place- Bev Pepperdine



# What does it mean for Members ?

- Opportunity to drive transformation of social care
- Improved outcomes for local people and communities
- Huge cultural shift based on customers and common sense
- Happier customers and more engaged communities
- A more cost effective system
- Long term savings through prevention



# Key role for Members

- **Understand the agenda and the impact**
- **Promote the vision to make the transformation real**
- **Encourage partnership working**
- **Act as a champion for change within the community**
- **Promote the voice of the customer at all times**
- **Support Rotherham as national leader for social transformation**



# Where did the plan begin ?



With  
consultation



# Guiding Principles

- **Customers will have maximum choice and control over all aspects of their lives,**
- **Services will respond to individuals and communities needs by developing innovative ways of working,**
- **Services will become totally focused on customers and the outcomes they desire,**
- **Personalisation will seek to improve the quality of life for the individual, their community and their neighbourhood, and**
- **Services will be developed in association with partners and customers to focus on prevention.**



# Positive Feedback



“ The Visioning Day was great. You felt as if your opinions were really valued and there would be real change for real people... *Customer*

*This is about people getting the service they want – when and how they want it – Customer*

*Here was a Council turning up with a plan for the future, showing it to customers and rather than saying this is what we are going to do they said – here are the shredders - Customer*

# Rotherham – National Praise



*You genuinely communicate your message to customers. I am proud of Rotherham,' -Saghir Alam OBE*

*'We see many Councils and I have to say that Rotherham is the best at engaging with customers, this is very special' – CSED ( Care Services Efficiency Delivery)*

*'Rotherham are in the premiere league for personalisation – Simon Duffy CX IN CONTROL*

*There is clearly leadership and vision in Rotherham – Jeff Jerome National Director for Transformation*

# SARAH CARR – National Acclaim

**It seems that with personalisation Rotherham aren't only thinking outside the box, they're throwing the box away! The only consultants they've brought in are all the local people who have a stake in getting transformation right . By starting with the idea that personalisation is a positive opportunity for community development Rotherham is firmly on the right track**



# The Plan

- Personalisation of all public services
- Customer focused and Member driven
- Skills and capacity to lead is within the Council
- Not a fad – it will not just go away
- National and regional recognition – Society Guardian
- Change in culture but maintaining customer excellence.
- Rotherham – home of choice and control for customers

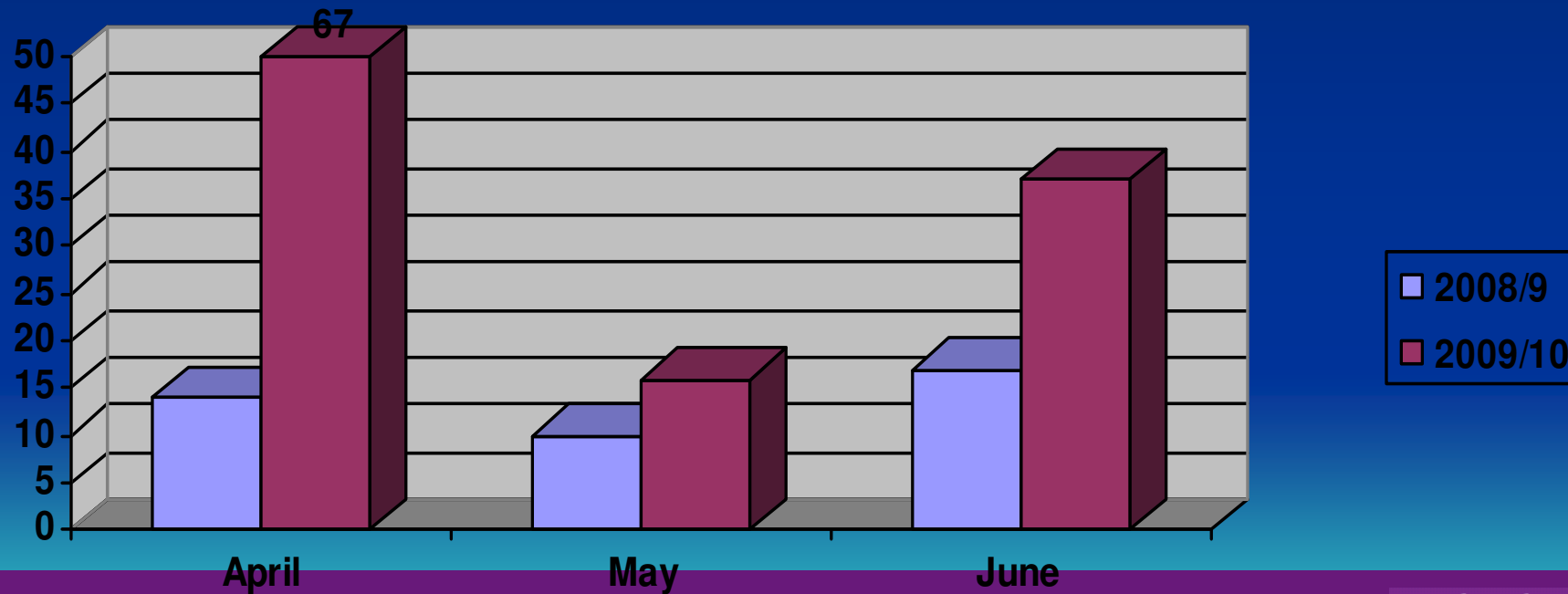




## DIRECT PAYMENTS

The uptake of direct payments has steadily increased over the last 12 months, during the early part of this year the uptake increased to double that of the same period in the previous year

Rotherham is in the premiere league for Direct Payments – ‘In Control’



### DIRECT PAYMENTS ACROSS THE SERVICES

<b>Mental Health</b>	<b>91</b>
<b>Learning disability</b>	<b>94</b>
<b>Physical / Sensory disability</b>	<b>166</b>
<b>Older people</b>	<b>177</b>
<b>HIV</b>	<b>1</b>
<b>Carers</b>	<b>9</b>

DIRECT PAYMENTS – MAKING IT REAL



JUDITH'S STORY

## THE WAY AHEAD

Commissioning  
Universal  
Information &  
Advice  
Customer Insight  
Self-Directed  
Support & Personal  
Budgets  
Workforce &  
Development





# The Way Ahead

- Personalisation Plan progressed
- Check back with our customers and carers
- Continue to engage with people
- Develop services
- Consultation, Consultation, Consultation.
- Strive to be the best in the country – Rotherham where services are being transformed with our customers



**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

<b>1. Meeting:</b>	<b>ADULT SERVICES AND HEALTH SCRUTINY PANEL</b>
<b>2. Date:</b>	<b>Thursday 12 November 2009</b>
<b>3. Title:</b>	<b>Rotherham Community Health Services</b>
<b>4. Programme Area:</b>	<b>Chief Executive's</b>

**5. Summary**

This 'introduction' paper is to inform members that a detailed presentation will be made at today's meeting that will highlight the role of Rotherham Community Health Services since the split with NHS Rotherham.

**6. Recommendations**

**That the Adult Services and Health Scrutiny Panel note the contents of this report and determines any further action required.**

**7. Proposals and Details**

A detailed presentation will be undertaken at the panel meeting to be supported by handouts. This will cover:

- Split between NHS Rotherham and Rotherham Community Health Services;
- Overview of what Rotherham Community Health Services provide;
- Changes there are going to be;
- Demonstration of value for money and high levels of service.

**8. Finance**

The presentation will highlight value for money in relation to:

- Benchmarking of services
- Market testing of services
- Working in partnership with key stakeholders
- Care pathways, service models and service quality
- Economic climate
- QIPP – Quality, Innovation, Productivity and prevention

**9. Risks and Uncertainties**

The economic climate is having a large impact on Public Sector finance that might affect Rotherham Community Health Services

**10. Policy and Performance Agenda Implications**

LAA 2008-11

**11. Background Papers and Consultation**

Our Health, Our Care, Our Say

High Quality Care for All

Our NHS, Our Future – NHS Next Stage Review

NHS Next Stage review – Vision for Primary and Community Care

**Contact:** *Lorraine Watson, Associate Director, Adult Services, Rotherham Community Health services : (01709) 423318  
e-mail: lorraine.watson@rotherham.nhs.uk*

# ADULT SERVICES AND HEALTH PANEL

**12<sup>th</sup> November 2009**

**Lorraine Watson**  
**Associate Director, Adult Services**  
**Rotherham Community Health**  
**Services**





## Areas to be covered:

- Split between NHS Rotherham and Rotherham Community Health Services.
- Overview of what Rotherham Community Health Services provide.
- Changes there are going to be.
- Value for money and high levels of service can be demonstrated.



# National Agenda/Background Information

- Our Health, Our Care, Our Say.
- High Quality Care for All.
- Our NHS, Our Future – NHS Next Stage Review.
- NHS Next Stage Review – Vision for Primary and Community Care.



# Rotherham PCT

- Increasing separation between NHS Commissioners (now NHS Rotherham) and Providers of Health Services (now Rotherham Community Health Services).
- World Class Commissioning and Transforming Community Services.



# Rotherham Community Health Services - Adult Services

## Services for Long Term Conditions

- Community Matrons.
- District Nurses.
- Tissue Viability.
- Heart Failure.
- Care Home Liaison.
- Diabetes.
- Continence Service.



# Continued.....

## Acute Care in the Community

- Podiatry.
- Podiatric Surgery.
- Physiotherapy – MSK.
- GPwSIs – Dermatology/Orthopaedics/Minor Surgery.
- Breathing Space.
- Consultant Physician – Medicine for the Elderly.



## Continued.....

### Health & Wellbeing and Reducing Inequalities

- Smoking Cessation.
- ROHAS (Rotherham Occupational Health Advisory Service).
- 4 x GP Practices.
- Primary Care Mental Health Services.
- Family Planning/Contraception and Sexual Health.
- Primary Ear Care Service.
- Cardiac Rehabilitation.
- Community Dental Services.



# Continued.....

## Rehabilitation Services

- Stroke Services.
- Intermediate Care/Community Rehabilitation Team.
- Falls Service.
- Domiciliary Physiotherapy.
- Speech & Language Therapy.
- Occupational Therapy.



# Continued.....

## End of Life Care

- Hospice.
- Palliative/End of Life.
- Hospice at Home.





# Changes

- World Class Commissioning:
  - Health needs.
  - Public and patient opinion.
  - Clinical leadership.
  - Procurement, alternative providers.



# Transforming Community Services Programme

- Clinical and Service Improvements.
- Business Improvement.
- Performance.
- Outcomes.



# Value for Money and High Levels of Service Demonstrated

- Benchmarking of services.
- Market testing of services.
- Working in partnership with key stakeholders:
  - Local Authorities.
  - NHS Trusts.
  - Private and Voluntary Sector.
- Care pathways, service models and service quality.
- Economic climate – impact on Public Sector finance.
- QIPP – Quality, Innovation, Productivity and Prevention.



# Commissioning Strategy – Better Community Services

- Services at home/close to home. Help people to stay healthy, recover from illness and provide care for long term conditions.
- Major programme of investment and improvement – Rotherham Community Health Centre, Breathing Space, Joint Service Centres (eg, Maltby).
- Easy to access, of the highest quality, provide good value for money.



ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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<b>1</b>	<b>Meeting:</b>	Cabinet Member for Health & Social Care
<b>2</b>	<b>Date:</b>	22 June 2009
<b>3</b>	<b>Title:</b>	Annual Report of the Joint Learning Disability Service
<b>4</b>	<b>Directorate:</b>	Neighbourhoods and Adult Services

## 5 Summary

This Annual Report of the Joint Learning Disability Service outlines the continued strong performance of the service.

The service has been successful in a joint bid with the other Beacon Authorities and is on track to deliver this exciting and innovative new approach to working with people with learning disabilities. Performance against Local Authority Performance Indicator C30 People with Learning Disabilities Helped to Live at Home is currently in the fourth band, out of five, but is on track to return to top banding by the end of the year. The Partnership Board will use the Valuing People Now report to continue to challenge the service and partners to improve the quality of life of people with learning disabilities.

The Learning Disability Service links its services and priorities to those identified within the Neighbourhoods and Adults Service's Plan based on Strategic Objectives and the Outcome Framework.

## 6 Recommendations

- **That Members note the content of the annual report and the service objectives for 2009/10.**

## 7 **Proposals and Details**

### **Service Provision**

One of the most significant events in the last year has been the negotiations for the transfer of social care funding from the PCT to the Local Authority. The funding will be transferred fully in 2011 and will be part of the Partnership Agreement – the amount currently transferred in 09/10 is £6,782,156 and will increase annually by an estimated 2% uplift for the next 2 years.

