

## **CABINET MEMBER FOR HEALTH & SOCIAL CARE**

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

**Date: Monday, 28th September, 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 (as amended March 2006)
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence
4. Minutes of the previous meeting held on 14th September 2009 (herewith) (Pages 1 - 4)
5. Adult Social Care Year End Performance Report 2008-09 (herewith) (Pages 5 - 14)
6. Self Assessment 2008 (herewith) (Pages 15 - 157)

**CABINET MEMBER FOR HEALTH & SOCIAL CARE**  
**Monday, 14th September, 2009**

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

Apologies for absence were received from: Councillor Cutts .

**33. MINUTES OF THE MEETINGS HELD ON 20TH JULY 2009 AND 3RD AUGUST 2009**

Consideration was given to the minutes of the meetings of the Cabinet Member for Health and Social Care held on 20<sup>th</sup> July, 2009 and 3<sup>rd</sup> August, 2009

Those present discussed the following:-

- Neighbourhood Centres Review
- Laundry Service
- Meals on Wheels:- noting the need to monitor service provision and quality of meals
- Carers' Centre

Resolved:- That the minutes of meetings held on 20<sup>th</sup> July and 3<sup>rd</sup> August, 2009, be approved as a correct record, and the information arising from the discussed items be noted.

**34. 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 July 2009. Additional information and clarification was given by the Strategic Director of Neighbourhoods and Adult Services.

It was explained that the approved net revenue budget for Adult Services for 2009/10 was £72.9m which included additional funding for demographic and a number of budget pressures which existed in 2008/09, together with a number of new investments and efficiency savings identified through the 2009/10 budget setting process.

It was reported that the latest budget monitoring report showed underlying pressures of £1.1m. However assuming the achievement of management actions it was forecast that most of these pressures would be mitigated and there would be an overspend of £128k by the end of the financial year.

The following underlying budget pressures were highlighted:-

- Home Care:- due to delays in shifting the balance of provision to the independent sector.
- a significant increase in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services.
- additional one-off expenditure 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 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, laundry and the bathing service.

Reference was made to measures taken to reduce these pressures, and these were detailed in the submitted report.

It was also reported that the Directorate was currently finalising a list of proposed management actions to mitigate the outlined budget pressures. These proposals would be subject to a separate report (refer to Minute No. 36 below).

Those present discussed:-

- Savings within independent residential care
- shifting the balance of home care from in-house provision to the independent sector
- Staffing issues and continued involvement of the trades unions
- Direct payments: the need for assessment and care package
- Placements within Learning Disability Services
- Length of time taken to transfer properties to the property bank and associated security costs falling on the Directorate

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of July 2009 for Adult Services be noted.

(2) That further information be provided in respect of the transfer of the former residential homes properties to the property bank and identifying the security costs falling to the Directorate.

### **35. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs indicated below of Part I of Schedule 12A to the Local Government Act 1972.

**36. ACTION PLAN TO ADDRESS ADULT SOCIAL CARE BUDGET PRESSURES**

Consideration was given to a report presented by the Strategic Director of Neighbourhood and Adult Services, which set out the budget position for Adult Social Care as at the 31<sup>st</sup> August 2009 and outlined the actions identified to address the projected overspend.

It was explained that the majority of the overspend was attributable to on-going difficulties associated with shifting the balance of care to the independent sector and delays in decommissioning services.

The action plan and measures within it had been identified following a series of financial performance clinics.

The Appendix to the report detailed each of the proposed actions.

Those present raised and discussed the following:-

- Operation of the 2 new local authority residential homes
- Use of capacity for residential short stay placements
- Rothwell Grange
- Home from Home Assessments – quality assurance programme
- The Government's national agenda and the local Health Authority's future plans
- Spot purchase of intermediate care beds
- Listerdale

The Strategic Director also outlined further areas being examined in order to achieve long term savings.

Resolved:- (1) That the report be received and the proposed actions to address the budget pressures, as detailed in the Appendix to the report now submitted, be agreed.

(2) That the Cabinet Member for Health and Social Care continues to receive updates on the progress of the implementation of the actions.

(3) That the Strategic Director provides members with further information for clarification in respect of the issues raised above.

(4) That a further report be submitted to a future meeting setting out measures to achieve longer terms savings.

(Exempt under Paragraph 3 of the Act – information relating to the financial or business affairs of any particular person (including the Council)).

**37. SOCIAL SERVICES (COMPLAINTS) PANEL**

Consideration was given to a report in respect of the decision and recommendations made by the Adult Social Services (Complaints) Review Panel for Mr S, which was held on 25<sup>th</sup> August, 2009.

The Safeguarding Adults Manager provided further information in respect of each of the points set out in the Action Plan which accompanied the report.

Resolved:- That the decisions of the Complaints Panel and the reasons for the decisions, outlined in the letter of response dated 28<sup>th</sup> August 2009 to the complainant be received.

(Exempt under Paragraph 2 of the Act – information which is likely to reveal the identity of individuals)

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>28th September 2009</b>
<b>3.</b>	<b>Title:</b>	<b>Adult Social Care Year End Performance Report, 2008-09</b>  <b>All Wards Affected</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Neighbourhoods and Adult Services</b>

**5. Summary**

This report outlines the 2008/09 key performance indicator year end results for the Adult Social Care elements of the Directorate.

**6. Recommendations**

**That Cabinet Member is asked to note the results and the remedial actions in place to improve performance**

## 7. Proposals and Details

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 have improved upon their position from last year which compares to 56% in the previous year. This year's results can be seen in Appendix 'A' where a red triangle indicates 'off target' and a green star indicates 'on target'.

Two significant issues led to changes in our forecasted outcomes. Firstly, the success of our safeguarding campaigns and the raised profile of this issue nationally led to an unprecedented increase in the number of incidents reported and investigated, from 251 referrals in 2007/08 to 526 in 2008/09. We responded very positively to this trend redeploying significant resources (£400k) into adult protection. As a consequence we reported in the year that the trajectory of our improvements in some areas of service would be affected. Additional resources of £4.3m committed for 2009/10 and beyond will enable us to pick up the pace of improvement once again.

Secondly, measures taken by the council to extend the range of services available and provide new ways of delivery led to improved outcomes and improved VFM but resulted in lower scores on some performance indicators because of the national definitions. Examples include the impact of assistive technology and changes in arrangements for Occupational Therapy assessment which are not included in our 'helped to live at home' scores.

The following performance measures did not achieve their targets;

- **Reviews of care packages (reference 'D40')**

The year end target of 80% was not achieved because social work resources were shifted towards safeguarding which meant that our score deteriorated from the previous year. However considerable effort was made to achieve the Local Area Agreement (LAA) target that was set in 2006. The performance trend for this measure shows that we have improved from 43% in 2006 to 71% in 2009. We are currently in the lower quartile when compared with our comparator group.

- **Achieving independence for older people through rehabilitation and intermediate care (reference 'NI 125')**

We fell just short of the year end target for this indicator (1.21%). We now have a single line management arrangement for intermediate care which is a jointly commissioned service by the Council and NHS Rotherham. A performance clinic was held on 16th September 2008 to agree management actions to address bed occupancy, rehabilitation times and to increase access to intermediate care facilities. As a result of the actions taken the following outcomes have been recorded;

- A reduction in the average length of stay from 55 days in May 2008 to a cumulative performance of 35 days for 2008/09,
- 80% of service users were living at home on discharge from the residential service,
- 12% of service users were either re-admitted to hospital or discharged to residential care,

- A total reduction of 427 home care hours on discharge during the year, with the average reduction being 7 hours per week per service user, and
- 98% of people surveyed said that the service was either “good, very good or excellent”.

- **People supported to live independently through social services (reference to indicators ‘NI 136’, ‘C29’ and ‘C32’)**

Helping more people to live independently at home is one of our top priorities but our score on this indicator compares poorly to other Authorities. This indicator is dependent on the effectiveness and use of resources.

Improvements have been made this year to support 837 people through the implementation of our assistive technology programme, 60 fewer people are now in receipt of services following the success of our reablement service, we helped an additional 1,168 customers with minor equipment this year and we have improved waiting times for an Occupational Therapy assessment from 20 months to 7 weeks. Performance on this indicator did increase by 62 people last year compared to the previous 8 years of decline. Unfortunately the rules of this measure means that this work is not reflected within the indicator.

Members should note that this indicator is being reviewed by the Department of Health and the Association of Directors with Adult Social Services (ADASS) have stated that “huge doubts remain over the fitness for purpose of NI 136 'helped to live at home'.

- **Percentage of vulnerable people who are supported to maintain independent living (reference ‘NI 142’)**

We fell short of the year end target by 0.53% but we did improve by 2.38% from last year. This year’s figures shows that over 4600 people were supported to maintain their independence across all services. Supporting People hold contracts with a variety of providers who work with a number of different client groups (elderly, learning disabilities, HIV and Aids, leaving care, domestic violence, offenders, mental health, and substance misuse). Performance levels are extremely volatile for these client groups, for example a learning disability provider had an accommodation based service for 3 service users in quarter 3 but one user moved into a nursing home which led to a deterioration in performance from 100% to 66%.

- **Services for carers (reference ‘C62’)**

Last year we undertook an additional 219 carer’s assessments compared to the previous year but we did not achieve the target which we set ourselves. This indicator has now been superseded by National Indicator 135, which also includes the provision of information and advice as a carer’s service, where we did achieve our target.



We developed a direct payment scheme for carers during the year using a £100k contribution from the carers grant. This helped over 300 carers with a range of support services which included examples such as 64 complementary therapy sessions for carers and 80 hours of additional respite care.

We also launched our Joint Carers Strategy with NHS Rotherham during the year and the implementation of the action plan will lead to the development and commissioning of services for carers which will help improve our performance. Improving services for carers has been identified as a measure within Rotherham's Local Area Agreement (LAA).

- **Equipment delivered within 7 working days (reference 'D54')**

There has been an improvement in this indicator since last year with 1168 more pieces of equipment being delivered. We achieved a score of 88.34%, which is an improvement of 3% from last year, but it did not achieve the target of 91%. The Directorate held a number of performance meetings and clinics with REWS, 2010 Rotherham Ltd and NHS Rotherham to improve time taken between OT assessment and the delivery of the equipment. This indicator is no longer being collected nationally.

- **Timeliness of social care assessments (reference 'NI 132' and 'D55')**

We improved our performance from 60% last year to 70% but fell short of our target of 90%. This gap between the outturn and the target is mainly as a result of poor performance in relation to the Physical Disability and Sensory Impairment (52%), Learning Disability (19%) and Mental Health (29%) service user groups where this indicator was applied for the first time. All these services have had to change working practices so that assessments are completed within 28 days. This is harder to achieve where these services undertake multi-disciplinary assessment processes involving a range of stakeholder views and where the timeliness of getting the care package in place has taken preference to the speed in which the assessment has been completed. Performance in older people's services is 82% in comparison.

Like some of the other indicators, our performance on waiting times has been adversely affected by the unprecedented increase in safeguarding referrals meaning that social work productivity increased by 1,297 pieces of activity compared to last year. Action plans are in place to improve performance this year which has included budget investments to increase the amount of social workers so that we are able to manage both the volume of safeguarding casework and to improve waiting times for assessments and packages of care.

- **Adults aged 18-64 admitted to permanent residential or nursing care (reference 'C72')**

Performance has improved since last year, down from a score of 1.93 to 1.86 but we did not achieve our target of 1.49. This was as a result of 3 admissions that we did not predict within the learning disability and mental health services. This score is in the lower quartile when compared with All England and our comparator group.

- **Percentage of people receiving a statement of needs (reference 'D39')**

There has been a marginal improvement on last years' performance with 300 more statements being issued during the year. However, we are disappointed to have fell 5% short of the target which we set ourselves at the start of the year. Problems were experienced with managers authorising the assessments which was later resolved in the year through the better sickness absence management. We have remained in the same banding as last year (band 3) and are in the lower quartile when compared with England and our IPF group. This indicator is no longer being collected nationally.

- **Ethnicity of older people receiving assessment (reference 'E47')**

Performance has deteriorated since last year and we have dropped from band 3 to band 2 (0.69 this year and 1.09 last year). The number of new BME users has increased from 40 in 2007/08 to 56 in 2008/09 but the proportion of BME assessment has decreased based upon an increasing non-BME population (as predicted within our Joint Strategic Needs Assessment).

We also completed a pilot project in partnership with Rotherham Hospital Foundation Trust to determine awareness and increase access to Adult Social Care services take up for older people from BME communities. The process involved twice a week visits to the Hospital and completing a questionnaire by face to face interviews. An evaluation report has been produced. Outcomes are that an additional 6 people are now receiving a direct payment, 4 care packages are currently in place with clients receiving services and we have also been able to recruit a dedicated Social Services Officer worker based at the hospital to improve access further.

- **Safeguarding cases completed (reference 'LPI 4')**

During our 2008 annual performance assessment the Care Quality Commission (CQC) recommended that we do more work to understand the low levels of referrals. Safeguarding was our number one priority during the year and we have significantly improved awareness of and access to the reporting of adult protection. We received an additional 275 referrals during the year. Whilst we increased our investment to manage caseloads during the year, the sheer volume of additional referrals combined with the magnitude of some of the serious cases we managed throughout the year meant that our performance on completing cases deteriorated. We achieved a score this year of 78.52% against a target of 98%. Performance has deteriorated from 97.61% last year.

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')**

We exceeded our target and demonstrated an improvement on the previous year, going from 22.33% last year to 24.17% this year. Even though we had an additional 488 people on service this year; the increased level of personalised provision of information and advice to carers following an assessment coupled with our direct payments pilot resulted in us achieving our best level of performance on carers' services.

- **Percentage of vulnerable people achieving independent living (reference 'NI 141')**

We achieved a year end score of 87.35% against a target of 78.5% which is a 9.52% improvement from last year. We developed a new 'move on' scheme through 'Archers Housing' in collaboration with the Supporting People programme and 'Key Choices'.

- **Adult with mental health problems helped to live at home (reference 'C31')**

Performance improved from 4.17 last year to 7.4 this year. The target of 4.8 was surpassed which keeps us in band 5 (top band). We have moved from next to upper quartile to upper quartile when compared with England and our IPF group. This is due to a more accurate and robust electronic reporting system being used for the first time this year which helped us to complete an outstanding recommendation made by the Care Quality Commission (CQC) from our last 3 annual performance assessment reports. In previous years we have relied on a paper based manual count of activity in Mental Health.

- **Acceptable waiting times for care packages (reference 'NI 133')**

This was an 'area of concern' identified by the Care Quality Commission (CQC) in last year's annual performance assessment. This year we have achieved our target, improving from 85.24% last year to 90.9% this year. The development and implementation of our brokerage service has helped improve the time we take to organise a package of care.

- **Direct Payments (reference 'C51')**

We exceeded the year end and Local Area Agreement (LAA) targets increasing our score from 159 last year to 192 this year. This ensures we will be able to claim 100% of the reward grant and remaining within the upper quartile and in 11<sup>th</sup> position within the Country. We continue to provide an excellent direct payments service through participation in the national 'In Control' pilot, and continually developing and expanding the service with a view to enable personal budgets to be the default position by March 2010 for all new customers. This will be managed by implementing our Personalisation Plan.

- **Older people admitted to permanent residential or nursing care (reference 'C72')**

The year end target was achieved and, in line with our Joint Commissioning Strategy, we admitted 54 less people than last year. This was achieved by improving access to intermediate care bed provision and rehabilitation and by increasing access to NHS Free Nursing Care Continuing Healthcare Funding. The latter action was as a result of performance clinics held in 2007 which concluded that the service needed to do more to access health funding where the Council should not have been funding placements. Our score of 83.06 is in next to bottom quartile when compared against England, and next to upper quartile when compared with our comparator group.

- **Number of safeguarding reports (reference 'LPI 3')**

We have exceeded our target this year and more than doubled the score from last year, going from 251 to 526, placing us ahead of the national average. This increase is due to the high profile and prioritisation attributed to safeguarding this year. We have made significant investment in a new Safeguarding Team, public awareness campaign, improving partnership working and by training 2,000 staff. All of these factors led to the significant increase in demand for services.

## **8. Finance**

Adult social care was able to achieve £681,548 of Local Area Agreement (LAA 2006/09) Performance Reward Grant for delivery of targets that were set in 2006. The targets that were achieved relate to 'increasing the number of adults and older people using direct payments' and 'increasing the number of reviews of care packages'. The target that was not able to be achieved relates to 'increasing the number of older people helped to live at home'. There have been performance clinics held on this indicator throughout the LAA period which concluded that the original baseline that this target was set was incorrect. The 2008 Annual Performance Assessment undertaken by the Commission for Social Care Inspectorate did conclude that we are helping more people to live at home.

## **9. Risks and Uncertainties**

There are two main risks associated with this report. The first risk relates to how the Care Quality Commission (CQC) will use this performance information to formulate our Annual Performance Assessment result for 2009. We have been working closely with CQC this year to ensure that they have a much more rounded picture of our performance rather than relying too heavily on performance data. We have therefore spent additional time preparing evidence of outcomes which have been shared with CQC through two routine business meetings this year and through our statutory self assessment. Additionally, we organised an all day visit from CQC on 30<sup>th</sup> April 2009 where they were able to visit services such as Rothercare, the new residential homes, safeguarding team and consultation café.

The second risk relates to the management of data quality which features strongly within the Council's Use of Resources annual assessment. The Directorate has an excellent track record and has been able to support the Council to achieve a 'performing strongly' rating for data quality for the last 3 years. The national performance framework changed on 1<sup>st</sup> April 2009 which replaced the old Performance Assessment Framework (PAF) and Best Value Performance Indicators (BVPIs) with new National Indicators (NIs). This is in itself a risk as we have had to implement recording systems to comply with new definitions.

Some of this work has taken over three quarters of the year to develop meaning that this is the first report to Members where some indicators are being reported. The Directorate developed a Data Quality Strategy and Action Plan during the year to mitigate the risk of a 'qualified' audit report. Our Data Quality Officer has been working with KPI Managers and our partners in RDaSH to improve the quality of information that is reported to Members. This work has been reflected within the Council's data quality self assessment.

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

The new national performance indicators contribute to the Council's Comprehensive Area Assessment (CAA) judgement and our 2009 Annual Performance Assessment result for adult social care which will be reported together for the first time in November 2009.

This report contains information relating to Rotherham's second generation Local Area Agreement (LAA). There are 3 social care indicators which relate to;

- NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information (status: improving and 'on target'),
- NI 136 People supported to live independently through social carers (status: improving and 'off target'), and
- NI 141 Percentage of vulnerable people achieving independent living (status: improving and 'on target').

In addition, we have also developed and report against a set of joint health and social care targets to the Adults Board. This ensures that we report locally against the Department of Health 'Vital Signs' performance framework.

Performance information contained within this report has been used to provide evidence for the following documents provided to our regulators;

- Care Quality Commission routine business meeting reports in November 2008 and February 2009,
- Care Quality Commission visit to Rotherham in April 2009,
- Revision to the Local Area Agreement provided to Government Office in April 2009,
- Use of Resources self assessment provided to the Audit Commission in April 2009,
- Self Assessment provided to Care Quality Commission in May 2009,
- Referrals, Assessments and Packages of Care statutory return to the Department of Health Information Centre in May 2009,
- Self Assessment provided to the Service Inspection arm of the Care Quality Commission in May 2009, and
- Comprehensive Area Assessment self assessment provided to the Audit Commission in June 2009.

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

The report has been discussed with Neighbourhoods and Adult Services Directorate Management Team. Appendix 'A' contains the performance results for 2008/09. The indicators rated 'on target' are shown as a green star and those that are rated off target are shown as a red triangle alert.

Contact Name:

John Mansergh, Service Performance Manager, Extension 3466  
E-mail: [john.mansergh@rotherham.gov.uk](mailto:john.mansergh@rotherham.gov.uk)

## Appendix A: Neighbourhoods and Adult Services - Performance Indicator Outturns for 2008-09 year end

Outcomes Framework 1: Improving Health and Emotional Well-being									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
1.	▲	PAF D40 Percentage of clients receiving a review	Higher is better, 75<=100 is best	75.04%	<b>71.82%</b>	75.04%	↓x	80%	Shona McFarlane/Sam Newton
2.	★	NI 131 Delayed transfers of care from hospitals	Lower is better	16	<b>3.74</b>	16	↑✓	20.12	Sam Newton / Mark Joynes

Outcomes Framework 2: Improved Quality of Life									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
3.	▲	NI 125 Achieving independence for older people through rehabilitation / intermediate care	Higher is better	N/A	<b>78.79%</b>	N/A	↑✓	80%	Kim Curry / David Stevenson
4.	▲	NI 136 People supported to live independently through social services (LAA)	Higher is better	2210	<b>2272</b>	2210	↑✓	3012	Shona McFarlane / Sam Newton
5.	▲	NI 142 Percentage of vulnerable people who are supported to maintain independent living	Higher is better	94.79%	<b>97.47%</b>	94.79%	↑✓	98%	Kim Curry/ Tim Gollins
6.	▲	PAF C29 Adults with physical disabilities helped to live at home	Higher is better, 5+ is best	2.73	<b>2.93</b>	2.73	↑✓	4.2	Shona McFarlane / Cheryl Cartwright
7.	▲	PAF C32 Older people helped to live at home	Higher is better, 100+ is best	69.1	<b>69.49</b>	69.1	↑✓	102	Shona McFarlane / Mark Joynes
8.	▲	PAF C62 Services for carers	Higher is better, 12+ is best	9.11%	<b>9.56%</b>	9.5%	↑✓	12%	Shona McFarlane / Sam Newton
9.	▲	PAF D54 Equipment delivered within 7 working days	Higher is better, 85<=100 is best	85.3%	<b>88.34%</b>	85.3%	↑✓	91%	Kirsty Everson / Lynn Keirs
10.	★	LPI 2 Average waiting time for an OT assessment (calendar days)	Lower is better	68	<b>81</b>	68	↓x	85	Jill Wilkinson
11.	★	LPI 5 Number of protection plans in place	Higher is better	40	<b>118</b>	40	↑✓	50	Shona McFarlane / Dave Roddis
12.	★	LPI 6 C28 + Direct Payment	Higher is better	N/A	<b>19.41</b>	N/A	↑✓	16	Shona McFarlane / Sam Newton
13.	★	NI 135 Carers receiving needs assessment or review and a specific carers service, or advice and information (LAA)	Higher is better	22.33%	<b>24.17%</b>	22.33%	↑✓	20%	Shona McFarlane / Sam Newton
14.	★	NI 141 Percentage of vulnerable people achieving independent living (LAA)	Higher is better	77.83%	<b>87.35%</b>	77.5%	↑✓	78.5%	Kim Curry / Tim Gollins
15.	★	NI 145 Adults with learning disabilities in settled accommodation	Higher is better	N/A	<b>125.93%</b>	N/A	N/A	79%	Shona McFarlane / Lucy Pullen
16.	★	PAF C30 Adults with learning disabilities helped to live at home	Higher is better, 3+ is best	3.02	<b>3.04</b>	3.02	↑✓	3	Shona McFarlane / Lucy Pullen
17.	★	PAF C31 Adult with mental health problems helped to live at home	Higher is better, 2.3+ is best	4.17	<b>7.4</b>	4.17	↑✓	4.8	Ian Jerams (RDASH)

Outcomes Framework 4: Increased Choice and Control									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
18.	▲	NI 132 Timeliness of social care assessment (all adults)	Higher is better	69.35%	<b>70.37%</b>	69.35%	↑✓	90%	Shona McFarlane / Mark Joynes
19.	▲	PAF C73 Adults 18-64 admitted to permanent res or nursing care	Lower is better, 0<1.5 is best	1.93	<b>1.86</b>	1.93	↑✓	1.49	Shona McFarlane / Sam Newton
20.	▲	PAF D39 Percentage of people receiving a statement of needs	Higher is better, 100 is best	90.88%	<b>91.21%</b>	90.88%	↑✓	96%	Shona McFarlane / Cheryl Cartwright
21.	▲	PAF D55 Acceptable waiting times for assessment	Higher is better, 90<=100 is best	85.24%	<b>85.44%</b>	84.83%	↑✓	90%	Shona McFarlane / Mark Joynes
22.	★	NI 130 Social care clients receiving Self Directed Support	Higher is better	N/A	<b>235.7</b>	N/A	N/A	165	Kim Curry / Sue Sumpner
23.	★	NI 133 (PAF D56, BV 196) Acceptable waiting times for care packages	Higher is better, 90<=100 is best	85.24%	<b>90.9%</b>	85.24%	↑✓	90%	Shona McFarlane / Mark Joynes
24.	★	PAF C51 (KT) Direct Payments	Higher is better, 150+ is best	159	<b>191.89</b>	159	↑✓	165	Kim Curry / Sue Sumpner
25.	★	PAF C72 Older people admitted to permanent res or nursing care	Lower is better, 0<90 is best	89.86	<b>83.06</b>	90.67	↑✓	89	Shona McFarlane / Mark Joynes
26.	★	PAF E82 Assessments of adults and older people leading to provision of service	Lower is better, 68<77 is best	86.02%	<b>82.03%</b>	85.89%	↑✓	86%	Shona McFarlane / Mark Joynes

Outcomes Framework 5: Freedom from Discrimination									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
27.	▲	PAF E47 Ethnicity of older people receiving assessment	Higher is better, 1<2 is best	1.09	<b>.96</b>	1.19	↓x	1.46	Sam Newton / Mark Joynes
28.	★	PAF E48 Ethnicity of older people receiving services	Lower is better, 0.9<1.1 is best	1.07	<b>1.09</b>	1.08	↓x	1.05	Shona McFarlane / Mark Joynes

Outcomes Framework 6: Economic Well-being									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
29.	★	NI 146 Adults with learning disabilities in employment	Higher is better	N/A	<b>5.63%</b>	N/A	N/A	3%	Shona McFarlane / Lucy Pullen

Outcomes Framework 7: Maintaining Personal Respect and Dignity									
Line no	YTD	Measure	Good Performance	2007/08 Baseline	Mar '09 Result	This time last year	D.o.T. from same time last year	2008/09 Target	Responsible Director / Manager
30.	▲	LPI 4 Safeguarding cases completed	Higher is better	97.61%	<b>78.52%</b>	97.61%	↓x	98%	Shona McFarlane / Dave Roddis
31.	★	LPI 3 Number of safeguarding reports	Higher is better	251	<b>526</b>	251	↑✓	263	Shona McFarlane / Dave Roddis

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

1.	<b>Meeting:</b>	<b>Cabinet Member for Health and Social Care</b>
2.	<b>Date:</b>	<b>28<sup>th</sup> September, 2009</b>
3.	<b>Title:</b>	<b>Self Assessment 2008</b>
4.	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services All Wards Affected</b>

**5. Summary**

5.1 The quality of Adult Social Care services is measured and scored annually by the Care Quality Commission (CQC). CQC use a range of evidence to arrive at the annual star rating judgement including performance indicators, inspections of registered services such as residential homes, formal business meetings and an annual Self Assessment. This report identifies the areas of strength and areas for development arising from the 2008/09 submission.

**6. Recommendations**

**6.1 That Cabinet Member notes the Self Assessment submitted to the Care Quality Commission on 14 May 2009.**

**6.2 That Cabinet Member notes the user friendly version of the self assessment.**

**6.3 That Cabinet Member notes the remaining timetable for the Annual Performance Assessment for 2009.**



## 7. **Proposals and Details**

- 7.1 The Self Assessment (SA) is a key source of evidence for the annual assessment of Adult Social Care. The assessment comprises a mixture of performance data items, evidence that activity and resources translates into better outcomes for service users and a number of items that monitor the implementation of Department of Health policy.
- 7.2 SA was completed in April and May of this year. SA is divided into two sections; an excel template and a word template which and both contain evidence against the Social Care Outcomes Framework. The word template changed this year to allow Councils greater freedom to provide local evidence. A presentation accompanies this report which shows achievements and areas for development across the 9 outcomes:
- Improved health and emotional well being,
  - Improved quality of life,
  - Making a positive contribution,
  - Exercise choice and control,
  - Freedom from discrimination and harassment,
  - Economic well being,
  - Maintaining dignity and respect,
  - Leadership, and
  - Commissioning and Use of Resources.
- 7.3 Appendices 'A' and 'B' contain the detailed SA submission which was presented to the CQC. Appendix 'C' is the "user friendly" version developed with service users.
- 7.4 CQC have assessed our submission and asked further questions at our Annual Review Meeting (ARM) which took place on 12 August 2009. The judgement for adult social care will be made in November 2009 once CQC have completed quality assurance and moderation processes which are designed to ensure a consistent application of judgement throughout the Country.
- 7.5 The judgements on the 'leadership' and 'commissioning and use of resources' elements of the old scoring system will instead be used to inform the borough's Comprehensive Area Assessment (CAA) rating in 2009.

