CABINET MEMBER FOR HEALTH & SOCIAL CARE

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

Date: **Monday, 7th December, 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 meeting held on 23rd November 2009 (Pages 1 - 4)

5. Adult Services Revenue Budget Monitoring Report (Pages 5 - 10)

6. Adult Services Capital Monitoring Report (Pages 11 - 15)

7. Strategic Review of Intermediate Care Services (Pages 16 - 84)

8. Adult Social Care 2nd Quarter (April to September) performance report for 2009/10 (Pages 85 - 91)

9. Supporting People Programme Paper 2 Procurement Timetable (Pages 92 - 124)

(The Chairman authorised consideration of the following item to enable the matters to be processed.)

10. Care Quality Commission (CQC) (Pages 125 - 164)

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 23rd November, 2009

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

An Apology was received from Councillor Jack

H60. MINUTES OF THE MEETING HELD ON 9TH NOVEMBER 2009

Resolved:- That the minutes of the meeting held on 9th November 2009 be approved as a correct record.

H61. IMPROVEMENT PLAN FOR RMBC EQUIPMENT

Shiv Bhurton, Housing Access Manager presented the submitted report which set out the current position with regard to the provision and maintenance of hoists within customers' homes and the actions taken to improve the process and communications with customers.

The equipment was provided to some of the most vulnerable customers to enable them to remain in their own homes and to improve the quality of their lives. It was essential that the communication process was improved to ensure that they were fully aware of the timescales and procedures to be followed for servicing and maintenance of equipment. It was also vital to take control of the process to ensure that customers were kept up to date with information. As part of the process the Adaptations team have met with the supplier to identify any other customers who may not be covered by an up to date warranty agreement.

Current maintenance and servicing arrangements were:

(a) Customers who live in Council properties

- 1 year manufacturer's warranty followed by lifetime cover provided by KEIRS covered as part of the normal repairs arrangement delivered by the Council housing team
- Customer contacts Rotherham Connect as they do for any repairs within their property
- This level of support in the Public sector properties had been in existence for over 5 years
- Customers undergo a financial assessment to ascertain their contribution to the cost of the equipment.

(b) Customers who were owner occupiers/private tenants/Housing Associations tenants

- For Hoists delivered to customers prior to 2009, manufacturers (Westholmes) cover – 1 year servicing was arranged by the

customer/carer with the manufacturer

- For Hoists delivered to customers during and post 2009, 1 years manufacturers warranty followed by 4 years extended warranty – post 5 years servicing was arranged by the customer/carer with the manufacturer
- Customers undergo a financial assessment to ascertain their contribution to the cost of the equipment.

The extension of the maintenance in owner occupier properties from 1 year to 5 years was a recent innovation for Rotherham and sees as best practice in mitigating risks to customers and compared positively in comparison with other local authorities practice. No authority had a longer guarantee period. Customers who lived in council properties enjoyed a full and permanent extension of the warranty. This was because the adaptation was linked to the property and not the person and may be used in the future to provide support for customers with similar conditions.

Initial discussions had taken place to review contract arrangements for the provision of hoists and similar equipment. Changes to contract conditions were now being drafted and a meeting had been set up with Westholmes and Kiers to discuss varying the lifetime of the warranty for the equipment. The purpose of the meeting was to address the different arrangements that currently existed between the council tenants and the owner occupiers' experiences.

A joint review, with NHSR, of the Rotherham Equipment and Wheelchair services (REWS) was ongoing and the scope of the review included examination of the potential to bring in line all definitions related to adaptations and equipment. If an adaptation could be defined as 'equipment' then there would be a greater capacity for extending the warranty period. The review was due to report in March 2010.

There were a number of proposed improvements to the communication with customers and their carers. Some of these had already happened as an immediate response to the issues highlighted above:

- Adaptations team had reviewed and improved the quality of the information provided to the customer and their carer when they initially received the equipment –There must be clear service standards presented upfront to the customer when they receive the hoist-process complete.
- Adaptations team had established a database to flag up the need to contact customers, 3 months prior to a service requirement or a warranty expiring. Contact was then made with the customer and the supplier to ensure that servicing took place. Suppliers would be contractually obliged to operate their own system but this was a fail safe approach for the benefit of our customers. In this respect we were operating as a champion for our customer to ensure that they were always kept in the picture – completion by end November.

- Assistance would always be available from within the adaptations team to support customers who struggled with managing their maintenance package. This would be an important part of the continued support that followed the fitting of an adaptation.
- Adaptations team to inform all care managers/social workers that equipment maintenance and servicing was to be raised at each review –- completion end November
- Support through the process of arranging further individual warranty cover for customers who desired that independence and choice
- Adaptations team to inform domiciliary care providers to check all maintenance dates on all equipment at each visit - This was as part of an engagement with all care providers to ensure that they were fully aware of their responsibilities completion end November
  That arrangements were put in place with REWs that emergency manual hoists were available whenever required, this would be included in the work of the REWs review which was ongoing.