The service has appointed a new Contracts Manager and two Contract and Reviewing Officers, who have undertaken full contract monitoring on 28 providers during their first 6 months. The pooled budget currently spends over £16 million on the independent sector. The Contracts Manager has established regular provider forums where the cost of the service, developments, performance and issues are discussed.

The service completed an audit on behalf of the National Audit Commission on people with autism which has contributed to the National Autism Bill which is currently going through Parliament.

The Joint Learning Disability Service contributes to the improved health and welfare of people with learning disabilities in Rotherham. In providing targeted support to individuals with healthcare needs beyond those that can be met at a primary health care level, it helps people to stay well, supports independence and tackles health inequalities. It provides better care for people with learning disabilities by offering safe and effective services, and offering choice and person centred support. The Joint Service enables the maximisation of efficiencies, ensuring better value for all.

The Joint Service contributes to the health and well-being of people with learning disabilities, most specifically in increasing the choice and control of people through offering a range of services provided across statutory and voluntary services, and through enabling advocacy services to give people a voice and influence on the planning and delivery of services. This report outlines the main activities and success of the Joint Learning Disability Service.

### **Personalisation**

The Joint Learning Disability Service is making an effective contribution to the NAS personalisation agenda, with several members of senior management on task and subgroups. Two service users recently appeared on a DVD made for one of the Visioning Days, where they spoke about the difference a personal budget has made to their lives. In addition, a social worker from the service has featured in an interview with Society Guardian.

### **Beacon Update**

I'm A Person Too is a Beacon initiative for Valuing People with three other Local Authorities involved: Rotherham, Wiltshire County Council and the



London Borough of Greenwich. Rotherham is the budget holder and submitted a successful bid for £75,000 to extend the project. The further Beacon funding was for a project to raise awareness of the needs of people with learning disability with workers in public sector organisations such as the Police, Health staff, Job Centre and Housing. The training reminds the public sector of its duties under the Disability Discrimination Act and offers appropriate and realistic support and information so that agencies can make the right improvements to their services. The service is working with Rotherham SpeakUp on this project and is delivering the training to NHS and Job Centre staff

### **Customer Service Excellence Standard**

The service contributed to the successful application of the above award and the final report gave a compliance plus for *“The Service demonstrates an excellent commitment to developing and sharing best practice especially in Learning Disabilities and Mental Health”*.

### **The Partnership Board**

Within Valuing People Now a key priority is for the Partnership Board to be effective and the service held an away day with the current Board members on 23<sup>rd</sup> March 2009 and there is now an action plan in place to ensure the priorities are met. The subgroups are being realigned to reflect the priorities of Valuing People Now and the service is seeking to employ service user champions for each priority.

The Partnership Agreement was audited in October 2008 and there were no non-compliance issues or recommendations for action following its completion.

### **Performance**

This annual update of the Joint Learning Disability Service outlines the continued strong performance of the service. The service successfully bid for further Beacon monies for a new project working closely with Speak Up, the Self Advocacy group.

Performance against Local Authority performance indicators in 2008/09 shows the following:

NI 145 Adult with a Learning Disability in settled accommodation has achieved first year target and is at maximum 100%.

NI 146 Adult with a Learning Disability in employment has achieved first year target of 3%, recording above double the rate at 6.03%.

PAF C30 Adult with a Learning Disability Helped to Live at Home has been maintained in top PAF banding at 3.02.

PAF C51 All Adults in receipt of Direct Payments has exceeded target rate of 165 with a year end score of 239 this would achieve PAF top banding and 159 all England 07 / 08 top quartile rate. Learning Disability component has improved from a score rate of 28 approx (54 people) in 07 / 08 to a score of 39 approx or 76 people.

PAF D40 % of All Adults receiving a review in the year has seen a slight drop to 72% from 75% for the Directorate which has failed to hit improvement target of 80%. Although Learning Disability has seen a similar slight fall to 88% from 90% this has achieved target rate and would be PAF top banding that sets ceiling at 90%.

PAF D39 % of people receiving a statement of need for All Adults has shown an improvement within PAF next top banding to 91.17% and Learning Disability continued high performance reporting at 97.92%.

Following the appointment of the two temporary Contract And Reviewing Officers, we commenced the audit monitoring programme from October 2008 and initially concentrated our efforts on the independent providers within Rotherham. All establishments and providers are scheduled to be completed within a calendar year ending September 2009.

	No of providers	No completed	% completed
Nursing	9	2	22.22
Residential	32	23	71.88
Supported living providers	4	3	75.00
<b>Total</b>	45	28	62.22

In addition to the above, there are currently 32 out of area providers which we are incorporating into our 2009/10 schedule, as appropriate, one of which we conducted a full audit visit following the raising of a contract concern.

### **Supported Living**

Two service users who were living on the Churchfields site have been successfully relocated and both of them have been able to remain within their local communities.

A new scheme opened and this year one of our schemes will be for four young men who have autism. We contributed to the PFI bid made by the Housing Department. Work is currently being undertaken with one of our service users regarding joint ownership and we have increased our housing management portfolio offering greater choice to our service users.

### **Park Lea**

The temporary facility used for the relocation of the service when Eastwood Day Centre was vandalised beyond repair is likely to be closed following a

consultation with service users and carers. A new outreach for our older service users has been opened, allowing them to access shorter days if they wish. The service users from Park Lea are currently being consulted on which community base they would like to be relocated to: the Elliott Centre or Addison and Oaks. Negotiations are now taking place to transfer the operational management of the Elliott Day Centre, situated on the Badsley Moor Lane site from the NHS to the Local Authority.

## **Health**

The service has agreed with the GPs across the Borough the DES (Direct Enhanced Service) which means that service users on GP registers will receive an annual health check which is due to start in May. The PCT Commissioners are to fund two Health Facilitation posts, one of which will be line managed by the service. These posts will support the GPs to ensure health action plans are meaningful and the annual health checks are implemented. The post holders will work with staff in the acute services and will facilitate the implementation of the annual health checks, as well as providing training to GPs and their practise staff.

Consultation has commenced with NHS staff to develop two new teams from within existing resources - a multi-disciplinary team that will provide intensive support to service users, carers and families in the community and a small nursing team that will provide health support to those individual service users who are technology dependent and will also develop expertise with people with a learning disability and autism.

The NHS in-patient Assessment and Treatment Unit has generated income this year with 6% of its bed occupancy taken up by other Authorities and further interest has been expressed about purchasing a further stay for a service user from Oldham. The service operates an outreach service which will be supported by the new teams and aims to keep occupancy within the unit as low as possible by supporting Rotherham residents wherever possible within their own communities. This has resulted in the bed occupancy averaging 56% throughout the year and has meant that for those service users admitted needing single occupancy in a unit we have had the capacity to deliver this. The average stay within the ATU is 2 to 5 weeks.

## **Employment**

The service recently supported the Access All Areas event that offered placements to disabled people within the council and other statutory employers. There are currently 46 placements available across the Council and our partner organisations.

## **Achievements**

The Learning Disability Service had four teams nominated for team of the year in the Star Awards and the Oaks Day Centre team were awarded the Team of the Year award.

Ratings for the in-house respite and residential and nursing provision following CSCI inspections were:

- Quarry Hill and Treefields Respite Services and the Family and Friends Service all received 2 star: good services.
- Oaks Close Nursing and Residential Home received a 2 star: good rating.
- Parkhill Lodge Residential Homes, John Street and Cranworth Residential and Nursing Homes all received 3 star: excellent rating,

Other achievements include:

- The Assessment and Treatment Unit – achieved the second highest score from the Health Care Commission Inspection and have scored high in the PEAT (Patient Environment Assessment Team) Inspection.
- We have Improved our training in safeguarding all staff have received this training
- We have successfully implemented the new NHS electronic system known as System One.
- Learning Disability Service is included in the second phase for Electronic Social Care Records.
- We have developed a policy to support staff when they are supporting service users in personal relationships and are currently training the staff.
- In partnership with SpeakUp, we have revised the Learning Disability Employment Strategy.
- Our Assessment and Treatment Unit has generated significant income from other NHS Authorities who purchase beds within the unit.
- Every service user is offered a person centred plan and a health action plan. A further 84 service users received a person plan this year and person centred planning continues to be at the centre of transitional planning for young people and their carers. Quarterly transitional planning meetings involve all partners to ensure robust arrangements are in place. The PCP training has now been extended to some staff within Children and Young Peoples Services and families and carers. One special school has now embedded PCP into the curriculum from nursery to aged 19 plus.

## **Proposals and Concluding Comments**

The Joint Learning Disability Service contributes to the improved health, welfare and independence of people with learning disabilities in Rotherham. In providing targeted support to individuals with health care needs beyond those that can be met at a primary care level, it helps people to stay well and through person centred plans and personalisation

What are our main Team Objectives for the next 12 months?

- Valuing People Now awareness
- Effective Partnership Board
- Access to and improvements in healthcare
- Housing Options
- Personalisation – person centred planning
- Increase employment opportunities
- Including everyone – complex needs
- Having a life

Our Developments for 2009/10

- Implementation of revised safeguarding systems and processes
- Further developments of Supported Living Schemes
- Newly established Intensive Support Service
- Newly established Health Support Team
- Continual development of contract and performance monitoring tools
- Improving access to health services for people with a learning disability

## **Value for Money**

The Learning Disability service is high performing, high quality and high cost. Budgets are getting tighter and a greater focus on Value for Money is required. This year the service has commenced a review of all its functions to seek to achieve better value for money through service transformation. The first steps were described earlier in the report with the development of two new Health teams from existing resources that will provide support across the borough rather than be concentrated in one area and only available to a small number of service users. In partnership with South Yorkshire Housing Association we are about to start a review of three nursing and residential homes which are staffed by nurses employed by the PCT, to determine if a residential placement is the most appropriate to meet the service users needs and to secure a more realistic cost for the running of these homes. We will then review all residential placements to ensure that all service users are to benefit from Valuing People Now.

Further work to be undertaken to ensure that services are evaluated to ensure value for money is obtained while ensuring quality of outcomes.

## Broad Performance Agenda for 2009/10

The service aims to maintain its longstanding reputation of being a high level performing service and will seek to improve any areas of the new National Indicator Set introduced in 2008/09. Progress will be measured within a Performance Management Framework, on an individual indicator basis in order that we can progressively demonstrate achievement of minimum milestones of better than national average performance progressing towards optimum achievement of all England top quartile performance.

The key performance measures will be identified from both current and past (PAFs) national indicator sets, plus any locally agreed indicators. These will then form a revised Learning Disability Key Performance Indicator (KPI) Suite for 2009 / 10. The suite of indicators will cover both Health and Social Care and be reported throughout the year to the respective Health and Learning Disability Service Senior Management Teams and Boards.

- 2008-09 PAF C30 number of people with a learning disability helped to live at home has retained for third consecutive year performance level within excellent top banding.
- 2008-09 First year targets for new national indicators NI 145 and NI146 on settled accommodation and employment achieved.
- 2007-08 CSCI Council Performance Assessment Notebook (PAN) summary identified Learning Disability as demonstrating 5 key strengths and zero areas for development.

In addition to the KPI suite, the service will also continue to roll-out and report on its performance monitoring of commissioned and in-house services via audits undertaken by Contracts Assurance and Reviewing Officers.

We will continue to ensure that the principles of *Valuing People Now* of:

- **Rights:** People with learning disabilities and their families have the same human rights as everyone else.
- **Independent living:** All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.
- **Control:** People with a learning disability being involved in and in control of decisions made their life. Having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.
- **Inclusion:** Ensuring that people with a learning disability are to participate in all the aspects of community – to work, learn, get about and meet people, be part of social networks and access goods and services – and to have the support to do so.

All are embedded in our practise and delivered to all of our service users.

## Response to National Reports - Valuing People Now

This report was published on 19<sup>th</sup> January 2009 and it sets out the strategy for people with learning disabilities for the next three years and now has a delivery plan which sets out the governance structure and actions with time scales and responsibilities at a national, regional and local level.

### 8 Finance

The total gross amount spent on people with a learning disability for the financial year 2008/09, from the joint pooled budget, was £30,143,029. This was funded by the PCT, the LA and additional income generated as follows:

FUNDING SOURCE	YEAR END SPEND
Rotherham Primary Care Trust	£9,634,649
Rotherham Borough Council	£16,182,291
Income from various sources	£4,326,089
<b>TOTAL SPEND</b>	<b>£30,143,029</b>

Income generated comes from a number of sources such as Government grants, independent living fund, supporting people allowance and continuing health care funding. Only a small amount of income is collected from service users due to the outcome of their charging assessment. Therefore maximising income generation is essential to continue to deliver high quality services.

Of this £30 million spend; almost £19 million (around 63% of the total spend) is spent on contracted services within the independent sector. Therefore essential robust contract and performance monitoring is essential to demonstrate value for money on an annual basis.