## 8. **Finance**

- 8.1 There are no direct financial implications arising from this report. SA does include judgements on the capacity of the service to manage finances, deliver efficiency savings, the effectiveness of commissioning and management of use of resources.

- 8.2 The Self Assessment demonstrates the financial commitment in our Medium Term Financial Strategy for 2009/10 which will ensure that we are well placed to meet the demands identified in our Joint Strategic Needs Assessment (JSNA) and the Local Area Agreement (LAA).

**9. Risks and Uncertainties**

- 9.1 The risk is that the service maintains a similar rating for the third year in a row. Last year, 3 Councils within the region increased their rating but 3 Councils also experienced deterioration in their scored judgement. For the third successive year the Council significantly increased its investment in Adult Social Care despite massive financial pressures in other service areas. This meant that we were able to sustain the levels of performance that CQC (formerly the Commission for Social Care Inspectorate, CSCI) described last year as “significant and striking”.
- 9.2 There were a number of management actions put in place during the year to improve performance and quality. This included an Excellence Plan to drive improvement in the areas identified by CSCI in the November 2008 assessment and the Neighbourhoods and Adult Services Directorate Service Plan. These actions were underpinned by the use of performance clinics, visioning and leadership days.

**10. Policy and Performance Agenda Implications**

- 10.1 There will be no star rating. In line with changes to legislation there will no longer be a star rating for adult social care. Instead the assessment of performance in terms of delivery of outcomes will be graded individually and then aggregated up into an overall graded judgment. The judgements will be either;
- Performing ‘excellently’ (formerly 3 Stars)
  - Performing ‘well’ (formerly 2 Stars)
  - Performing ‘adequately’ (formerly 1 Star)
  - Performing ‘poorly’ (formerly 0 Star)
- 10.2 The Self Assessment shows the steps that we have taken to improve the quality of outcomes for all people using services. There has been substantial improvement in our performance on safeguarding, self directed support, carers’ assessments and reviews, helping vulnerable people to achieve independent living and reducing admissions. We have also developed services relating to intermediate care and assistive technology to promote independence and choice.
- 10.3 Additionally, we are able to evidence that we have strengthened all areas for development which we identified last year. We believe that we can demonstrate that we are matching the excellent descriptors for the quality of outcomes for ‘economic well being’.
- 10.4 During the year we significantly raised the profile of personalisation and safeguarding gaining commitment from a wide range of stakeholders. A

series of personalisation events were held during the year which were led by national figures and Elected Members, including the Leader of the Council. We strengthened our relationships with NHS Rotherham and were able to develop new opportunities for the Voluntary and Community Sector to improve services.

10.5 As in previous years we have been able to raise the profile of Adult Social Care and other public services through quality and innovation. Successes include;

- Industry standard quality awards relating to Customer Service Excellence for all services and two Beacon awards for Learning Disability services and for 'Better Public Places',
- Our approach to engagement has been recognised and featured in an article by the Secretary of State for Communities and Local Government,
- Council of the Year award in the Local Government Yorkshire and Humber 'Making a Difference' award,
- 'Freedom from discrimination' by learning from mystery shopping and improving access to information about universal services, and
- Winners at the Rotherham Chamber of Commerce Business Awards and winners in two categories for the NHS Yorkshire and Humber Health and Social Care Awards 2009.

10.6 The remaining elements of the Annual Performance Assessment process is as follows;

- Annual Performance Assessment report received (without grading), 8 a.m. 21<sup>st</sup> September,
- Councils have the opportunity to make a representation (23<sup>rd</sup> September) and written representation by 28<sup>th</sup> September,
- Annual Performance Assessment report and gradings to Councils, 8am 12<sup>th</sup> October, and
- Annual Performance Assessment published, 26<sup>th</sup> November.

## 11. Background Papers and Consultation

11.1 Service users, carers, staff and partner organisations were involved in providing evidence to include in this year's self assessment. The Cabinet Member and Chief Executives of Rotherham MBC and NHS Rotherham were required to 'sign off' the executive summary.

**Appendix 1 – Self Assessment (excel template)**

**Appendix 3 – Self Assessment (word template)**

**Appendix 2 – User friendly Self Assessment**

**Contact Name:** John Mansergh, Service Performance Manager, Ext 3466  
email [john.mansergh@rotherham.gov.uk](mailto:john.mansergh@rotherham.gov.uk)

## Self Assessment 2008-09

206

Rotherham

**Contents** (click to go to the relevant part of the document)

**Outcome 1 : Improved health and wellbeing**

[Achievements](#)

[Priorities](#)

[Overall Performance](#)

**Outcome 2 : Improved quality of life**

[Achievements](#)

[Priorities](#)

[Overall Performance](#)

**Outcome 3 : Making a positive contribution**

[Achievements](#)

[Priorities](#)

[Overall Performance](#)

**Outcome 4 : Increased choice and control**

[Achievements](#)

[Priorities](#)

[Overall Performance](#)

**Outcome 5 : Freedom from discrimination and harassment**

[Achievements](#)

[Priorities](#)

[Overall Performance](#)

**Outcome 6 : Economic wellbeing**

[Achievements](#)

[Priorities](#)

[Overall Performance](#)

**Outcome 7 : Maintaining personal dignity and respect**

[Achievements](#)

[Priorities](#)

[Overall Performance](#)

**Domain 8 : Leadership**

[Achievements](#)

[Priorities](#)

**Domain 9 : Commissioning and the use of resources**

[Achievements](#)

[Priorities](#)

**Strategic Summary : Review of outcomes**

[Go to section](#)

**Strategic Summary : Priorities to improve outcomes**

[Go to section](#)

**Executive Summary Endorsement**

[Go to section](#)

## **Principles for completing the outcome / domain statements: (please also refer to the specific guidance documentation)**

[http://www.csci.org.uk/professional/councils/performance\\_assessment\\_handboo.aspx](http://www.csci.org.uk/professional/councils/performance_assessment_handboo.aspx)

- Statements should be succinct and outcome focussed.
- Statements should be clearly linked to the outcome / domain.
- The text should be a "balanced reflection" of the council's activity.
- Statements should reflect local priorities.
- Statements should reflect the needs of each client group and community group.
- Councils should highlight any innovations that contribute to meeting outcomes.
- Councils should ensure that any improvements identified through annual performance assessment or service inspections are detailed.
- Where priority-linked developments have not remained on track, it is helpful to identify key challenges.
- It is important that councils demonstrate the degree to which Putting People First has been realised in their own priority setting, policy and practice.
- Statements should be addressed at overall outcome level.
- Assertions of improved outcomes should be supported by evidence that is clearly and explicitly referenced.
- There will be a growing emphasis on evidence based directly on the experiences of people who use services and their carers.
- Robust evidence may include collected quantitative / qualitative evidence.
- Whilst clearly reflecting ASC's accountabilities, the outcome statements should also indicate the move towards a local corporate approach.
- Evidence may also include data from other agencies, where it is linked to ASC's accountability.
- Evidence not covered by the "performance characteristics" is acceptable.
- If evidence is provided elsewhere in the Self Assessment questions or in the list of NIs / other national data, then this can be referenced to avoid duplication.
- Please use the Verdana font at 12 pt for text entry fields.

**OUTCOME 1: IMPROVED HEALTH AND WELLBEING**

People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support.

The Outcomes Framework and Question and Prompts (QuIPs) documents provide further information about the performance and evidence for this outcome (<http://www.csci.org.uk/professional>).

**Outcome statement for completion by the council:**

**Outcome 1 - Achievements**

Please describe the improvements in health and wellbeing outcomes in the past year.

2008/09 has seen significant improvements to the health and wellbeing of the people of Rotherham. Our headline statistics give a flavour of the improvements that have taken place and set the tone for this section. Transformational changes that are taking place in Rotherham are having a genuine effect on our customers. Services have improved customers health and wellbeing over the last 12 months from 91% to 96%. Our key achievements include:

- Rotherham Partnership has agreed targets within its LAA for improving health and emotional well being in Rotherham
- Health inequalities are reducing for adults experiencing COPD and CVD
- There are active campaigns to reduce health and well being inequalities
- More people are benefiting from intermediate care services
- Readmission rates from intermediate care to hospital are low and there have been fewer delayed discharges from hospital to the community
- Levels of permanent care placements are below the national average
- 'Active in Life' is having a significant effect in improving mobility, social interaction and overall well-being.
- End of life care is a Joint Commissioning priority
- 3 new leisure centres have been built using PFI investment

- There has been a sustained reduction in the amount of people going into care homes
- CRILL data shows that standards of care is generally higher than the national position for residential, nursing and domiciliary care

### **Reducing Health Inequalities**

The Rotherham Partnership is making good progress with improving the health of the borough which can be evidenced through;

- Coronary heart disease (CHD) mortality rates are reducing dramatically – outpacing the national average and putting us on course to reach the national average by 2010.
- Rotherham’s Stop Smoking Support Service has helped more than 4,000 people stop smoking, making it amongst the highest performing services in the country with a quit rate of over 50%. There has been a 60% increase in the number of older people accessing the smoking cessation service, of which 55% have been successful.
- Breathing Space opened in 2007 – an award winning state of the art building made possible by partnership between the Council, Rotherham Primary Care Trust and the Coalfield Regeneration Trust. It provides 24 hour respite care for people who suffer from breathing difficulties. Over 1,000 people have been through rehabilitation at the centre.
- Obesity – work has progressed on both treatment and prevention. Last year 38 of the most obese children in the borough attended a weight loss camp. Collectively these children lost 55 stones in weight, reduced levels of body fat and improved aerobic fitness.

Reducing health inequalities in Rotherham remains a key challenge. The Rotherham Partnership commissioned a review, by KPMG and the Audit Commission, of actions to address Health Inequalities in January 2009. The review focused on priority public health issues and an action plan has been produced to implement the recommendations arising from the review. This review shows that the Council and its partners are focusing on long term changes needed to improve quality of life in the borough.

### **Intermediate Care**

We have a single line management arrangement for intermediate care. A performance clinic was held on 16th September 2008 to agree management actions to address bed occupancy, rehabilitation times and to increase access to intermediate care facilities. Performance was 55% occupancy and an average length of stay of 42 days. As at March 2009 bed occupancy has increased by 25% with a 24 day turnover.

Key achievements in this service are:

- 250 admissions since April 2008
- A reduction in the average length of stay from 55 days in May 2008 to a cumulative performance of 35 days for 2008/09
- 80% of service users were living at home on discharge from the residential service
- 12% of service users were either re-admitted to hospital or discharged to residential care
- A total reduction of 427 home care hours on discharge during the year, with the average reduction being 7 hours per week per service user.
- The current cost of home care is around £11.50-£20.00 per hour which would indicate a saving of between £250,000 and £400,000 from the home care budget.
- National Indicator (NI 125) current performance is as follows; 98% of people surveyed said that the service was either "good, very good or excellent".

**"I feel lucky this bad health does give me gains, Having you beautiful ladies to ease my pains, The door to door service a weight of the mind, Plus the driver and partner are mostly kind."** Extract of poem by Mr Griffiths

Mr Griffiths has been visiting the Millennium Rehab Unit every Wednesday since April 2007. "In all the time I have been attending, I have never had a meal that was not first class and always steaming hot and very tasty, with a choice of menu, excellent value for money. From arriving on a Wednesday morning until I leave for home, I feel relaxed and safe. No where could I be better looked after and no where would you find more professional and dedicated staff."



### **Delayed Discharges**

We have improved our performance on delayed transfers of care from the hospital from 16 last year to 3.74 this year.

We have improved our performance on delayed transfers of care from the hospital from 16 last year to 3.74 this year. Delays have been reduced due to significant investment and the appointment of delayed discharge facilitators by Rotherham Foundation Trust. Performance is even more impressive due to an unprecedented level of admissions into A&E, from A&E into acute beds and GP admissions which culminated in the hospital being on a 'red bed' alert for a prolonged period during the Winter. Our joint winter pressures plan, which is approved by the Adult Planning Board, ensured that we were able to work together to minimise delays which were attributable to adult social care. The service reconfigured its staffing levels and priorities which led to our hospital social work team being a discharge function only rather than a traditional planned reviewing function.

**"My husband and I are very satisfied with the service we have been provided with; everyone has been wonderful, so helpful and caring. I never knew that there is so much help available and response time have been prompt. We both wish to thank you very much."**

Mrs J's husband recently took ill and was admitted to Rotherham General Hospital. After a short stay in hospital Mrs J expressed concerns about what would happen when Mr J was discharged because they are both elderly and she wasn't sure if she could cope on her own. The hospital social work team then met with Mr and Mrs J and discussed the care options for them for when Mr J was home. "Services were in place the day we left hospital".

### **End of Life Care**

Multi disciplinary assessments, care planning and commissioning for those with end of life needs are carried out in an integrated manner as part of the individual's overall end of life care pathway, reflecting the approaches set out in the National End of Life Care Strategy, National Framework for NHS Continuing Care and NHS Funded Nursing Care, with full account being taken of patient preferences including those set out in Advance Care Plans.

The Local Authority employ a Social Services Officer, dedicated to supporting Adults in Rotherham Hospice.

210 people qualified for CHC end of life care in 2008 / 09. Most people have a choice and control over how they wish to receive this care. Solutions will vary dependent upon a variety of factors and the individual's needs. Care can be received in their own home, hospice, care home, or acute care if appropriate.

**"I would just like to say a very big Thank you for all the help, advice and assistance you have given my mother and the rest of the family over the past months. My mother was a very frightened elderly lady when we first met you and the professional yet caring way in which you dealt with her case eased what looked as if it would be a very traumatic time."**  
**Customer Comment**

### **Improving Access to Leisure Facilities**

The Council's 3 new leisure centres opened in Summer/Autumn 2008. To date, 139,000 visits have been made. This has significantly raised the quality of facilities available in Rotherham and has contributed to the quality of life in the borough. The Council has started negotiations with NHS Rotherham to see if users of the centres who wish to stop smoking can be identified. If this is possible then group sessions within the centres will be arranged to aid those who may wish to stop. We achieved the LAA target of 19% for increasing adult participation in sport activities.

### **Nutrition in In-House Residential Care Homes**

The new residential homes opened in February 2009 with the key aim to provide personalised services which achieve choice and control for all residents. The opening of these new services coincided with a fresh emphasis being put on the nationally recognised problem of malnutrition and dehydration in older people, and the drive to embrace and give greater consideration to Dignity in Care as a work initiative.

Three new policies were introduced and training was provided to promote improved awareness within all staff groups to work to a common aim. The MUST tool (Malnutrition Universal Screening Tool) is now used and ensures that all clients are screened to assess their medical status, identifying any risk of malnutrition.

All staff groups are equipped with the knowledge to enable them to carry out the recommended screening process and take appropriate professional action to re establish a resident's nutritional status. The Department of Health's Dignity in Care paper has also been used to create the content of the policy, addressing the issues of catering with Dignity in Care and Hydration.

It is considered good practice to re create the visual effect of a standard meal for those residents who require pureed food and may be suffering from dysphasia. This is done by pureeing, thickening and shaping all the elements of the meal, thus producing a meal that is visually recognisable. This stimulates a greater interest in the meal, improving a client's appetite, helping to further reduce the risk of malnutrition. Cakes and biscuits can be softened using a medically approved solution. This results in residents with swallowing difficulties enjoying food items that they have not been able to manage for a long time. These new work practices ensure that these residents maintain their dignity and the right to the same choices as the others.

The importance of hydration and the promotion of water have also been re established in line with the Water for Healthy Ageing initiative. All of these factors ensure greater compliance with the National Minimum Care Standards and support all good practice guidelines.

A resident with dementia, who was previously served fruit pureed into a paste and served in a bowl, recognized a portion of shaped peaches and requested a portion. This helps to demonstrate the maintenance of dignity and choice for that resident and the improved services we aim to achieve.

### **Raising Standards for Nursing, Residential and Domiciliary Care**

CRILL data shows that for nursing homes (older people), there has been an increase in places rated 'good' compared with last year up to 65%.

For residential homes (older people), Rotherham still has more places rated good or excellent compared with the national picture.

For domiciliary care, Rotherham has twice as many providers rated 'excellent' compared with expected national performance.

## Healthy Living

The '**Active in Age**' project has been operating successfully across several Sheltered Housing Neighbourhood Centres in the Borough and NHS Rotherham are to provide further training for staff members to facilitate this training in other areas of the borough and in other services such as Extra Care Housing. The importance of maintaining activity and involvement is demonstrated in the example below. The project has also been extended to incorporate other exercises and balance improvement which will contribute to the preventative agenda.

### **CASE STUDY- CITIZEN JURY, Health Promotion Specialist - Healthy, Active and Independent**

#### **Why being active is important for older people**

Exercise and physical activity has an important role in promoting good health, mental well-being, management of illness and disease, functional independence and confidence, can also reduce isolation and loneliness, and helps to prevent falls

#### **How we know there is a need?**

Many long-term care facilities neglect to include physical activity as an essential component of their resident activity programs. If people are not kept active both physically and mentally then you often see a rapid decline. In nursing homes 50% of residents fall once a year and 40% twice or more (Oliver, 2008). Strength and balance exercises are the main way to help prevent a fall. There is demand and uptake from care homes for this programme

#### **Active in age**

A project that trains staff and volunteers (including older adults) to OCN level 2 to deliver gentle and safe activity sessions within their own settings. Also contains some falls and Osteoporosis elements. It is designed to encourage participants to start to be active, help them to maintain their functional ability, and also provides social networks and fun! Frailer older adults can find this more appealing than delivery by a fitness instructor and staff tend to know their clients so can tailor it to their needs.

## **Examples of success**

- Reported improvements in mobility.
- Increased social interaction and improved overall well-being.
- General promotion of independence within care settings.

## **Currently in Place**

- Two training programmes currently underway.
- Active Always Keep Moving -a gentle class including strength and balance exercises
- 13 specially trained EXTEND instructors – generally people who tend to be from local communities, with the experience of working with people in nursing homes
- Resources in place to support the programme, flipcharts, videos, etc.

## **What next – invest in structures, support, training and resources**

- All homes to receive Active in Age training,
- All staff to receive training to understand the importance of promoting independence.
- Investment for the care home liaison team to work closely with staff to provide them with advice and support.
- All homes to have a weekly Active Always class
- Build incentives into care home contacts to encourage the work
- Every home to have a copy of the PALS tool and the Alzheimer's book of activities.
- Investment in equipment, appropriate for individuals needs.

## **Equipment and Adaptations**

We funded and commissioned a survey, undertaken by BMG Consultants, of 853 Council tenants who were in receipt of equipment and adaptations. This showed that 81% cited that there had been an improvement to their health as a result. Half stated that their health had improved a lot. This rate demonstrates the importance of adaptations in contributing to a person's ability to live their own life at home. It also demonstrates the significant impact that adaptations make to the preventative agenda.

**“I am extremely delighted with the professional, efficient and friendly service I have received from the community occupational therapy service. The staff are exceptional, quickly recognise areas of need and act on providing help immediately”**

Mr H was a steelwork director who had to retire due to ill health. Mr H has a progressive illness and so the hospital referred him to Neighbourhoods and Adult Services for an assessment. A member of the community occupational therapy service came out to visit Mr H and his wife to help them to equip their home to prepare for the future. The equipment they have received has helped them both and has maximised Mr H's independence.

### **Ministry of Food**

Rotherham will continue to support Jamie Oliver's innovative Ministry of Food for another year. The joint announcement by Rotherham Borough Council and NHS Rotherham comes after the final programme of the series was shown in October 2008. A package of funding totalling £125,000 has been secured to continue the educational and healthy eating work begun six months ago at the Ministry of Food in the town centre at All Saints Square. Grants from the Department of Health, Local Authority Business Growth Initiatives (LABGI) scheme and funds from NHS Rotherham has enabled the project to run for another 12 months. Customers from Extra Care schemes and the Learning Disability Service have all engaged with the Ministry of Food and it's 'Pass it On' scheme.

### **Tackling Affordable Warmth and Fuel Poverty**

The Affordable Warmth Strategy is a multi-agency strategy and an action plan is jointly led by NHS Rotherham and the Council. The Hot Spots project has created a partnership approach to address Affordable Warmth, finance, safety and health. The project enables a customer-facing officer to maximise a single point of contact with a householder, to provide energy saving and grants advice, Home Fire Safety Checks, a Benefit Entitlement Check and Stop Smoking Advice & Support. This project delivered a number of improved outcomes for people including:-

- 1 in 4 referrals resulted in people accessing additional benefits
- Around £1,583.00 per week or £82,316.00 per year in additional welfare benefits were awarded to people as a direct result of hot spots referrals

- 341 customers were given verbal energy saving advice and top tips. Average savings to those customers on their energy bills was £125 per year.

A Fuel Poverty campaign was also undertaken. Around 4,000 properties were visited by Neighbourhood Energy Officers to offer advice on energy efficiency. This led to 2,000 vulnerable people in Council bungalows being provided with loft insulation which reduced heating bills as a result.

### **Continuing Health Care**

There has been a reduction of 54 in the number of older people's admissions compared to last year. This was achieved as a result of implementing our reconfigured intermediate care service and by improving access to NHS fully funded and Continuing Healthcare. There was a slight (3) increase in the number of younger people's admissions but we understand the reasons for this and our partners, RDaSH have a large scale modernisation plan, which has recently completed a 3 month consultation programme, to move to shift towards a community based model of provision.

### **Personal Budgets for people with mental health problems**

The number of people with mental health problems receiving a personal budget as at 1<sup>st</sup> April 2009 is 145. The personal budgets are all allocated as a direct payment. Mental health users have chosen to use their personal budget, with 60% employing their own care/support worker, the remainder have chosen to use their budget in a variety of ways including:

- Support to access further education
- Access to mainstream leisure activities within their own community
- Respite care in a less restrictive environment
- Driving lessons to increase confidence and access to work

A recent evaluation was undertaken and the outcomes for individuals showed that they felt more in control, had improved choice and flexibility, increased self esteem and improved relationships and more opportunities to maintain links within their own communities.

### **Improving Services for Carers**

Individual Carer Assessments are offered to carers in Rotherham. During the assessment training needs are identified in relation to delivering their caring role, this includes health and safety training requirements whilst delivering their caring role. Health needs in relation to the carers' physical/emotional/mental well-being is taken into account during assessment along with the need for respite. Respite breaks to attend hospital and health appointments are provided for carers.

Health and Wellbeing groups such as provided by Carers 4 Carers, a user led group, provides a weekly female group in co-operation with the Mental Health Carers Support Team. Similarly a group called 'Seahorses' has also been established for men both the groups provide outlets which promote health and well-being activities. These groups also offer the feature of peer support as a consequence of their inclusion of carers experienced in or experiencing similar difficulties in their caring responsibilities for those experiencing mental health problems.

In October 2008 'The Carers Well-being' project commenced hosted by Crossroads for Carers. These were jointly funded by, Rotherham MBC (Carers Grant) and through Communities for Health grant funding. The project provided alternative therapy breaks for Carers. Therapies included:

- Massage
- Aromatherapy
- Counselling
- Reflexology
- Reiki

In addition care attendants were provided to stay with the carers for person providing peace of mind for the carer.

A total of 64 sessions were delivered and 80 hours of replacement care. The evaluation of the project indicated that this therapy contributed to people feeling 'relaxed', 'uplifted', provided 'tension relief' and provided a 'boost to the caring role'. 50%, of those partaking said the therapy met their expectations and 50% exceeded their expectations. The sessions were free to carers.

Training for carers – consultation with carers indicated that they would benefit from Moving and Handling training and Stress Management.



45 – Carers attended - Confidence Building/Communication and Stress Management courses in March. Co-ordinated by Rotherham Advice and Information Network in partnership with Rotherham Council.

Courses on 'Stress Control' have been delivered in the community by NHS Rotherham, with an invitation to include carers to attend the course to support. In September 2008, 17 guests/carers attended and in February 25 guests/carers attended.

Carers Grant funding provided 18 carers to have a pre Christmas breaks to carry out shopping to reduce stress in this busy calendar period. Replacement care was also provided, to allow this to take place.

Mental Health First Aid course for Carers currently being promoted by our health partners Rotherham NHS and have been targeted through carer networks.

A joint funded specialist team providing carer support to those caring for Dementia/Alzheimer's sufferers has been established by the Community Mental Health Team for Older People. At the point of diagnosis carers are referred for a carer's assessment promoting early intervention for carers. The team have undertaken 300 carer's assessments this year. Each carer is given a follow up appointment where a discussion takes place including diagnosis and what happens now including a forum 'what to do in the event of an emergency'.

## [Contents](#)

### **Outcome 1 - Priorities**

Please outline your planned priorities to improve outcomes relating to health and wellbeing for people who use social care and the wider community.

- To work in partnership with NHS Rotherham and others to reduce health inequalities in areas of high deprivation through intensive neighbourhood management arrangements

## [Contents](#)

**Outcome 1 - Overall, how well are you performing against this outcome?**

The weight of achievements made detailed above, track record and the significant amounts of additional resources committed by the Council and NHS Rotherham suggests that this judgement should remain as 'performing excellently'.

[Contents](#)

## **OUTCOME 2: IMPROVED QUALITY OF LIFE**

People who use services and 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.

The Outcomes Framework and Question and Prompts (QuIPs) documents provide further information about the performance and evidence for this outcome (<http://www.csci.org.uk/professional>).

### **Outcome statement for completion by the council:**

#### **Outcome 2 - Achievements**

Please describe the improvements in quality of life outcomes in the past year.

There is a range of evidence demonstrating progress made on the services that promote independence, such as intermediate care, extra care, assistive technology, reablement, direct payments, equipment and adaptations and carers' services. This record of progress underlines our commitment to our customers. We have successfully developed services with meaningful input from our customers that have significantly contributed to the health and wellbeing of our people. Our key achievements are:

- Services have improved customers quality of life – improved from 89% to 96%
- Reablement services has resulted in 60 fewer people needing home care services to remain independent
- We have delivered on last year's promise to invest in assistive technology
- Increased people purchasing intensive home care through direct payments
- Increased support to Carers through the delivery of a Carers Strategy
- Significant levels in reduction in crime
- Provided 536 new customers with assistive technology.
- Improved delivery times for minor equipment by 5%

- Helped more people with mental health problems live at home
- Achieved positive results through the Place Survey
- Secured additional investment for people with physical disabilities

## **Assistive Technology**

We have delivered on last year's promise to invest in assistive technology. A Project Manager was appointed in order to ensure that assistive technology stayed high on our agenda. Assistive Technology is an important priority for the Council and we are increasingly looking at innovative uses of technology to involve more customers in prevention and to improve their wellbeing and safety.

Our SAS target for 2008/9 was that 536 new services users aged 65 and over are provided with one or more items of Assistive Technology equipment in their own home. To date, Rothercare has achieved 837 new service users aged 65 and over. This demonstrates the importance that we place in this vital form of protection and reassurance.

During November 2008, 190 bogus caller alarms were installed across Rotherham in hot spot areas. The effectiveness of the bogus caller alarm devices has been evaluated through a customer satisfaction and the results have proved positive.

- 87% feel safer as a result of having the bogus caller alarm
- 100% feel that it was easy to use
- 97% rated the bogus caller alarm satisfactory
- Nobody felt that they did not have any control over their daily life

These positive results led the way for NAS to invest a further £39,849 for a wider trial of this technology. Working in partnership with RMBC Chief Executives department, Rotherham East and Rotherham West have been identified as key areas with crime hot spots. Bogus caller alarms will be deployed in these areas during the 2009 /2010 financial year and evaluated for their effectiveness.

Our Assistive Technology programme is seeing good evidence of outcomes for service users in other areas. We expanded our planned target for new users in 2009/10. The programme includes temperature extreme sensors; Just Checking and the upgrading of old base units. These changes came about from ideas from our customers.

The temperature sensors protect against extreme cold and sudden accidental fires and again make people feel much more confident in their homes. Our latest survey results show 100% overall customer satisfaction ratings and 91% rating for 'making me feel safer'. Comments include;

- **"Thank you very much for the alarm. The full system is very good, as a Council we do very well from you. Thank you once again",**
- **"I wish to thank you for the help you give to us pensioners",**
- **"It is nice to know RotherCare are always on hand thank you", and**
- **"Thank you to all for making me feel secure in my bungalow no complaints only praise, thank you".**

### **Older People Mental Health Service**

During the last year we have expanded joint commissioning activity to include Care Home Liaison Service, Memory Service and reconfigured older people's mental health services through Rotherham Doncaster and South Humber NHS Trust (RDASH) modernisation programme. We have demonstrated the importance of working closely with partners throughout these pieces of work.