A discussion took place around the speed at which repairs were undertaken once they were reported. It was confirmed that 2010 Rotherham Limited had arrangements with Keirs to respond very quickly, but it was unclear exactly what the timescale was. It was agreed that this would be checked and reported back to members.

Resolved:- (1) That the significant and speedy steps which had been made to improve the support and communication being offered to customers be noted.

(2) That the potential financial implications of extending the warranty period with manufacturers be noted and that work continue to find alternative solutions.

(3) That the work being undertaken with customers, partners, carers and manufacturers to improve the quality of customer experience be noted.

H62. 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 Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972.

H63. SHELTERED HOUSING WARDEN SERVICE - SHORT TERM OVERSPEND REDUCTION PROPOSALS

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which set out recommendations for short term/interim solutions to reduce the projected overspend of the Sheltered Housing

Warden Service. A meeting had previously been held with both the Cabinet Member for Health and Social Care and the Cabinet Member for Housing and Neighbourhoods on 29th July, 2009 when plans to merge the Warden and Enabling Care Services had been presented. Members had agreed in principle to the future direction of travel being to integrate the Sheltered Housing Warden role and the Care Enabler Role. It was confirmed that any proposals would not be completed in the current financial year.

Recommended:- That the information provided and noted by the Cabinet Member for Health and Social Care, will be considered by the Cabinet Member for Housing and Neighbourhoods and received for further consideration.

THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO MEMBERS INFORMED

H64. REVIEW OF NON RESIDENTIAL FEES AND CHARGES

Doug Parkes, Business and Finance Manager presented the submitted report which set out the Directorates current charges benchmarked against local neighbours and members of a Chartered Institute of Professional Accountants (CIPFA) benchmarking group.

It also set out potential charging options for consideration which would contribute to achieving the Directorates 2010/11 budget setting savings target of £4.9m.

An extensive, 6 month consultation exercise would be required in year one. If a decision was delayed to March 2010 then the savings in 2010 would be halved.

Resolved:- (1) That the charging proposals be considered.

(2) That the timeline for implementation of any changes be considered.

(3) That, subject to further discussions on financial impacts of these proposals, Members agree to the commencement of consultation on these proposals.

(4) That the other revised charges set out in Paragraph 7.10 of the report be agreed and implemented with effect from Monday 5th April 2010.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	**Meeting:**	**Cabinet Member for Health and Social Care**
2	**Date:**	**Monday 7 December 2009**
3	**Title:**	**Adult Services Revenue Budget Monitoring Report 2009/10.**
4	**Directorate :**	**Neighbourhoods and Adult Services**

5 Summary

This Budget Monitoring Report provides 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 October 2009.

The forecast for the financial year 2009/10 is an overspend of £225k after assuming achievement of a number of management actions to offset pressures identified within the budget.

6 Recommendations

Members are asked to note:

The latest financial projection against budget for the year based on actual income and expenditure to the end of October 2009 for Adult Services.

7 Proposals and Details

7.1 The Current Position

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

7.1.2 The latest budget monitoring report for Adult Services shows some underlying pressures, however after taking account of a number of achieved savings and assuming the achievement of all management actions it is forecast that there will be an overall net overspend of £225k by the end of the financial year.

7.1.3 Management actions of £1.139m have been identified to reduce the budget pressures. A total of £640k have already been achieved to-date and are now included in the detailed forecasts. This reduces the underlying pressures to £724k and leaves a balance of £499k management actions to be achieved by the end of the financial year.

7.1.4 The latest year end forecast shows the main budget pressures in the following areas:-

- Home Care as a result of delays in shifting the balance of provision to the independent sector (£674k). The 70/30 split was achieved at the end of July 2009 and the balance has now moved beyond 70/30 towards an 80/20 ration that the Cabinet recognises as the optimum level based on experience elsewhere in the country.
- Increase in residential and nursing care short stays over and above approved budget for clients with a physical and sensory disability (+£144k).
- Independent sector home care provision for Physical and Sensory Disability clients has increased by an additional 970 hours since April 2009, a further 38 clients are now receiving a service. This is resulting in an overspend of £347k against the approved budget.
- A significant increase above approved budget in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services (£380k).
- Additional one-off expenditure is being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them transferring to the Council's property bank (£200k).
- Delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels (£240k), laundry (£160k) and the bathing service (£40k).
- Continued pressure on the cost of external transport provision for Learning Disability Day care clients (+£134k).

7.1.5 These pressures have been reduced by :-

- Additional income from continuing health care funding from NHS Rotherham (-£269k).