### 9 Risks and Uncertainties

Risks associated with finance relate to funding sources being available to maintain current packages of care which are in place for service users. Income generation must be maintained from the various sources, wherever this is eligible to be claimed. Funding from both partners needs to be committed and where risks are highlighted these risks should be shared by prior agreement. One risk highlighted recently relates to the transfer of revenue funding from the PCT to the LA for social care that was originally delivered by the Trust. This transfer of funds will be paid directly to LAs by April 2011 but much of this funding pays for NHS staff delivering 24 hour care within the independent sector. The risk associated with this, is that as funding only increases at around 2% each year the cost of salaries for these staff increases at a much higher rate.

These risks are contained within the joint risk register and a joint risk sharing agreement is being developed to cover those areas of concerns for the partnership in order to mitigate such risks.

10 **Policy and Performance Agenda Implications**

The Learning Disability Service also contributes to the following Council Strategic Objectives:

Strategic Objective 1: To strengthen the approach we take to prevent adult abuse, working together with our partner agencies to reduce the number of cases of abuse and make people in Rotherham feel safer by 2012.

Strategic Objective 2: All customers will have choice and control over their own lives in a way that increases self-directed support by 2012.

Strategic Objective 5: Improve the range and quality of housing so that individuals are able to choose the type of affordable housing that they want and only move when they want to (NI 155) by 2011.

Strategic Objective 6: Vulnerable people are supported to remain in the home of their choice, maintaining their independence for as long as possible and enjoying a full and active life (NI 136) by 2011.

11 **Background Papers and Consultation**

Valuing People Now.

Putting People First.

Commissioning services and support for people with learning disabilities and complex needs.

Contact Name : **Shona McFarlane – 01709 823928**  
e-mail: [shona.mcfarlane@rotherham.gov.uk](mailto:shona.mcfarlane@rotherham.gov.uk)



<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>ADULT SERVICES AND HEALTH SCRUTINY PANEL</b>
<b>2.</b>	<b>Date:</b>	<b>12 November 2009</b>
<b>3.</b>	<b>Title:</b>	<b>PROGRESS OF PERFORMANCE CLINICS INTO JOINT DISABILITY EQUALITY SCHEME</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Chief Executive's</b>

**5. Summary**

Two performance clinics have been held to establish progress in the implementation of the Joint Disability Equality Scheme (JDES).

**6. Recommendations**

That:

- a. **The Panel's concern about lack of progress on the JDES be noted**
- b. **The Panel invites Cllr Sharman as Chair of the Performance Clinic to report on progress early in 2010.**

## **7. Proposals and Details**

### **7.1 Background**

Rotherham's Joint Disability Equality Scheme 06-09 was produced with the involvement of disabled people, the Council, Rotherham Primary Care Trust and Rotherham Hospital Trust, in response to the duty placed on all public authorities under The Disability Discrimination Act (2005).

It outlined the Council's commitment to promoting equality of opportunity for disabled people in the way: it employs its staff; delivers services to disabled people; involves and consults with disabled people in Rotherham.

Rotherham JDES had been praised by the Disability Rights Commission as an example of best practice. As part of the legal requirement, a three year Implementation Action Plan was needed to ensure that the partners delivered the outcomes in set timescales.

In order to achieve Level 5 of the Equality Standard for Local Government (ESLG) an integrated Single Equality Scheme was produced in March 2009. The Joint Disability Equality Scheme has been broadly assimilated into the new scheme, but will also remain as a "stand alone" scheme until its planned review date; at which point they will be brought fully within the ambit of the single equality scheme.

### **7.2 Performance Clinics**

Scrutiny Panel was concerned at lack of progress on 4<sup>th</sup> December 2008.

An initial clinic was held on 18<sup>th</sup> May 2009 as a result of a Scrutiny panel recommendation from the December meeting. A follow-up clinic was held on 30<sup>th</sup> September 2009. This is the first time that progress has been reported to the scrutiny panel.

At the September clinic, however, it transpired that there has been no single point of contact within the council on the JDES since March 2008. Zafar Saleem, Community Engagement Cohesion Manager, confirmed that responsibilities should be split appropriately throughout directorates and that all directorates and user groups need to communicate effectively.

At the end of the 30<sup>th</sup> September meeting Cllr Sharman suggested that an update clinic was not required in the short term, but that he would continue to monitor performance on this issue and would call a future meeting if he felt it to be necessary.

### **7.3 Key Outstanding issues**

The JDES contains numerous actions, grouped thematically within six 'Strategic Aims,' in order to run and deliver services to improve the lives of disabled people. Whilst the performance clinic touched upon more of the

outstanding actions, this report will focus on several key actions which are integral to the success of JDES overall.

**Strategic Aim 2 'To involve and work in partnership with disabled people' (2.1 – 2.5)**

- Work with disabled people and independent organisations to plan involvement activities;
- Undertake meaningful consultation with disabled people;
- Establish and support a robust and sustainable organisation ('Disability Network') that will be led by disabled people to:
  - Campaign for the needs of disabled people
  - Act as a consultative group.

The Disability Network is to include representation of all groups including physically disabled, people with mental health problems, have learning disabilities, older and younger people and people from BME communities.

The Implementation Plan said that by December 2007 a Disability Network will be formed and sustainable.

At the May performance clinic it was recognised that there had been a collapse of several important networks due to funding issues and there was still a need to re-establish the disability group of users and voluntary groups who would engage with officers.

Representatives from Speakup and Lizzie also feel that there has been a lack of involvement on disability issues within the council's key strategies and plans. They have asked to see the names in the consultation database / Disability Network membership.

At the 30 September performance clinic it was confirmed that although RBT holds contact details for those people it has consulted, these cannot be shared with partners because of data protection restrictions. It was understood that Speakup wished to start a new network, using this information and that the Council's inability to share the database had created some uncertainties.

- It was confirmed that the difficulty in sharing network had been explained to partners.
- It was suggested the council could contact people direct to ask them if their details could be passed on.
- It was confirmed that NAS has its own database of user forums, which is up to date.
- Cllr Doyle suggested that visitors to Fair's Fayre could be recruited for the database and asked if they were happy to share their details.

30th September Performance Panel Recommended 'Way Forward':  
'Creation of network -This is still an issue and needs to be co-ordinated.  
VAR has the contract from the Council to manage The LINK (Local

Involvement Network), which has extensive membership. It may be a way forward for them to co-ordinate the work.'

**Strategic Aim 6:2 'We will investigate the setting up of a Centre for Inclusive Living in Rotherham and work with other organisations to do this.'**

By March 2009 the Implementation Plan says that if action is required and feasible a new action is to be written. However, in January 2005, the government gave a commitment that:

By 2010, each locality (defined as that area covered by a Council with social services responsibilities) should have a user-led organisation, modelled on existing Centres for Independent/Inclusive Living.

Improving the Life Chances of Disabled People, 2005. p.91

At the 30th September performance clinic there was some discussion concerning the optimum use of resources for a Centre for Independent Living and it was suggested that an imaginative solution could include carers, advocacy and disabled people as part of the continued modernisation of social care.

30th September, Performance Panel Recommended 'Way Forward': 'Centre for Inclusive Living – Discussion is already ongoing about whether this needs to be an actual facility or if it could be a virtual service. This issue needs to be progressed quickly.'

## **8. Finance**

There will be financial implications to delivering these commitments, most significantly the Centre for Independent Living.

## **9. Risks and Uncertainties**

These are already JDES commitments and risks and uncertainties will have been considered at the development stage.

## **10. Policy and Performance Agenda Implications**

The Disability Discrimination Act (1995) has been amended by the Disability Discrimination Act (2005) to place a duty (The Disability Equality Duty) on all public authorities to promote disability equality. This duty will have a significant impact on the way Councils run and deliver services to improve the lives of disabled people.

The specific duty regulations require public authorities to produce and publish a Disability Equality Scheme (DES) with a three-year action plan.

The aim of the scheme is to demonstrate how the council intends to fulfil its general duty to promote disability equality.

The main aim of the JDES is to make sure that disability equality is part and parcel of everyday business. The key to its delivery through the DES Action Plan will be the involvement of disabled people who make up almost a quarter of the total population in Rotherham.

The Rotherham Joint Disability Equality Scheme states: 'It is clear that the DES will only be genuinely effective if all the actions and commitments within it are implemented and completed.'

## **11. Background Papers and Consultation**

Rotherham's Joint Disability Equality Scheme, 2006-09

**Contact:**

*Ben Knight, Scrutiny Officer, ex: 54452, [ben.knight@rotherham.gov.uk](mailto:ben.knight@rotherham.gov.uk)*

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>ADULT SERVICES AND HEALTH SCRUTINY PANEL</b>
<b>2.</b>	<b>Date:</b>	<b>12 November 2009</b>
<b>3.</b>	<b>Title:</b>	<b>NHS PERFORMANCE RATINGS 2008/09</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Chief Executive's</b>

**5. Summary**

On 15 October 2009, The Care Quality Commission (CQC) published the annual performance ratings - also known as the 'annual health check' -for all NHS organisations in England. Two main areas are evaluated - how effectively an organisation manages its finances and the quality of its services.

**6. Recommendations**

- a. The Panel notes the performance of local health trusts;
- b. The Panel is directed to the full CQC annual performance ratings at [www.cqc.org.uk](http://www.cqc.org.uk) for further information if required.

## **7. Proposals and Details**

### **7.1 Background**

The CQC has published performance ratings for all 392 NHS trusts in England. The assessment, also known as the 'annual health check' showed improvements for patients. More people are:

- Seen in A&E within four hours;
- Receiving treatment within eighteen weeks of referral;
- Screened for Chlamydia

It also shows a reduction in MRSA and Clostridium Difficile.

Overall, the ratings for 2008/09 show the NHS:

- Is performing well on quality;
- Has significantly improved its financial management

However, the CQC are concerned about:

- the 20 trusts rated weak on quality, particularly those rated weak over a number of years;
- trusts rated fair for too long without improving.

### **7.2 New Registration System**

From 1 April 2010, the regulation of health and adult social care will change. Under The Health and Social Care Act 2008, all health and adult social care providers, who provide regulated activities, will be required by law to register with the Care Quality Commission. New registration comes into effect on 1 April 2010 for NHS trusts (including primary care trusts) and 1 October 2010 for adult social care and independent healthcare providers.

The new regulations will be set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, due to be laid before Parliament in Autumn 2009. When the regulations come into force, they will replace:

- National Minimum Standards;
- Standards for Better Health.

To register with the Care Quality Commission, providers must show they are meeting new essential standards of quality and safety across all of the regulated activities they provide. After registration the CQC will monitor whether providers continue to comply with regulations and use new enforcement powers to make sure swift action is taken if providers are not compliant.

Full details have not yet been published, but it is expected that Scrutiny will have a role to play in the registration process.

### **7.3 The Rotherham NHS Foundation Trust (Rotherham District General Hospital)**

Based on CQC assessment for 2008/09, the quality of services provided by The Rotherham NHS Foundation Trust was 'excellent'. The financial management rating for this organisation is 'excellent', as this foundation trust has been assessed as performing strongly with a relatively low financial risk.

#### **NHS Rotherham (formerly Rotherham Primary Care Trust)**

The quality of commissioning of services by Rotherham Primary Care Trust for its local population was assessed as 'good'. The financial management rating for this organisation is 'good', as this organisation has been assessed as performing well in relation to the management of its financial resources, with arrangements embedded across the organisation.

#### **Yorkshire Ambulance NHS Trust**

The quality of services provided by Yorkshire Ambulance Service NHS Trust for its local population was assessed as 'weak'. The financial management rating for this organisation is 'good', as this organisation has been assessed as performing well and financial targets have been met for at least the past two years.

Following the results of the Annual Performance Ratings 2008-09, Yorkshire Ambulance Service (YAS) has published its action plan for improving its position on core standards and national targets.

#### **Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust**

The quality of services provided by Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust for its local population was assessed as 'excellent'. The financial management rating for this organisation is 'excellent', as this foundation trust has been assessed as performing strongly with a relatively low financial risk.

### **7.4 Patient Experience**

In a recent CQC survey of trusts in England, patients rated all of the above Rotherham trusts as 'satisfactory' in terms of their overall experience.

### **8. Finance**

There will be possible regional cost implications associated with Yorkshire Ambulance making necessary improvements to its quality of service.



**9. Risks and Uncertainties**

Yorkshire Ambulance must address shortfalls in performance or show processes are in place to improve, or CQC may decide whether to use increased powers including restricting, suspending or, in the most serious circumstances, removing their registration.