### **Reablement Services**

Development of reablement services has resulted in 60 fewer people needing home care services to remain independent. We see reablement as an essential part of our strategy to help people to stay at home, maximising their independence, confidence and choice and control are how they live their lives.

### **Helping People Live At Home**

We have found ourselves in a paradoxical position when it comes to the NI 136 indicator. The work that we have undertaken on assistive technology, occupational therapy waiting times, reablement and personalisation has not had an impact on the indicator even though all of these measures have significantly improved the quality of life for customers.

An example would be the work that has been undertaken to significantly reduce the Occupational Therapy waiting backlog from 1200 people to 145. The reduction in waiting times from 20 months to 7 weeks is a key headline figure that requires celebrating but this is counterbalanced by reductions in services such as meals on wheels.

During 2008/9 we improved delivery times for minor equipment by 5%. We saw this as a key improvement as minor equipment can often be the preventative measure that leads to a person that reduces risk. The provision of a grab rail today may lead to a lessening in falls tomorrow and so it was essential that we improved our service. In partnership with NHS Rotherham, we reviewed the partnership agreement governing the pooled budget for community equipment to place a stronger focus on improving the assessment, delivery and installation process as experienced by customers. The figures below are impressive but it is essential that the context is understood. 1,168 more people in Rotherham benefited from this service this year. Each one of those people has had their home life improved and is now less likely to be involved in a hazardous fall.

**“I would like to thank you all for all the help I have been given. It has made a big difference to my life. I would like to thank my occupational therapist especially. She has been marvellous to us both just like a friend. She is so efficient and keeps her promises”**

**Mrs U has a bad fall last year which left her with a lot of back problems and discomfort. She contacted Neighbourhoods and Adult Services because she was having problems getting around her home. An Occupational Therapist came to visit her to do a social care assessment. She now has a stair lift to help her get upstairs and a level access shower to assist with bathing ‘The service was a lot quicker than I thought’.**

The Service Level Agreement for Community Occupational Therapy (COT) is being negotiated. The awarding of the contract is closely linked to wider discussions about Transforming Community Services and as a result, a full VfM analysis has to be undertaken and the contract considered on an interim basis. The backlog of OT cases has been resolved this year but this has led to, in addition to JSNA projections, a financial pressure on the adaptations programme resulting in 282 people waiting for an adaptation who cannot be helped this year within the resources available to the Council.

There has also been an impact on the pooled budget for community equipment where minor equipment is delivered through the REWS service. This will result in deterioration in waiting times. We are identifying this as a corporate pressure and are continuing to work closely with NHS Rotherham to identify better ways of getting increased value from the available capital and revenue funding. This included negotiating additional funding from NHS Rotherham.

The CSCI user questionnaire issued in 2008/9 assisted this process and we will be continuing to learn from this in 2009/10. A strategic review of the provision of minor equipment will be taken forward in 2009/10 as part of the joint commissioning work programme with NHS Rotherham. This will be focused on getting the best service for customers from the available resources and also exploring new ways of providing equipment based on wider developments in the market and innovations being adopted by other Local Authorities and PCTs.

**One customer said at a Visioning Event, 'You will not believe what a difference such a simple change made to my life. I actually feel more confident using the shower and that confidence makes you feel good all round.'**

***"I was informed at every stage and was told how the progress was going on. I got plenty of phone calls telling me what was happening. The council definitely work in good partnership with Johnny Johnson Housing"***  
**Adapted accommodation Home Truths**

***"Excellent, can't fault it. It has changed our lives. So far my wife has not complained once about her back"***  
**Adapted accommodation Home Truths**

***"Having a shower fitted means the world of difference to me, I am so impressed with the service, from how quickly they fitted it but also how clean and tidy they left the bathroom, my daughters were very impressed"***  
**Adapted Accommodation Customer**

### **Modernising Services**

The number of people taking meals on wheels reduced in 2008/09 following a significant price increase. We are working to broaden the range of providers available, through innovative customer sessions such as 'Consultation Café' and extend access to any customer including those who do not meet FACS. As a result people accessing these services will not be included and will have an adverse effect on NI 136.

An example of the need for such communication emerged recently with the changes that the Council were making to the Meals on Wheels service. What began as a negative press story was developed into a positive change by directly involving our customers. The Meals on Wheels story has helped form our template for dealing with change – and that template has been defined by our customers.

### **A NEW DEAL FOR MEALS ON WHEELS**

100 Rotherham residents had the chance to tell the council what Meals on Wheels service they would like at a Consultation Café event. Rotherham Borough Council has begun a conversation with its 600 Meals on Wheels customers with the aim of designing a better and more effective service. The result of this process will be a better service and cost savings all round.

Twelve businesses attended the event at Bailey House in Rotherham to show off their food and talk to residents about how they would like their Meals on Wheels delivered.

In the first two weeks of May residents have been offered taster sessions across Rotherham and every customer is being given samples of the foods available to try in the comfort of their own homes.

### **Intensive Home Care Packages**

We have achieved a score for Intensive Home Care packages of 14.8, an improvement from 13.9 in the previous 2 years. This puts us ahead of the national IPF comparator average. This means 42 additional users are now in receipt of intensive services compared to last year (611 in total).



The number of older people receiving intensive home care and those receiving intensive home care purchased through a direct payment improved from a rate of 14.88 per 1,000 population to 17.88. This leaves Rotherham as one of the best performing Councils in the country.

A review of the community matron service has been completed. In services for Older People with Mental Health problems there has been an additional investment of £710,000 made this year (2008/09) to implement the new community-based service model, extended Community Mental Health Team (CMHT), new Memory Clinic, new Mental Health Liaison Service, carers support service delivered by Crossroads, dementia benefits service and new-build inpatient unit at the hospital. This is in line with the new national Dementia Strategy.

To implement 'Right Care, Right Time, Right Place', we have developed the Home Care Home Liaison Service, a system of monitoring A&E referrals from care homes and generic support service for hospital discharge. In addition, we have linked this service with the Home from Home initiative to provide additional reassurance on the quality of nursing care and incentives for providers. The Home from Home service is described in full elsewhere in this document but it is having a significant and meaningful impact on the provision of care in nursing homes.

### **Support for Carers**

Carers are signposted to support services – Carers Handbook is provided at the point of Carers Assessment. They are distributed widely to key points where carers are likely to be via the Carers Forum

Carers Emergency Scheme – provides peace of mind to carers  
Details of the Carers Emergency Scheme. The post is currently supported by the carers grant and carries out an assessment of support/care need in the community. The care plan identifies the names of two people, friends, relatives or neighbours, who are prepared to assist in providing care in an emergency. Formal care is provided by Crossroads Care Attendant Service, should informal care not be possible. The intention is to support the cared for person in the community causing minimum disruption to their routine whilst still meeting their care needs. Should remaining in the community not be an option then cared for person is supported in residential care. The scheme is able to fund up to a maximum of 72 hours of care free of charge to the customer.

During the assessment any issues identified at the time of the visit are forwarded to the appropriate agency, providing added value and early intervention. The scheme is a proven way of giving carers and the person they care for peace of mind.

Carers support within Wathwood Hospital – a forensic psychiatry unit, provides a very active Carers Forum, and carers are given support and encouragement to attend this. Meetings occur 4 times a year, with approximately 20 carers usually attending. They provide an opportunity to raise issues with senior managers, give information, and for mutual support between carers. In the last year, we have had carers represented on the Carers Steering Group, which takes forward carer issues within the hospital. An audit of carer's satisfaction regularly is taken up regularly, and finds that generally carers are very positive about the support we offer.

A specialist service which provides Carer Assessments for those caring for individuals with mental health diagnosis is established in Rotherham. The assessment staff are qualified social workers with expertise in this specialist field and is supported by support staff. The support provided in the community to carers is ongoing following a carer's assessment and provides some out of hours contact. This feature enables working carers to maintain contact with their support network. Text messaging is also used to provide additional contact and to maintain links at the carer's discretion. Signposting onto Welfare rights officers is undertaken by this team.

Rotherham MBC has developed a Direct Payment Scheme for carers the development of Direct Payments launched in Jan 09 by RMBC. An investment of approx £100K supported this scheme, and was Carers Grant funded. This scheme has been well received and indications are that a range of goods and services were requested as a result of the Direct Payment. 300 carers have taken advantage of this opportunity to date – April 09

All 300 carers who took advantage of the scheme are being surveyed to establish the outcome of the scheme. Initial findings indicate that 47% of carers felt that having their own assessment had made their quality of life much or a little better. The carers felt that the main areas of their life helped by the Carers Direct Payment included accessing or purchasing leisure pursuits and purchasing equipment to make their life easier, gym membership, white goods, cost of running a vehicle, computers.

Various 'other' answers were provided, for example, decorating, driving lessons, holidays, vehicle maintenance, and gardening. 80% of carers felt the money from the Carers Direct Payment has made things easier for them. 87% of carers do not feel that their caring responsibilities prevented them from spending the Direct Payment on the things they wanted.

The ethos of 'Supported to care .your choice' aligns to the 'Personalisation' strategy and will accelerate efforts towards transformation of social care. It also provided carers with an increased choice and control over the type of support they wanted and at a time they wanted it.

In addition, funding support for Health and Wellbeing breaks has been provided to a third sector partner. This extra funding has offered support for 64 complementary therapy sessions for carers. The funding also supported 80 hours of additional care to allow carers to attend the therapy sessions.

The 'Seahorse' health and wellbeing group has been established to support male carers. Rotherham MBC funds the Carers Forum which provides peer support and emotional support for and between carers.

**Jeanette Mallinder is the co-ordinator of the Carers Forum. She said, 'The Council has been committed to recognising carers and the importance that they play in the community. The Carers' strategy is an excellent launch pad to develop our relationships further. Carers are involved at every stage and that is something I will always applaud.'**

### **Safer Rotherham**

We believe that the quality of life for the people of Rotherham continues to improve as a result of the Safer Rotherham Partnership's work to reduce crime in the borough. Since April 2008 we have seen;

- **2,750 less victims of crime**
- **240 less victims of burglary**
- **300 less victims of damage**
- **100 less drug related offences**
- **500 less victims of car crime**
- **27.1% drop in victims of domestic violence**

There is an active Safer Homes Partnership focusing in the provision of free target hardening and advice to the most vulnerable. The service, linking strongly with Victim Support, is provided to a range of vulnerable residents including those who;

- have suffered domestic violence
- have been the victim of crime
- are in extreme fear of crime
- are over 55

In 2008/09 some 350 households were supported from the project. The service will be developed over the year to provide other practical support e.g. providing key safes and memo minders, changes to communal areas, and a free gardening service for residents who require the support. In addition a Sanctuary scheme which provides a "safe room" for victims of domestic abuse has been recently introduced.

### **Improvements in helping adults with mental health problems to live at home**

We have seen significant improvements in helping adults with mental health problems to live at home:

- First year of reporting from electronic records for RDaSH.
- Performance has increased from 4.17 to 7.36.
- Our performance remains in band 5 (top banding – same as last year).
- Score has moved to upper quartile when compared against England and to our IPF group (was in next to upper quartile last year). We are clearly underlining our commitment and establishing an excellent service.

### **Place Survey**

The weighted results from Rotherham's Place Survey are generally positive. Excellent ratings include

- 74% for 'satisfaction with the local area as a place to live' (NI 5)
- 71% for 'overall good health and well being' (NI 119)
- 80% for 'older people's satisfaction with home and neighbourhood' and 66% for 'local services provide fair treatment' (NI 140).

A score of 33% for the 'perception that older people receive the support they need' (NI 139) provides us with significant work to do to communicate our modernisation agenda. Whilst our own local and external service-specific surveys provide us with the confidence that our services are either good or excellent, this does not accord with the results of the survey. Part of the explanation could be that we have had a poor image portrayed in the local media for our policy to progress to outsource home care and our investment and focus on services that promote independence and reablement have been negatively perceived as cost cutting measures. Whatever the reason we need to now ensure that people feel comfortable with the message we are communicating.

### **Extra Care**

During 2008/9 we reviewed our approach to delivering Extra Care. This involved a task group being established to appraise the current services delivered and to benchmark against other Registered Social Landlords and other Local Authorities. As a result, Rotherham's approach to the way that services are delivered has been modernised. The site based care enablers were formally transferred to Health and Wellbeing to be managed as part of Domiciliary Care Services under the Registered Care Managers, allowing spare staffing capacity to be used more flexibly as part of the broader Care Enablement service. A separate staff group was created to deliver dedicated Housing Support Services in Line with Supporting People expectations, and to make better use of the income being received from each tenant in relation to this service. Residents were consulted and during 2009/10, the changes will be fully implemented allowing more dedicated housing support plans to be drawn up, focusing on independent living and outcomes for individuals.

*"My independence is fantastic: I just can't believe how I feel now. I have always been a happy fella but this is more than happy"*

### **Extra Care Housing Home Truths**

*"Absolutely fantastic. I don't think there are words in the dictionary to describe how I'm feeling. The security is second to none"*

### **Extra Care Housing Home Truths**

In March 2009 work was completed on Bakersfield Court, Longfellow Drive a brand new extra care housing unit in Rotherham. Bakersfield Court is well equipped offering accommodation of 44 two bedroom apartments and 14 two bedroom bungalows, 6 of which are for sale. Facilities on site are tailored to the needs of the residents and include a restaurant, laundry room, library, and a treatment room offering hairdressing, chiropody, alternative therapies etc, an activity room, an emergency call system and much more. All those facilities will be open to the local community.

**Mr R is currently living in a residential home after being discharged from hospital. Due to his speedy recovery Mr F feels that he is ready to live alone again but with some support because he no longer needs full time care. The hospital referred him to Neighbourhoods and Adult Services for an assessment. Mr F has now applied for a property at the new extra care housing scheme at Bakersfield Court. Where he feels he can start to live his life again but have help available if he needs it.**

Outcome based support plans have been developed with Supporting People for the newly created Housing Support Roles in Extra Care Housing. These documents will be used in the 3 Extra Care Housing Schemes from March 2009

### **Preventative Services**

We have improved our signposting service and worked with Voluntary Action Rotherham (VAR) to develop services in the Voluntary and Community Sector. An example that has made a significant difference has been the development of a Handyman service with Age Concern.

The Anchor Stay Put Service (Home Improvement Agency) have worked closely with the Council and the OT service to significantly reduce waiting times for OT assessments through a home repairs service.

### **Improving Physical Disability and Sensory Impairment Services**

Over the last 12 months we have made a number of improvements to services for people with physical disabilities and sensory impairments utilising customer experiences of mystery shopping, reality checking and auditing access to services / information within Rotherham to learn from customer experiences. This work was conducted by our PDSI Customer Inspection Team. Here are some of the headlines from inspections throughout the year:

- **100%** of Teams called answered the phone within 7 rings
- The customer scored her visit to the Rotherham Visitors Centre as overall "**Excellent**"
- The overall impression of the Green Lane Resource Centre was scored as "**Excellent**"
- The information on offer at Crinoline House for customers with a physical disability was scored as "**Excellent**"
- **100%** of customers are either satisfied or very satisfied that we have helped maintain and promote their independence at Scope Day Centre
- The driver of the **Dial a ride Service** arrived 45 minutes early to pick the customer up
- 100% of customers are either satisfied or very satisfied with the service they receive at **Grafton House**
- The overall impression of the service received from **Community Transport** was scored as "Very Satisfied"
- The overall service received at Crinoline House was scored as "**Excellent**"

Utilising customer feedback we have improved services on the following:

- Put in place a customer pack that contains key information on the service you can expect and contact details of our service and supporting services
- Changed our working practices and now have 2 dedicated social workers working on assessments. This has significantly reduced waiting times.
- Organised a Fair's Fayre event on 28th October providing advice, information and support for people with disabilities in Rotherham.
- Reviewed the whole Blue Badge process and made big changes so that customers now receive a decision on the spot and their badge on the day

### **Case Study**

N is age 25. He has a moderate learning disability, a physical disability and is registered blind. N accesses weekly regular respite care and a combination of Day Centre Placements that he enjoys attending. In 2008, N's main carer faced a crisis. Consequently, he was placed in a familiar respite unit to manage presenting risks to his safety. From N's perspective, such swift action placed uncertainty over the stability of his everyday life and not knowing when he would return home. Fortunately the family crisis was soon overcome but this identified the need for N to exercise control and choice over his lifestyle and be prepared should he and his main/carers face a similar crisis in the future. With Social Work support N decided to use the Person Centred Plan process to assert his wishes of how he would like to manage future risks and create a lifestyle of choice. This resulted in a change to his service and an increase in satisfaction.

### **Two New Residential Homes**

Rotherham responded to the challenge of the Care Standards Act 2000 by deciding to re-provide its existing homes, which did not meet the National Minimum Standards (NMS) in relation to room size and other building related issues, replacing them with 2 new 60 bed homes and 3 extra care scheme. The final extra care scheme was delivered this April and the 2 new homes opened in February 2009.

From 2004 there was extensive consultation with relatives and residents, including 5 open meetings in August 2008 with the Director of Health and Wellbeing and Senior Managers in each of the remaining homes. Relatives and residents also received 1:1 meetings at which their individual needs and requirements were discussed, and decisions about the move were made. Residents made several visits to the new homes to familiarise themselves prior to the move.

Every resident of the existing homes was offered a room in one of the homes, and everyone was able to choose which home they went to. In many cases, residents chose their own room, and both they and their relatives were actively involved in the move to the new home.



The new homes have been built to a non-traditional design. There are 4 15 bed wings or pavilions in each home. 30 beds in each home have been registered to meet the needs of older people who are mentally ill. One of the former homes, Listerdale, offered 10 respite beds, which were always over subscribed. In response, 6 beds in each home (12 in total) have been designate as respite (EMI) an increase in provision to support more people to continue to live at home.

Fundamental to the new homes' model of care is person centred care. As an example, every resident has a lockable medicine cabinet in their own room, enabling people to self medicate if they are able to, and enabling others to receive their medication in the privacy of their own homes.

Each room has its own en-suite shower room (walk-in shower) and a balcony, which is secure. The rooms have been provided with furniture of a good standard but residents have been encouraged to personalise their rooms as much as possible.

There are several communal areas within each home, permitting people to choose how and where they socialise. There is a high level of engagement with relatives, and an en-suite room is available in each home to permit relatives to stay.

The move into the new homes was as smooth as possible for residents. Their rooms were prepared beforehand, with their possessions having been placed by relatives the day before. Additional staffing was made available to ensure that 1:1 staffing was allocated to most residents in the first 2 days to ensure that their needs were met.

Continuity of care was assured through careful staff selection and allocation to ensure that every resident had staff who knew them available in their team. Extensive training was provided to staff teams on Person Centred Planning, Health and Safety, Safeguarding, MUST, nutrition, hydration, thick 'n easy meals and dignity in care.

### **Independent Living**

Development of move-on accommodation to support independent living for vulnerable households living in temporary accommodation. Phase 1 new build (3 sites totalling 9 units) being developed by Arches Housing to be completed by November 08. Phase 2 new build (3 sites totalling 9 units) on target to be completed by March 2009.

£164,000 was used to part fund 2 new Supported Living Schemes for people with a learning disability. It enabled 8 people to continue to live at home rather than the only other alternative of residential care. Supported living is a more cost effective option and provides the individuals with a better quality of life it also leaves them with more disposable income. It improves our performance in helping people to live at home and reduces the admissions to residential care.

The learning disability service builds in the REACH standards to all of the supported living centres it commissions. This ensures that services are person centred and focus on customer involvement and engagement.

From a financial perspective supported living saves on average around £300,000 per year. This is because we can draw down other such as ILF, Supporting People and Continuing Health Care. The average cost for these two new schemes is £430 per person per week. The current average cost of residential care is £1130 per week. This year, one of our new schemes will be for 4 young men who have autism.

In addition we invested £192,000 into Direct Payments providing individualised and personalised services to people with learning disabilities.

The focus is always on the quality of life of the customer involved and we have had significant achievements in this area.

Within the learning disability service we are exploring methods of accessing additional housing for people. 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.

### **Ash Court supported living scheme – A CASE STUDY**

Ash Court opens in June 09 and is the 41<sup>st</sup> supported living scheme developed by the Learning Disability Service in Rotherham; the first was opened 20 years ago this year. There are now well over 100 people with a learning disability with an assured tenancy in fully supported accommodation. This includes people with complex needs or autism.

Supported living offers a positive alternative to residential care. 3 of the 4 tenants of Ash Court are people in their 20s who have been in residential care for over 5 years. As you will see from the photo – Darren, Michelle and Craig are greatly looking forward to their own home. Joanne – the fourth tenant – has older carers and hopes to establish her independence. People with older carers are the major priority for supported living so that they, and their families, can plan for the future.

The Learning Disability Service has a rolling programme to develop 2 new supported living schemes each year. The next scheme will open in the autumn and is for 4 young men with autism.

The joint Learning Disability Service has a commitment to involve customers in the recruitment and selection of staff. They are actively promoting employment for disabled people.

#### **“It makes me proud to know I am helping people”**

Laura, Gary, Lyndsey and Ashley who are Learning Disability Service users said they would like to help Rotherham Council make the way they recruit staff better by changing job adverts into Easy Read (which is a system that uses pictures and large text). After completing 11 weeks training, each week the team now change the adverts into Easy Read making the access to jobs easier for everyone.

### **Supporting People with Complex Needs to Live at Home**

The NHS Rotherham inpatient Assessment and Treatment Unit, part of the Joint Learning Disability service, 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 development of new community outreach teams and aims to keep occupancy within the unit as low as possible by supporting Rotherham residents where ever possible within their own communities. The service 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.

## [Contents](#)

### **Outcome 2 - Priorities**

Please outline your planned priorities to improve outcomes relating to quality of life for people who use social care and the wider community.

- Responding to CQC recommendations following the Inspection of services for people with physical disabilities or sensory impairments.

## [Contents](#)

### **Outcome 2 - Overall, how well are you performing against this outcome?**

The weight of achievements made detailed above, track record and the significant amounts of additional resources committed by the Council and NHS Rotherham suggests that we have made significant progress during the year but we feel we need to demonstrate further progress before we can improve from 'performing well' to 'performing excellently'.

## [Contents](#)

**OUTCOME 3: MAKING A POSITIVE CONTRIBUTION**

People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported.

The Outcomes Framework and Question and Prompts (QuIPs) documents provide further information about the performance and evidence for this outcome (<http://www.csci.org.uk/professional>).

**Outcome statement for completion by the council:**

**Outcome 3 - Achievements**

Please describe the improvements in outcomes relating to making a positive contribution in the past year.

Service users are shaping the transformation of social care in Rotherham. Every aspect of our business and performance demonstrates that we have an embedded successful culture of Learning from Customers. This ethos leads directly to improved services and outcomes for our customers.

We were one of the first accredited social care departments to be recognised for the new Customer Service Excellence standard. We have placed customers firmly at the heart of our services, putting in place different, varied and innovative ways to learn from their experience – to really see the service through the eyes of the customer. By doing this we have embedded a culture of 'Learning from Customers' across 2000 staff where every contact counts. We take great pride in our relationship with our customers. We consult, we listen and we respond. Our key achievements are:

- Winners of the Rotherham Business Award for Customer Service
- Improved Satisfaction with customer engagement from 92% to 94%
- Engaged with over 4,000 customers with physical disabilities, sensory impairment, learning disabilities and mental health problems at Fairs Fayre.
- Shortlisted for a number of national and regional awards for customer and community involvement

- Delivered a number of significant improvements through learning from customers leading to improved outcomes and satisfaction.
- Significantly improved services and support for Carers through Visioning Days.

## **Rotherham Business Award for Customer Service**

We were given the accolade of providing the 'best customer service in town' winning the Rotherham Business Award for Customer Service. This award was in recognition to our approach to engagement, learning from customers and delivering high levels of customer service. For a Council to win a Business Award was a prestigious achievement. This would not have happened without the contribution that our customers make to everything we are and everything we do.

## **Customer Service Excellence**

In June 2008, Rotherham became one of the first Councils in the country to achieve the new Government Customer Service Excellence Standard and the first Council in the country to receive it in five service areas. The standard looks at a number of criteria and sets the bar high for customer consultation and service delivery. We were compliant in the following areas:

- Customer Insight
- Delivery
- Culture
- Timeliness
- Access and Information

4 Compliance Plus' were awarded for areas of best practice which exceeded the requirements of Customer Service Excellence and can be used as an exemplar for others. These include:

- The Service demonstrates an exemplary commitment to work with other providers/partners in the customer focused delivery of joint services.
- The Service demonstrates an excellent commitment to developing and sharing best practice especially in Learning Disabilities and Mental Health.

- You demonstrate exceptional performance in the way you involve and consult with customers and use this to make improvements both to your own services and also to other services across the directorate.
- You demonstrate exceptional performance in the way you learn from best practice and develop and share your own with others.

### **National Recognition for Community Involvement**

Hazel Blears MP praised Rotherham's pioneering work in innovatively engaging with communities including Home Truths video diaries and Learning from Customer forums.

"In these tough economic times, it is more important than ever to involve local people as much as possible in making decisions in their communities. It makes sure every pound is spent more effectively and that effort and resources are focused on what matters most. While there are examples of good practice as we have seen here in Rotherham, progress across the country is patchy. To ensure public services keep improving and offering value for money, these innovations need to be built on and best practice spread across every community."

Customer Insight approaches have been published as best practice case study within the Front Office Shared Services 'developing customer insight' publication and the Improvement & Development Agency 'understanding your citizens, customer and communities' publication. We are active members of a small Cabinet Office task force which is developing Customer Insight across the public sector.

Earlier this year we were shortlisted for LGC Community Involvement Award for our work on developing Assessment Direct, our customer access point for social care assessments. We were shortlisted for our approach to learning from customers to innovate, design and implement the service.

We have been shortlisted for the MJ Awards in the category of Diversity for Engagement with Older People. This is for our approach to engaging with customers with a physical disability, learning disability and mental health through the Fairs Fayre event.

This event was organised as a direct result of comments from Carers about creating a wider knowledge of the support that existed in Rotherham. We held Fairs Fayre, an all day event, on 28<sup>th</sup> October 2008.

The day brought together officers, partners, customers and carers and was a great success attended by over 4,000 people.

The day raised awareness about what services are available for people with disabilities in Rotherham and action points from the day are being fed into the service improvement plan. Again customers and carers are having direct influence over the services that exist in Rotherham. The day showcased displays, information, advice and support relating to employment opportunities, benefits, education, equipment, universal services and support and leisure activities.

**A customer said, 'This has been a great day for carers. I learned more in one day than in the last twelve years. Thank you for this event. The best thing about the day is that it involved so many people.'**

The outcome of the award will be known in June. We were delighted that the comments and contributions of carer's right at the start of the process have led to national recognition for the people of Rotherham. This is an example of how far we are willing to go to share the development of services with our customers.

In addition there have been a number of other nominations for awards that directly reflect our continual engagement with customers.

- Shortlisted for Yorkshire and Humber Award for Visioning Events
- Shortlisted for Health and Social Care Awards for Customer Engagement and Innovations

### **Innovatively Learning from Customers**

We realise that there is more to the delivery of services than awards. However we celebrate these achievements because in every case they are recognition of our interaction with our customers.

Some of the innovative, successful and systematic methods we use are included and some of the outcomes they have delivered are:



Home Truths is a reality TV method of testing the quality of services. Reality TV as a concept is everywhere and we saw this as a highly appropriate way to help in delivering public services. Seeing a customer's journey, warts and all, gives you no hiding place. Video diaries capture every moment we impact on a customer's life – in a positive or negative way – only then do you see the real customer experience. We see this as a bold and innovative way of truly sharing in the customer's experience.

In 2008/09 this led to:

- Providing all customers who are assessed with detailed information packs about the services they will receive.
- Two click access to our website online service requests
- Improving satisfaction with access
- Reviewed the whole Blue Badge process and made big changes so that customers now receive a decision on the spot and their badge on the day instead of 4 weeks later

Home from Home is a view into what it is really to live in a residential or nursing home in Rotherham. We have developed a means of formally assessing and rating the standard and quality of care based on the views of people who live there and their families who visit. Through focus groups, one to one day in a life journeys and exit polls we assess a home for the outcomes it delivers to its customers. We then publish these results on our website so that future customers can make an informed choice about where they want to live. Once again our customers shape the reality of our services through their own experiences.