- Delays in the implementation of new supported living schemes within Learning Disability services (-£290k).
- Savings within independent residential care due to an increase in income from property charges (-£555k) and slippage in intermediate care spot beds (-£40k).
- Savings on the reconfiguration of Extra Care housing (-£315k).
- Planned delay in developing rehabilitation and supported living facilities for clients with a physical and sensory disability (-£157k).
- Slippage in recruitment to a number of new posts (-£78k) where additional funding was agreed within the 2009/10 budget process.

7.1.6 The Directorate continues to identify additional management actions to mitigate the outstanding budget pressures above. A number of management actions have already been achieved (£640k) and are included in the financial forecasts. These include additional savings on supported living, residential short stay placements, independent residential care costs within Older People services and savings from the decommissioning of in-house residential care.

7.2 Current Action

To further mitigate the financial pressures within the service all vacancies continue to require the approval of the Directorate Management Team. There is also a moratorium in place on non-essential non-pay expenditure. Budget meetings with Service Directors and managers take place on a monthly basis to robustly monitor financial performance against approved budget including achievement against the proposed management actions and consider all potential options for managing expenditure within the approved revenue budget.

8. Finance

The finance details are included in section 7 above and the attached appendix shows a summary of the overall financial projection for each main client group.

9. Risks and Uncertainties

There are a number of underlying pressures within the service which continue to be reviewed and closely monitored. The report assumes the achievement of the savings in respect of the outstanding management actions (currently £499k). However, the report does not include any potential costs in respect of any possible redundancies associated with the decommissioning of in-house services.

Management Action Plans have been developed to address the initial budget pressures and include the impact of any decisions on the Key Performance Indicators. Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets.

10. Policy and Performance Agenda Implications

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

11. Background Papers and Consultation

- Report to Cabinet on 25 February 2009 –Proposed Revenue Budget and Council Tax for 2009/10.
- The Council's Medium Term Financial Strategy (MTFS) 2008-2011.
- Action Plan to address Adult Services Budget Pressures – Cabinet Member for Health & Social Care – 14 September 2009

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

Contact Name: Mark Scarrott – Finance Manager (Adult Services)*, Financial Services x 2007, email Mark.Scarrott@rotherham.gov.uk.*

ADULT SOCIAL SERVICES

REVENUE BUDGET MONITORING SUMMARY

EXPENDITURE/INCOME TO DATE (As at 31st October 2009)											PROJECTED OUT-TURN							
		Expenditure			Income			Net			Net							
Last Net Projected Variance	Directorate/Service Area	Profiled Budget	Actual Spend to date	Variance (Over (+) / Under (-) Spend)	Profiled Budget	Actual Income to date	Variance (Over (+) / Under (-) Recovered)	Profiled Budget	Actual Net Expenditure to date	Variance (Over (+) / Under (-) Spend)	Annual Budget	Proj'd out turn	Variance (Over (+) / Under (-) Spend)	Current Financial RAG Status	Financial Impact of Management Action	Revised Projected Year end Variance Over(+)/Under(-) spend	Revised Financial RAG Status	Note
£		£	£	£	£	£	£	£	£	£	£	£	£		£	£		
	Commissioning, Quality & Performance																	
(64)	Commissioning & Partnerships	**7,529**	**7,578**	49	**(6,175)**	**(6,183)**	(8)	1,354	1,395	41	**5,116**	**5,202**	**86**	Red	**(194)**	**(108)**	Green	1
	Assessment & Care Management																	
(17)	Older People Assessment & Care Management	**21,657**	22,076	419	(7,568)	(7,984)	(416)	14,089	14,092	3	24,254	24,258	4	Red	(120)	(116)	Green	2
37	Physical Dis Assessment & Care Management	**3,436**	3,988	552	(349)	(705)	(356)	3,087	3,283	196	6,088	6,371	283	Red	(135)	148	Red	3
20	**Assessment Care Management**	**25,093**	**26,064**	**971**	**(7,917)**	**(8,689)**	**(772)**	**17,176**	**17,375**	**199**	**30,342**	**30,629**	**287**		**(255)**	**32**		
	Independent Living																	
(61)	Older People Independent Living	**1,853**	1,799	(54)	(216)	(197)	19	1,637	1,602	(35)	1,632	1,571	(61)	Green	0	(61)	Green	4
	Health & Well Being																	
853	Older People Health & Well Being	**10,232**	10,851	619	(1,469)	(1,478)	(9)	8,763	9,373	610	15,766	16,683	917	Red	0	917	Red	5
(419)	Learning Disabilities	**15,205**	15,211	6	(6,602)	(6,864)	(262)	8,603	8,347	(256)	15,693	15,255	(438)	Green	0	(438)	Green	6
(104)	Mental Health	**3,361**	3,432	71	(286)	(395)	(109)	3,075	3,037	(38)	4,304	4,237	(67)	Green	(50)	(117)	Green	7
225	**Total Adult Social Services**	63,273	64,935	1,662	(22,665)	(23,806)	(1,141)	40,608	41,129	521	72,853	73,577	724		(499)	225		