**10. Policy and Performance Agenda Implications**

LAA - Alive (AL) Theme Board Vision

**11. Background Papers and Consultation**

The Health and Social Care Act 2008

**Contact:** *Ben Knight, Scrutiny Officer, direct line: (01709) 254452*  
*e-mail: [ben.knight@rotherham.gov.uk](mailto:ben.knight@rotherham.gov.uk)*



# Inspection report

## Service inspection of adult social care: **Rotherham Metropolitan Borough Council**

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**Focus of inspection:**

Safeguarding adults

Improved quality of life for people with physical and/or sensory disabilities

Increased choice and control for people with physical and/or sensory disabilities

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**Date of inspection:** June 2009

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**Date of publication:** September 2009

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## About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people detained under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

## Inspection of adult social care

### Rotherham Metropolitan Borough Council

July 2009

#### Service Inspection Team

Lead Inspector: Rob Assall  
Team Inspector: Tim Willis  
Expert by Experience: Denise Canniffe  
Project Assistant: Balwinder Jeer

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#### Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

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## Introduction

An inspection team from the Care Quality Commission visited Rotherham Metropolitan Borough Council in July 2009 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Rotherham was.

- Safeguarding adults whose circumstances made them vulnerable.
- Improving the quality of life for adults with physical and/or sensory disabilities, and
- Increasing the choice and control for adults with physical and/or sensory disabilities.

Before visiting Rotherham, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Rotherham. It will support the council and partner organisations in Rotherham in working together to improve people's lives and meet their needs.

## Summary of how well Rotherham was performing

### **Supporting outcomes**

The Care Quality Commission judges the performance of councils using the following four grades: “performing poorly”, “performing adequately”, “performing well” and “performing excellently”.

#### **Safeguarding adults:**

We concluded that Rotherham was performing well in safeguarding adults.

#### **Improved Quality of Life:**

We concluded that Rotherham was performing adequately in supporting improved quality of life.

#### **Increased Choice and Control:**

We concluded that Rotherham was performing well in supporting increased choice and control.

### **Capacity to improve**

The Care Quality Commission rates a council’s capacity to improve its performance using the following four grades: “poor”, “uncertain”, “promising” and “excellent”.

We concluded that the capacity to improve in Rotherham was promising.



## What Rotherham was doing well to support outcomes

### Safeguarding adults

The council:

- Ensured that most people were effectively safeguarded from abuse and harm.
- Effectively managed the multi-agency safeguarding adults board.
- Provided a range of multi-agency community safety initiatives and services that supported citizens to keep safe in their own homes.
- Had raised the profile of adult safeguarding and made good progress in raising awareness.
- Appropriately managed incidents of institutional abuse and poor standards of care.

### Improved Quality of Life

The council:

- Was working effectively with wider council departments and partner agencies to improve support to individuals, communities and neighbourhoods.
- Provided a good use of assistive technology to promote the safety and wellbeing of people in their own homes.
- Involved people with physical disabilities and/or sensory impairments in the assessment of accessibility of some key services.
- Provided good support to people with brain injuries.

### Increased Choice and Control

The council:

- Was effectively addressing the personalisation agenda and was aware that further developments were required.
- Produced good quality information about the range of services available.
- Had made good progress in supporting the numbers of people with physical disabilities and/or sensory impairments to use direct payments.
- Involved people in assessments and care planning and listened to their views.

## Recommendations for improving outcomes in Rotherham

### Safeguarding adults

The council and partners should:

- Ensure that all citizens know how to raise issues of potential abuse and broader safety.
- Ensure that safeguarding information is available and accessible to all adult citizens.
- Ensure that all agencies are aware of their responsibilities within the safeguarding policy and procedures.
- Improve quality assurance and compliance processes.
- Improve performance management systems in learning disability and mental health services.
- Ensure that all staff receive the appropriate training aligned to their job and agency role.

### Improved Quality of Life

The council should:

- Ensure that all people with physical disabilities and/or sensory impairments can contact and access services in the council.
- Encourage partner agencies to diversify their services to enable them to provide more preventative services to people with physical disabilities and/or sensory impairments.
- Support more people with physical disabilities and/or sensory impairments to live independently in the community.
- Ensure that hospital discharges for people with physical disabilities and/or sensory impairments are undertaken in a timely manner.

### Increased Choice and Choice

The council should:

- Ensure that all care planning is holistic and outcome focussed, and aims to meet people's aspirations as well as basic care needs.
- Ensure that information is made accessible to all people with physical disabilities and/or sensory impairments.

- Ensure advocacy services are developed and accessible for people with physical disabilities and/or sensory impairments.
- Develop services for family carers to ensure they are offered a carers assessment and are offered flexible respite services.
- Develop services to ensure people who are lesbian, gay, bisexual and transgender are effectively supported.

## What Rotherham was doing well to ensure their capacity to improve

### Providing leadership

The council:

- Had an ambitious vision that identified its priorities for developing safeguarding arrangements for adults and preventative and personalised services for people with physical disabilities and/or sensory impairments.
- Had strong leadership from senior managers and politicians.
- Was committed with partner agencies to making improvements for citizens.
- Had a strong corporate approach to developing equality and diversity for its citizens and staff.

### Commissioning and use of resources

The council:

- Had a range of mechanisms in place to ensure that views of people who used services influenced commissioning practice.
- Effectively managed its budget.
- Increased financial resource in safeguarding work and across a range of services for people with physical disabilities and/or sensory impairments.
- Had increased financial resource to provide good quality training to partner agencies.

## **Recommendations Rotherham for improving capacity**

### **Providing leadership**

The council should:

- Ensure that the workforce development and training plan has a clear action plan that details how key milestones will be met.
- Ensure that all staff clearly understand the impact of transformation on their job role and future status of employment.
- Ensure that staff are effectively supported to improve outcome based assessments through supervision.

### **Commissioning and use of resources**

The council should:

- Develop commissioning strategies and plans to ensure that timescales for meeting key milestones are clearly documented.
- Improve joint commissioning practice and develop further integrated services with health partners.

## Context

Rotherham Metropolitan Borough Council is situated in south Yorkshire. It was Labour controlled and governance arrangements were centred in a 'Cabinet and Leader' model.

One third of the total population of 253,400 was aged over 50 years. It was estimated that the total population would rise to 271,100 by 2018.

Over 6 per cent of the population were from black or minority ethnic communities of which the largest was the Pakistani community, which made up 2.2 per cent of the total population. Many of the black and minority ethnic communities lived in the most deprived areas near to the centre of Rotherham.

Rotherham was ranked 68<sup>th</sup> out of 354 authorities in its indices of deprivation. One third of its population lived in deprived areas. Tackling health and disability inequalities and an ageing population was a major challenge for the council and its health partners.

The council was judged by the Audit Commission to be a three star council in 2008, with a 'Direction of Travel' judgement of 'improving adequately'. The council was seen to be improving in most priority areas but there were still some areas where its performance still needed to improve. In November 2008, adult social care services were judged by the Commission for Social Care Inspection to be two stars, delivering good outcomes with promising capacity to improve.

Services for people with physical disabilities and/or sensory impairments were provided through the neighbourhoods and adult services directorate, which was led by the director of adult social services. A head of service led physical disabilities and sensory impairment services and this was one of four senior management posts in the directorate that reported to the director.

## Key findings

### Safeguarding Adults

**People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to comfortable in their environment, and supports family and social life.**

**People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.**

The council had effective systems in place to ensure that people who used services and their carers were free from discrimination and harassment when they used services. The development of improving safeguarding adults practice was a priority for the council.

The multi-agency Safer Rotherham Partnership had helped to reduce the amount of crime over the last year. Most of the people that we met and those who were surveyed reported that they knew how to raise concerns with the police or the council. However, some people we spoke to told us that they were not sure how to raise a concern, nor had any member of staff provided them with information of how to make a referral.

There were a range of multi-agency community safety initiatives and services in place that supported citizens to keep safe in their own homes. These services focussed on empowering citizens and minimised risk. Services available included the 'safer neighbourhoods' team, support to people subject to domestic violence and hate crimes, support to people who used drugs and alcohol, and advice regarding fire safety.

The needs of vulnerable citizens in the community were reflected in the council's Joint Strategic Needs Assessment (JSNA) and clearly linked to the priorities identified in the crime and disorder plan. The council acknowledged that further preventative work was required to ensure that all citizens who were most at risk were adequately protected.

People with learning disabilities had been provided with support and advice, which focussed on anti-bullying and harassment, and information of how to keep safe in a variety of community settings.

The council had taken positive steps to promote community cohesion, to build support and raise the confidence of all communities. The council had appointed a hate crime officer and had recently set up a 24-hour hate crime helpline service. The council had set up a number of projects, including Islam awareness training, the Rotherham diversity festival, and support to the lesbian, gay, bisexual and



transgender community.

**People are safeguarded from abuse, neglect and self-harm.**

Most people were effectively safeguarded from abuse, neglect and poor treatment. The multi-agency safeguarding adults board (SAB) was well managed by the council, and had clear links to the work of the safeguarding children board. The SAB met frequently and there was a wide range of stakeholder involvement including mechanisms to obtain citizens views. Partner agencies told us that they were impressed with how the council had strengthened governance and partnership working over the last 18 months.

The council had made significant financial investment into the development of safeguarding adults work and had recently set up a specific safeguarding adults team. The team undertook the majority of safeguarding adults referrals. Mental health and learning disability services continued to manage their own safeguarding adults investigations. The council had recruited an independent chair to the SAB who they reported would offer a greater degree of objectivity and would be able to provide a greater degree of challenge.

The council had raised the profile of adult safeguarding and had made significant progress in raising awareness. Awareness campaigns included: posters and leaflets in reception areas of council and partner agency establishments; advertisements in the local press and on buses; radio advertisements and an awareness week held in June 2009. Despite these developments some people who used services told us that they had not received any safeguarding information. One person told us:

*“The council have not provided me with any written information and no one has ever told me what to do if I have a concern”.*

Safeguarding adults information was not available or accessible in some key partner agency establishments. Some people with visual impairments told us that they did not have access to safeguarding information.

The multi-agency safeguarding adults policy and procedures supported staff and managers to undertake their roles and responsibilities in safeguarding work. The council had produced a robust multi-agency safeguarding strategy and safeguarding annual report that detailed how they intended to minimise and prevent abuse.

We found that the council’s quality assurance and compliance processes needed to be developed and improved, and extended to all teams that undertook safeguarding adults work. Further work was also required to improve practice and protocols between adults and children’s teams in managing safeguarding work.

Management oversight of safeguarding work was not robust and there was a lack of manager’s recordings on individual people’s files. Minutes of safeguarding meetings did not always detail clear timescales of required action and which staff member

would be responsible for undertaking specific tasks.

There was no independent audit of safeguarding work in place to ensure that the appropriate outcomes for people were being achieved. Team managers audited the work of staff that they managed. We found inadequate practice and recording on a case file for a person who had mental health needs who had been subject to safeguarding procedures. There was no process in place for ensuring that safeguarding investigations managed by mental health and learning disability services were recorded on the safeguarding database. There was a reliance on team managers to provide this information.

Further work was required to improve multi-agency safeguarding practice. Some partner agencies were not aware of their responsibilities within the safeguarding adults policy and procedure. Some agencies did not understand their responsibilities in relation to the Multi-Agency Public Protection Arrangements (MAPPA)<sup>1</sup> and the Multi Agency Risk Assessment Conference (MARAC)<sup>2</sup>.

Safeguarding referrals had increased by over 100 per cent during the last 12 months. Referrals had increased from citizens from black or minority ethnic communities although proportionally they remained lower than referrals from white British citizens. The council was planning to target more support to communities where referrals were low.

**People who use services and carers find that personal care respects their dignity, privacy and personal preferences.**

There was a range of measures in place that supported people's dignity, privacy and promoted personal preference. The safeguarding adults policy and procedure gave clear guidance to staff about how to manage and share confidential information across statutory partner agencies to safeguard and protect vulnerable adults. Public information was available on people's rights to privacy and confidentiality. Consent was required from people using services where disclosure of information was required.

When necessary, people were appropriately supported by the involvement of Independent Mental Capacity Advocates (IMCA). The council acknowledged that further developments were required to improve the range and quality of advocacy support for all adults.

Safeguarding referrals and investigations were dealt with promptly by the council. Most people that responded to our survey and who we spoke to reported that they felt that staff in the council treated them with dignity and respect during safeguarding investigations. People who were subject to safeguarding processes reported that

<sup>1</sup> MAPPA – Forum in place for agencies to manage the risks posed by dangerous offenders in the community.