In 2008/09 this led to:

- Improving activities in residential homes
- Improving the choice of meals offered in residential homes
- Improved the information provided to services users and relatives about reporting safeguarding issues leading to increased referrals

We have put in place extensive methods of testing satisfaction across all user groups. This is done in a systematic approach which ensures that we are in touch with customer perception throughout the year, embedding them in our performance management framework to ensure that we continually improve. Some key headlines from satisfaction across the year is as follows:

- Services have improved customers health and emotional wellbeing – improved from 91% to 96%
- Services have improved customers quality of life – improved from 89% to 96%
- Services have helped people feel safe – improved from 84% to 96%
- Overall satisfaction with social care services improved from 88% to 97%

Our REACT service is focusing on the people who tick the dissatisfaction box when they are asked their opinions. We feel it is important to fully understand their reasons for finding fault with our services. By going back and talking to them again we get closer to fully understanding their journey.

In 2008/09 this led to:

- Delivering a faster, more personalised complaints service
- Improved waiting times on assessments for physically disabled customers.
- Implementing the 'Companion' service for reporting deaths of relatives.

Our Customer Inspection Service is a real and useful tool that shapes our delivery of services. Our customers regularly test our services against service standards that they have already defined. By doing this it is the customer who determines our challenges and it is the customer who measures our ability to deliver. 25 people carry out a number of exercises each month such as mystery shopping, conducting exit polls, work shadowing and door to door surveys to get a picture of whether we are delivering on our promises. These responses feed this into the Learning from Customers Forum who also look at feedback including complaints to see what we can learn and improve on. They act as a valuable sounding board for consultation and customer approval, they support easy read information. They tell us what needs to improve – they write the action plan – they hold us to account to deliver against it. Our relationship with our customers is innovative, interactive and successful.

In 2008/09 this has led to:

- Producing easy read documents and translated documents
- Putting in place single point access arrangements for reporting safeguarding incidents
- Improving the satisfaction with access to services to 90%

**A customer said, 'I attended the Visioning Day on Carers and expected to be part of some tick box exercise. This could not have been further from the truth. I felt as if I genuinely contributed to the changes that were happening. I left feeling I had made a positive contribution and that I had been listened to.'**

**Visioning Days** innovatively allow us to engage with wider groups of customers, staff, voluntary organisations, elected members and partners. Over the last 12 months this has led to:

- Developing a Carers Strategy which has led to increased number of carers assessments and carers breaks
- Organising the Fair's Fayre event on 28th October providing advice, information and support for people with disabilities in Rotherham.
- Developing our vision for Personalisation

In Rotherham we view the **complaints** procedure as a means to improve our services. Every complaint is viewed as a case study to demonstrate what can go wrong and what we can do to ensure better outcomes for our customers. As a result of learning from customers we have personalised our complaints service. The implications of this are that managers investigating and responding to complaints maintain contact with the customer throughout the process and agrees with the customer the outcomes that are being sought to resolve the issues raised.

In 2008/09 this has led to:

- Increasing satisfaction with the outcome of complaints from 66% to 75%
- Increased satisfaction with the time to respond to 77%
- Increased customers expressing confidence in using the process and those who would use it again to 96%

### **Service User Forums**

We have a number of Service User Forums in place which have contributed to a number of improvements throughout the year:

- Rotherham Older Peoples Experience of Service (ROPES) Forum views have helped shape the second generation Joint Strategic Needs Assessment and Joint Commissioning Strategy.
- Rotherham Pensioners Action Group have been engaged in personalising the meals on wheels service
- The Access Audit Group views have helped improve access for people with a physical disability.
- Speak Up Learning Disability Forum have developed a easy read information leaflet about reporting adult abuse
- The Voluntary Sector Provider and Contracting for Care Forum have been pivotal in the development of the Home From Home Residential/Nursing Home quality assessment scheme.
- Carers Forum and Day Service Carers Forum in learning disability service have contributed to day service plans.

The Local Involvement Network (LINK) has been established, with Voluntary Action Rotherham (VAR) being appointed as the facilitating organisation. The LINK has now established its membership, been co-opted to the Adult Planning Board and is actively engaging itself across Rotherham to represent and facilitate public involvement in the commissioning and provision of health and social care for the borough.

The Learning Disability Partnership Board ensures effective engagement with customers through having:

- Customers and Elected Members co-chairing
- Self-advocates as representatives on the board
- User and Carer engagement in sub groups.

### **Carers shaping the future of services in Rotherham**

A key priority for the Council has been our relationship with carers. We recognise the importance of and the contribution that carers make and this has been reflected in a number of ways during the last year. Successful involvement with Voluntary Action Rotherham led to the continuation of the highly valued Carers Forum when its existence was threatened by the withdrawal of voluntary support. The forum plays a lively and important role in our relationship with carers and its continuation is a major positive outcome both for the Council and carers throughout the borough.

**I could not be more pleased with the Council's involvement with Carers. The Visioning Day was inclusive and supportive and there were genuine outcomes that fed into the Carers' Strategy. Carers felt genuinely involved – Jeanette Mallinder  
ROTHERHAM CARERS FORUM CO-ORDINATOR**

Over the year the council has carried out various methods of consultation with carers. A visioning day was held in July, a Citizens' Jury, consultation through open discussion at the "Carers' Forum", events held during National Carers' Week in June. In July 2008 the Business Relationship Manager for CSCI met a group of Rotherham carers and their comments were acknowledged. A postal survey was carried out and contacted over 1000 carers. From this consultation, we developed the Joint Rotherham Carers Strategy 2008-2011. The action plan has been developed as a result of what carers have judged what is right for them.

- Carers informed us they wanted more flexible services and in January 2009 a Carers' Direct Payment scheme was launched. 300 carers have received a Direct Payment. Early indications show during outcome monitoring shows that 80% of those receiving the payment benefited from the payments which were aimed at quality of life outcomes with flexible options of how the outcomes are achieved.
- The mental health carers assessment team collect data from carers assessments and where common themes on needs emerge then a response is developed.
- A carers' well being group was established as a result and carers' training needs identified, with programmes in development to address this need.

A wide range of support is provided to enable carers to be given choice and control. For example carers who wish to access work are supported to do so. Mainstream funding services (in joint partnerships with health) to our Voluntary sector partners enables carers to enter into employment. Over the past year we have supported 57 families a week and provided 190 care hours at any one time. Of the 208 carers supported 42 are employed full time, 31 part time, 1 is self employed, 64 retired, 7 unfit to work, 27 gave up work to care, 19 are unable to care, 19 are housewives and 3 are unemployed. A significant proportion of carers are therefore supported into employment, by providing replacement care.

This year Carers 4 Carers were recognised for their inclusive work by winning the 'Voluntary Sector Suppliers' Award by Rotherham MBC.

The Carers Emergency Scheme was recognised nationally by the 'Guardian' newspaper as best practice in service delivery for carers.

A project commenced December 2008 which considers difficulties of carers in hard to reach communities. In an effort to reach out to carers who are unable to attend events we conducted a postal Carers' Survey in September 2008. A BME carer worker in mental health is employed to engage with minority groups. Communication by text is utilised to access carers, to increase frequency of support contact. Barnados' Young Carers' Workers carried out presentations to Assertive Outreach Team, Alcohol Misuse Team, primary schools head teachers in order to identify and increase support which protects children and young people from inappropriate caring.

A visioning day for carers led to changes in the way we engage. We held a Fair's Fayre event in October brought together a range of universal service providers to showcase information and advice. The event was held at the Magna Science Adventure Centre, which is a different approach used, and resulted in the attendance of 4,000 disabled people and carers. The Ethnic Minority Day Care service holds events in partnership with the Carers Forum and had signposted 14 hard to reach carers to support services.

The cementing of the Carers' Forum at VAR has been a significant milestone in ensuring that carers are valued in Rotherham. We are delighted with this relationship as it demonstrates the success of working closely with the voluntary sector.

## [Contents](#)

### **Outcome 3 - Priorities**

Please outline your planned priorities to improve outcomes relating to making a positive contribution for people who use social care and the wider community.

- To understand and respond to the issues identified in the place survey relating to the perception of the quality of care to vulnerable adults

## [Contents](#)

**Outcome 3 - Overall, how well are you performing against this outcome?**

The weight of achievements made detailed above, track record and the significant amounts of additional resources committed by the Council and NHS Rotherham suggests that this judgement should remain as 'performing excellently'.

[Contents](#)

**OUTCOME 4: INCREASED CHOICE AND CONTROL**

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

The Outcomes Framework and Question and Prompts (QuIPs) documents provide further information about the performance and evidence for this outcome (<http://www.csci.org.uk/professional>).

**Outcome statement for completion by the council:**

**Outcome 4 - Achievements**

Please describe the improvements in outcomes relating to increased choice and control in the past year.

Rotherham is nationally renowned for its progress and leadership on personalisation. We have embraced the personalisation agenda. As with any area where we have enjoyed success the drive and the input for change has come from direct consultation with our customers. This has led to national recognition for the work that has taken place in the borough.

- Achieving Customer Service Excellence for Adult Social Care, the first in the Country.
- Winner of the Rotherham Business Award for Customer Service
- Rotherham is amongst top 20 authorities in the Country for self directed support – 425 people compared to 159 last year.
- Improvements made to waiting times for care packages from 85% last year to 91%
- Further reduction to the number of complaints received this year and improved performance in response times.
- 160 additional users on direct payments.
- 300 more people received a statement of need than in 07/08
- Placed 54 less people into residential care.
- Acceptable waiting times for care packages 91% compared to 85% last year.
- Satisfaction with the assessment process has improved from 92% to 96%.
- Centre of Excellence award for blue badge provision
- The Electronic Scanning of Social Care Records (ESCR) was fully implemented in October 2008.



## **Personalisation**

We place great importance on Visioning Events in Rotherham to involve our customers with staff and partners to shape our services. For the personalisation agenda we have started a series of monthly events. This emphasises the importance that personalisation holds.

Very early on in the process we realised that true personalisation was about far more than changes to social services. It relates to everything we are, everything we do and everything we believe in. It stems from our proud record of customer excellence and embraces the individual, the community and the neighbourhood in a re-evaluation of universal services.

During 2008/09 our vision has been shaped by our customers. Through visioning events, consultation and discussions we have crafted 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. The changes that are required represent a small step for many of our services.

***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***

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

A Personalisation Plan has been put in place. An action plan has been drawn up with a dedicated bespoke Project Manager appointed to oversee the process. A dedicated Innovations Team have the brief of ensuring that personalisation remains the focal point of everything we do.

In December 2008 we appointed a dedicated Personalisation manager to drive the Putting People First programme forward. With this recruitment we implemented clear governance arrangements to develop and monitor the associated work streams to ensure we capture and implement change across all of NAS. Our commitment is outlined in a Personalisation plan that contains a detailed project action plan with the milestones to be achieved. The work streams are divided into sub groups that have the responsibility for the following:

**Choice and Control**

The focus of this task group is the changes to assessment and care management moving to implementing Self Directed Support arrangements for all our customers. This means significant changes to our current assessment arrangements and we are in the process of introducing a self assessment and RAS to ensure all our customers have an opportunity to receive a personal budget by October 2009.

**Customers and Consultation**

An engagement and consultation framework has been established to ensure throughout the transformation that all stakeholders are engaged and consulted on at a very early stage. Additionally concentrating on providing universal information and access to services, investing in a one 'stop shop approach'.

**Commissioning and Capacity**

Our focus is on the promotion of service innovation and stimulating the market that our customers are starting to request. We are working with local communities and providers to develop social enterprise and capacity building, additionally developing brokerage, advocacy and advice services.

**Culture and Change**

We have implemented a workforce development framework and identified the change management arrangements needed to fully embed a personalised approach across NAS.

**Community and Challenge**

Implementation of the Prevention Strategy and enablement is the focus of this group which also takes a wider approach to involving all neighbourhoods' services and work towards promoting stronger communities and opening opportunities for communities to influence decisions and be involved locally

We are engaged with regional best practice and personalisation forums across Yorkshire and Humber, including members of IN Control.

**Society Guardian recently wanted to write a positive story on personalisation within social work and contacted Rotherham. When asked why they had come to use they commented, 'We heard that Rotherham is where personalisation is real.'**

### **Customer Service Excellence**

In June 2008 Neighbourhoods and Adult Services successfully achieved the Cabinet Office Customer Service Excellence Standard. This prestigious award makes us the first Council to have five service areas accredited to delivering customer excellence and the first Council to have achieved the standard for Adult Social Care services.

This fantastic achievement provides a measure of our success for delivering customer focused services and an independent validation that our learning from customers' culture is embedded across the Directorate. The accreditation also provides a unique reward for staff in recognition for the excellent customer services provided on a daily basis.

5 Compliance Plus' were awarded for areas of best practice which exceeded the requirements of Customer Service Excellence and are used as an exemplar for others, for example:

*You demonstrate exceptional performance in the way you involve and consult with customers and use this to make improvements both to your own services and also to other services across the directorate.*

### **Rotherham Business Award for Customer Service**

The service received the Rotherham Chamber of Commerce Business Award for Customer Service in October 2008. This is in recognition of the way that we learn from customers using a variety of innovative methods and the way that Assessment Direct has improved access and customer care. This is the first time the Council has ever been shortlisted for these awards and this is recognition from private industry that we provide the best customer service in the borough.

Our satisfaction for customer has improved from 71% to 93% over the past 2 years.

## **Improving Customer Access**

The single point access number, Assessment Direct, was in place March 2008, this service takes on average 1,750 calls per month. The service was extended to include reporting safeguarding incidents in 08/09 through learning from customers. We have seen significant improvements resulting in improved satisfaction:

- Satisfaction with information and advice given from 86% to 97%.
- Satisfaction with access has improved from 74% to 95%
- improved the perception of support from first point of contact from 68% to 86%
- The out of hours service – over the year satisfaction with this service has improved from 88% to 96%.
- Our Care Website pages with '2 click' access and on-line referrals has on average 700 Hits per month, with on average 175 referrals on line per month.
- Implemented Text to Tell Confidential Service for Safeguarding and Complaints
- Started to offer evening and weekend appointments when requested.

## **Improving Customer Information**

We have made improvements in the information we have produced in the last 12 months particularly around adult abuse. We have put in place information packs for all new customers and for customers who have received an annual review. These have been produced with Customers through our Learning from Customers Forum. Satisfaction with information and advice given has increased from 86% to 97%.

Other improvements to information include:

- Information Park for Social Care, Meal Choice, Hard of Hearing, Visual Impaired, Safeguarding Aftercare
- Service User guides for new homes Hardy Court (New Care Home), Davis Court (New Care Home)
- New Customer Defined Service Standards
- New Performance Posters
- Text to Tell Posters and Flyers

- Safeguarding promotional posters, leaflets, translated leaflets, easy read booklets
- Learning from Complaints and new procedure
- Website signing

We have a range of well established sources of information and advice on costs of services to enable customers to make informed decisions on meeting their care needs.

In accordance with 'Fairer Charging Policies for home care and other non residential services' guidance we established an 'ability to pay' scheme for all non residential services. We personalised this scheme by ensuring that every customer receives a home visit from a specialist financial assessment officer. This officer helps the customer to complete details of their financial circumstances and in 95% of occasions will tell them there and then how much they will have to pay towards the cost of their service. At the same time they provide a welfare benefit check. Details of the amount to pay and how the charge has been arrived at are confirmed in writing within 5 working days.

Information on service charges and charging policies are published on the Council's website.

<http://www.rotherham.gov.uk/graphics/Care/Adult+Services/Fairer+Charging+for+Non-Residential+Services/FairerCharging.htm>

Customers can also obtain information by telephone through a single contact point Access Direct.

The Directorate used local media such as the community newspaper - Rotherham Matters- to promote support available to self funders and the council now has a dedicated webpage to enable self funders to access a care assessment, support and advice through a single contact point. Information leaflets are available in GP surgeries, Libraries, care homes.

Each year we publish information on costs and performance in a leaflet Adult Social Care Annual Report 'Looking at our performance and getting better value for money'

We also produce a booklet each year, in partnership with a marketing company at no cost to the Council, 'Care Services Information Directory'. This booklet sets out the assessment process, eligibility criteria, advice on making decisions and details of service providers in the area.

Prior to making decision customers are provided with a costed care plan and details of how the charges have been arrived at to enable them to make an informed decision. They are their carers are required to sign this document.

### **Self Directed Support**

Rotherham is amongst top 20 authorities in the Country for self directed support – 425 people compared to 159 last year. Our performance on Direct Payments is excellent. A recent customer event brought together twenty customers who receive Direct payments to tell their stories. These are to be collected together into a book of stories to encourage other customers to seek the same service.

The day was great. I told my story to four lots of staff and then presented it at the front of the room. It was like being on television with the audience applauding. What was funny was they were talking about courage and achievements and I thought that it was just my life – A Direct Payments Customer.

### **'Direct Payments have changed my life and I am very grateful for this service, it works really well for me and my family'**

Mrs S is the full time carer for her 15 year old daughter but when her husband became ill she struggled to cope with the needs of both her daughter and her husband. A friend said to her she may be able to get some help and support, but Mrs S didn't want a stranger or someone she didn't really know looking after her daughter. However, Mrs S was then offered Direct Payments, she now has help during the week and more help in the school holidays and can choose who she wants to look after her daughter. 'I felt I was being selfish at first but it's given me some time of my own'.

**"The Direct Payments Team have been so very helpful and supportive towards us. As far as we are concerned they are the tops. I don't know what we would have done without them. They are a dedicated, knowledgeable and capable team."**

## **Person Centred Planning**

Central to the ongoing support that personalisation represents is the concept of person centred support. Customers are working with staff in a process of co-production to pull together plans that demand outcomes. These outcomes are central to the delivery of personalised services. They are negotiated between client and staff in order to ensure that a personalised plan is drawn together that substantiate the payments that are made.

### **CASE STUDY ONE**

This is an example of a **Person Centred Review** of a young man who had a severe learning disability and he did not use verbal methods as his main form of communication.

The aim of the review was to facilitate a smooth transition into the leavers unit 16+ and to look at developing an individualised timetable of activities instead of fitting this young man into an unsuitable timetable of activities.

Using person centred tools we spent time gathering information about what worked and what didn't work for Kevin, also looking in detail at Kevin's communication.

The review in my view was an immense success, with Kevin at the heart of the proceedings throughout, Kevin was involved in all aspects of decision making. Everyone who attended commented how positive the meeting was compared to previous reviews they attended and how much they had enjoyed it, and Kevin stayed for its entirety which apparently is quite unusual for him.

Kevin's carer said "Kevin's person centred review was one of the best things that had happened to him at school". Thanks to the review process and everyone's contribution Kevin's transition into the leavers unit has been very smooth and as resulted in education developing a much individualised timetable of activities for Kevin.

## **CASE STUDY TWO**

### **Communication Skills**

N is a friendly man who uses the computer with adaptations to the keyboard to write short stories and poetry. He displays great pride using the audio play back facility on the computer to share with others his achievements. In addition, he takes delight in showing or sharing his products he has made with others. For example, bowls/vases he has designed on the potters wheel and delicious buns made in baking sessions at the day centre.

N is a person who often appears deep in thought and his comprehension within the context of his everyday experiences is good but he needed a powerful PCP medium to assert to others how he wished to create a lifestyle of choice.

### **The PCP Process**

N used his computer skills, with support from the PCP Co-coordinator and Facilitator, to compile a Power-Point Presentation to show service-providers and his main carer that informed them how he would like to be supported by them to create the lifestyle he wants. The outcome is that 3 out of 4 service provider's demonstrated a commitment to making changes to their service to enhance the quality of N's life and enable him to take control in small but significant ways. N is now able in all environments, to bake, pour his own drinks, take off, put on his own coat and shop for food he likes. Furthermore N was able to share with service provider's routines that are important to him that procure a sense of stability and wellbeing.

As a direct result of N's PCP he is experiencing opportunities to exercise his right to have a lifestyle of choice. In addition, he is becoming competent in his abilities and developing skills in valued and visible ways. This includes exercising his right to choose not to access the service that could not accommodate his wishes. N is aware that PCP is a lifetime process and his first PCP set the foundation to build upon his strengths and create a lifestyle of choice based on Personalisation.

This process is assisting N to prepare psychologically and emotionally for the inevitable longer-term future when he is no longer living with his family.



### **CASE STUDY THREE**

#### **Background Information**

K is age 26. She has a moderate to severe learning disability and dual sensory impairments of sight and hearing. K is very attached to her parents, who are protective towards her and concerned about the longer-term when they are no longer able to care for her. Two years ago K had very little contact with people outside her family except for occasional coach trip and regular visits to hairdressers. Over the course of the past two years K has built up social confidence through a Person-Centred Planning principles.

#### **Communication Skills**

K uses Makaton sign language, pictures and photographs to assert her wishes. Using photographs K is compiling a life storybook with assistance from her parents. Through the book K is developing a personal identity and expressing her wish to try new activities and is expanding her social network support from her Support Worker.

#### **The Process**

K is planning and preparing for leaving home and wishes to live in a supported living scheme. In May 2009, she took the first steps towards independence outside the family home and spent her first overnight stay in respite care. K was involved in the planning for a first positive that included her providing training for the staff team on how to assist. Her mother, and Speech and Language Therapy supported K to communicate to staff how to best offer support.

#### **Statement of Need**

300 more people received a statement of need than in 07/08. We achieved a year end score of 91.21% compared to 90.88% last year.

#### **Admissions to Residential Care**

We have increased access to NHS fully funded and Continuing Healthcare which last year ensured that less older people were placed into residential care. There were 54 less admissions compared to last year. Following a 'short stay' in residential care, 15 customers were enabled to return home.

### **Waiting Times for Care Packages**

Acceptable waiting times for care packages were identified as an 'area of concern' during the APA last year. Progress has been made this year to improve waiting times and current performance for NI 133 is 91% compared to 85% last year.

### **National Recognition for Blue Badge**

We received a Centre of Excellence award for blue badge provision. The Centre of Excellence recognition is a national award that recognises Rotherham as the place that will develop Blue Badge process across the Yorkshire and Humber area. Other authorities are coming to Rotherham for guidance on best cost effective customer focused way of delivering the service. A conference was held in May that firmly established Rotherham as the centre of progress in this area. The work was recognised at this level following a review of the process by the Innovations Team, working closely with CSED. We were commended for our face to face turnaround of the process meaning that the customer gets the badge there and then with no wait or postage involved. A 6 weeks process has been reduced to 18 minutes. Again the starting point was to involve staff and customers to make the process more personal and more customer focused.

**"I was dealt with promptly and courteously by staff on Reception at Crinoline House. I was informed of the recently introduced legislation about disabled persons parking permits and was put at ease"**

Mr C visited Crinoline House to renew his blue badge "I was treated with care and politeness throughout my visit"

### **Further Developments For Assessment Direct**

We have further improved access arrangements through Assessment Direct with further improvements planned due to integration with Rothercare. Satisfaction with the assessment process has improved from 92% to 96%. Assessment Direct now offers our customers a single point of contact. The work that went into the development of this service was part of the background to the awarding of the Rotherham Chamber of Commerce Customer Service Award for 2008.

Assessment Direct has improved the services for people with physical disabilities or a sensory impairment, 91% were satisfied with the ease of access and 95% were satisfied that all communication and information letters were clear and understandable.

Rothercare and Assessment Direct relocated to Bakersfield Court in March to provide an integrated and better assessment and out of hour's response service. Business process reengineering was completed and new job descriptions developed. One to One meetings with staff have taken place, involving Unions and the new service will represent a leap forward for the already successful Assessment Direct.

Our latest satisfaction results show that 96% of new service users are satisfied with the RotherCare service. Overall 97% were satisfied that the service helped users to maintain and promote independence.

Integrating our SWIFT database with the Rothercare database is also being explored so that assistive technology can be ordered directly through SWIFT and contacts from customers updated onto social care records to provide a more up to date picture of someone care needs. This will include those services that are provided as part of a preventative approach i.e. for people who do not meet the current FACS criteria.

**"Rothercare is a lifeline to me; they have been really good, all I have to do is press the red button and someone's there. My Son lives about a mile away but I feel that Rothercare relieves the worry for him, I also feel better as I don't always have to rely on my Son"**

Mr R moved into a bungalow that already had a RotherCare community alarm fitted. He thought that he did not really need the service at first, however as he's got older he has realised how much he does rely on the service. He now feels safer knowing that staff are available to help if needed at the push of a button. "My life would be hard without it"

The award winning, Assessment Direct, is now jointly managed as part of the highly rated Rothercare service. We have fully embedded our out of hour's service through RotherCare.

In September 2008, we introduced a new service through Assessment Direct which ensures that customers only have to tell us once when informing us about the death of a relative. Through just one phone call, the 'Companion' service will take enough details to be able to make the necessary changes to all Council services thus supporting the customer at a time when they most need it. We provide the customer with written confirmation of the action we have taken. This was developed as a result of learning from a complaint. A customer complained about poor service and the new service was constructed and implemented within eight weeks.

### **Implementation of ESCR**

The Electronic Scanning of Social Care Records (ESCR) was fully implemented in October 2008. This means that staff now scan in customer correspondence leading to less demand for space but more importantly the quality of records has improved as a customers record is now instantly available in a comprehensive and speedy fashion.

### **Carers' Emergency Scheme**

We have increased the number of carers who have joined the Carers' Emergency Scheme. The scheme which was highlighted as good practice in national press (The Guardian) currently has 93 carers in the scheme and 70 carers are awaiting a home visit for an assessment.

The Carers' Emergency Scheme has been marketed across the Borough via GP practices, hospital wards, libraries, dentist practices, chemists, youth centres and schools at the Carers' Information Centre and was further promoted via social work teams, Carers Forum, BME carers lunches, GP target events, visioning events. To date 131 carers have signed up to the scheme. During the course of the last year there has been a significant recognition of the service. It has been recognised as an area of good practice by, Customer Service Excellence Inspectorate 2008, The Guardian October. In a postal Carers' Survey September 2008, the opportunity to inform carers about the scheme was taken at the same time a high number of interested carers requested to be registered on the scheme. The numbers who are accepted on the scheme are targeted to double over the next year. We are committed to an increased target of an additional 500 carers registered by the year 2011. We intend to offer this service as part of all carer's assessments and further increase access to this service via the newly developed Carer Support Officer role.

### **Increased Support for Carers**

We have increased direct payments, in order to individualise carer provision and maximise opportunities for carer breaks. We increased by 300 direct payments to carers was achieved from Jan to March 2009. We are committed to establishing a dedicated resource of Carer Support Officers in Adult Services to assess carers' needs at their request, promoting individualised carer assessments and flexible support. A dedicated carers' assessment service is already established in mental health which performs person centred planning. We are creating an improved carers' assessment form which addresses carers' needs holistically benchmarking best practice i.e. NICE guidelines. We have put a number of improvements in place to improve choice and control:

- We produce and regularly update the Carers Handbook. Consult with carers on the content, format and distribution.
- The Carers Information Centre offers information and advice on service provision; benefits training for carers, etc. The use of Direct Payments can increase choice and control of services to meet the carers' needs.
- The Supported to Care Service enabled carers the extended ability to purchase goods/services to assist them in their caring role.
- Assertiveness training gave carers the confidence to exercise choice and control over the service they received.
- Stress Management training has enabled carers to cope better and exercise choice over services and improved their ability to continue to care.
- The Carers Emergency Scheme has ensured that carers are able to organise appropriate emergency care if they are involved in a crisis or an accident.
- Wellbeing programmes are organised and provided by C4C and Crossroads to improve quality of life, manage stress, relax, etc.
- Barnardo's Young Carers offers recreational activities to give respite and control over their lives.
- The Carers Newsletter informs carers of changes in legislation,

events, service provision, etc.

- Carers Coffee Mornings offer peer group support which facilitates exchange of information and ideas.
- Information about carer service support and initiatives is on the Council website.

### Complaints Performance

There has been a further reduction to the number of complaints received this year compared to 2007/08, 226 complaints have been made so far this year, a reduction of 22% compared to the same time last year. 96% of have been responded to within target time, compared to 93% last year. We have changed our process this year to make it a more personalised process. Customers can now have choice and control about how they want to be kept informed. We anticipate that this will improve customer experience and satisfaction levels further.

#### Satisfaction results /Year to Date

	<b>07/08</b>	<b>08/09</b>
Satisfied or Fairly Satisfied with Outcome	61%	71%
Satisfied or Fairly Satisfied with how complaint handled	82%	81%
Would use procedure again	80%	96%
Satisfied with how kept informed of the progress of complaint	72%	75%

The Council's Complaints Procedure was evaluated using the Personalisation Toolkit which we developed to test out the extent of which services could be personalised. We revised our complaint handling procedures in January 2009 to incorporate the principles of personalisation. This also assisted the local implementation of the single approach to dealing with complaints about NHS and adult social care services from 1<sup>st</sup> April 2009. The Council, NHS Rotherham, RDaSH and NHS Foundation Trust have agreed the new policy.