<sup>2</sup> MARAC – Forum in place to share multi-agency information with the aim to increase safety and support to vulnerable citizens.

case conferences. People who chose not to attend such meetings told us that workers reported back what had been discussed and any decisions made. One older person who used services told us:

*“Staff dealt with the concern that I raised very quickly and reassured me to make me feel safe. The social worker was very supportive and explained everything that was happening to me ”.*

The council had a number of mechanisms in place that systematically captured the views and experiences of people’s who used services and their family carers who had been subject to safeguarding enquiries. Postal and telephone surveys were completed on a regular basis and the council had developed some innovative ways to get people views, such as the Home Truths initiatives which used a video diary to capture a person’s journey. This initiative led to developments in service provision such as the “text to tell” service which improved access for people with hearing impairments. The council had also implemented a Home from Home initiative which was delivered in partnership with Age Concern This initiative enabled people and their family carers to give feedback on the quality of care in nursing and residential homes.

There was more work to do to ensure that people who were subject to adult safeguarding procedures were routinely advised and offered the choice of using community safety preventative services. The council had recently started to provide people with safeguarding aftercare packs that advised of the range of preventative services available.

Safeguarding adults training was available to a range of staff in the council and in partner agencies. Staff reported that the training supported them to undertake their job role. The quality of basic awareness training was good and 97 per cent of staff in the council’s neighbourhoods and adult services directorate had undertaken this training. Partner agency staff told us that the basic awareness e-learning training was good and provided them with good quality information. The council had increased financial resources to provide more training to staff in partner agencies.

There was a lack of a planned management approach to competency based safeguarding adults training, The council was in the process of improving competency based training but further work was required to embed this practice. We found that a number of staff who had completed safeguarding investigations had not completed the appropriate investigation training course. Conversely the course had been completed by some staff who were not required to undertake such investigations. The council needed to improve selection processes to enable them to be assured that the appropriate staff undertook relevant training in line with job role and responsibilities. Some partner agencies reported that they did not have access to safeguarding training.

The council had improved support and training that it provided to regulated care providers. Incidents of institutional abuse and poor standards of care were addressed.

**People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.**

The council used regulatory information provided by the CQC and inspection reports to influence how they commissioned services from the independent sector both in Rotherham and from services in other areas. This practice ensured that people and their family carers were provided with choice in the range and quality of services when selecting residential and domiciliary care.

The council had a good understanding regarding the quality of provision it commissioned from regulated care providers. The council only commissioned services from residential care providers that offered single occupancy rooms to ensure that dignity and respect was maintained.

### **Improved quality of life**

**People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.**

**People who use services and carers get advice and support at an early stage. Support services take account of the needs of individuals, carers and families. This helps to prevent loss of independence and isolation, and maintains their quality of life.**

Initial contact with the council was made through their “assessment direct” team which provided a single point of contact for citizens. All people who referred to the assessment direct team were offered an initial assessment and if appropriate referral to non-care managed services. Information provided by the council reported that they had received 96 per cent satisfaction rates with people who had used assessment direct. However, a number of people told us that they were frustrated by the difficulties that they experienced when contacting the council. People made the following comments:

*“Sometimes staff do not get back in touch with us when we have left messages.”*

*“They only give us their first names, it is then hard to get back in touch.”*

Some people also reported that they felt passed round different teams or staff members and that they did not get a positive outcome to the issues that they raised.

People with hearing impairments told us that some of the council’s partner organisations had lacked sufficient staff who could use British Sign Language. People with hearing impairments were concerned that this had a negative impact upon their ability to access services and to effectively communicate.

The numbers of people with physical disabilities and/or sensory impairments who were referred to non-care managed services had increased over the last twelve months. Arrangements to follow up contact to assess the impact of the services people were referred to, and to get feedback on the appropriateness of these services, were being developed.

Some people with physical disabilities and/or sensory impairments had been involved in supporting the council to assess the accessibility of some key services such as post offices, council access points, banks and libraries. The council developed an action plan to improve accessibility in buildings that had been identified as a location that required improvement.

People with sensory impairments were able to access the council. There was a duty

system in place that ensured that staff with appropriate communication skills were available to respond to issues raised. The council had been awarded the 'Louder than Words' charter mark by the Royal National Institute for Deaf People (RNID) for demonstrating that they provided services that were accessible to deaf and hard of hearing people.

There was good use of assistive technology that promoted the safety and well-being of people in their own homes. Assistive technology was provided by the Rothercare services and operated 24 hours every day. Equipment provided included smoke alarms, bogus caller alarms and key safes. The service was available to anyone who lived in Rotherham in either private, rented or owner-occupier accommodation. People could self-refer to the service and did not require a formal assessment. The council was working in partnership with NHS Rotherham to support them in developing and providing telehealth equipment to people in their own homes. The council planned to merge Assessment Direct and Rothercare during the autumn 2009.

**People who use services and their carers are able to have a social life and to use mainstream local services. Local service providers, including transport, healthcare, leisure, shops and colleges, adapt services to make them easier to use.**

The neighbourhoods and adults services directorate was working effectively with wider council departments and partner agencies to improve the identification and targeting of support to individuals, communities and neighbourhoods. Further work was required to develop preventative services. The council acknowledged this and had made it a requirement in their personalisation plan. Some partner agencies told us that they would like to be engaged more by the council and supported to diversify their services.

There were examples of mainstream services making themselves available to people with physical disabilities and/or sensory impairments. Extra care housing facilities offered support and activities to people who lived in other community settings. Support focussed on minimising isolation and promoting health and wellbeing. Examples of activities included walking groups, bowling and health and fitness classes.

The council had recently involved people who used service including people with physical disabilities and/or sensory impairment in restructuring the meals on wheels service. The council had organised a 'consultation café' event that brought together number of meal providers and people who use services. The outcome resulted in a better value for money service that met the individual dietary needs of people, such as providing a wider range of culturally sensitive food and healthier options.

People with physical disabilities and/or sensory impairments reported to us that public transport was reliable and effective. The council had recently undertaken a review of transport services and the majority of people who responded identified that transport services met their individual needs. Some people with visual impairments

told us that they experienced difficulties with some taxi drivers who refused to transport assistance dogs. People with visual impairments found it difficult to make a complaint because they could not see the taxi driver identification or number plate.

The numbers of people with physical disabilities and/or sensory impairments who resided in residential care was higher than the national average. Some people lived in residential care outside of Rotherham because there was limited specialist provision. Further work was required to develop housing related support to enable more people with physical disabilities and/or sensory impairments to live independently in the community. The council had made progress in providing more adaptations to people who lived in both social and private housing. One person using services told us:

*“I have now moved to an adapted bungalow and I am now able to get around inside.”*

However, more work was required to reduce waiting lists and providing more appropriate housing options for people with physical disabilities and/or sensory impairments.

**People who have complex, intensive, or specialised support needs and their carers are supported. They have a choice in how and where they are supported.**

Improving the quality and range of services for people with physical disabilities and/or sensory impairments are a key priority identified in the councils local area agreement.

The council appropriately supported young people with physical disabilities and/or sensory impairments to transfer from children’s to adult services. The council had a transitional team in place to support young people and their family carers.

People with more complex or progressive needs were supported by a range of dedicated services. One person using services told us:

*“Being supported to be able to live on my own and having choices has given me my independence back.”*

The “visual impairment and sensory impairment team” provided support to people of all ages. Independence training in mobility and daily living skills, communication support and the provision of specialist equipment was provided to help promote peoples independence.

The council had a head injury team in place that provided specialist support to people with brain injuries. Partner agencies reported that the head injury team provided high levels of personalised support to people with a brain injury to enable them to live as independent lives as possible.

We were concerned to find that some people with physical disabilities and/or sensory impairments were not fully supported when they were due to be discharged from



hospital. Social workers undertook assessments just before the person's discharge date which resulted in the person being offered limited choices. The council and health partners acknowledged this concern and reported that action will be taken to rectify the problem.

## **Increased choice and control**

**People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.**

**All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.**

The council and its partners were proactively addressing the personalisation agenda and were aware that further work was required to meet this challenge. Systems were in place to ensure that citizens, staff and partner agencies were involved in these developments.

The council gave high priority to providing quality information to people with physical disabilities and/or sensory impairments. Improvements had been made in the provision of information and advice over the last 12 months.

We found that the quality of information was good. It was informative, to the point and was available in a variety of community language formats and easy read. The information provided people with the necessary information regarding the range of services available. However, some people with sensory impairments told us that information was not always accessible. The council had recently developed information packs that it provided to people after they had received an assessment or review of their needs. These packs provided people with physical disabilities and/or sensory impairments with information regarding the range of services available and information of how to make a compliment or a complaint.

Further work was required to ensure that all people with physical disabilities and/or sensory impairments could access the council and receive information to promote their independence. We received a mixed response from people with physical disabilities and/or sensory impairments regarding their experience of contacting the council's assessment direct service. We also received concerns from some people regarding the quality of information they received when being discharged from hospital. One person using services told us:

*"They are all very nice when I contact them; they speak in the correct manner and explain things clearly".*

Another person using services told us:

*"I am a tetraplegic and on leaving hospital found that not one single person was available to advise me of what services were available to help me adjust and continue to live with my disability."*

Arrangements were in place to provide information and assessments and subsequent support if required to people who self-funded their own care.

**People who use services and their carers are helped to assess their needs and plan personalised support.**

The council had made progress in supporting and increasing the numbers of people with physical disabilities and/or sensory impairments to who use direct payments. The council always offered people with physical disabilities and/or sensory impairments the choice of using a direct payment. If people chose not to use a direct payment, this option was further explored with them at their next review meeting. Direct payments were delivered through the council in-house direct payments team.

Some people told us that by using a direct payment this had helped them to engage in leisure activities such as attending the cinema or going shopping. One person using a direct payment told us:

*“I have been using a direct payment since 1997. I have recently moved from another area, and have found the support from Rotherham outstanding. They really do go the extra mile.”*

However, we found that care planning was not holistic and outcome focussed. Packages of support offered tended to focus on meeting people’s basic physical care needs and not their wider needs or aspirations.

No-one with a physical disability and/or sensory impairment was using an individual budget. The council acknowledged that further work was required with partner agencies to develop this.

Most people told us that their needs and wishes had been taken into account during the assessment and review process. People reported that they were treated with dignity and respect by staff across the agencies that were supporting them. One person using services told us:

*“I am fully involved and attend all of my reviews. The social worker listens to my views and values my contribution.”*

Advocacy services required further development, particularly for people with physical disabilities. There were limited choices and on occasions people with physical disabilities and/or sensory impairments needed to use advocacy services out of area. We found on some occasions when advocacy had been used it had not been empowering to the recipient. The council acknowledged that independent advocacy services needed to be developed for people with physical disabilities and/or sensory impairments.

**People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.**

People with physical disabilities and/or sensory impairments were not consistently helped to shape their own support. Assessments depended on the individual skills of social workers and tended to focus on people's limitations rather than their personal aspirations.

People did not yet have systematic access to self-assessments, though the council was planning to introduce these within the development of personalising adult care services.

Once referred, people with physical disabilities and/or sensory impairments usually got prompt assessments. Significant progress had been made to reduce waiting times for occupational therapy assessments.

The council were developing services to enhance the range of support available to people. There were some good services available to family carers. Services included access to carers assessments, the emergency carers card, training courses and respite services. Some carers told us that they were able to engage in leisure activities such as the cinema or going for a meal with friends when the person they cared for received respite care. The council intended to improve carers services further and a number of family carers benefited from using a direct payment. One family carer told us:

*"I have been offered a carers assessment and have chosen not to have one at this time. The social worker keeps an eye on my needs, and advises that I am entitled to an assessment at any time".*

Despite the above areas of good practice we found that some improvements were required to provide support to family carers. Some family carers told us that they had not been offered a carers assessment. Those that had, said they had never been reviewed. One family carer told us:

*"I was promised a review earlier this year, I am still waiting for it."*

We also found that residential respite care was inflexible. Some carers told us that they were limited to which weeks and weekends they could use and often had to book months in advance. This did not enable the family carers to be spontaneous. Despite the efforts made by the council to involve family carers, some family carers told us that they had not been involved in the development of services. The council acknowledged these concerns and reported to us that they intend to strengthen respite support by involving carers in developing respite services and increasing financial resource.

The council aimed to provide personalised support to all sections of the community including meeting the needs of people from different black or minority ethnic

communities. Further work was required to meet the needs of people with physical disabilities and/or sensory impairments who identified themselves as lesbian, gay, bisexual and transgender.

**People who use services and their carers can contact service providers when they need to. Complaints are well-managed.**

People with physical disabilities and/or sensory impairments benefited from a range of multi-agency out-of-hours services, including the council's emergency duty team (EDT). Social work staff in the EDT finished at 10pm and referrals after this time were taken by Rothercare. Out-of-hours services strived to consider the wishes and feelings of people during the assessment process and strived to accommodate these as far as possible in emergency situations.

The council had two contracts in place with independent care providers who provided domiciliary care during the night. This support was available at short notice and was available to family carers in emergency situations. Health partners provided a 24-hour fast response service that was also accessible by council staff. This service provided support to people in their own homes for periods of up to 72 hours. If necessary the period of 72 hours could be extended, for example over bank holiday weekends.

Out-of-hours services required further development. The council was developing its Information Technology (IT) to improve the interface between the councils and Rothercare's IT systems. Some people with physical disabilities and/or sensory impairments and staff told us that they did not know what multi-agency out-of-hours services were available. The council told us that they widely promoted out-of-hours contact numbers. Some people, particularly those with visual impairments, did not know how to make contact with out-of-hours services.

The council had recently revised its complaints procedure. The council responded to complaints in a timely manner, and satisfaction levels had increased in how people felt the complaints were dealt with. The council provided information to people on how to make complaints through a variety of different processes.

One person using services told us:

*"I have been given information on how to make a complaint. I am also asked at my review if I have any concerns that I would like to discuss".*

## Capacity to improve

### Leadership

**People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.**

**People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.**

The council had an ambitious vision that identified its priorities for developing safeguarding arrangements for adults and for developing personalised and preventative services for people with physical disabilities and/or sensory impairments. There was strong leadership from senior managers and politicians. Staff across the council and partner agencies were committed to making improvements for citizens.

The vision for transforming adult social care was developed in 2007. It was to improve the quality of services and to ensure that all vulnerable adults were protected. This was properly reflected in the council's corporate plan, local area agreement, commissioning strategies and personalisation plan.

The council gave high priority to ensure people from all communities were given the opportunity to contribute to the redesigning of services. The council had held a number of successful visioning events that engaged a variety of different stakeholders such as people who used services, their family carers and front line staff. The visioning events enabled the different stakeholders to consider how services needed to be reshaped to meet the transformation challenge.

There was political support for the transformation for adult social care. Discussions and plans had been brought to the attention of the leader of the council and other senior politicians. The council and politicians acknowledged that the transformation of adult social care required corporate partnership and support from other council departments and partner agencies.

The council had a range of tools in place to ensure that staff were effectively communicated with. Staff received a regular newsletter, 'As One', and were invited to become involved in debates through the staff intranet. Transformation also featured as a regular agenda items in team meetings. However, despite these positive efforts by managers to effectively communicate, some staff did not understand the council's vision to transform adult social care. Some staff were also unclear of what the impact of transformation would have on their job role and future status of employment.

**People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.**

People using services had the opportunity to influence the development of local provision, supported by the council's vision to transform adult social care. The council had recently retained the Government Customer Service Excellence Standard, which acknowledged their efforts in delivering a professional service to citizens.

There were a range of forums in place that routinely involved people with physical disabilities and/or sensory impairments in strategic planning. Development work around Rotherham local involvement network (LINK) was positive but in its early stage of development.

The JSNA identified that preventative services needed to be developed for people with long term conditions. The council's adults planning board, which had membership from people who used services and partner agencies including health partners, agreed local priorities for people with long term conditions. The board also considered implications for the Government's 'transforming community services agenda'. A joint set of commissioning priorities had been agreed by the board to develop community equipment services and intermediate care. Both the council and health partners acknowledged that further work was required to improve the delivery of integrated services for people with physical disabilities and/or sensory impairments.

Information provided by the council told us that people were highly satisfied with the assistance they received to access welfare benefits advice. The council reported that 99 per cent of the people that they surveyed were happy with the advice that they received. The council reported that this advice had led to increased numbers of people, including people with physical disabilities and/or sensory impairments, receiving increased benefits.

There was a strong corporate approach to promoting equality and diversity for citizens and staff in the council, which was embedded in day-to-day practice. The council had achieved level five in Equality Framework for Local Government and told us that they would be hoping to achieve the excellent standard later in the year. The council completed Equality Impact Assessments on relevant service areas and policies that impacted upon people with physical disabilities and/or sensory impairments. They had also identified a number of areas that required a new Equality Impact Assessment. The Equality Impact Assessments appropriately considered how to ensure that people from minority communities could be involved in service design.



**The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.**

Staff turnover in the neighbourhoods and adult services directorate was low and the council employed higher numbers of disabled people compared to the national average.

The workforce and development training plan lacked a clear action and implementation plan for meeting the personalisation challenge and details about how and when key milestones would be met. We found that this lack of clarity contributed to some staff not understanding the council's vision to transform adult social care.

The council employed a workforce development officer who had responsibility to ensure that the workforce was trained to meet the personalisation agenda. The council provided a comprehensive learning and development syllabus to its staff and feedback from staff was positive about the quality of training they could access. The council told us that they supported staff to undertake professional social work training. However, some staff who could benefit from this opportunity were not aware of this.

The physical disability and sensory impairment teams had carried a number of staff vacancies. The council had used agency staff as an interim arrangement to fill the posts. The turnover of staff in these teams had been high and this had had an adverse effect on staff morale and caseloads. The teams had been under stress but were now in the process of recovery.

**Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.**

The council had an effective performance management framework in place and key performance indicators identified in the local area agreement set targets for delivering priority improvements. Frontline managers were supported by weekly performance management clinics to understand reasons for trends in under performance and take ownership of rectifying concerns raised. Frontline managers understood the performance management framework and were able to effectively use the systems.

Staff reported that they received effective support and supervision from their managers. However, we found that care planning processes were not holistic and outcome focussed. Packages of support offered tended to focus on meeting people's basic physical care needs and not their wider needs or aspirations. Managers did not challenge social worker's practice to support them in providing more ambitious and holistic packages of support that would have met people's social, leisure and educational needs as well as basic physical care needs.

The council had taken positive action to reduce the amount of staff sickness,

including the establishment of a dedicated absence management post and training for managers. The council had introduced a rehabilitation physiotherapy service in 2007 to support staff who had sustained manual handling injuries. Absence management was also considered in the weekly performance management clinics.

The council had recently established an innovations team, which led on the process of restructuring services to meet the personalisation agenda. Calculated risks were embedded into the council's key service plans and were monitored through the risk management register.

## **Commissioning and use of resources**

**People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.**

**The views of people who use services', carers', local people, partners' and service providers' are listened to by commissioners. These views influence commissioning for better outcomes for people.**

The council gave high priority to ensuring that people who used services were listened to and were fully involved in consultation and the process of service development. The council had a range of mechanisms in place to ensure that the views of people who used services influenced commissioning practice and better outcomes for people.

The views of people using services were collected in a variety of ways to inform commissioning and contracts work. Some of these arrangements were innovative and constituted good practice nationally. Visioning days enabled the council to meet face to face with people who use services, family carers, staff, partner agencies and elected members. The purpose of these events was to engage a range of stakeholders in the transformation of adult social care.

The customer inspection service initiative enabled people who use services, including people with physical disabilities and/or sensory impairments, to test council services and make recommendations for improvement. Examples where outcomes had been improved for people include the production of easy read safeguarding literature and a single access point for reporting safeguarding concerns.

The home from home initiative was managed in partnership with people who lived in residential care and Age Concern. People were supported to give feedback of their experiences of living in residential care. Examples where outcomes had improved include better information being provided and improvement of the choice of meals and activities.

The home truths initiative enabled people who used services, including people with physical disabilities and/or sensory impairments, to keep a video diary of their day-to-day activities. An example where outcomes had been achieved as a result of this initiative include the text to tell service, which enabled people with a hearing impairment to make a safeguarding referral.

Most people that we spoke to who had been involved in processes of giving feedback and service development told us that they valued this experience. However, some people with physical disabilities and/or sensory impairments told us that they felt that they were not fully engaged in the process of developing services.

Providers told us that the council required them to seek the views of people who

used services and feed this information back to the council via the contracting process. The council made sure that the views of people who used services were captured during care plan assessments and reviews and were fed back into the commissioning process.

**Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.**

Council commissioners were knowledgeable about local needs and worked well with partners where opportunities existed. The council had arranged a visioning day specifically for partners to engage with them about how their services could diversify to enable them to provide more personalised and preventative support.

The JSNA was aligned to and supported the priorities of the local area agreement. The council commissioning plans were shaped by the awareness of the needs of local people with a diverse range of needs. However, the council's commissioning strategies for people with physical disabilities and/or sensory impairments and their family carers, lacked sufficient detail of how the council's and partners vision for transforming services would be implemented. There was a lack of robust action planning that detailed timescales for when key milestones would be met.

A significant proportion of the adult social care budget was spent on preventative services but mainly in older people services. Further developments were required to develop joint commissioning practice and integrated services with health partners. The council had increased some financial resource across a range of preventative services for people with physical disabilities and/or sensory impairments and had made significant investment into the establishment of a dedicated safeguarding adults team.

The council effectively managed its budget and costs were regularly reported on and appropriately controlled. There was a clear focus on Medium Term Financial Planning and on securing improved value for money. Managers at all levels received appropriate support including training to assist them with their budgetary responsibilities.

Commissioning and contracting arrangements in relation to safeguarding adults practice was strong. We found that the council used information provided by the Care Quality Commission (CQC) to assist them in ensuring safe and effective commissioning practice. The council did not make new placements in regulated care homes that had a rating below good. There were contract monitoring systems in place for monitoring the quality of regulated care providers. The council visited regulated care providers annually and increased visits to poorer rated providers. The council worked with the CQC regarding providers when there were concerns. Incidents of institutional abuse and poor standards of care were promptly and robustly addressed.

NHS Rotherham had recently committed to allocating some financial resource to the SAB, therefore accepting corporate ownership of safeguarding activity. The council was working proactively with other key partner agencies to encourage them to provide financial support.

Brokerage and contract compliance was developing and investment had been made into recruiting more contract compliance officers. Partner agencies told us that they received good support from the council's contracting officers, despite the fact that some of them were not sure what was happening to their contract. Some contracts had been renewed for one year and providers were not sure of what would happen after this period. The council had recently made significant financial investment into the training grant for partner agencies. Most partner agencies reported that the quality and range of training provided by the council was excellent.

## Appendix A: Summary of recommendations

### Recommendations for improving performance in Rotherham

#### Safeguarding adults

The council and partners should:

1. Ensure that all citizens know how to raise issues of potential abuse and broader safety. (page 11 )
2. Ensure that safeguarding information is available and accessible to all adult citizens. (page 12 )
3. Ensure that all agencies are aware of their responsibilities within the safeguarding policy and procedures. (page 13 )
4. Improve quality assurance and compliance processes. (page 12 )
5. Improve performance management systems in learning disability and mental health services. (page 13 )
6. Ensure that all staff receive the appropriate training aligned to their job and agency role. (page 14 )

#### Improved Quality of Life

The council should:

7. Ensure that all people with physical disabilities and/or sensory impairments can contact and access services in the council. (page 16 )
8. Encourage partner agencies to diversify their services to enable them to provide more preventative services to people with physical disabilities and/or sensory impairments. (page 17 )
9. Support more people with physical disabilities and/or sensory impairments to live independently in the community. (page 18 )
10. Ensure that hospital discharges for people with physical disabilities and/or sensory impairments are undertaken in a timely manner. (page 19 )

### **Increased Choice and Control**

The council should:

11. Ensure that all care planning is holistic and outcome focussed, and aims to meet people's aspirations as well as basic care needs. (page 21)
12. Ensure that information is made accessible to all people with physical disabilities and/or sensory impairments. (page 20)
13. Ensure advocacy services are developed and accessible for people with physical disabilities and/or sensory impairments. (page 21)
14. Develop services for family carers to ensure they are offered a carers assessment and are offered flexible respite services. (page 22 )
15. Develop services to ensure people who are lesbian, gay, bisexual and transgender are effectively supported. (page 22)

### **Providing leadership**

The council should:

16. Ensure that that the workforce development and training plan has a clear action plan that details how key milestones will be met. (page 26 )
17. Ensure that all staff clearly understand the impact of transformation on their job role and future status of employment. (page 24)
18. Ensure that staff are effectively supported to improve outcome based assessments through supervision. (page 27 )

### **Commissioning and use of resources**

The council should:

19. Develop commissioning strategies and plans to ensure that timescales for meeting key milestones are clearly documented. (page 29 )
20. Improve joint commissioning practice and develop more integrated services with health partners. (page 29)

## Appendix B: Our methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2009.

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full [on our website](#). The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINKs (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Rotherham when we met with eight people whose case records we had read and inspected a further eight case records. We also met with approximately 40 people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 150 people who used services. 32 were returned.

We also met with

- Social care fieldworkers.
- Senior managers in the council, other statutory agencies and the third sector.
- Independent advocacy agencies and providers of social care services.
- Organisations which represent people who use services and/or carers.
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Rotherham will now plan to improve services based on this report and its recommendations.