The new process is customer driven and providers are expected to discuss and agree with customers how complaints will be handled. Therefore the previous process with 3 identifiable stages requiring new statements at each stage has been replaced by one stage whereby the provider and customer are encouraged to work

together to reach mutually agreeable resolutions.

Complaints staff now aim to contact customers submitting complaints within 1 working day and to discuss the details, agree outcomes being sought, agree an action plan detailing who will investigate the issues, how they will respond to the customer and when a response will be sent and to explain the complaints process and ensure the customer understands how it will work.

### **Improving Advocacy within Learning Disability Services**

The provision of advocacy for people with learning disability has gained a national reputation for quality and contributed toward the learning disability service being awarded Beacon status. The wider picture demonstrates significant inequalities in the distribution of advocacy across adult service groups. There are gaps regarding carers, for adults who are not part of a learning disability service, and for older people that have service specification that does not necessarily target the greatest need for advocacy. It is conceivable that the advisory services such as RDIS and RNIB absorb some of the advocacy needs of disabled adults, or that some go without an advocate when support should have been given. The extent to which this is the case merits further work and forms one of the key areas to be developed under personalisation.

### [Contents](#)

#### **Outcome 4 - Priorities**

Please outline your planned priorities to improve outcomes relating to increased choice and control for people who use social care and the wider community.

- Put in place a RAS to support the personalisation action plan

### [Contents](#)

**Outcome 4 - Overall, how well are you performing against this outcome?**

The weight of achievements made detailed above, track record and the significant amounts of additional resources committed by the Council and NHS Rotherham suggests that we have made significant progress during the year but we feel we need to demonstrate further progress before we can improve from 'performing well' to 'performing excellently'.

[Contents](#)



**OUTCOME 5: FREEDOM FROM DISCRIMINATION AND HARASSMENT**

People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination and harassment in their living environments and neighbourhoods.

The Outcomes Framework and Question and Prompts (QuIPs) documents provide further information about the performance and evidence for this outcome (<http://www.csci.org.uk/professional>).

**Outcome statement for completion by the council:**

**Outcome 5 - Achievements**

Please describe the improvements in freedom from discrimination and harassment outcomes in the past year.

Our customer care services are well developed and help people to work out the best support options for them to make informed choices. This year we have been able to build upon our successful accreditation with the Cabinet Officer Customer Service Excellence (CSE) by declaring that all of the Councils services comply with Level 5 of the Local Government Equality Standard. This makes us the first adult social care department in the Country to possess both of these accreditations.

The portfolios of evidence that we produced for CSE and Level 5, which are independently assessed, provides a unique and impressive range of services to support individuals and communities. Examples include our Emergency Carers Scheme and the Guide Communicator Scheme for people with a sensory impairment which were both recognised as compliance plus by East Midlands Quality Centre, we are providing leadership in learning disabilities through the 'I'm a person too' beacon, the Fair's Fayre visioning event for disabled people as well as a range of customer testimonies we have for people with mental health needs

## Key achievements

- We have secured Level 5 of the Local Government Equality Standard
- Assessment Direct introduced to radically improve customer access and information about services.
- Better access to services for self funders
- Increased access to services for older people from BME communities
- Improved community safety through the alley gating scheme
- Rotherham selected as a Neighbourhood Crime and Justice Pioneer Area
- Significant progress in the local implementation of Free Nursing Care (FNC) and Continuing Healthcare (CHC)
- Implementation of neighbourhood No Cold Calling Zones
- Innovative use of telecare to increase safety and security

We routinely collect and monitor information relating to rules about entitlement so that they are applied fairly across all services. We review our eligibility criteria annually. This year we incorporated this into our base budget review process in October. Members were presented information relating to reviewing our criteria. This included analysing the CSCI report and also learning from visits to Sunderland and North Yorkshire Councils. Members were advised that although we would like to lower our criteria in the future we needed to further transform the local social care system to avoid the risk of £1m recurrent budget pressure. In response, the social care budget increased by a further 3.5% to further expand our personalisation and prevention infrastructure. Once we have implemented our Resource Allocation System (RAS) we will be able to appraise all of the financial risks and make appropriate recommendations to the Council about the policy options for setting future eligibility criteria. This will effectively remove any possibility for variation in assessments. This work is a cornerstone of our personalisation process. Customers are contacted to see whether the signposting, information and advice that they received had made a difference.

### **Access to Services**

The implementation of Assessment Direct in 2007/08 radically improved information about the full range of universal services. This year, we expanded these services to self funders. We have proactively engaged with self funders and their families to increase their profile and access to universal services.

The outcome is that since April 2008 90 self funders are now getting support from the Council and The Pension Services (TPS). Working jointly with Homes in Rotherham we contacted 400 self funders to consult them about developing a support and advice framework. This resulted in improved access to and information on the Council's web site.

Information leaflets are available in GP surgeries, Libraries, care homes etc. We identified 7 people who were eligible to receive financial support from the Council saving them each an average of £13,000 per year. A further 20 people qualified for attendance allowance, each received £3,500 per year. A further 25 people have accessed the Deferred Property Scheme receiving loans totalling £50,000. Through our Joint Team arrangements TPS now visit care homes to provide benefit checks and have developed an information leaflet specifically for homes in Rotherham.

### **People from Black and Minority Ethnic (BME) Communities**

Monitoring evidence shows that risks and incidents of discrimination and harassment is reducing. The ethnicity of older people receiving assessment (former PAF E47) and care package (former PAF E48) remains in the top band position nationally and in the top quartiles compared with our comparator group. We also completed a pilot project in partnership with Rotherham Hospital Foundation Trust to determine awareness and increase access to Adult Social Care services take up for older people from BME communities. The process involved twice a week visits to the Hospital and completing a questionnaire by face to face interviews. An evaluation report has been produced. Outcomes are that an additional 6 people are now receiving a direct payment, 4 care packages are currently in place with clients receiving services and we have also been able to recruit a dedicated Social Services Officer worker based at the hospital to improve access further.

### **Eligibility and Access**

There have been no disputes or complaints about eligibility during the last twelve months. Criteria is robustly and transparently applied through the assessment process in line with guidance and local policy, ensuring a needs-led not service-led approach, people with similar needs having similar outcomes, taking a non-discriminatory approach whilst ensuring carers' needs are considered. Consistency is achieved through single access points, and quarterly transition meetings for all disabled young people.

In 08/09 15 young people in transition and 92 adults with Learning Disability and autism were assessed. We support people who are not eligible, with information, advice via Assessment Direct. Customers are contacted to see whether the signposting, information and advice that they received had made a difference. The capacity for signposting has been greatly enhanced by the merging together of the Assessment Direct and Rothercare services. The new Rothercare Direct service provides enhanced delivery of services and gives advice to customers on other services that are available. This signposting will become increasingly more important as services emerge under the development of our personalisation agenda.

We monitor the customer experience of signposting with the following results

- 85% are satisfied that the signposted service match their needs and choices
- 100% are satisfied with the advice provided about signposted services
- 96% are satisfied, where it matched their needs, with the signposted service.

### **Partners and Communities**

Wider Council and partnership action has been taken to improve community safety and reduce risks from harassment. During 2008/09 significant strategic direction was driven across the Rotherham Partnership to address the risk of violent extremism and terrorism under a national security mandate from Government. This has focused on the PREVENT element of the counter terrorism strategy (Contest). In the delivery of partnership actions to prevent violent extremism Rotherham has an established PREVENT partnership structure bringing local delivery against a national strategy. Part of the strategy is the support for vulnerable people who may be more easily influenced by extremists and to ensure there are mechanisms in place to make easy referrals when partners may have a potential concern.

The Council's Neighbourhood Investment Team has also contributed significant levels of housing investment to improve community safety, this includes the alley gating scheme where older people and disabled people were suffering from youth nuisance. The Eastwood area saw crime reduce by 75% in a twelve month period and 97% of residents in an aged person scheme in Masbrough said that there had been a reduction in crime and the fear of crime.

Rotherham is one of 60 areas across the country that was selected by the Home Office to become a Neighbourhood Crime and Justice Pioneer Area, based on a variety of data including, deprivation, population size, crime information and its determination to work with local communities to address local concerns about crime, anti-social behaviour and justice. The Safer Rotherham Partnership has recently implemented 'Partners and Communities Together' (PACT) meetings in each of the seven Area Assemblies areas and these take place at least once a month. The PACT model involves the Police and partners' updating the public on activity that has taken place, including what has happened to offenders in their area and the current progress to reduce crime and anti-social behaviour. At the meeting the public are asked to nominate their main priorities for the Police and partners to address in the short term. The result of this activity is then reported back to the next meeting.

### **Free Nursing and Continuing Health Care**

The local implementation of Free Nursing Care (FNC) and Continuing Healthcare (CHC) decision making support tool is paying dividends. Last year we were able to report that progress was being made to close the gap between all England averages. This year we have made further progress and have agreed FNC and / or CHC for 607 service users compared to 199 in the previous year. Our good working relationships with our health colleagues meant that we only had one dispute which we were able to settle locally using our internal review process. The formal dispute independent review panel process was not implemented during the year.

### **Equalities Monitoring – Level 5**

Equalities monitoring is carried out across all of the Council's services. In March 2008 the Council identified an action plan to become compliant with Level 5 of the Local Government Equality Standard. A corporate New Migrants Group has been established and has facilitated developments such as a 'New Migrants Information Pack'. Equality Impact Assessments (EIA) have been completed on all policies and strategies. The website has also been redesigned for easier use and with additional links to universal information. Additionally, the Council's 2008 Employee Opinion Survey, which asks specific questions around Equality and Diversity, has revealed that our Directorate results were higher than the corporate average with staff feeling the Council treats all people equally and fairly, with respect and that there are effective measures in place to ensure equal opportunities.

One of our 'areas for development' with the 2008 annual performance assessment was to 'ensure Council's workforce reflects the proportion of disabled people in the community'. The Council along with local strategic partners launched a year long initiative to provide disabled people the opportunity to take part in an unpaid 30 day work placement that will provide real work experience that disabled people can use when applying for jobs. The work placements will be offered on the basis of 30 days to be worked either as 6 full weeks or over a longer period on a part-time / flexible basis depending on the needs of the individual and the Department. We have received 58 applications for placements from people with a wide variety of disabilities. We are currently in the process of matching people with suitable placements enabling disabled people to gain valuable work experience with support which aims to assist them in gaining skills for employment.

Additionally, the Joint Disability Equality Scheme provides the Council and its partners with the overarching framework to embed disability equality. Support is provided to the Disabled Workers Group (DWG). The DWG has developed an action plan and undertaken publicity work to raise awareness and attract more disabled employees. DWG have also developed a web page on the intranet and also will be seeking to raise awareness about Personal Emergency Evacuation Plans. HR currently provides administration support to the group. There has been an increase in the number of disabled people employed by RMBC who are top earners.

We have designed an EU Migration information pack to provide customers with relevant information about services in Rotherham to new migrants. It includes details of many services across the council including the contact and access details for adult social care. We have improved our domestic violence training for practitioners and now focus upon marginalised groups of women, the issues disabled victims may face, pressures faced by women who hold very firm religious values and we have introduced the concept of domestic abuse within Lesbian, Gay, Bisexual and Transgender (LGBT) relationships. Active partnership working to deliver against the Safer Rotherham Partnership's Domestic Violence Strategy has ensured that there has been reduction of repeat offending (down 3% ~ 84 less) and increased sanction detections 61%. The most critical and vulnerable survivors of Domestic Abuse have continued to receive dedicated Independent Domestic Violence Advocacy (IDVA) support with 188 survivors being supported over the year. The LAA domestic violence stretch target is on track to be met which will attract £680k of performance reward grant.

RMBC hold a contract with the UK Borders Agency to support and house asylum seekers dispersed to Rotherham whilst their applications are being considered by the Home Office. The dedicated team, based in our Independent Living Directorate, has become a useful resource for advice and assistance on all issues to do with immigration and new arrivals in the Borough. In 2008/9, a particular focus was given to reviewing how we were supporting people without recourse to public funds. We designed an assessment process that is now being used across the Council and targeted partners for anybody who approaches us for assistance and who may not have access to public funds. This provides guidance and clarity for staff and has been endorsed by the Regional "no recourse to public funds" network, who are also sharing this with other Councils as good practice.

### **Feeling Safer**

Information about vulnerable communities and people is routinely collected to inform the implementation of No Cold Calling Zones, which have been very popular with residents, both as an educational exercise and in reducing the fear of crime. Zones are proposed by a variety of agencies, including wardens and Safer Neighbourhood Teams. All residents are consulted before a zone is implemented and a questionnaire was sent out last year to discover the effect of the zones on current residents with favourable results. The majority of issues and concerns raised on the returned questionnaires did not relate to the zones and were passed onto the relevant parts of the authority. Outcomes include the reduction of fear from crime for the vulnerable elderly and disabled along with the opportunity to increase community spirit by caring for vulnerable neighbours.

Our Assistive Technology developments are targeted at improving the security of people who use services and their carer's living in their own homes. We targeted our assistive technology investment at the most vulnerable so that we improve their security and feeling of safety. The programme is progressing well with good evidence of outcomes for service users. The programme includes temperature extreme sensors, Bogus Caller alarms; Just Checking and the upgrading of old base units. Our customer survey results show 100% overall customer satisfaction ratings and 91% rating for 'making me feel safer'.

Comments include;

- **“Thank you very much for the alarm. The full system is very good, as a Council we do very well from you. Thank you once again”,**
- **“I wish to thank you for the help you give to us pensioners”,**
- **“It is nice to know RotherCare are always on hand thank you”, and**
- **“Thank you to all for making me feel secure in my bungalow no complaints only praise, thank you”.**

[Contents](#)

### **Outcome 5 - Priorities**

Please outline your planned priorities to improve outcomes relating to improving freedom from discrimination and harassment for people who use social care and the wider community.

- To use the Partners and Communities Together meetings (PACT) to enable people to reduce fear of crime and improve community safety at a very local level

[Contents](#)

### **Outcome 5 - Overall, how well are you performing against this outcome?**

The weight of achievements made detailed above, track record and the significant amounts of additional resources committed by the Council and NHS Rotherham suggests that this judgement should remain as ‘performing excellently’.

[Contents](#)



## **OUTCOME 6: ECONOMIC WELLBEING**

People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment.

The Outcomes Framework and Question and Prompts (QuIPs) documents provide further information about the performance and evidence for this outcome (<http://www.csci.org.uk/professional>).

### **Outcome statement for completion by the council:**

#### **Outcome 6 – Achievements**

Please describe the improvements in economic wellbeing outcomes in the past year.

The Council has an excellent track record in improving people's economic well being. This is achieved through working in partnership to provide support and advice to enable carers and the people of Rotherham to seek and access employment, maximise benefit entitlement and to manage their finances to maintain financial security and independence. This has become increasingly more important during the economic downturn as the Council has adopted innovative support methods for Rotherham businesses and customers. This strategic approach to the 'credit crunch' has become increasingly more important as the recession has deepened.

- **A successful service has been introduced to enable carers to claim support budgets of up to £ 350 for personalised needs**
- **Increased support for carers through City and Guilds Living Course**
- **Increase in Direct Payments to support carers into employment**
- **Substantial progress on assisting adults with learning difficulties into employment**
- **Innovative solutions to the credit crunch emerged from a local summit meeting**
- **Fuel poverty alleviated through the Hot Spots service**
- **Successful uptake of Independent Living Fund by Rotherham customers**

### **Support to Carers**

The Carers' Strategy includes as a priority that carers are to be helped in accessing and sustaining employment. There are 7 actions to support our objective to, 'develop support mechanisms to assist carers into and to sustain employment and provide access to effective financial support'.

We are working in partnership with Job Centre Plus who have released initial details on the possibility of establishing a Care Partnership Manager Role. Work is underway to define this supportive role.

In January 2009 we launched a pilot scheme called 'Supported to Care...Your Choice' which ran until March 2009. Those who are entitled have received a personal budget of up to £350 to help them to continue caring and enjoy their own lives. This has provided an additional 225 assessments and people have used the money to purchase additional respite breaks, computers and gym membership for example. This extra funding has offered support for an extra 72 complementary therapy sessions for carers, and 18 carers had pre Christmas breaks to carry out shopping. Part of this funding has supported the employment of male carers for those requesting male only care provision. This scheme has been a great success and has been a taster of developing the flexibility, control and choice that is captured in our personalisation vision. Indeed part of the intent was to assess how flexible and inventive carers would be. The idea for this service came directly from carers at a Visioning Day held in 2008.

It is expected that this initiative will positively impact on the number of carer assessments undertaken (NI135) and also with commissioning support options for carers, in the form of carers breaks, and increasing skills which will lead to employment. An investment of £101K supports this work.

We have supported carers to have an increased opportunity to learn. The City and Guilds Learning for Living course for carers took place at the Rotherham Advice and Information Network (RAIN). Supported by RMBC, RAIN has supported learners with the development of IT skills and we are working in partnership with Job Centre Plus and the Local Engagement Centre to enable carers who are not known to Job Centre Plus to access support.

The Rotherham Joint Carers' Strategy Action Plan contains details of progress to be made in partnership with Job Centre Plus to "Develop support mechanisms to assist carers into and to sustain employment". We have incorporated the carer's employment and learning need into the Carers Assessment. We have increased direct payments to carers in order that they can be provided with support to access employment. The Council has increased information access to its employees with regard to employment rights as carers. Direct Payments are utilised to enable people to balance their caring roles and work commitments.

As personalisation develops the role of the voluntary sector becomes increasingly more important. This has been reflected in attendance at Visioning Days and in the work undertaken with Voluntary Sector Rotherham (VAR), Crossroads, Age Concern and the Alzheimer's Society. In July of this year we are holding a special event for the voluntary sector focused on carers entitled 'I'm a Provider – Get Me Into Here' during which the implications of personalisation for the voluntary sector will be explored.

### **Access to Employment opportunities**

The NI 151 (overall employment rate) target to improve access to employment for people with serious mental health problems has been given LAA priority. The Mental Health Trust in partnership with the Council is developing reporting systems using CPA case records to inform this NI, and the new Care Programme Approach incorporates a vocational assessment.

The new Social Care Assessment Questionnaire, being developed as part of our Personalisation agenda, will have a discrete section on work and learning, and a section allowing service users to identify the outcomes they desire from their Support Plan in relation to employment and learning. The RDaSH Trust Community Access Team and the local day and support services have established partnerships with local employment services. The Trust's year end report will indicate how many people have been assisted directly into employment.

**Mental Health - Voluntary Work Placement /Vocational Training Opportunity - CASE STUDY (AB)**

**AB, 27 years, had a budding career as a Cinema Projectionist until 5-6 years ago, when he developed serious mental health problems including very severe agoraphobia. Working with the Community Access Team he obtained a placement as a volunteer projectionist. He has also obtained a sponsorship for a film making course at Sheffield University. The opportunities he has been given have already afforded a very vulnerable and disabled young man to gain confidence, develop self-esteem, and realise his ambition – steering him away from mental health services and into an active and challenging life.**

The Council has signed up to the MINDFUL EMPLOYER® Charter with an aim to meeting the principles of the Charter by March 2011. Signing the Charter signifies our leadership in the community in that we take mental health issues seriously and won't discriminate against people because of their mental health. The Council has a target to increase employment for vulnerable groups and this initiative will help us remove the barriers to individuals with mental health conditions in terms of accessing employment and moving off benefits.

**CASE STUDIES**

**Virtual Ice – Brian**

Mencap helped Brian to secure a work experience placement at Virtual Ice as a part time rink steward. He established himself as a member of the team quickly, he picked up his tasks quickly and to a high standard and has now secured a permanent job and had his hours increased from 17 to 20.

**Voluntary Work Placement Town Hall – Ian**

Ian had previously attended a 30 day work experience project at Focus but was starting to lose his work related skills. With the help of Mencap he obtained a voluntary work placement at the Town Hall working in the catering department. His confidence has grown and he is now working independently. He is now looking towards gaining paid employment.

### **Jenny. Work Placement – Sure Start Rotherham**

Jenny has been supported by Mencap to obtain a work placement as an administrative officer in the Sure Start office. She gained experience in undertaking all the administrative duties associated with a general office. She is now receiving training in completing application forms and interview techniques and with this experience hopes to gain paid employment soon.

### **Streetpride – Colin**

A joint initiative between Mencap and Streetpride, a department within the Council's Environment and development Services, enables people with a learning disability to gain work experience. Colin worked in the landscaping section and as a result has gained valuable work experience whilst also improving his overall confidence and communication skills.

An initiative "Mind Your Own Business" to improve the mental wellbeing of people with mental health needs in employment is being managed at primary care and secondary level. The "Mind Your Own Business" programme facilitator works with a local steering group and members of this group include the local business community, NHS Rotherham PCT, Pathways to Work, the Condition Management Programme, local mental health services and the Council. The target for the 'Mind your own Business' programme for 2008 was 80 employers, and the actual at December 2008 was 105 (66 large employers; and 39 small/medium enterprises). These organisations employ 22,000 people of which 6600, according to The Office of National Statistics, will have a mental health problem.

### **Increased employment opportunities within the Learning Disability Service.**

Following a work experience placement a customer was appointed to a 20 hours administrative support post within the Learning Disability Service Business Unit located at Badsley Moor Lane Office. Within our Day Services, 32 people per week attend AdVenture, a printing and reprographic service, for work experience training; Project 400, a gardening service scheme, has a contract with 2010 Rotherham and some private contracts with Parish Councils and employs 30 people.

One person is employed at Reprographics on permitted earnings; one person is employed at Adams children's shop and one person at Ladycroft Learning Disability respite service. There are three volunteer placements at Thornberry Animal Sanctuary, Parkhill Lodge residential care home has one place, Jamie Oliver's Ministry of Food has two placements and a further opportunity is provided by a local Charity Shop.

These employment opportunities resulted in us exceeding our performance target for NI 146. (Assisting adults with learning disabilities into employment.) Actual performance was 5.45% compared with a target of 3%. This figure demonstrates the success of our procedures and suggests that a positive culture change is becoming imbedded.

The Communities and Local Government have awarded Rotherham with "kick start" funding under their "Enhanced Housing Options Trailblazer Programme". We have received over £100k to create innovative solutions during 2009-11 to resolve worklessness at the point of accessing social and rented sector housing. This will assist social care users with housing issues, who may be able to get supported to access employment opportunities. A new team has been recruited and we will implement a personalisation approach within the housing sector and focus on a 'Whole Person Model' which will provide the services each individual needs to move from benefit dependency into work. This personalised focus is essential and will reap dividends.

**Advice, Information and Support on income management, accessing welfare benefits and general financial health.**

Rotherham MBC has taken a strategic approach to tackling the impact of the 'credit crunch' during 2008/9. A summit was held in September 2008 chaired by Local Government Minister, John Healey. We have prioritised a range of activities that will enable us to monitor the impact of the economic downturn on all our customers, including social care users and the local care market yet. A number of services are being promoted as part of this strategy and include;

- **Welfare benefit checks carried out as part of social care assessments,**
- **Flexible payment methods are offered,**
- **Safeguarding is being strengthened and we are promoting awareness of financial abuse,**
- **Advice is being targeted at home owners and those living in rented housing who are in financial difficulties, particularly targeting those customers whose mental health is affected by debt,**
- **Working with the Homes and Communities Agency to deliver initiatives such as the Mortgage Rescue Scheme and**
- **Increasing our community safety presence for vulnerable people and communities through Safer Neighbourhood Team patrols and bogus caller activity.**

The Council has also agreed a package of financial help to various local voluntary advice schemes who help households in need during the economic downturn. The funding is being used to provide advice services and to boost schemes such as those aimed at providing rent-in-advance and short-term loans through Rothersave. The Council has held a series of roadshows to promote the advice and support available across the Rotherham borough.

#### **Provision of Welfare Benefit Information and Advice and information on social care charges.**

Our customers, are highly satisfied, 99%, with the assistance they receive to access welfare benefits. We share information with DWP to target vulnerable adults to maximise benefits entitlement, Service Level Agreements are in place with VCS providers to deliver specialist benefit advice to different client groups. We have joined with Rotherham Brought Together (RBT) Revenue and Benefits Service to merge resources to improve customer access and achieve avoidable contact targets. We wrote to home care service users offering a welfare benefit check. Around 300 referrals have resulted in over £500k in additional welfare benefits. This contributes directly to economic regeneration as this money is spent in the locality of Rotherham. Effectively cash put into pockets is then passed into the economy. With The Pension Service (TPS) we have been proactive in identifying and supporting self funders resulting in 20 people, already in residential care, qualified for attendance allowance each receiving £3,500 per year.

We have a well established Joint Home Visiting Team who have significant experience in undertaking financial assessments and advising people about charges for residential and non residential social care charges. The Councils' social care charging policy is available on its website.

### **Support to Self funders**

A Self Funders Survey was undertaken in July 2008. Around 25% of the 400 people surveyed sent in replies. The majority of people were aware of the help available but still chose to make their arrangements independently. The service has analysed the survey and offered formal assessments, information and advice to self funders. 20 people have benefited financially with around £70,000 per year of financial support being generated.

We have proactively engaged with self funders and their families to increase their profile and access to universal services. The outcome is that since April 2008 90 people are now getting support from the Council and The Pension Services (TPS). Working jointly with Homes in Rotherham we contacted 400 self funders to consult them about developing a support and advice framework. This resulted in improved access to and information on the Council's web site. Information leaflets are available in GP surgeries, Libraries, care homes etc. We identified 7 people who were eligible to receive financial support from the Council saving them each an average of £13,000 per year. A further 25 people have accessed the Deferred Property Scheme receiving loans totalling £50,000. Through our Joint Team arrangements The Pension Service (TPS) now visit care homes to provide benefit checks.

The Directorate used local media such as the community newspaper - Rotherham News- to promote support available to self funders and the council now has a dedicated webpage to enable self funders to access a care assessment, support and advice through a single contact point.

<http://www.rotherham.gov.uk/graphics/Care/Adult+Services/Self+Funding/>



### **Access to and take up of Independent Living Fund**

We have a dedicated lead for providing advice and support and promoting access to ILF funding. The lead delivers training and advice to social work teams on maximising ILF entitlement. Each service has a lead officer responsible for reviewing needs.

At March 2009 Rotherham is ranked 5th highest of 16 in its comparator group for the number of people per 10,000 population accessing ILF funds. There are 5.5 people per 10,000 population compared with the group average of 3.7. Income from the ILF fund is estimated at £2.4m per year.

### **Affordable Warmth, finance, safety and health**

The Hot Spots project has created a partnership approach to address Affordable Warmth, finance, safety and health. The project enables a customer-facing Officer to maximise a single point of contact with a householder, to provide energy saving and grants advice, Home Fire Safety Checks, a Benefit Entitlement Check and Stop Smoking Advice & Support. This project delivered a number of improved outcomes for people including:-

- 1 in 4 referrals resulted in people accessing additional benefits
- Around £1,583.00 per week or £82,316.00 per year in additional welfare benefits were awarded to people as a direct result of hot spots referrals
- 341 customers given verbal energy saving advice and top tips. Average savings to those customers on their energy bills was £125 per year.

A Fuel poverty identification campaign was also undertaken. Around 4,000 properties were visited by Neighbourhood Energy Officers to offer advice on energy efficiency. The outcome being that 2,000 vulnerable people in Council homes have provided with loft insulation.

### **Support Advice and Brokerage in Managing Direct payments and Individual Budgets.**

Contracts are in place with Independent Sector providers to offer support and advice to people in receipt of direct payments. This includes employing personal carers, paying wages and providing recruitment and HR advice.

Through the Medium Term Financial Strategy the Council has invested additional funds (£60,000) into broadening the current brokerage function. The Personalisation action plan includes a review of brokerage taking account of establishing effective care pathways.

### **Support from the Independent Mental Capacity Advocate IMCA Service**

The IMCA service is commissioned on a regional basis by Sheffield City Council. All partners contribute to the costs of the service. A contract is in place and 'best interest' decisions are monitored and evaluated through a Social Care Assessments Panel. The provider produces and distributes publicity, access information etc and delivers training.

Our staff are significantly experienced in supporting the Director to undertake their Deputyship role in managing Court of Protection orders for Finance and Property Affairs. A recent OPG Visiting Officer inspection resulted in an excellent outcome with the inspector recognising a number of areas of good practice for reference to other Local Authorities. This included our proactive review process and allocation of dedicated workers to each case.

It is essential that we continue to demonstrate a robust and committed approach to supporting the financial wellbeing of Rotherham people. Employment, involvement and support all go hand in hand with our approach to involving our customers in improving the quality of their lives.

### [Contents](#)

#### **Outcome 6 - Priorities**

Please outline your planned priorities to improve outcomes relating to improving economic wellbeing for people who use social care and the wider community.