If you would like any further information about our methodology then please visit the [general service inspection page](#) on our website.

If you would like to see how we have inspected other councils then please visit the [service inspection reports](#) section of our website.



**ADULT SERVICES AND HEALTH SCRUTINY PANEL****Thursday, 1st October, 2009**

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Clarke, Goulty, Hughes, Kirk, Wootton and F. Wright.

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society) and Ms. J. Mullins (Rotherham Diversity Forum).

Apologies for absence were received from Councillors Hodgkiss, Turner, Jack, Mrs. A. Clough (ROPES), Jonathan Evans, Victoria Farnsworth (Speak Up), Mr. G. Hewitt (Rotherham Carers' Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

**39. DECLARATIONS OF INTEREST.**

Janet Mullins declared an interest in item 12, "Single Line Management Structure for Intermediate Care Services" as she had family who were receiving treatment at the Millennium Rehabilitation Day Care Centre.

**40. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.**

There were no press or public present at the meeting.

**41. CABINET MEMBER FOR HEALTH AND SOCIAL CARE - PRIORITIES FOR THE COMING YEAR (PRESENTATION BY COUNCILLOR DOYLE)**

Councillor John Doyle, Cabinet Member for Health and Social Care gave a verbal update on the priorities for the coming year.

He outlined the successes of the previous year which included:-

- 15 year Commissioning Strategy now in place
- 3 year working progress with NHS Rotherham
- Safeguarding Adults
- Increased support for carers
- Opening of two new residential care homes
- Waiting times for care packages had improved

He informed members of the panel that there had been a recent inspection undertaken by the Care Quality Commission (CQC) which had been very positive. The results had been presented to Cabinet and would be presented to a future meeting of the Panel.

Areas to be prioritised for the forthcoming year were:-

- Working with NHS Rotherham to promote public health
- Personalisation agenda
- Reducing obesity in Rotherham

- Safeguarding adults and vulnerable people
- Reducing use of tobacco.

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

- Whether training was available to carers and if so what did this entail? Confirmation was given that there were various training courses available for carers and information could be made available for those people interested.
- It was felt by some members of the Panel that improvements were necessary in relation to consultation with the public, as decisions appeared to be being made prior to this taking place. This concern was not shared by all members, with some being strongly opposed to it. The Strategic Director for Neighbourhoods and Adult Services commented that extensive consultation was always undertaken, but that sometimes it was not apparent to members of the public. Lessons had been learned in the past 12 months and more effort would be made in the future to communicate better with the public and service users.

Resolved:- That the Cabinet Member's notes be circulated to Panel Members.

#### **42. REVENUE OUTTURN 2008/9 , 2009/10 PERFORMANCE AND BUDGET**

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided information to members in respect of the 2008/09 outturn position plus the latest performance and monitoring against the 2009/10 revenue budget as part of the first stage of the budget setting process for 2010/11.

The 2008/09 approved cash limited budget of £69,738,124 included an additional one-off budget allocation approved by Cabinet, of which £997,000 was to address service pressures reported earlier in the financial year.

The net Outturn for the service for 2008/09 was £69,697, 361, an overall net underspend of £40,763 or -0.06%.

The main variations from budget were:-

- Overall overspend within Home care services due to delays in the implementation of shifting the balance of provision to the independent sector to 65%. As at 31<sup>st</sup> March the market share in the independent sector was 58%.
- Overspend on Direct Payments within Physical and Sensory Disabilities and Mental Health
- Underspend within Extra Care Housing including a review of existing resources

- Underspend on Intermediate Care pooled budget.
- Additional income from continuing health care income and delays in the start up of supported living schemes within Learning Disability Services.

The latest budget monitoring report for Adult Services showed some underlying pressures of £1.1m, however assuming the achievement of management actions it was currently forecast that there would be an overspend of £128k by the end of the financial year. The Directorate Management Team were still seeking additional efficiency measures to bring the year end position into balance.

The latest year end forecast showed there were underlying budget pressures on Home Care due to delays in shifting the balance of provision to the independent sector. There had been a significant increase in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services.

Additional one-off expenditure was being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them transferring to the Council's property bank. Other budget pressures were due to delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels and laundry and the bathing service.

There were a number of underlying demographic and existing budget pressures within the service including delays in achieving a number of savings options approved as part of the 2009/10 budget setting process. These continue to be monitored and reviewed on a monthly basis including the development of management actions in order to reduce the projected overspend with the aim of containing expenditure within approved budget.

There were currently a number of cross cutting Value for Money Service Reviews as part of the budget setting process which may also impact on Adult Services.

The Council had an overall funding gap of £11.5m for 2010/11 in its Medium Term Financial Strategy, which included a number of investments and demographic pressures totalling £2.9m and savings of £680k for Adult Services. In addition further investments had been identified through the Joint Strategic Needs Assessment (JSNA) of £2m.

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

- Was the council any closer to meeting the 65% shift in the balance towards the independent sector? It was confirmed that 65% was reached in June and had increased further to 70% in July.

- Reference was made to the £128k overspend and it was confirmed that measures were being taken to identify efficiencies to bring this figure down in order to achieve a balanced budget. However next year there would be a further £5m of budget pressures which would require more efficiencies to be found.
- Whether the quality of services delivered in home care services was being monitored. It was confirmed that the CQC had recognised that we were using national information to compare the quality of care delivered. In addition contracting teams visit independent establishments to ensure that the quality is of the standard expected.

Resolved:- That the report be received and noted.

#### **43. ADULT SOCIAL CARE YEAR END PERFORMANCE REPORT, 2008-09**

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2008/09 key performance indicator year end results for the Adult Social Care elements of the Directorate. He also gave a presentation which drew specific attention to the overview for 2008/09 and the outcomes.

At the end of the year 55% of our Key Performance Indicators (KPIs) achieved their targets compared to 58% last year. 82% of the indicators had improved upon their position from last year which compared to 56% in the previous year.

Two significant issues led to changes in forecasted outcomes. The success of our safeguarding champions and the raised profile of this issue nationally had led to an unprecedented increase in the number of incidents reported and investigated, from 251 referrals in 2007/08 to 526 in 2008/09. Response to this trend was positive with significant resources being deployed (£400k) into adult protection. Additional resources of £4.3m committed for 2009/10 and beyond would enable pace of improvement to pick up once again.

Measures taken by the Council to extend the range of services available and provide new ways of delivery led to improved outcomes and VFM but resulted in lower scores on some performance indicators because of the national definitions.

The following performance measures did not achieve their targets:-

- Reviews of care packages (reference D40)
- Achieving independence for older people through rehabilitation and intermediate care (reference NI 125)
- People supported to live independently through social services (reference to indicators NI 136, C29 and C32)
- Percentage of vulnerable people who are supported to maintain independent living (reference NI142)

- Services for carers (reference C62)
- Equipment delivered within 7 working days (reference D54)
- Timeliness of social care assessments (reference NI132 and D55)
- Adults aged 18-64 admitted to permanent residential or nursing care (reference C72)
- Percentage of people receiving a statement of needs (reference D39)
- Ethnicity of older people receiving assessment (reference E47)
- Safeguarding cases completed (reference LPI 4)

The following Indicators were able to demonstrate significant step change improvement from last year:-

- Carers receiving needs assessment or review and a specific carers service, or advice and information (reference NI 135)
- Percentage of vulnerable people achieving independent living (reference NI 141)
- Adult with mental health problems helped to live at home (reference C31)
- Acceptable waiting times for care packages (reference NI 133)
- Direct Payments (reference C51)
- Older people admitted to permanent residential or nursing care (reference C72)
- Number of safeguarding reports (reference LPI 3)

Resolved:- That the presentation and report be received and the remedial actions in place to improve performance be noted.

#### **44. ADULT SOCIAL CARE 1ST QUARTER (APRIL TO JUNE) PERFORMANCE REPORT FOR 2009/10**

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2009/10 Quarter 1 Key Performance Indicator results for the Adult Social Care elements of the Directorate. He also gave a presentation which drew specific attention to:-

- Reviews of care packages
- Review performance – so far this year
- Waiting times for assessments
- Waiting times for assessments – so far this year
- Management actions

At the end of the quarter, 57% of the Key Performance Indicators (KPIs) were on target compared with 55% at the end of 2008/09.

The following performance measures did not achieve their quarter 1 targets:-

- Reviews of care packages (D40)

- Timeliness of social care assessments (NI 132)
- Acceptable waiting times for care packages (NI 133)
- People supported to live independently through social services (NI 136)
- Adults with learning disabilities in settled accommodation (NI 145)
- Adults with learning disabilities in employment (NI 146)

There was one indicator in the suite which could not be reported at the first quarter which was:-

- Percentage of staff trained in safeguarding across all partner agencies (NAS 26)

This was a new indicator set up for the Safeguarding Adults Board and the baseline for the calculation had not yet been established. Work was underway to develop and report this indicator.

There were two other safeguarding performance indicators that were reported as part of the new Safeguarding Joint Performance Management Framework which had been agreed by the Safeguarding Adults Board. The information to support these indicators was currently subject to recent guidance being introduced by the National Adult Social Care Intelligence Services (NASCIS) and, due to changes to technical definitions, were therefore likely to change in subsequent reports.

Resolved:- That the presentation and report be received and the remedial actions in place to improve performance be noted.

**45. TRAINING OPPORTUNITY: NATIONAL NETWORKING EVENT FOR HEALTH, CARE AND WELLBEING SCRUTINEERS - 24TH NOVEMBER 2009**

Delia Watts, Scrutiny Adviser presented the submitted report in relation to the National Networking Event for Health, Care and Wellbeing Scrutineers.

The Centre for Public Scrutiny was running a series of networking events for those involved in scrutinising health, care and wellbeing. The event for Yorkshire and Humber authorities was to be held at the Thackray Museum in Leeds in Tuesday 24<sup>th</sup> November and was aimed at all members of Health, Care and Wellbeing Overview and Scrutiny Committees for sharing learning and development.

The event would run from 11.00 am until was intended to complement new member induction, and keep health care and wellbeing scrutineers up to date with the latest developments.

The programme for the day was as follows:-

- **“A new regulator for health and social care – what every health**

**and social care OSC needs to know.”**

The Care Quality Commission (CQC) will share early thoughts on the relationship between OSCs and CQC and how scrutiny can contribute to the new registration and assessment processes for health and social care organisations.

- **High impact scrutiny – knowing what matters.**

Looking at the Joint Strategic Needs Assessment to ensure a focus on high priority health and wellbeing issues in a time of ever-tightening resources.

- **Closing the gap – how can scrutiny make a difference?**

Su Turner, CfPS on a major new project which will support scrutiny committees to make a real impact in narrowing health inequalities.

- **The health inequalities scrutiny challenge.**

A highly interactive session challenging you to devise an approach to scrutinising health inequalities in the fictional county of Enneyshire.

- **Eating the elephant – making scrutiny of commissioning manageable.**

Examples of approaches to effectively scrutinising the way services are planned at local level.

Approval has been given for 3 members and 1 officer to attend this event. Members were asked to indicate whether they would like to be considered for one of the places available.

Resolved:- That the following members be authorised to attend

- Councillor Jack
- Councillor Barron
- Mr R Wells (Co-optee) – to be confirmed.

#### 46. **PARK LEA DAY SERVICES**

A report was submitted which outlined details of the consultation and proposed options relating to the transfer of services from Park Lea.

The plan was to integrate the existing Park Lea services, service users and staff into Oaks and Addison services. This would be achieved by:-

- Developing the existing outreaches for older people at Oak Trees and developing a new outreach service for older people at St Johns Church Centre in Swinton, at Swinton Potteries in Swinton

and at Bakersfield Court in Herringthorpe;

- Increasing the number of places and days at existing outreaches currently provided by Oaks at St James Church Centre in Wath and Addison services at Durlston House;
- By increasing the number of places provided each day at the Elliott Centre and using the Elliott Centre as a Borough-wide service.

Consultation took place with a range of stakeholders including people who currently used day services, their carers/families, providers, community team workers, staff from across day services, Unions and the senior management team. Methods included individual meetings, individual letters, open day events at Addison, Oaks and the proposed new outreach service. Taster sessions at the proposed new venues were also set up. Two open meetings were held at each venue as well as individually arranged meetings which were well attended. Carers were very positive and wanted to know how soon the proposed move would happen.

People directly affected by the proposed changes were consulted on an individual basis and provided with the options available to them. The proposed options were:-

- To attend the proposed new outreach service for older people
- To transfer to Addison/Oaks
- To transfer to the Elliott Centre

Resolved:- That the report be noted.

#### **47. SINGLE LINE MANAGEMENT STRUCTURE FOR INTERMEDIATE CARE SERVICES**

A report was submitted in relation to Single Line Management for Intermediate Care Services.