- Work with our contracted providers and staff to mitigate the impact of the financial downturn on our customers.

### [Contents](#)

#### **Outcome 6 - Overall, how well are you performing against this outcome?**

Adults Self Assessment 2009  
Outcome 6: Economic Wellbeing  
Council: Rotherham

The weight of achievements made detailed above, track record and the significant amounts of additional resources committed by the Council and NHS Rotherham suggests that this judgement should improve from 'performing well' to 'performing excellently'.

[Contents](#)

**OUTCOME 7: MAINTAINING PERSONAL DIGNITY AND RESPECT**

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 be comfortable in their environment, and supports family and social life.

The Outcomes Framework and Question and Prompts (QuIPs) documents provide further information about the performance and evidence for this outcome (<http://www.csci.org.uk/professional>).

**Outcome statement for completion by the council:**

**Outcome 7 - Achievements**

Please describe the improvements in personal dignity and respect outcomes in the past year.

Safeguarding Adults is our number one priority. The importance of the agenda to our partners and ourselves can not be stressed too highly. Following a visioning day in Spring 2008 with customers, partners, staff and elected members we developed a clear commitment to stop all forms of abuse or neglect in our aim to safeguard and protect all adults living in the borough.

The Council and Local Strategic Partnership have a vision for Rotherham to be one of the safest places in the county as set out in its Community Strategy under the theme of 'Rotherham Safe'. Our aim, set out in our Service Plan is *'To strengthen our approach to safeguarding adults in a way which contributes to reducing cases of abuse and increases the perception of our services delivering personal dignity and respect by 2011'*.

We carried out a self assessment against the Safeguarding CQC Key Lines of Enquiry and undertook benchmarking and quality assurance checks in Spring 2008 to gather an understanding and effectiveness of safeguarding services. A service improvement plan was put in place which has delivered a number of improvements and achievements:

- **We have increased the level of people in Rotherham feeling safe as a result of our services from 84% to 96%**
- **Invested over £400k to put in place a new safeguarding team**
- **Safeguarding reports has increased from 251 to 526. This represents an increase of over 100%, across all service user groups. This increase brings us ahead of the national average.**
- **Protection plans have increased from 40 to 118.**
- **We have completed 78.2% of cases in year. This is top quartile performance when compared nationally**
- **97% of over 2,000 staff have been trained in basic safeguarding awareness**
- **Significant reductions in levels of crime**
- **Significant increase in training of independent/voluntary sector staff from 41% to 80%**
- **Increasing referrals from all partner agencies**
- **Implemented Home From Home which is improving standards in Care Homes**

### **Increasing the Level of Awareness and Referrals**

An area for development, identified in the Annual Performance Assessment last year was the problem of only achieving low levels of referrals and, importantly, not understanding the reasons behind this. Our review informed us that awareness of how to report an incident was generally poor and that we needed to strengthen our approach to drive up standards and quality of care in nursing/residential homes.

An extensive awareness campaign has been in place for 12 months to raise awareness and to create a local vigilance against adult abuse. We have benefited from raising the awareness of this important issue among staff and the wider community.

The campaign includes:

- Posters and Leaflets in all reception points across the Council, Partner agencies, Residential and Nursing Homes and GP Surgeries
- Adverts in 'Rotherham News' distributed to 97,000 households in Rotherham
- Adverts in football programmes – Rotherham United F.C.
- Radio adverts on Rother FM
- Adverts on the sides of buses

- Multi-agency Safeguarding Awareness Week across Rotherham in June 2009.

All these methods have promoted the commitment and a clear message of –

'Don't let abuse go unnoticed. If you, or someone you know is being abused, don't ignore it, REPORT IT! Call 01709 822330'

## **Improving Customer Access**

This single point access number was developed through learning from customers who told us they found it hard to access reporting abuse and were unaware of what service they would receive if they did. As a result we have radically changed the way people access and receive information about the safeguarding service which has resulted in significant improvement in satisfaction with information and advice given from 86% to 97%. We have put in place:

- Customer defined Service Standards
- **Assessment Direct** in place, one single number, for all referrals and groups. Satisfaction with access has improved from 74% to 95% and improved the perception of support from first point of contact from 68% to 86%
- Information leaflets on access to the service distributed to all self funders
- **Out of Hours** service – over the year satisfaction with this service has improved from 88% to 96%.
- Safeguarding Website pages with '2 click' access and on-line referrals – 750 Hits since January 09
- Implemented **Text to Tell** Confidential Service in place
- Safeguarding leaflets produced in Rotherham's 5 key languages
- Safeguarding Easy Read and picture based leaflet produced in conjunction with Speak Up for people with a physical and sensory disability and learning disability.

## **Effective Multi-agency Procedures**

We have strengthened our multi-agency procedures in place. The South Yorkshire Procedures ensure we have effective management of safeguarding cases across all agencies with clear lines of accountability. The Board has prioritised a full review of procedures to take place following the release of the outcomes of '**No Secrets**' later this year.

These procedures were significantly tested in September 2008. Following the investigation of a safeguarding concern at Highfield Residential and Nursing Home, 33 residents were relocated, following a multi-agency decision, due to the severe risk of neglect, lack of care planning, lack of basic care, health and safety, risk of tissue breakdown and the absence of a registered 'on site' manager.

This resulted in a significant number of staff being involved in ensuring residents were safe. Over the next few months the undertaking of the investigations into the abuse at this home had a massive impact on our workforce. The outcome of the case conferences concluded 'substantiated abuse/neglect' in 15 of the 16 cases and in an overall conference which looked at the home and it was concluded that 'institutional abuse' had occurred.

Quote from a relative of victim during the Highfield investigations (Jan 09):

**"Thank you for the investigation and the outcome. My mum was relieved that her concerns had been addressed so comprehensively."**

A Serious Case Review is still underway into how agencies dealt with this incident. In 2008/09 we reviewed our approach to safeguarding and put in place a number of improvements from the learning from Highfield. The noticeable changes are::

- Putting in place a dedicated safeguarding team to effectively manage future incidents and the current demands on the service
- Putting in place more effective protocols and communication for dealing with incidents of the magnitude of Highfield – currently being put into practice with another home in borough.
- Introduction of a systematic 'eyes and ears' approach for all professional staff visiting residential homes across the borough
- Putting in place joint assessment protocols with NHS Rotherham
- Assigning one social worker for each home for conducting individual service user reviews.
- Improved joint working and communication with South Yorkshire Police

### **Effectively Managing Safeguarding Cases**

Robust safeguarding arrangements are in place in Rotherham to promptly and effectively react to protect individuals where allegations of abuse and neglect are made. In 2008/09 we strengthened our approach. This year, as part of our medium term financial strategy, the Council has invested over £400k to put in place a new Safeguarding Adults team to improve the accessibility, response and the outcomes for victims of adult abuse. This development reflects the importance placed on safeguarding as our key priority.

The team consists of a team of 9 Social Workers, a principal social worker and a team manger. All have been trained to the necessary standard as part of our 'Bronze to Platinum' Training Competency Programme. This has created better co-ordination of cases, improved response and consistency of delivery against the procedures. Monitoring and recording of cases has significantly improved with the installation of a safeguarding SWIFT module to ensure that all relevant data is captured. The set up of this team has ensured that there is a consistency of approach by ensuring that:

- Risk assessments are conducted on every referral taken with a view of ensuring the person is safe immediately
- Cases are assigning to investigating officer within 1 working day.
- A robust quality assurance takes place on all cases through supervision
- Protection Plans are accountable and SMART and signed off by Safeguarding Manager only.
- Cases are only closed by Safeguarding Team Manager when deemed necessary

#### Quote from the son of a victim of physical abuse

'I was pleased with the process and the measures that were put in place to protect him I now feel my father is safe and I can feel rest assured that he is receiving the care he needs. Its given me a peace of mind.'



Robust Performance Management arrangements are in place. A suite of Safeguarding Key Performance Indicators have been developed which over the year have resulted in a number of improvements that have significantly increased the number of referrals, internal and private sector training and development and increasing the number of cases completed in year.

All staff within the team are trained in customer care and have been accredited with the Government's Customer Service Excellence Standard. Over the year we have put in place a number of initiatives that have improved the customer care we give to people throughout the investigation process such as:

- After Care service in place including Victim Support. Information pack produced and provided to all service users
- Customer satisfaction now measured following case conferences and throughout the review of the protection plan.
- Protocols in place to ensure that care plans are monitored through the community teams following case conferences. Each service user is allocated a SW/SSO to ensure ongoing support is provided until the review takes place
- Service users provided with a leaflet which explains their right to access their records
- All attendees for a case conference are provided with a 'What to expect' leaflet following customer feedback.
- Assessment Direct have a 'What Happens Next' script to ensure that the referrer knows what the next steps are.
- Assistive technology alert watches which inform our 24/7 Rothercare Warden Service are issued to high risk victims to ensure their safety throughout the investigation.

Satisfaction with the way we deal with cases has improved from 83% to 94% since the establishment of the new team. We are now far more aware of the effect that our service has upon our customers and we are focused on outcomes that significantly improve the quality of life for people in Rotherham.

### **Case Study:**

A family member contacted the department to report that his grandfather had recently returned to Rotherham from Pakistan with bruising to his back which he alleged had been caused by his son whilst in Pakistan. The family did not wish for police involvement but for a social worker to 'protect' their grand-father. The alleged perpetrator was reportedly on his way back to Rotherham.

We ascertained that Mr Z's spoken language was Punjabi. We liaised with both the Interpreter Service and the Domestic Violence Unit and two hours later the Safeguarding duty workers undertook a joint visit with the above professionals to Mr Z's home.

The outcome of the visit was that Mr Z was to live with another family member. Information was given to the family regarding help and support available in their caring role. Mr Z and his family felt totally reassured by our intervention. Mr Z was fully involved in the assessment throughout. Arrangements were made with the Domestic Violence Unit for the home telephone number to be tagged by police for an immediate response at all times.

### **Effective Board and Partnership Arrangements**

The well established Rotherham Safeguarding Adults Committee reviewed itself and its role in December and January. The Committee has now become the Rotherham Safeguarding Adults Board, which meets monthly. New terms of reference have been put into place, a robust performance management framework, effective governance arrangements agreed, multi-agency budget, clear roles and responsibilities and have established two sub groups – Performance and Quality Sub Group and Workforce Development Sub Group. The Board reports directly to the Safer Rotherham Partnership, who report to the Local Strategic Partnership.

The Board is currently recruiting an Independent Chair. This recruitment initially started in December 08, an appointment was made but unfortunately this fell through due to the Chairs other commitments.

The Board has reviewed its priorities using 'No Secrets' and the 'CSCI Safeguarding Adults report' for the next three years with a headline target of 'reducing abuse in Rotherham' with a focus to Prevent, Promote and Protect. This is set out in a draft multi-agency strategy for 2009-12.

The strategic plan for the Board during 2008/09 delivered a number of improvements across all agencies:

- Launched new Rotherham Safeguarding Procedures in line with the South Yorkshire Procedures
- Put in place Serious Case Review Protocols – 2 are currently ongoing
- Increased the membership and champions across all relevant agencies

- Domestic Violence and MARAC procedures dovetail with safeguarding adults
- All contracted voluntary sector organisations have a named safeguarding adults lead
- Multi-agency safeguarding trainer established
- Increased training and awareness across all agencies

The Safeguarding Adults Board Annual Report for 2007/08 identified a number of actions for improvement, this has led to:

- Improved access arrangements
- Fully embedded out of hours arrangements
- Safeguarding champions dealing with investigations
- Embedded 'Learning from Customers' culture into safeguarding adults
- Implemented 'Home from Home' quality test of residential/nursing homes
- Increased referrals through Every Contact Counts
- Put in place a Member Safeguarding Champion – Councillor Frank Hodgkiss.
- Increase the level of training across independent/voluntary sector.

The performance and quality sub group have a focus on looking at individual cases to identify learning issues across all agencies. This has led to:

- Strengthening information sharing protocols
- Improving information to care homes about their safeguarding roles and informing of next stages when safeguarding investigations take place
- Identifying training for first point of contact staff to reduce the number of referrals not meeting the threshold.
- Reviewed how case conferences are undertaken from the customer, chair and attendees perspective and implemented an action plan to improve.
- Putting in place joint inspections with NHS Rotherham for care homes with significant safeguarding and contracting concerns.
- Putting in place multi-agency quality assurance

## **Reducing Crime in Rotherham**

Safeguarding Adults is part of the remit and performance management framework for the Safer Rotherham Partnership (SRP). Key performance indicators are part of the SRP suite. Their focus has helped drive performance on increasing referrals and multi-agency training. The completion of cases was part of a 'performance clinic' earlier this year, where an improvement plan was put together which led to the improvement of completed cases by 21%. As a result of the increased referrals in 08/09 Safer Rotherham Partnership has made Safeguarding Adults a Priority Area for 2009/10 and has put in place a measure to reduce the incidences of abuse.

Our continued focus on the priority to make Rotherham a safer place to live and our multi-agency approach to 'Every Contact Counts' is paying dividends and indicative results show impressive and significant reductions in the levels of crime compared to previous years:

- Overall crime has been reduced by 13% with 3,291 less victims
- Incidents of domestic violence are down by 27% over the last 12 months.
- Rotherham has the biggest reduction in crime in South Yorkshire for 08/09.

South Yorkshire Police District Commander Matt Jukes said: "I am sure residents in Rotherham will be pleased to see the reductions in crimes which have been made this year and that we now have the lowest level of recorded crime in six years. The reductions have been achieved through the hard work of our staff and partners and by our communities taking appropriate measures to reduce the risk of crime."

Chief Constable Meredydd Hughes said: "I believe these figures demonstrate that South Yorkshire is a safe place to Live, Work and Visit and that we are committed to providing the best possible service to the public of South Yorkshire."

Indicative results from the Place Survey conducted in October 2008 show that 10% more people now feel safer after dark (increased from 37% to 47%).

Active partnership working to deliver against the Safer Rotherham Partnership's Domestic Violence Strategy has ensured that there has been reduction of repeat offending (down 3% ~ 84 less) and increased sanction detections 61%.

The Domestic Abuse Awareness programme has been developed to revitalise and to ensure its delivery is gender neutral. The result being that over the year the new Domestic Abuse trainers over 200 key staff have been identified and attended these training events. Demand currently outstrips capacity for delivery and a supportive e-learning package is planned.

The most critical and vulnerable survivors of Domestic Abuse have continued to receive dedicated Independent Domestic Violence Advocacy (IDVA) support with 188 survivors being supported over the year – 112 of which also included their children. The service has been reviewed and now is directly managed within Neighbourhood and Adult Services and has been expanded to support male victims too.

There is an active Safer Homes Partnership focusing in the provision of free target hardening and advice to the most vulnerable. The service, linking strongly with Victim Support, is provided to a range of vulnerable residents including those who;

- have suffered domestic violence
- have been the victim of crime
- are in extreme fear of crime
- are over 55

In 2008/09 some 350 households were supported from the project. The service will be developed over the year to provide other practical support e.g. providing key safes and memo minders, changes to communal areas, and a free gardening service for residents who require the support. In addition a Sanctuary scheme which provides a "safe room" for victims of domestic abuse has been recently introduced.

## **Training and Development**

2008/09 has seen a significant improvement in the training and development of staff in safeguarding awareness.

- 97% (2000) of NAS staff trained on e:learning safeguarding basic awareness (Bronze Standard)
- 750 people trained in safeguarding awareness (Silver to Platinum Standard)

- Training for independent/voluntary sector staff has been increased from 41% to 80%
- We have put in place a multi-agency joint funded with NHSR Safeguarding and DOL Training and Development Officer in place
- Bronze to Platinum Safeguarding Training Programme in place for all NAS staff
- Members training programme well established, 25 members trained so far.
- All Safeguarding Team are trained in new SWIFT package
- Training programme being put in place in conjunction with NHSR for GP's
- Spend on safeguarding training achieved planned spend
- Safeguarding e:learning part of the Councils Workforce Development Strategy and will be rolled out in 2009/10.
- Training programmes include real customer case studies.
- Policies and procedures for Safeguarding available on the Intranet for all staff

Safeguarding is embedded in Workforce Development

- NAS workforce development strategy covers safeguarding and is included in the golden thread
- Staff vetted through recruitment and selection process including CRB checks
- Workforce Development Strategy tackles training and strategic direction for safeguarding
- Course monitoring in place including take up and outcomes
- Safeguarding impact assessment complete and is referenced in the Corporate General Equality Action Plan
- Staff counselling SLA developed and implemented with 24 hours of notification from member of staff.

We are rightly proud of the way we have involved our staff in raising awareness of this key priority.

## **Learning from Customer Experience**

Service User views are now place firmly represented in and reflected by the safeguarding service, learning from experience and testing the satisfaction with the service they have received. A 'Learning from Customers' forum considers access, compliance against service standards and customer journeys on a monthly basis and feeds this information to the Safeguarding Adults Board. This has led to a number of improvements:

- Implementation of the 'Text to Tell' confidential text message reporting service, contributing to improving satisfaction with access
- Implementation of After Care Information Packs, contributing to improving satisfaction with information given
- Easy read Safeguarding Adults Information
- Refining our customer services standards, contributing to faster initial response times

## **Implementation of DoLS**

A huge amount of work has been undertaken in 2008/09 in implementing the Mental Health Act, Mental Capacity Act and the Deprivation of Liberties Safeguards (DoLS). A full launch of the service took place on 1<sup>st</sup> April, 2009. During the first month we had our first request for a Deprivation of Liberty Safeguard. (DoLS)

- DoLS Co-ordinating officer in place
- 8 trained Best Interest Assessors in place across the service
- Agreed protocols in place with NHSR
- Implemented a communication strategy to raise awareness of the act and access arrangements across all care homes and hospital wards
- Raised awareness for carers around Safeguarding Adults and Deprivation of Liberty.

## **Home From Home – Raising Standards in Care Homes**

We have strengthened our approach to quality assurance and contract monitoring of care homes in Rotherham. 'Home from Home' is our innovative way of raising standards in contracted residential and nursing care homes in Rotherham. The scheme has been piloted, using volunteer providers, and a programme to assess each home has commenced and prioritised on the basis of risk. The assessment framework includes (1) customer experience which is tested through user involvement and independently assessed through Age Concern (2) contractual compliance and professional competence and (3) clinical standard of health care.

Each provider is given a quality rating based upon a sliding 'bronze', 'silver' and 'gold' standard and a quality rating is payable, using social care reform grant, to encourage higher care standards. Risk is an important concept to the Home from Home scheme. Specifically the risks addressed are the risk of contractual non-compliance, the risk of abuse, and the risk of poor or ineffective health care provision.

The three assessments in the Home from Home scheme are designed to reduce these risks. In addition, the services are prioritised in relation to their assessment of risk in these areas. A risk matrix is used to monitor the month by month performance of all the residential and nursing care homes. This risk matrix is updated with information on the following areas:

- The latest Care Quality Commission rating
- The number of substantiated contracting concerns for the home in the previous two years to date
- The number of substantiated safeguarding issues in the home for the previous two years to date
- The incidence and grade of pressure sores in the home for the previous two years to date

Any service found to be below silver standard is prioritised for early intervention. All services will have an ongoing action plan in place to deliver continuous improvement contributing to the Personal Dignity and Respect Outcome.

A web page has been produced which lists the homes in the 'Home from Home' scheme and the reports once completed are attached for customers, potential customers, relatives and professionals to read or download.

11 assessments have been completed so far. Two homes have already improved their assessment scores. As a result of these assessments we have made improvements across all residential and nursing homes such as

- All contracts have been renewed with a focus on safeguarding for all residential and nursing homes
- Staff have been informed about the Contracting Team and what it does to drive up standards

Three months after the initial assessment we return to the home to assess whether service users feel that services at the home have improved.



**CASE STUDY: Improvements made through Home From Home**

Cherry Trees Residential Homes

In December 08, Service Users reported that they weren't consulted on the types of activities they wanted. In March 09 Residents now say the activities co-ordinator ask them what activities they would like to do and puts in place a programme based on their feedback.

The Abbeys Care Home

In January 09, residents expressed dissatisfaction with not being able to choose what time they get up or go to bed. The reassessment in May 09 residents revealed that this had been rectified.

Also, residents stated that sometimes the food was not hot enough. At the reassessment residents were 100% satisfied with the food and the choices available.

One Home from Home assessment lead to identifying safeguarding and contracting issues which resulted in the home being placed under special measures and a suspension of placements. The home have responded to our concerns and this decision is currently being reviewed.

Reference to CRILL and LAMA are systematically embedded into our Commissioning and Contracting processes.

Well established contract monitoring and review processes are in place to ensure that quality standards are maintained. A dedicated contracting team monitor the quality of care service delivery by independent sector providers using a raft of techniques, both proactive and reactive. In addition CRILL, LAMA and individual CQC inspection reports have always informed the work of the team, and have been used alongside the team's own judgments, to assess providers' performance. Action plans are developed to address issues arising from these monitoring tools. The outcome was that note was served on one domiciliary care provider and joint work with health colleagues resulted in a residential care providers rating being increased from poor to good.

**We have an excellent track record in commissioning and utilising good and excellent quality domiciliary, residential and nursing care. Our performance is consistently well above the national average. As an example we commission twice as many care packages from excellent home care providers than the national average.**

Whilst our performance is consistently good we acknowledge that we don't have enough specialist places in Rotherham to meet peoples needs which results in us funding expensive placements out of authority. This issue will be addressed in 2009/10, the Council has set aside £500,000 in its Medium Term Financial Strategy to develop up to 20 specialist places within Rotherham and an implementation plan has been established.

[Contents](#)

**Outcome 7 - Priorities**

Please outline your planned priorities to improve outcomes relating to personal dignity and respect for people who use social care and the wider community.

- Raise the quality of care in all residential/nursing homes using the 'Home from Home' standards.
- Responding to CQC recommendations following the Safeguarding Inspection

[Contents](#)

**Outcome 7 - Overall, how well are you performing against this outcome?**

The weight of achievements made detailed above, track record and the significant amounts of additional resources committed by the Council and NHS Rotherham suggests that we have made significant progress during the year but we feel we need to demonstrate further progress before we can improve from 'performing well' to 'performing excellently'.

[Contents](#)

**DOMAIN 8: 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.

The Outcomes Framework and Question and Prompts (QuIPs) documents provide further information about the performance and evidence for this domain (<http://www.csci.org.uk/professional>).

**Domain statement for completion by the council:**

**Domain 8 – Achievements**

Please describe the improvements in leadership in the past year.

During the 2008 Annual Performance Assessment CSCI told us that we have made “significant and striking improvements” and that we had transformed from a service “on cusp of going down 1 star two years ago to a service on the cusp of going up to 3 stars”.

The progress that we have made with implementing last year’s ‘areas for development’ demonstrates that we have built upon our reputation for excellent leadership. We have completed 7 out of the 9 priorities and 2 were reviewed in the year. The programme for ‘shifting the balance’ of provision for in-house home care to external providers was reprofiled to enable the market to develop the capacity to respond. Similarly, we did review the range of advocacy services. However, this is integral to our approach to personalisation and is a key priority within the personalisation plan. Consequently, it is an issue that needs to be completed in 2009/10.

During the last twelve months we have continued to redesign the way we commission and deliver services by focusing on learning from customers which is what you told us was our ‘unique selling point’.

- Strategic development of personalisation led and endorsed by Members
- Development of relationship with the voluntary sector
- Jointly funded Customer Service Centre's bringing together GP, community health services with Council services
- Social Care Reform Grant utilised to embed culture change and to build capacity
- Shared vision for empowerment of customers throughout the Council
- Innovative forms of consultation recognised through national awards
- Outcome focused framework developed for preventative services
- Excellent recognition of leadership mirrored in employee surveys
- Leadership priorities focused through team plans and echoed in performance development reviews

Last year you recommended that we 'progress the planned approach to personalisation'. The Council refreshed its corporate organisational development plan, called 'Our Futures', in 2008 which led to the DASS becoming the lead for personalisation across all Council services and not just in adult social care. Our personalisation plan covers the transformation of all public services in the borough and is set within challenging but achievable timescales. Rotherham has achieved a national reputation for the development of personalisation and we have made significant progress in this area.

Many changes and improvements are carried out jointly with our partners. We have strengthened our relationships and renewed our shared priorities with NHS Rotherham through the Adult Planning Board. The Council has developed its working relationships with the CVS, and the LINK, involving them in decisions that will lead to the recommissioning of services. A Central Needs study has been carried out, led by NHS Rotherham and Rotherham Council, to see how the social, economic, physical and well being of communities in our most deprived areas of the borough can be improved. We are also engaging with NHS Rotherham to jointly review services and develop a five year Strategic Commissioning Plan and Implementation Plan as part of the local delivery of 'Transforming Communities Services'.

The Alive theme board of the Rotherham Partnership are responsible for allocating the Neighbourhood Renewal Fund to generate a lasting legacy in reducing health inequalities and overseeing Health Equity Audit which is a process of checking whether the people who need health related services are actually using them to the maximum benefit. Rotherham was pleased to be selected as one of the first two areas to be visited by the Department of Health National Support Team (NST) on health inequalities. The review of our progress highlighted areas where the borough is making good progress, such as reducing deaths from coronary heart disease and other areas where we need to make further efforts to reduce the gap in life expectancy between Rotherham and the rest of the country by 2010. Following the visit a joint Life Expectancy Plan has been produced by the NHS Rotherham and the Council. This plan essentially focuses attention on public health issues that can be addressed over the next few years and complements the longer term Joint Public Health Strategy.

The Council's Medium Term Financial Strategy shows how resources are being invested and disinvested to achieve systems transformation. This included a £3.85m increase in revenue funding to support our Social Care Reform Grant allocation which continues to be used to create the culture change, capacity building and support infrastructure required to achieve total systems transformation. £2.9m in capital was spent to provide additional supported living places for people with learning disabilities and Extra Care housing. £17m has been spent on two new residential care homes to replace the existing ageing provision with modern residential care facilities fit for the future. NHS Rotherham have invested further into our shared priorities (£660,000) and we delivered on our commitment to transfer learning disabilities funding. We are also well under way to implement the Resource Allocation System to deliver personalisation.

The Rotherham Partnership actively seeks the involvement of Scrutiny in positively challenging and reviewing priorities and partnership plans. With the need to develop the new Local Area Agreement 2008-2011, members were actively engaged in the process with:

- Three dedicated training sessions being held with members supported by both LGYH and I&DeA (national case study)
- The overview scrutiny being involved in 'LAA Challenge Events' alongside partners and managers. (recognised as best practice by GO)
- A structured consultation with all the Scrutiny Boards on the emerging Agreement that resulted in six tangible changes.
- With the Agreement receiving Ministerial sign-off, the Partnership and Scrutiny Board have agreed a timetable by which all named partners will work with Scrutiny members to explore delivery issues and risks.

We are proud to say that unlike many other areas, our Elected Members have the knowledge and interest to effectively perform their scrutiny functions.

The Council and its partners are making significant improvements in the level and standard of its services to customers through its Joint Service Centres and Contact Centres. The Maltby Joint Customer Service Centre opened in September 2009 which brought together GPs and community health services with a number of Council services and other universal information including community safety. £7.6m is being invested in developing further centres in Aston and Rawmarsh over the next two years.

The budget process has been used to deliver against our annual performance assessment 'area for development' which was to 'progress **the planned work to ensure access to a full range of modernised services**'. Investments have been prioritised for mental health, older people's and learning disability services (£1.8m), services for people with physical disabilities and sensory impairment (£1.2m), Safeguarding Team (£484k) and for Carers Services (£180k). Efficiency savings of £3.4m have been reinvested in priorities such as increasing the pace of our modernisation programme and to address our Annual Performance Assessment 'area for development' to '**further modernise the in house domiciliary care service**'. This includes £2.1m savings to continue our 'shifting the balance programme' from 65% independent sector provision to 70%, agreed as part of the budget setting process, ceasing the laundry and bathing services and in-house meals on wheels provision.

The implementation of personalisation in Rotherham has been inclusive. We have held a series of personalisation events bringing together professional communities with service providers, users and carers. Political discussions have been raised to a higher level with the Leader of the Council and other senior politicians leading events providing evidence that this is not just an issue for the Cabinet Member for Adult Social Care and Health. Our personalisation plan includes a dedicated sub group entitled 'culture and change' which is developing the knowledge and skills needed to deliver more personalised services.

Performance in previous years shows that we have the ability and resources to manage transformation change. The Council has a good track record in delivering improvements to services which can be evidenced by the results that we have achieved under the Comprehensive Performance Assessment (CPA) 'harder test' regime. The Council continues to be a '4 out of 4' rated Council for its 'Use of Resources' and is the highest performing Metropolitan Authority for efficiency savings. In February 2009, Council services were assessed as an overall 3 star 'good' rating, a drop from last year mainly as a result of the Children and Young People's Annual Performance Assessment judgement and a poor fostering inspection.

The Council has an ambitious and widespread vision for empowering service users so that they have maximum self determination over their own lives. In developing our personalisation plan we have applied a very inclusive approach so that this relationship with customers and professionals clearly defines the type of responsive standards that communities can expect whenever they need the support of the Council or any of its partner agencies. The Council has long recognised that its most important resource is its customers and our approach to developing our personalisation agenda uses this natural resource to the full.

We are able to demonstrate capacity to deliver complex and ambitious changes. The Innovations Team is now delivering new outcomes for people and gaining recognition for its work and this has been shortlisted at the health and social care awards. This has included special visioning events such as the recent Carers 'Who Cares' event and the Fair's Fayre event for disabled people to contribute to the planning and commissioning processes within the Directorate.

We have worked closely with customers affected by our transformation plans, for example the work we have done to consult customers through our innovative 'Consultation Café', the recommissioning of intermediate care and occupational therapy. We have made progress with our 'shifting the balance' programme which has involved high level leadership from the Leader of the Council and the Chief Executive. Our in house service has been modernised upon the principles of reablement which is leading to greater independence for people and we have shifted 17% of in house home care provision to the independent sector proving evidence that we are tackling our value for money challenges.

Strategic planning is comprehensively informed by population needs assessment and customer feedback. The Council won praise from the Rt. Hon Hazel Blears MP for its innovation for engaging with the public. We carry out additional mystery shopping exercises and satisfaction surveys in 2008/09 which show increasing levels of satisfaction with services. However the Place Survey gave some apparently contradictory messages so we are getting underneath these results.

The Council and NHS Rotherham completed its second generation JSNA and its findings are being used to form the basis of a 'summit' led by the Rotherham Partnership (LSP) to broaden the implications for the future. This recognises its impact on every aspect of life in Rotherham. During the course of this year we updated our market management plan and purchasing plans, which supports our Commissioning Strategy, to reflect the findings of this JSNA.

'Progression of plans to develop universal information and advice regardless of eligibility' was an 'area for development' within the 2008 Annual Performance Assessment. In 2008/9, we decided to merge our two main customer contact points to improve the customer experience and widen access routes into social care and preventative services. With Elected Member support, Rothercare (our 24/7 community alarm service) and Assessment Direct, were merged and relocated to the new Extra Care service at Bakersfield Court. This move has allowed us to develop an integrated and improved access point for social care enquiries, assessments and out of hour's response. Business Process Reengineering (BPR) was completed and the service will be further restructured in 2009/10 to ensure that it is flexible and adaptable to meet the changing needs of customers. It is envisaged that the new service, "Rothercare Direct", will become a universal service offering information, assistance and signposting to community based and statutory services.



It will also play an integral role in delivering our preventative services being developed for older people. Staff will be able to follow up initial enquiries received with welfare checks to ensure that customers' needs have been met, especially for those people who have not met our current FACS criteria.

The priorities and resources implications have been jointly considered and agreed with our health partners. The Local Area Agreement (LAA) sets out the contribution that partners make to the delivery of shared adult social care and health priorities. The Council and NHS Rotherham have agreed additional joint investment for shared priorities, safeguarding and for delivering the joint responsibilities within the Mental Capacity Act / Deprivation of Liberty safeguards. The Council also redeployed £480,000 of resources in the year to ensure that the public feel safe and have confidence in the Councils response to the issue. Public satisfaction in the handling of the issue rose to 96% during the year.

Our Workforce Development plan sets out our priorities for investing in our current and future workforce to deliver systems transformation. In 2008 the Council carried out its bi annual employee opinion survey ('Your Voice') which was conducted independently by ORC International. This provided excellent evidence of the success of involving the Council's own workforce in developing services. This survey of 900 employees demonstrates that 84% of the workforce enjoys their job, a massive turnaround from a comparable survey in 2006 which recorded levels of only 27%. The survey also demonstrated that the Directorate have a workforce who feels routinely involved in responding to changes prompted by service users with the highest results in the Council. The results also show that 95% of staff feel that senior managers provide effective leadership.

One of our 2008 Annual Performance Assessment areas for development was to 'undertake further work to ensure that staff in the independent sector are adequately trained'. Plans were put in place in April 2008 to implement a 6% increase in the level of investment in the training and development of the independent sector workforce from the Adult Social Care Workforce Grant. We have achieved our aim of increasing the level of funding to 35% of the grant (£264,600). This was achieved as a result of our dedicating an independent sector Learning and Development Officer to work with the sector to raise standards.

This included promoting the awareness of access to our training application scheme and working with individual providers to prioritise training around issues highlighted in regulatory inspection reports. This included a range of commissioned training, safeguarding, qualifications and courses.

We make effective use of knowledge and information management. We were able to implement ESCR within the year to improve the quality of client records and the information we submit to the Information Centre was also used to inform strategic commissioning decisions. For example, performance standards were added to the Occupational Therapy contract which led to an improvement in waiting times. Additionally, 'Improving the frequency of performance data supplied by the mental health service' was a recommendation from the 2008 Annual Performance Assessment. A formal 3 year Agreement with RDaSH, our mental health commissioned service provider, with a supporting data quality protocol was agreed in March 2008. Adult Services' performance team have provided training on the revised data reporting requirements for 2008/09, held on a number of workshops and worked with the Director of RDaSH throughout the year to improve access to performance data. The frequency of carers, assessment and review data has improved and we are able to produce a more reliable outturn this year. The work we have done to improve the availability and accuracy of the data has been identified as a best practice case study within the Councils 2009 Use of Resources self assessment.

Performance management information is well developed and used by managers at all levels. Monthly reports are presented to the Directorate Management Team which focuses upon national indicators, Local Area Agreement (LAA), progress with transformational plans, progress with annual performance assessment recommendations and customer care reports. Managers now use the 'big picture' performance tool so that they are able to track the daily performance of each worker. One of our Performance Assessment Framework (PAF) indicators was externally audited by KPMG in September 2008, where no issues were found after passing all tests. This is the first time a social care indicator had been audited since 2004/05 where there were major errors in our recording system and database. Additionally, we are one of the first Councils in the Country to declare compliance with Level 5 of the Equality Standard recognising the diversity and fairness that is embedded right across all of our services. Our CAA lead has also stated that 'performance management in social care works'.

'Developing an outcome focused performance framework for preventative services' was another of our 'areas for development' within last year's Annual Performance Assessment. An outcome focused framework has been developed for preventative services, which focuses on volume, cost and evidence of customer satisfaction and person centred planning. SLA reviews, intermediate care, information and access, and assistive technology all provide examples of the outcomes being achieved which is detailed within outcomes 1, 2 and 4 of this self assessment.

Performance reports show that we were able to achieve improvements in our priority areas from the 2008 assessment report. For example, we increased the number of adult protection plans in place for vulnerable adults, we increased the number of people we support to live at home, we achieved our LAA targets on reviews and exceeded direct payments and we reduced the amount of admissions to nursing and residential care. The service made a conscious decision to prioritise safeguarding at the start of the year. Consequently, our performance reports show an increase in demand for these services which have impeded the rate of improvement on reviews and timeliness of assessments. Risks were managed through the systematic use of weekly performance clinics which were held on a number of indicators. As a result, performance improved on 68% of our core experience key performance indicators from last year despite an additional 655 reviews, 529 safeguarding and 53 new assessments being undertaken compared to the previous year. This information was used to identify additional assessment resources needed within the 2009/10 budget process to improve performance.

Staff at all levels are aware of the performance data system and how their roles contribute to delivering outcomes. Every member of staff has an annual Performance and Development Review and is involved in supervision processes throughout the year so that they know how they personally contribute. Each team knows how they contribute as they have to undertake a team planning exercise at the start of the year to show how they contribute to the social care outcomes framework, which has helped to embed the framework. This is reinforced through staff contribution to leadership and visioning days, the communication of case studies and the reward and recognition structures that we have in place.

Monthly 'Star' awards are a part of the Directorate performance management meetings described earlier. Winners are selected from a set of customer feedback reports and are awarded to those individuals and teams that have made the most difference to service users. These are important tools in our change management strategy. The staff survey conducted in 2008 also shows that there is a greater understanding and discussion of performance improvement between staff and managers compared to the last survey and in comparison to the rest of the Council. 91% understand their role and responsibilities within the Council and 88% are clear about the expected levels of performance for the role

Our strategic planning framework sets out the objectives and priority actions that we have in place to improve outcomes for customers. Our Service Plan (2009/12), Joint Commissioning Strategy, Commissioning Strategy (2008/23) and Personalisation Plan (2009/11) contain this information in more detail. Our leadership priorities are focused upon personalisation, safeguarding and innovation. These priorities are embedded in Team Plans and individual's Performance Development Plans

Our strategic objectives are;

- To strengthen the approach we take to prevent adult abuse, working together with our partner agencies to reduce the number of cases of abuse by 2012
- All customers will have choice and control over the way in which services are delivered by 2011
- Creating and sustaining safer cohesive communities by tackling local concerns of crime and anti-social behaviour in a way which makes people feel that Rotherham is one of the safest places in the country by 2011
- Strengthen by 2011 neighbourhood leadership through increased opportunities that shape local service delivery in a way that people are involved and increasingly feel that their views make a difference
- To improve the choice and quality of housing so that individuals are able to obtain the type of housing that they want by 2011
- To ensure that 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 by 2011
- Reduce the impact of the credit crunch and economic downturn on individuals, communities and the local economy by 2010.

- To continue the transformation and modernisation of adult social care and health so that we help more people to live independently by the year 2011
- To improve the performance and standards of service where our cost and performance profile compares less well with the best to contribute to a '4 out of 4' Use of Resources ratings by the year 2010
- To strengthen our approach to Learning from Customers across all services to ensure we retain customer service excellence and improve customer experience and satisfaction by the year 2010

There are a number of complex and interrelated risks associated with leading the transformation of social care and health which we will manage over the next twelve months. For example, the demographic and cost pressures on adult social care is a major risk and we have the support from Corporate Finance and Human Resources to mitigate the risk of further revenue budget pressures and significant capital pressures associated with enabling people to live at home.

In addition, there are a number of uncertainties relating to the supply chain, markets and ability of external organisations and the CVS to deliver the innovative, flexible and responsive services needed to support personalisation. It is essential that we continue to use our personalisation visioning events to support the development of the market and to enhance community development in this area. Our Meals on Wheels transformation work has provided an innovative template for this development.

Our leadership skills and capacity to manage the volume of change will be tested once again this year. We recognise that this change requires very careful media management particularly in relation to how we manage very emotive issues such as modernising domiciliary care e.g. meals on wheels. This is even more complex given the very difficult market conditions associated with the recession which is affecting our local housing and home care markets. We have responded by investing into communication and marketing expertise which is an important step in our change management plan.

Reducing health inequalities in Rotherham remains a key challenge. The Rotherham Partnership commissioned a review, by KPMG and the Audit Commission, of actions to address Health Inequalities in January 2009.

The review focused on priority public health issues and an action plan has been produced to implement the recommendations arising from the review. This review shows that the Council and its partners are focusing on long term changes needed to improve quality of life in the borough.

In response to this we are strengthening joint commissioning priorities to meet the needs of people with a long term condition and prevent avoidable hospital and residential care admissions and extend joint working promote service integration. Priorities for 2009/10 include the development of the JSNA, development of a joint commissioning arrangement for all mental health services, strengthening of the partnership agreement with RDaSH for the provision of mental health services and a joint approach to Safeguarding Adults. The joint work programme identifies those areas of work that underpin the delivery of joint commissioning such as workforce development and performance management.

Finally, NHS Rotherham's world class commissioning assurance report, undertaken at the same time, contains two recommendations to drive transformation of health and healthcare in Rotherham. The report recommends that the NHS Rotherham considers how it will work to change behaviours of local people and how it works with partners to deliver its agenda. We recognise that this is not just a role for health colleagues and will continue to work collectively to reduce inequalities within the borough. The excellent leadership and track record of improvement that we can demonstrate in Rotherham means that we are well equipped to deliver our local priorities.

[Contents](#)

**Domain 8 - Priorities**

Please outline your planned priorities for improving leadership.

- Provide corporate leadership to ensure that the personalisation of adult social care is used to inform the transformation of other public services

[Contents](#)

**DOMAIN 9: COMMISSIONING AND THE 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 provide good value.

**Domain statement for completion by the council:**

**Domain 9 – Achievements**

Please describe the improvements in commissioning and the use of resources in the past year.

Robust commissioning is pivotal to driving forward our transformation and modernisation agenda and our strategic and operational commissioning functions are focused on improving outcomes for the citizens of Rotherham, working in partnership with our Health, 3<sup>rd</sup> sector and independent sector stakeholders and has innovative and highly effective consultation and participation of service users and carers that informs the planning, commissioning and future modelling of services.

This is demonstrated by the Council's 4 out of 4 CPA score in the 2008 'Use of Resources' assessment. Our key achievements are:

- Provider services involved in the development and delivery of outcome focused of services.
- Strong partnership relationship with NHS Rotherham.
- Personalisation programme led by Neighbourhoods and Adult Services and customers.
- Investments and disinvestments support the Directorates strategic objectives and respond to demographic changes outline in JSNA.
- Continued commitment and progress against further modernisation of services.
- Joint Commissioning priorities agreed in 4 key areas.
- Significant improvement in performance of Intermediate Care Services.
- Joint commissioning investment in older people's mental health services of £710,000 to develop new services in line with Dementia Strategy

We have a strong partnership relationship with our health colleagues with joint governance arrangements with a key theme group of the Rotherham Local Strategic Partnership, the 'ALIVE' Board; representation at this level is at the senior executive level. Beneath this there is a partnership body between the Neighbourhoods and Adult Services Directorate (NAS) and NHS Rotherham, here there are formal governance arrangements and shared key priorities. Representation at this board is across the statutory sectors, the voluntary sector, carers and customers. This board is chaired by the Chief Executive of NHS Rotherham and the Strategic Director of NAS on an alternate basis. This board is highly performing and is a key strategic forum for the engagement of all stakeholders working in partnership to tackle key identified priorities and improve outcomes for the citizens of Rotherham.

There is also a Chief Executives liaison group where the Chief Executive of the Council and NHS Rotherham and the senior executive teams from these organisations discuss the pivotal issues for the Borough across Health and Social Care. Recent discussions include the Transforming Community Services in NHS Rotherham, development of service centres for health and social care, commissioning of therapy services and long term conditions management.

## **Personalisation**

The delivery of the transformation and personalisation programme in Rotherham is led by the NAS Directorate and operationally in the Commissioning and Partnerships and in the Innovations departments of this directorate. The Rotherham Personalisation programme has high level corporate commitment and political support. All departments of the local authority are focussed on the transformation that is necessary. This approach gives leadership, clarity to the risk management, interdependencies and, crucially, the benefits required for customers and their carers through achieving the personalisation agenda. This is one of our highest priorities and we work closely with our colleagues in provider services, both statutory and non-statutory on the identified key elements of choice and control, culture, change, customer and consultation.



The personalisation programme includes our colleagues from Neighbourhoods and Housing department, in NAS, in order that the work we develop and deliver takes into account the whole life of our customers including the locality where they live and the community coordination and development required to support universal services and maintaining independent living.

The project group for Culture and Change is led by the Director of Health and Wellbeing. The Director of Independent Living leads the Choice and Control project group. The lead for Commissioning and Capacity is the Director of Commissioning and Partnerships who also chairs the co-ordinating programme board. The Director of Housing and Neighbourhoods leads the project group on Communities and the project group for Customers and Consultation by the Service Quality Manger.

We have placed the customer at the centre of our personalisation approach. Personalisation means for us 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. We have also engaged at the national level on driving forward our personalisation agenda within the borough. Examples of support for our approach are:

***Rotherham are in the premiere league for personalisation  
– Simon Duffy CX IN CONTROL- attended visioning event  
for Personalisation in March 2009***

***There is clearly leadership and vision in Rotherham – Jeff  
Jerome National Director for Transformation – attended  
second visioning event for Personalisation in February  
2009***

***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)  
attended visioning event for Personalistion in February  
2009***

Elected Members are engaged and are championing the personalisation agenda demonstrating leadership to enable and support the cultural shift based on customers, delivering a value for money transparent system and achieving long term savings through prevention.

The Supporting People programme is a strategic partnership between the National Probation Service, Local Authority and NHS Rotherham. This partnership is nationally recognised as high performing, gaining a 2 star promising inspection result in 2004. The partnership has been particularly effective in delivering the Local Area Agreement National Indicator stretch target 141: the percentage of vulnerable people helped to live independently

In real terms this means that an additional 36 of the most vulnerable people who were previously at risk of homelessness and offending have been supported to access education and training and gain the life skill they need to manage their own independent tenancies. The cost of repeated homelessness by 36 individuals would be £6000 for each incidence, £216,000, without additional associated costs of such things as anti-social behaviour, substance misuse and offending.

This success has been achieved in partnership with Arches Housing Association which, with funding from the Housing Corporation and joint work with both planning and Neighbourhoods, developed previously derelict land or housing in need of significant work. The outcome of this partnership is that 18 new general needs two bed apartments were built in 2008-9 for rent by vulnerable people moving on from contracted Supporting People accommodation-based services. This directly addressed the LAA stretch target. Further partnership with the contracted support providers means the young people are supported in their move to their new home and contact is maintained to ensure their successful transition to independence for a 1 year period.

Performance on NI 141 is in the top quartile of national statistics. The identified stretch target in the LAA for NI 141 was 78.5 % in 2008 and this was exceeded by almost 9 percentage points at 87%, a figure that exceeds the three year target of 82%.

The strategic vision has been clearly articulated through a series of visioning events with high profile speakers at different target audiences, VCS and independent sector providers, our employees and customers. Simultaneously specific work has been undertaken on the Resource Allocation System and the modernisation of social care.

A lead is being taken by commissioning in defining and developing appropriate wrap-around care navigation – brokerage services for customers, accreditation for care providers and personal assistants, as well as continuing and expanding the very successful direct payments service. The local authority has over 600 direct payments and an ambitious target to enable personal budgets to be the default position by March 2010 for 100% of all new clients.

A very important element of the personalisation programme in the borough is the process of mapping assets and deficits in local communities and this work is also currently being defined and delivered. A neighbourhood led programme identifies deprivation across Rotherham town centre wards. To address this funding has been allocated by Yorkshire Forward to roll out the intensive neighbourhood management approach piloted in Chesterhill into the following 3 priority neighbourhoods located in the central Rotherham area: East Herringthorpe, Canklow and Ferham. The programme is for 2/3 years and the business plan is to be submitted by mid June (a copy of the proposal was approved at Cabinet 29/4/09). The personalisation programme also targets social capital building in these areas and the JSNA process and investment plans also identify and address health inequalities and outcomes for people within these areas. This coordinated and ambitious approach to addressing health inequality in target areas is expected to produce a major return over the next few years.

The transforming Social Care Reform Grant (SCRG) has been allocated to specific transformation activities including culture change, workforce, contracting and commissioning. A workforce development approach means that new leadership and management development activities are in place to support managers in meeting the challenges of transformation.

Rotherham is nationally recognised as a leader in delivery of direct payments. We are major participants on the national In Control pilot which is contributing to a highly successful Direct Payments programme, with over 600 direct payments in operation in 2009.

A brokerage service was developed in 2008 for social work teams, brokering sitting services and domiciliary care services. The personalisation programme is developing quickly in Rotherham now and recommendations are made to use the transforming social care grant to seed fund care navigation and support service to help people manage their micro-commissioning roles. A working group is currently exploring regional best practice, focussing upon recent experiences of pilot areas.

We have utilised the transforming SCRG to invest primarily in culture change, capacity building, and collaboration with customers, regional partners and VCS organisations, and for the transition when re-modelling traditional services such as day care. The Medium Term Financial Strategy (MTFS) includes investment to develop the brokerage function and streamline the care pathway to enable individuals to commission services to meet their own needs utilising the brokerage, advocacy, information and guidance available.

We have a three year (2007-2010) Strategic Commissioning plan, endorsed by Elected Members, established three action plans:

- Sustainable market management
- Contract monitoring and review plan
- Outline purchasing plan

In particular the market management plan's key objective is to deliver sustainability, value for money, improved quality and service development. These are to be achieved by zoning services, introducing longer term contracts, involving providers in service development, workforce planning and quality assurance. Pump priming innovative services, shifting the balance of services to the independent sector, reshaping in house services to deliver enabling and fast response services, developing the third sector to focus on prevention, rolling out brokerage and implementing a quality premium scheme.

### **Investments and Disinvestments**

These plans have informed the directorate's service plans which have, in turn, delivered corporate investments and dis-investments.

Some examples of these include:

- Shifting The Balance of home care - Reduction in 'in-house' of £3.7m, Investment into the Independent Sector of £2.2m Reshape In house to reablement and fast response.- net disinvestment of £1.5m over 2 years
- Roll out brokerage 2 additional brokers – investment £60,000
- Home from Home , quality premium payments scheme – Investment - £300,000 over 2 years
- Increase investment into Direct payments to enable shift from traditional services – investment £695,000 over 2 years

- Investment into independent workforce planning and development – Grant share £276,000 increasing next year
- Joint commission with NHS Rotherham residential care for adults of working age with MH problems - £209,000
- Develop community based alternatives for older people with MH problems - £300,000
- Reshape provision of meals on wheels – Disinvestment of £92,000
- Increase provision of Supported living places for people with a learning disability - £356,000 over 2 years
- Continued development and implementation of assistive technology - £140,000
- Develop 'sign posted services to provide low cost equipment and minor adaptations - £100,000 plus £75,000 HIA/Handypersons Grant
- Individualised budgets for people with problematic substance misuse - £125,000
- Increased support to carers/ carers breaks - £180,000
- Modernise in house residential care and reduce number of beds to 120 – net disinvestment of £538,000 over 2 years
- Establishment of a safeguarding team – investment of £480,000.

In 2008-9 additional investment made into adult services was £3.133 M. This was allocated to address demographic pressures, commitments to voluntary and community sector preventative services, investment into joint commissioning with NHS Rotherham, community support and respite care.

### **Joint Commissioning**

Strategic and Operational commissioning for health and social care for adults in Rotherham is undertaken in conjunction with strategic partners through the Joint Commissioning Team with NHS Rotherham, the Supporting People programme which involves the National Probation Service, The Local Strategic Partnership which includes the Police and the Voluntary and community sector, as well as the Chamber of Commerce. Our partnership approach with our stakeholders and customers is at the heart of our commissioning activity.

### **Joint Commissioning**

We have worked with our partners in Health to develop and agree a joint commissioning strategy and joint strategic commissioning priorities across health and social care. These priorities include; the development of effective intermediate carers' services, meeting the needs of people with long term conditions, older people's mental health and reducing admissions to hospital and residential care. The Joint Commissioning Strategy is underpinned by a Joint Planning Framework. This sets out the governance arrangements between NHS Rotherham and Rotherham MBC when involved in joint working.

### **Intermediate Care**

The Council takes the lead in the provision of intermediate care, providing single line management to all services within the jointly commissioned service. Key achievements in this service are:

- 250 admissions since April 2008.
- reduced the average length of stay from 55 days in May 08 to a cumulative performance of 35 days for the year 08/09
- 80% of service users were living at home on discharge from the residential service
- 12% of service users were either re-admitted to hospital or discharged to residential care.
- a total reduction of 427 home care hours on discharge since April 2008, with the average reduction being 7 hours per week per service user.
- Efficiency savings identified of between £250,000 and £400,000 from the home care budget.
- National Indicator (NI 125) current performance is as follows; 98% of people surveyed said that the service was either "good, very good or excellent".

## Further joint commissioning includes:

- additional investment of £710,000 in 2008/09 to implement a new community-based service model for older people with mental health problems including extension of the CMHT and a newly commissioned memory clinic providing training advice and guidance for newly diagnosed people with dementia, their families and carers offering initial intensive support immediate post diagnosis at the memory clinic and then long-term carers support service delivered by Crossroads providing carer breaks, information, advice, and access to specialists on a long-term basis.
- a family and carer support service delivering information, emotional support and practical advice to all new stroke survivors and their families and stroke survivors who live alone, working as part of the multi-disciplinary stroke team across the health and social settings and into the community.
- A new Health Promotion Service working with individuals identified as being at risk of stroke, primary or secondary, along with their families. The service provides intensive follow-up to those at risk, providing support towards making the necessary lifestyle changes in order to better manage the risk factors and decrease the chances of having a stroke
- Commissioning the Alzheimer's Society to provide an Older Peoples Mental Health Partnership Group that coordinates and collaborates across commissioning and provision of older people's services, this group consists of representatives from The Alzheimer's Society, NHS Rotherham, Neighbourhoods and Adult Services, RDASH (provider) and Age Concern. The Alzheimer's Society have had an instrumental role in the development of this service.
- Specialist Dementia Benefits Service providing specialist benefit advice service for people with dementia and their carers to ensure they receive all the benefits they are entitled towards.
- Community Support and Sitting Support Service with a total of 130 customers currently this service offers support to older people with mental health problems to:
  - Support to continue living in the community
  - Attend CPN/CMHT appointments and other health
  - Provision of carer breaks

- To implement 'Right care, Right Time, Right Place', we have developed the Home Care Home Liaison Service, a system of monitoring A&E referrals from care homes and generic support service for hospital discharge. In addition, we have linked this service with the Home from Home initiative to provide additional reassurance on the quality of nursing care and incentives for providers

The Joint Commissioning approach makes extensive use of knowledge management using a combination of quantitative and qualitative information about the known needs of local people. Whether this is census data, acorn data, Index of Multiple Deprivation (IMD) data or performance data, a process of locality and community of interest mapping is undertaken to provide a clear picture of the change in the Borough.

- **Joint Strategic Needs Assessment**, (JSNA) is a strong partnership piece of work focusing on Social Care and Health Needs. This was informed by previous and new consultation structured consultation with both users groups and locality based public consultations. CSED has stated this is an example of good practise for local authorities (2007). The JSNA informs Neighbourhoods and Adult Services commissioning priorities. Resources have been realigned through the medium term financial planning and budget processes to deliver investment into identified priority areas.
- **Joint Strategic Intelligence Assessment** (JSIA) has actively informed the priorities within our Crime and Disorder Plan and Community Strategy Refresh. Though a multi agency analysis of available data, the partnership improved and enhanced the existing approach to the vulnerable localities index, ensuring that it better reflected the relationship between deprivation and real-time information of crime. Reference will be made to this in the Chesterhill Case study that is an appendix to this self assessment.
- **Partnership's BME Health Needs** assessment, a direct result of the Partnership's Public Health Strategy has added value to the JSNA and informed the development of the Commissioning Frameworks being developed across the Borough.



- This involved a unique approach based on 'family interviews' combined with community focus groups' in addition to the analysis of known data and consultations. This reinforced our 'personalise, localise and integrate' agenda.
- **Local Area Agreement and Adult Performance Assessment Framework performance data** is evaluated and used to inform strategic commissioning. A dedicated performance team is able to identify opportunities for addressing gaps in service provision. For example, an analysis of HH1 statutory return identified the need to expand commissioning activity to help more people to live at home.

Strategic commissioning plans have also incorporated the learning achieved through analysis and application of :

- National and local performance data (CRILL and LAMA)
- Medium Term Financial Planning and Base Budget Reviews
- Customer feedback
- Mystery Shopping
- Service Quality assurance monitoring processes

### **Strategic Commissioning**

#### **Domiciliary Care**

In 2008 elected members agreed to 'shift the balance' of domiciliary care services from 65% in house provision to 35%. Members have recently agreed to extend this to 30% by March 2010. We will re-commission domiciliary care services under new contractual arrangements for April 2010. This will be an important element of extending choice and control for people that use services. The re-commissioned domiciliary care services will be tendered to meet the identified needs in our outcome-based assessment processes. Customers will be able to more clearly identify the providers with the skills to best meet their needs; we will then work with those providers to deliver the outcomes required in the manner most appropriate to the end user. However, users will also have the option to choose a different provider if they so wish. Our recommissioning process for domiciliary care will focus on market management and provider support to enable them to reshape to a more flexible market that adapts to better meet the needs of service users and carers.

### **Residential and nursing care**

As a strategic approach to raise and sustain standards of care and to put the customer first 'Home from Home' was launched, as a pilot, in partnership with volunteer providers, in November 2008 and is our innovative way of raising standards in commissioned residential and nursing care based on qualitative and quantitative risk management assessment with the evaluation assessed as gold, silver or bronze with an improvement plan to support each home to achieve gold status The assessment framework includes:

- customer experience which is tested through user involvement and independently assessed through Age Concern
- contractual compliance and professional competence
- clinical standard of health care
- contractual non-compliance,
- the risk of abuse,
- risk of poor or ineffective health care provision.