The Intermediate Care Review and Joint Commissioning Strategy recognised that the development of a single line management structure for intermediate care services would ensure that there were clear lines of professional and operational accountability and service integration between health and social care professionals. This would also ensure that there were clear lines of communication between both organisations in order to provide an effective intermediate care service.

The Enabling Care Manager (ECM) employed by Neighbourhoods and Adult Services (NAS) and the Strategic Therapy Lead (STLA) within Rotherham Community Health Service (RCHS) had recently agreed to a single line management structure. This had also been endorsed by NHS Rotherham's Human Resources and Priority 2 Intermediate Care group on 12<sup>th</sup> February, 2009.



The Enabling Care Manager would become the single line manager for the single line management structure for intermediate care services. The ECM and STLA would work in partnership to deliver the objectives set out in the Joint Commissioning Strategy.

Resolved:- That the report be noted.

**48. NATIONAL BURNCARE NETWORK NEWSLETTER**

The National Burncare Network newsletter was submitted for information.

Resolved:- That the content of the newsletter be noted.

**49. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 10TH SEPTEMBER 2009**

Resolved:- That the minutes of the meeting of the Panel held on 10<sup>th</sup> September, 2009 be approved as a correct record for signature by the Chair.

**50. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 14TH SEPTEMBER 2009**

Resolved:- That the minutes of the meeting of the Cabinet Member for Health and Social Care held on 14<sup>th</sup> September, 2009 be received and noted.

**CABINET MEMBER FOR HEALTH & SOCIAL CARE  
28th September, 2009**

Present:- Councillor Doyle (in the Chair); Councillors Barron and Jack

Apologies were received from Councillors Gosling and P Russell.

**38. MINUTES OF THE PREVIOUS MEETING HELD ON 14TH SEPTEMBER 2009**

Resolved:- That the minutes of the meeting held on 14<sup>th</sup> September 2009 be approved as a correct record.

**39. ADULT SOCIAL CARE YEAR END PERFORMANCE REPORT 2008-09**

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2008/09 key performance indicator year end results for the Adult Social Care elements of the Directorate.

At the end of the year 55% of our Key Performance Indicators (KPIs) achieved their targets compared to 58% last year. 82% of the indicators had improved upon their position from last year which compared to 56% in the previous year.

Two significant issues led to changes in forecasted outcomes. The success of our safeguarding champions and the raised profile of this issue nationally had led to an unprecedented increase in the number of incidents reported and investigated, from 251 referrals in 2007/08 to 526 in 2008/09. Response to this trend was positive with significant resources being deployed (£400k) into adult protection. Additional resources of £4.3m committed for 2009/10 and beyond would enable pace of improvement to pick up once again.

Measures taken by the Council to extend the range of services available and provide new ways of delivery led to improved outcomes and VFM but resulted in lower scores on some performance indicators because of the national definitions.

The following performance measures did not achieve their targets:-

- Reviews of care packages (reference D40)
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The following Indicators were able to demonstrate significant step change improvement from last year:-

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- Acceptable waiting times for care packages (reference NI 133)
- Direct Payments (reference C51)
- Older people admitted to permanent residential or nursing care (reference C72)
- Number of safeguarding reports (reference LPI 3)

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

- Concerns were raised that the target had not been met in relation to reviews of care packages. The Strategic Director for Neighbourhoods and Adult Services confirmed that over the past 2 years the rate had improved from 46% to 72% despite having to put more resources in Safeguarding and it was anticipated that this would improve further during the current year to 77%. He added that an Inspection had taken place in respect of Safeguarding during June/July, and out of the 40 councils inspected there was only one had received a better result. A report had recently been presented to Cabinet and it was agreed that a copy of this would be presented to the next Cabinet Member meeting.
- Reference was made to the funding for stretch targets and a query was raised as to whether this was money which had already been accounted for. It was confirmed that the money was part of a grant made available to the Local Strategic Partnership and that a case would need to be put forward in order to obtain part of this.

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

(2) That a copy of the report relating to the Safeguard Inspection be presented to the next Cabinet Member meeting.

**40. SELF ASSESSMENT 2009**

John Mansergh, Service Performance Manager presented the submitted report in relation to the self assessment 2008, which identified the areas of strength and areas of development arising from the 2008/09 submission.

A presentation was given which drew specific attention to:

- CSCI Annual Performance Assessment Score
- Neighbourhoods & Adult Services Achievements
- Improving health and emotional wellbeing
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination and harassment
- Economic wellbeing
- Maintaining dignity and respect
- Challenges

CQC had assessed our submission and asked further questions at the Annual Review meeting on 12<sup>th</sup> August 2009. The judgement for adult social care would be made in December 2009 once CQC had completed quality assurance and moderation processes which were designed to ensure a consistent application of judgement throughout the Country.

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

- Whether any training was provided for carers. Confirmation was given that extensive training was available to carers at all stages. Training was also available to people working for independent and voluntary sectors. It was felt that that improvements could be made and that it was necessary to create a workforce development
- A query was raised as to whether a Joint Disability Equalities Officer had been appointed yet. It was confirmed that it had been decided that it was not necessary to appoint a new member of staff, but to merely identify a lead officer from across the Council.

Resolved:- (1) That the Self Assessment submitted to the Care Quality Commission on 14<sup>th</sup> May 2009 be noted

(2) That the user friendly version of the self assessment be noted

(3) That the remaining timetable for the Annual Performance Assessment

for 2009 be noted.

**CABINET MEMBER FOR HEALTH & SOCIAL CARE  
12th October, 2009**

Present:- Councillor Doyle (in the Chair); Councillors Gosling and P. A. Russell.

**H41. MINUTES OF THE PREVIOUS MEETING HELD ON 28TH SEPTEMBER 2009**

Resolved:- That the minutes of the meeting held on 28<sup>th</sup> September 2009 be approved as a correct record.

**H42. NEIGHBOURHOODS AND ADULT SERVICES SCHEME OF DELEGATIONS 2009/10**

Shona McFarlane presented the submitted report which outlined changes made to the Scheme of Delegations for Neighbourhoods and Adult Services.

The scheme of delegation is part of the Councils constitution and contains information relating to all service functional responsibilities as well as decisions affecting human resources and financial management. The scheme allows for an appropriate level of decision making but the Directorate Management Team (DMT) acts as the framework for ensuring consistent decision making across the Directorate so that all Directors work towards the same vision and same management directives.

The Service Performance Team worked with Directors to update the documents and changed the hierarchy of the documentation to achieve greater alignment with the structure of the Directorate and hopefully therefore creating a better understanding of the scheme.

In updating the scheme it became clear that the Strategic Director of Neighbourhoods and Adult Services functions should be encompassed into one document to span the entire Directorate. The statutory role of the DASS was also shown in the new structure, as this was a statutory requirement. The individual delegation of powers to Officers Schedule B sat under the Neighbourhoods and Adult Services Function document and reflected the recent changes in the department's structure.

The Neighbourhoods and Adults Service Directorate scheme was divided into three schedules. These were;

- Schedule A: The 'functions' document which detailed the functions covered by the Directorate and who was responsible for them e.g. Cabinet, Cabinet Member, Strategic Director or Service Director. This document also lists all the legislation covered within the function under the Schedule of Powers Act,
- Schedule B: The statutory role of the Director of Adult Social Services which detailed the statutory requirements placed on the Strategic Director of Neighbourhoods and Adult Services by the

Government, and

- Schedule C: The 'delegation of powers to officers' document which provided the detail of the work of each department within Neighbourhoods and Adult Services together with the individual officer responsible for each area of work.

Reference was made to the personalisation agenda and a discussion ensued. Members requested training and advice on this considerable area of work to assist them in passing on advice to their Ward members.

The Director for Health and Wellbeing confirmed that the Resource Allocation System needed to be in place by March 2010 and once this had been implemented a report would be brought back to the Cabinet Member and then arrangements would be made to disseminate the information to all members of the Council.

Resolved:- That the revised Scheme of Delegation be noted.

#### **H43. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2009/10**

Mark Scarrott, Finance Manager (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 2010 based on actual income and expenditure to the end of August 2009.

The approved net revenue budget for Adult Services for 2009/10 was £72.9m which included additional funding for demographic and existing budget pressures together with a number of new investments and efficiency savings identified through the 2009/10 budget setting process.

The latest budget monitoring report showed some underlying pressures of £1.3m, however assuming the achievement of all management actions it was forecast that there will be an overall overspend of £320k by the end of the financial year. Management actions of £1.004m were endorsed by the Cabinet Member and a total of £408k had been achieved to date and were now included in the detailed forecasts. This reduced the underlying pressures to £916k and left a balance of £596k to be achieved by the end of the financial year.

The latest year end forecast showed there were underlying budget pressures on Home Care as a result of delays in shifting the balance of provision to the independent sector. The 70/30 split was achieved at the end of July 2009 and the balance was now moving towards 80/20 ration. There had been a significant increase above approved budget in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services (£370k). Additional one-off expenditure was being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them

transferring to the Council's property bank (£200k). Other budget pressures were due to delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels (£250k), laundry (£140k) and the bathing service (£40k).

These pressures had been reduced by additional income from continuing health care funding from Health (-£325k) and delays in the implementation of new supported living schemes within Learning Disability services (-£206k). Savings within independent residential care due to an increase in income from property charges (-£386k), further savings on the reconfiguration of Extra Care housing (-£250k) and slippage in recruitment to a number of new posts (-£78k) where additional funding was agreed within the budget process.

The Directorate continued to identify additional management actions to mitigate the outstanding budget pressures above. A number of management actions (40%) had already been achieved and were included in the financial forecasts. These included additional savings on supported living, residential short stay placements, independent residential care costs within Older People services and savings from the decommissioning of in-house residential care.

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

- Reference was made to the Performance target C32 set for people helped to live at home which was 96.32% for 2009/10. To date the current performance was 66.13% which caused concern with members.
- A request was made for an update to be given to all members of the Council in respect of meals on wheels. It was agreed that Tom Sweetman be asked to send an email out detailing the current position.

Resolved:- That the latest financial projection against budget for the year end based on actual income and expenditure to the end of August 2009 for Adult Services be noted.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEMS TO KEEP MEMBERS FULLY INFORMED)**

**H44. COMMON ASSESSMENT FRAMEWORK FOR ADULTS - PHASE TWO DEMONSTRATOR SITE PROGRAMME**



Kath Rogers, Commissioning Manager presented the submitted report in relation to the Common Assessment Framework for Adults – Phase Two Demonstrator Site Programme.

The objectives of the Common Assessment Framework for Adults were to support:

- Delivery of a better experience for those who use health and social care services and their carers
- Improvements in the capacity, capability and efficiency of the health and social care systems, in order to develop shared electronic records.

This would facilitate a more efficient, timely and secure exchange of information and allow better co-ordinated support to be delivered, placing the individual, family and carers at the centre.

A joint Expression of Interest with NHS Rotherham, RBT and Northgate was submitted last year but was unsuccessful.

A Phase Two Expression of Interest had been developed focused on achieving positive outcomes for users and carers and addressed the following areas of interest:-

- Information sharing for palliative care/end of life care between users and carers, provider organisations and professionals across a range of care settings in relation to assessment and advance care planning.
- Developing an information governance model for third sector information sharing
- A Local Authority to trial setting up Registration Authorities to manage access rights to the NHS Care Record Service. NHS Smartcards were currently issued by NHS Rotherham

Benefits to users and carers would include:-

- 24/7 access to information via the internet
- Improved provision of self directed support
- Ability to support initial assessment on-line
- Greater control over care provided in the last days of life
- Greater recognition of personal preferences
- Enable more people to die with dignity in the place of their choice
- Improve delivery of services

Benefits to Neighbourhoods and Adult Services include:-

- Single Assessment Process implementation achieved through

- electronic information sharing
- Personalisation programme supported by using new methods of recording
- Provides IT infrastructure that would otherwise come directly out of other budgets
- Potential cost savings as a result of streamlined assessment and care planning processes
- Potential cost savings as a result of better quality information being available
- High profile initiative – positive impact nationally on Rotherham's reputation.

Resolved:- That the Expression of Interest to be a CAF Demonstrator Site in partnership with NHS Rotherham, RBT, Northgate and other suppliers be supported.

#### **H45. OLDER PEOPLES CHAMPION - UPDATE**

Councillor Walker reported on a recent event which had taken place whereby Members, officers and various partners had met to discuss services for older people. She commented that a representative from Government Office had been in attendance and had congratulated Rotherham on the work they were doing and suggested that it would be beneficial if they attended an event which was taking place in Manchester to share good practice. In addition to this event she confirmed that she would be attending a meeting in Leeds next week and she agreed which she would provide a report on to the next meeting.