The improvement plan is monitored monthly and is updated with:

- The latest Care Quality Commission rating
- The number of substantiated contracting concerns for the home in the previous two years to date
- The number of substantiated safeguarding issues in the home for the previous two years to date
- The incidence and grade of pressure sores in the home for the previous two years to date

A web page has been produced which lists the homes in the 'Home from Home' scheme and the reports once completed are attached for customers, potential customers, relatives and professionals to read or download.

### **Commissioning for information and advice provision:**

A number of varied voluntary and community sector contracts provide information and advice to a range of different client groups. Age Concern, RNID and RNIB are active in the borough, and a new carer's forum operates with Voluntary Action Rotherham to provide an informal support service for carers in the town centre.

A contract is also held by Anchor Housing Trust for a 'staying put' home improvement service, which provides handyperson services and an information support and advice service for vulnerable private sector tenants.

Assessment Direct is the Council's own service which is a single number assessment and advice centre that signposts people to appropriate services. The two main customer contacts points, Rothercare (our 24/7 community alarm service) and Assessment Direct, were merged to improve the customer experience and widen access routes into social care and preventative services. This move has allowed us to develop an integrated and improved access point for social care enquiries, assessments and out of hours response. The service will be further restructured in 2009/10 to ensure that the service is flexible to adapt to the changing needs of customers. The new service - "Rothercare Direct" - will become a universal service offering information, guidance, advice, assistance and signposting to community based, non-statutory and statutory services. It will also play an integral role in delivering our preventative services being developed for older people. Staff will be able to follow up initial enquiries received with welfare checks to ensure that customers' needs have been met, especially for those people who have not met our current FACS criteria.

## **Voluntary Sector Compact**

We work in partnership with the Voluntary Sector through the Compact arrangements and we are working to agree a statement of intent with the VCS for a governance framework that builds on the successful work of the Compact. Our SLA reviews have been completed providing key data to inform our outcomes based commissioning with VCS. We are working to inform and support the non statutory sector to respond to our commissioning and strategic requirements on the preventative and personalisation agendas. Work in progress includes the further development of a strategic approach to managing, supporting and incentivising the market to be innovative and flexible to customer needs. In addition, we will build into this work the findings of our second generation JSNA.

Over the past few months a series of individual contract reviews has been conducted aimed at determining future commissioning decisions in this area.

Over the past 10 years or more, a series of contracts (known then as Service Level Agreements) was let to a variety of local voluntary and community sector groups. Some of these developed in response to a local need, and others to the availability of specific pieces of grant funding. Most if not all of these service are entirely "preventative" in nature or have a preventative element to them. Although some are used as "care managed" services, many are not and are accessed directly by members of the public regardless of level of need.

This recent review exercise was done in the shadow of the personalisation agenda and so with this in mind a series of recommendations was made to management about future of these services.

Broadly speaking the reviewed contracts fall into two categories:

Advice, practical support and information

Age Concern Advocacy Service

Provides independent advice and advocacy to residents of care homes

Alzheimer's Society Support Worker

Provides independent advice and support to carers of people with dementia, particularly in the early stages

RNIB information service

Provides Welfare Benefits advice and an Eye Clinic liaison service to identify service users at first referral to the clinic.

RNID Equipment and Advice Service

Assessment and advice for equipment. {Providing low level support to those not eligible for SW team support.

Age Concern Handyperson Scheme

Direct referral service providing repair and fitting service at reasonable rates

Carers' Forum

Peer support and advice to carers

RNID Communication (BSL interpreters)

BSL interpretation service for RMBC staff and service users

All of these services are accessible directly by service users with no RMBC referral required.

## Day Services

### SCOPE -Day Service (PDSI)

Individualised day services aimed at enabling independent living for disabled adults

### SCOPE - Out and About

Enables disabled adults to access community facilities in safe environment

### Sue Ryder Stepping Out

Enables brain injured adults to access community facilities in a safe environment

### Crossroads Sitting Services

Enables carers of disabled people to have regular mornings or afternoons to themselves

### SENSE Day Services

Individualised day services aimed at enabling independent living for deaf/blind adults

### SENSE Rig Drive (supported living)

Enables three deaf/blind adults to live independently in the community with 24 hour support available.

These day services are all accessed via RMBC referral

These services were assessed in terms of demand, strategic relevance and performance. Results varied across the range of contracts but there was a clear pattern indicating that the services were valued and still required in some form or another.

The recommendations specific to each contract either recommended a re-tender of a similar service, contract renewal with the existing provider, or a re-shaping of the contracts to take into account personalisation.

## **Customers shaping the future of services in Rotherham**

Obtaining the customers and the carer's perspective is a key component within the commissioning and reviewing process. We have held events throughout the year to understand the perspectives, expectations, needs and wants of our customers. For example we held a 'Consultation Café' with customers and their carers where they 'road tested' the wide variety of new meals available from a variety of organisations tendering for the new meals on wheels service. This was an unprecedented success and there was a two page feature in the Rotherham Advertiser that showed that people left the event reassured by the quality of the meals that were on offer.

We had around 100 customers at the event – great feedback and very positive building point. We wrote to customers with feedback from the day and have also offered every customer trials of the meals in their own homes. Every customer will receive an assessment between now and the end of July as to their future needs for meals on wheels.

At the Consultation Café we made the following promises

- You will be kept up to date with all change
- Every person on MOW will receive an assessment
- Those assessed as needing a heated meal will get a heated meal
- We will quality check the companies that are being invited into your homes
- Your meal will not change until you have had an assessment

The meals you will be offered will provide you with cheaper options

### **Carers shaping the future of services in Rotherham**

A key priority for the Council has been our relationship with carers. We recognise the importance of and the contribution that carers make and have an excellent track record of consulting and involving carers. We have held a number of consultation events to ensure that carers' views are integral components of strategic and joint commissioning. Some examples of our approach are:

- Strengthening representation on joint strategic planning groups, scrutiny, the Adults Board and other key decision making bodies,
- Undertaking consultation with the Carers' Champion from each service area within Rotherham MBC to facilitate feedback from carers,
- Holding consultation events during National Carers' Week in June 2008 to further inform the development of the Carers' Strategy,
- Jointly facilitating a Citizens' Jury in June 2008,
- Facilitating a Carers' Visioning Day in July 2008 with NHS Rotherham and Neighbourhood and Adult Services attended by a cross section of agencies, staff and carers,

- Undertaking a broad carers' survey commenced in September 2008 to establish the needs of carers in the wider community to increase the scope of consultation,
- Concluding the Black and Minority Ethnic Hospital Project in autumn 2008, providing opportunities to consult with this specific minority group,
- Consultation during the development of Rotherham Women's Strategy included women workers and professionals and responsibilities were discussed, and
- Commissioning a Carers' Forum Service User Questionnaire to evaluate satisfaction rates amongst users of this service
- A Carers Visioning Day was held that involved carers directly in shaping the content of the Carers' strategy

The Carers Strategy that was produced demonstrated through vigorous engagement and consultation the importance that carers had in defining our priorities. An example of this is a postal survey was carried out and contacted over 1000 carers. The action plan has been developed as a result of what carers have judged what is right for them.

- Successful involvement with Voluntary Action Rotherham led to the continuation of the highly valued Carers Forum when its existence was threatened by the withdrawal of voluntary support. The forum plays a lively and important role in our relationship with carers and its continuation is a major positive outcome both for the Council and carers throughout the borough
- In July 2008 the Business Relationship Manager for CSCI met a group of Rotherham carers and their comments were acknowledged

***I could not be more pleased with the Council's involvement with Carers. The Visioning Day was inclusive and supportive and there were genuine outcomes that fed into the Carers' Strategy. Carers felt genuinely involved –  
Jeanette Mallinder ROTHERHAM CARERS FORUM  
CO-ORDINATOR***

Carers informed us they wanted more flexible services and in January 09 a Carers Direct Payment scheme was launched. 300 carers have received a Direct Payment. Early indications show during outcome monitoring shows that 80% of those receiving the payment benefited from the payments by achieving their identified outcomes. The mental health carers assessment team collect data from carers assessments and where common themes on needs emerge then a response is developed. A carers well being group was established as a result and carers training needs identified, with programmes in development to address this need.

A project commenced December 08 which considers difficulties of carers in hard to reach communities. In an effort to reach out to carers who are unable to attend events we conducted a postal Carers' Survey in September 2008. A BME carer worker in mental health is employed to engage with minority groups. Communication by text is utilised to access carers, to increase frequency of support contact.

A Carers Support Officer post is being developed and their role will incorporate engaging with hard to reach carers i.e. in rural locations, communities of interest.

The Ethnic Minority Day Care service holds events in partnership with the Carers Forum to identify carers and sign post them to support services. Targeted events will take place during National Carers Week and Carers Rights Day (12<sup>th</sup> June) which are aimed at engaging with hard to reach carers.

### **Service Commissioned for Carers**

A jointly commissioned carers' service is being developed to enable early referral at point of diagnosis of those suffering dementia. We are working with our partners in health to encourage key staff GPs, allied health professionals to identify carers at the earliest opportunity i.e. at the point of diagnosis, deterioration, by reviewing admission/discharge documentation/procedure

### **Carers Services Carers Grant Funded:**

Older People



## Alzheimer's Society

- Specialist Sitting: This service provides community based respite care for older people (over 65's) allowing the carer a break. It operates between the hours of 8 – 11pm, 4 hour sessions. Offers support to 130 clients but the beneficiaries often Carers
- Community Support Workers Evening Breaks respite to carers and allows them to participate in evening activities they would otherwise be prevented from attending
- Weekend Day Sitting: carer support by giving carer a break at weekend useful for working carers
- Ethnic Minority Day Care: Provision of Day Care for ethnic minorities, supports people over the age of 65. This service has an ethnic minority support worker. Is a service which provides an ethnic meal, and a culturally sensitive layout, and activities based on the needs of ethnic group
- Older People with Mental Health problems Day Centre, based at Copeland Lodge, Thurcroft and Charnwood at Swinton, operates 7 day a week offers social day care, transport meal and activities to the service user but also offers respite to the carer

## Crossroads

- Carers' Support specialist support to carers, this is a quality service aimed at the carer and personalised according to the needs of the carer. A significant proportion of carers are supported, by providing replacement care, domiciliary care. This service has the unique standard that a Crossroads Carer will deliver a call to deliver care that will not be under a 1 hour limit. This gives a carer a reasonable break. They also provide 4 hour episodes of "sitting service" carer breaks.

Home Care "in house" and Home Care – "independent sector" This service delivers personal care that as an indirect result allows the carer to have a break from their caring responsibility.

### **Carers' Forum and Consultation and Information**

Carers' Forum was established incorporating Associated Support Activities. Details, of the nature of the service, eligibility guidance, and monitoring information were set out in the Service Specification. The provider now VAR is the provider for this service.

The forum was contracted to provide the following:

- Carers Forum meeting bi-monthly
- Address issues relating to Black and Ethnic Minority Carers
- Maintain a carer's Register
- Develop a carer's newsletter
- Develop a training for carers programme
- Development outreach work

The Carers Information Centre Rotherham MBC pays rent for the Carers Information Centre (CIC). The CIC is an area within RAIN building displaying Carers information in the form of leaflets/booklets and face to face responses from the Carers Co-ordinator on an adhoc basis (not contracted to staff the centre). This aspect of service falls outside the current service level agreement but is nevertheless related

#### **Social Worker Head Injuries - Headway**

Provides advocacy and support to those who have suffered traumatic brain injury. Carers would benefit from this service since the service user is supported and as a consequence the dependency on the carer is reduced. Tends to be younger people, support with benefits, debt worries, housing, employment, education, legal, rehabilitation, leisure and social services. This service is necessary as often the individual with head injury has often gone through personality change and carers experience difficulty coping with this element.

#### **Generic Day Sitting:**

Support carers of people with a physical disability by offering respite periods

**Thursday "out & about" Club:**

Provides trips out around Yorkshire, service exist to give carers a break and to give disabled adults a break from their carers. Provides the opportunity for disabled adults to experience new interest and experiences in life, prevent social isolation, and provide good quality external activities and the opportunity for disabled adults to formulate friendships.

**Carer Emergency Service**

The scheme is staffed by a single member of staff the Carers Emergency Assessment Officer (CEAO). The CEAO carries out an assessment of support/care need in the community. The care plan identifies the names of two people, friends, relatives or neighbours, who are prepared to assist in providing care in an emergency. Formal care is provided by Crossroads Care Attendant Service, should informal care not be possible. The intention is to support the cared for person in the community causing minimum disruption to their routine whilst still meeting their care needs. Should remaining in the community not be an option then cared for person is supported in residential care. The scheme is able to fund up to a maximum of 72 hours of care free of charge to the customer.

During the assessment any issues identified at the time of the visit are forwarded to the appropriate agency, providing added value and early intervention.

The scheme is a proven way of giving carers and the person they care for peace of mind in the sense that existing resources such as RotherCare can be used. This support also prevents more expensive services to be accessed if the caring situation breaks down due to an accident, emergency or crisis.

[Contents](#)

**Domain 9 – Priorities**

Please outline your planned priorities for improving commissioning and the use of resources.

- To focus commissioning and the use of resources on meeting the personalisation agenda

[Contents](#)

## **Strategic summary for completion by the DASS:**

### **Review of outcomes for people who use social care - DASS**

This section invites the DASS to give a summary of how outcomes for people who use social care have changed over the last year in the context of local priorities – including successes and any priorities that were missed. As this constitutes a summary of the foregoing material it does not need to be separately evidenced, but the DASS should ensure that the evidence on which the detailed statements are based is robust and reliable.

### **Strong and effective partnerships**

The Council and its partners continued to improve outcomes for people in the borough. The transformation of adult social care and health is a high level partnership commitment which can be evidenced within the Sustainable Communities Strategy and Corporate Plan. The Council has been able to draw down £2.69m in performance reward grant by achieving the stretch social care and health targets (88% from the possible £3.07m) set out in our first Local Area Agreement. This has included improved outcomes for residents with breathing difficulties, for people receiving personalised social care in the form of a direct payment and for social care customers receiving a review of their care needs.

During the year the Rotherham Partnership has also agreed a new Local Area Agreement and a Borough Improvement Group (BIG) was set up to ensure that the outcomes set out in our second Local Area Agreement are achieved and best use is made of all resources available within Rotherham. Additional investment has been targeted towards services for carers, self directed support, independent living and mortality. For its part the Council has refreshed its Corporate Plan and Medium Term Financial Strategy and making a substantial investment to strengthening arrangements to safeguard vulnerable adults.

Our priorities for investment are shaped by a strong evidence base, robust intelligence and analysis and customer involvement. Our second generation JSNA (Joint Strategic Needs Analysis) was published in August 2008 and fully complies with the Department of Health's JSNA Core Dataset. The Councils Base Budget Review programme looked at three areas of Adult Social Care and Health carrying out an in depth scrutiny of outcomes and VFM.

This programme included an element of external challenge through the participation of community and voluntary sector representatives.

The Councils Medium Term Financial Strategy sets out our local spending priorities and improvements to a range of universal services that adults can experience. This includes £2 billion to regenerate the town centre, £36m PFI scheme which opened 3 new leisure centres this year, £147m of Decent Homes capital investment in Council housing and £25.9m over the next three years to improve housing across all tenures. The Council has also made significant improvements in the level and standard of its services to customers through its Joint Service Centres. £7.6m has been spent on 3 new contact centres which have enhanced access arrangements to universal services.

For adult social care, there was an increase of £3.1m revenue funding and £2.9m in capital was spent to provide additional supported living places for people with learning disabilities and extra care housing. £17m was spent on two new residential care homes to replace the existing aging provision with modern residential care facilities.

We have strengthened our relationships and aligned further our shared priorities with NHS Rotherham. We have a commitment to jointly review services with NHS Rotherham in response to Transforming Community Services and are developing a five year Strategic Commissioning Plan and Implementation Plan.

A Central Needs Study has been carried out, led by NHS Rotherham and Rotherham Council, to see how the social, economic, physical and well being of communities in our most deprived areas of the borough can be improved. A successful model of reducing the gap in areas suffering from multiple deprivation has been implemented by Neighbourhoods and Adults Services Directorate and will be used as the basis for closing the gap in at least three additional areas in 2009/10. This model involves a much better use of resources at a small area level and a single leadership line for local teams including NHS Rotherham.

NHS Rotherham has invested an additional £1.5million into our shared priorities (£1.5m) and the transfer of funding for learning disabilities was achieved during the year.

The Council has developed its working relationships with the Community and Voluntary Sector involving them in decisions that will lead to the re-commissioning of services. The Council has built on its reputation for working with all those involved in commissioning and delivering services to vulnerable adults and developed further its leadership capacity. We have established a LINK which is managed by Voluntary Action Rotherham.

The Rotherham Partnership is making good progress with improving the health of the borough which can be evidenced through;

- Coronary heart disease (CHD) mortality rates are reducing dramatically – outpacing the national average and putting us on course to reach the national average by 2010.
- Rotherham’s Stop Smoking Support Service has helped more than 4,000 people stop smoking, making it amongst the highest performing services in the country with a quit rate of over 50%. There has been a 60% increase in the number of older people accessing the smoking cessation service, of which 55% have been successful.
- Breathing Space opened in 2007 – an award winning state of the art building made possible by partnership between the Council, Rotherham Primary Care Trust and the Coalfield Regeneration Trust. It provides 24 hour respite care for people who suffer from breathing difficulties. Over 1,000 people have been through rehabilitation at the centre.
- Obesity – work has progressed on both treatment and prevention. Last year 38 of the most obese children in the borough attended a weight loss camp. Collectively these children lost 55 stones in weight, reduced levels of body fat and improved aerobic fitness.

### **Corporate leadership and commissioning**

We have built upon our reputation for excellent leadership. The Council has a good track record in delivering improvements to services which can be evidence by the results that we have achieved under the Comprehensive Performance Assessment (CPA) ‘harder test’ regime. Adult social care, housing, economic regeneration and community safety services featured strongly during these annual assessments.

The Council continues to be a '4 out of 4' rated Council for its 'Use of Resources' and is the highest performing Metropolitan Authority for efficiency savings. The Council featured as a case study in an Audit Commission national publication, October 2008, for the way in which it has been able to transform services and achieve £18m in efficiency savings since the onset of Gershon. In February 2009, Council services were assessed as an overall 3 star 'good' rating, a drop from last year mainly as a result of the Children and Young People's Annual Performance Assessment judgement and a fostering inspection.

During the 2008 Annual Performance Assessment the Commission for Social Care Inspectorate told us that we made "significant and in some parts striking improvements" and that we were "on cusp of achieving an excellent rating overall". The Council welcomed this judgement and used the advice given to target improvements and much more clearly concentrate on our unique selling points – the quality of our leadership, our ability to achieve new outcomes through innovation and our nationally recognised approach to learning from customers to redesign and modernise services.

Last year you recommended that we 'progress the planned approach to personalisation'. During the year the Council refreshed its corporate organisational development strategy, called 'Our Futures' and the Director of Adult Social Services was designated as the lead officer for leading the implementation of personalisation across the Council and not just in adult social care.

The Council has a bold and ambitious vision for empowering service users so that they have maximum control over their own lives. In developing our personalisation strategy we have applied a very inclusive approach so that this relationship with customer and professionals clearly defines the type of responsive standards that communities can expect whenever they need the support of the Council or any of its partner agencies. The Council has long recognised that its most important natural resource is its customers and our approach to developing our personalisation strategy uses this natural resource to the full.

We have held a series of personalisation events bringing the professional community together with service providers, users and carers to develop an approach that has the commitment and buy in from all sectors. The Leader of the Council and other senior politicians has led key events, not just the Cabinet Member for Adult Social Care and Health, demonstrating a political commitment at the highest level.

The innovations team is now delivering new outcomes for people and gaining recognition for its work through the adult social care awards. This has included special visioning events such as the recent Carers 'Who Cares' event and the Fair's Fayre event for disabled people to contribute to the planning and commissioning processes within the Directorate. We have worked closely with customers affected by our transformation plans, for example the work we have to consult customers through our innovative 'Consultation Café'.

The Council won praise from the Rt. Hon Hazel Blears MP for its innovation for engaging with the public. We carried out additional mystery shopping exercises and satisfaction surveys in 2008/09 which show increasing satisfaction with services. However the Place Survey gave some apparently contradictory messages so we are getting underneath these results. The Council also achieved Level 5 of the Local Government Equality Standard demonstrating an exceptional commitment to equality, diversity and fairness in provision.

We have built on our reputation for customer care and direct payments last year and have added a further beacon award for better public places, received a host of customer service awards including beating off stiff competition in the private sector by winning the "best customer service award in town" award at the Rotherham Chamber of Commerce Business Awards. Additionally, we have improved the core experience key performance indicators and can now proudly declare compliance with Level 5 of the Equality Standard, which we believe makes us the first adult social care department in the Country.

### **Focus on our priorities – safeguarding**

The Council has provided very clear leadership in respect of safeguarding adults which is set out as the number one priority in all of the plans for Neighbourhoods and Adult Services. We have been outward looking to identify best practice visiting a number of Councils including Bolton and identified a number of areas for development as a result of self assessing ourselves against CSCI Safeguarding Vulnerable Adults Key Line of Enquiry (KLoE). The KLoE identified that we needed to raise the profile of vulnerable adults within the Safer Rotherham Partnership (our CDRP). We successfully negotiated joint targets with our colleagues within the Police, Probation and others aimed at making vulnerable adults feel safer.



Our priority commitment to raise the profile and awareness of safeguarding meant that we made additional investment into training. Our innovative range of training packages, such as the e-learning and basic awareness packages, meant that we were able to increase the amount of in-house staff trained in safeguarding during the year from 93% to 97% and from 41% to 80% within the independent sector. The Council also redeployed £480k of resources in the year to ensure that the public feel safe and have confidence in Councils response to the issue. Public satisfaction in the handling of the issue rose to 96% during the year, despite reported incidents more than doubling.

### **Focus on our priorities – personalisation**

We have dedicated our innovations team resources to progress the planned approach to personalisation an area for development identified as part of our 2008 Annual Performance Assessment. Personalisation is part of the Council's strategic planning framework which can be evidenced from the revisions of the JSNA to commissioning activity, LAA targets and the refresh of the Medium Term Financial Strategy.

We have a dedicated post of Personalisation Manager and have developed a Personalisation Plan which has been shaped by a programme of visioning and leadership events involving different customers, Members, staff, stakeholders and cares. The plan is structured within four parts; choice and control, customers and consultation, commissioning and capacity, community and challenge, culture and change.

Our Workforce Development plan sets out our priorities for investing in our current and future workforce, how we aim to adapt our culture to deliver systems transformation, how we have prioritised investment in training to drive better care and higher standards within the independent sector. Our staff survey results provide excellent evidence of the success of involving the Councils own workforce in developing services. This survey of 900 people demonstrates that 84% of the workforce was happy at work, a massive turnaround from a comparable survey in 2006 which recorded only 27%. The survey also demonstrated that the Directorate have a workforce who feels routinely involved in responding to changes prompted by service users with the highest results in the Council.

We are also leading the wider personalisation of public services. We have a group of officers that are contributing to the Community and Challenge theme within the Personalisation Plan. A service assessment tool has been developed to test how far services can become personalised. Housing choices, Chesterhill Avenue neighbourhood management pilot and the complaints process are three examples of services that have changes as a result of expanding choice and control. We also want to test other universal services to identify barriers which we will want to discuss with Ministers. One example is the extent to which planning regulations prevent the planning system becoming personalised.

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. We have shared our success through the RIEP and nationally via our DVD produced by CSIP.

Our Personalisation Plan illustrates the progress that has been made so far and how we have used both Social Care Reform Grant and recycled savings from our own budget. Major actions delivered so far include;

- **Meals on wheels** is changing from a service delivered by the Council to a service where individuals can commission from providers themselves. The Council's role has changed from provider to enabler by stimulating the market to offer choice and control.
- **Assessment Direct** will be a key factor in the development of personalisation and staff within that service has already begun to establish the essential 'first contact' approach to universal information and advice.
- **Personal Budgets Pilot for People with Mental Health Problems** 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.

- **Uptake of Direct Payments** for adult social care and people with disabilities, and establishing sound and fair support and audit arrangements.
- **Shifting the Balance** move from in-house to independent sector domiciliary care provision and the growth of capacity in the independent sector to deliver more flexible and tailored support through "indirect" payments, and the development of a re-abling approach to maximise independence and confidence.
- **New 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.
- **Joint Commissioning activity** leading to changes for people with long term conditions amongst other achievements detailed earlier in this update.
- **Development and testing of a universal Resource Allocation System (RAS)**; establishing unit costs for provider services; rolling out notional personal budgets and triggering cultural change within Care Management.

[Contents](#)

**Summary of strategic priorities to improve outcomes – DASS**

This section invites the DASS to summarise the strategic priorities for improving outcomes for the year ahead, including priorities for implementing the Putting People First agenda, and indicating how priorities link to the JSNA. The statement should also describe capacity to meet the challenges ahead, and the main risks and limitations.

During 2009/10 we will continue the journey we have made to improve outcomes for all adults in the borough. The Council and NHS Rotherham completed its second generation JSNA and its findings are being used to form the basis of a 'summit' led by the Rotherham Partnership (LSP) to broaden the implications for the future. This recognises its impact on every aspect of life in Rotherham.

Rotherham's Local Area Agreement sets out the ambitious targets that we have set ourselves as a partnership to improve services for vulnerable people and carers, to make people healthy and economically active and how we will use the CVS to improve services for all adults in the borough.

It will be a challenge to continue to deliver our ambitions against a very a background of very difficult financials settlements for Local Government. During the year value for money studies and better use of resources will be critical to help us to maintain improvements and prioritise investments for future years.

In 2009/10, we will address the key actions contained in our personalisation plan use the learning to inform other services beyond adult social care. Although we have adopted a very inclusive approach to personalisation we recognised the enormity of this challenge given the scale of our ambitions.

Reducing health inequalities in Rotherham remains a key challenge. The Rotherham Partnership commissioned a review, by KPMG and the Audit Commission, of actions to address Health Inequalities in January 2009. The review focused on priority public health issues and an action plan has been produced to implement the recommendations arising from the review. This review shows that the Council and its partners are focusing on long term changes needed to improve quality of life in the borough.

We will continue to review the quality and provision of services as a result of learning from national strategy, from our own customers and from the recommendations made in the annual performance assessment. Carers and safeguarding are two examples of where we put national policy recommendations into practice within the borough. Additionally, we will also improve services by utilising the learning and recommendations associated with the forthcoming Care Quality Commission service inspection of safeguarding and services for people with a physical disability and sensory impairment.

We will also work closely with NHS Rotherham to deliver against their world class commissioning assurance recommendations. This includes jointly reviewing services as part of Transforming Community Services and changing behaviours of local people to improve the state of health and social care in the borough.

There have been a significant amount of changes made to the Councils Medium Term Financial Strategy, Joint Commissioning

Strategy, Adult Social Care Commissioning Strategy, Our Service Plan and Personalisation Plan which will be implemented over the next 12 months.

The Council, service users, carers and our partners including the CVS will continue to deliver against the priorities for improvement which are contained within the 'priorities' section of the self assessment.

The DASS will continue to;

- Provide the leadership necessary to deliver a service that delivers well above minimum standards, continues to innovate and provide good VFM, strengthens the voice of our customers and achieves the widest possible outcomes for the community
- Work with the lead member for Adult Social Care and Health to ensure that the commitment to deliver the highest quality standards is achieved through the involvement of all stakeholders
- Ensure that the protection of adults from all forms of abuse remain at the forefront of peoples minds within the community
- Drive the vision for the personalisation of Adult Social Care and use the lessons learnt to shape other services delivered by the Council and its partners.
- Use our natural resources, particularly the energy and imagination of our customers, to redesign access, quality and provision of all universal services within the borough.

Adult Social Care will be tackling a number of complex and interrelated risks associated with delivering the transformation of social care and health over the next twelve months. This will involve commissioning new services during a recession which is affecting the confidence and capacity of the supply chain markets.

We also recognise that the planned changes that we expect to implement this year will require very careful media management particularly in relation to how we manage very emotive issues such as modernising domiciliary care.

[Contents](#)

**Executive Summary Endorsement**

Please enter the names of the following post-holders to confirm their endorsement of the two strategic summary responses:

**Portfolio holder for ASC:**

Councillor Maurice Kirk

**CEO of the council:**

Mike Cuff

**Chief Executive(s) of the PCT(s):**

Andy Buck

[Contents](#)