Reason for Variance's)

NOTES **Reasons for Variance's) and Proposed Actions**

Indicate reasons for variance (e.g. increased costs or client numbers or under performance against income targets) and actions proposed to address the variance which produce

Performance

(List key targets and RAG status- highlight impact of actions intended to address budget

Main Reasons for Variance

1 **Commissioning & Partnerships**

Forecast pressures on a number of unfunded posts offset by management actions (-£194k) including planned slippage on recruitment to new posts and a review of grant funding.

Assessment and Care Management

2 Older Peoples Services (Independent)

7 more placements than budgeted being offset by the additional income generated by additional admissions and increased income from property charges (-£555k).reduced spend on intermediate care spot beds (-£40k).
Current forecast overspend on Direct Payments (+£280k) due to clients transferring from former Age Concern Day care where budget cut as part of budget setting process in 2007-08 and 2008-09. Overspend on running costs of PC's and mobile phones (+£36k).
Running costs for Manvers accommodation (+£50k) , increase in running cost for CRT transport (+£10K).
Increased costs on independent sector homecare (+£215k) as balance of provision now exceeds 70%.
Net overspend on associated employee costs for assessment Social Work staff (+£5K).
Management Actions of £120k refers to slippage on developing community support services for people with dementia (-£120k).

3 Physical & Sensory Disabilities

Pressure on Home Care Independent sector (+£347k) due to increased hours (+ 970 hours), more expensive care packages, including backdated costs.
Pressure on Direct Payments budgets as number of clients increase (21 new care packages since April (+£100k), further analysis being undertaken
Pressures on Residential and Nursing Care due to overspend on short stays (+£144k) offset by additional Continuing care income on supported living schemes (-£146k).
Implemented management action includes deferring full implementation to develop care and rehabilitation in a residential setting (-£157k).
Outstanding Management Actions of -£135k include savings from the review of Direct Payments and out of authority residential care placements (-£35k).
and the review of the development of specialist respite care provision (-£100k).

4 **Independent Living**

Forecast underspend on employee costs within Extra Care Housing (-£35k) Underspend on Assessment Direct staffing (-£27k)

5 **Health and Well Being**

Older Peoples Services (In House)

Additional one-off costs for decommissioning former residential care homes including security costs, boarding up, removal of utilities, overspend on employee costs of community support services (+£393k)
Slippage on meeting agreed savings for Laundry Service (£156k), Meals on Wheels service (£241k) & Bathing service (£40K) agreed in budget setting process.
Supernummery staff from decommissioned MOW & laundry service (+£81K)
Forecast overspend on in-house home Care due to slippage in achieving 35/65 split by end March 2009 (+£413k) plus more contract hours than demand.
Overspend on employee costs within Home Care operations team (+£46k), Reconfiguration of Extra Care Housing, Bakersfield Court (-£96K)
plus additional slippage identified from new investment (-£184K), utilisation of grant monies b/fwd (-£64k).
Planned delay on recruitment to vacant posts (-£78K) to reduce overall pressures. Underspend on Transport (-£50K).

6 Learning Disabilities

Additional Continuing care income (-£123K) from health, slippage on employee costs (-£114k), slippage on supported living schemes (-£290k),
underspend on homecare budget (£-22k), forecast underspend on Direct Payments (-£9K),
Underspend reduced by continuing pressure on day care services (+£134k) mainly on external transport hire costs.

7 Mental Health

Projected overspend on residential and nursing care (+£58k) - 6 new admissions this year.
Savings on review of Voluntary sector contracts (-£61k) and underspends on staffing budgets at Dinnington Outreach and Clifton Court (-£20k).
Direct Payments delay in uptake drugs & alcohol placements (-£6K) plus additional income from Supporting People (-£29k).
Outstanding Management Actions (-£50k) in respect of capitalisation of revenue expenditure on equipment.

Finance Performance Clinics

Monthly finance clinics are held with each Service Director and their budget holders to monitor actual and planned spend against approved budget.
Management actions are currently being identified to offset the additional budget pressures.

Physical Disabilities

Performance indicator C29 - physical disability users helped to live at home (2009-10 Target = 3.2).
Current performance = 2.94 against a monthly target of 3.08, below target.

Residential/Nursing Care

Performance indicator NAS 3 - Older People in residential care. (2009-10 Target = 237)
Current performance = 200 against a monthly target of 241.

Home care

Performance Indicator C32 - Older People helped live at home (2009-10 Target = 96.32)
Current performance = 65 against a monthly target of 85, below target.

Direct Payments

Performance Indicator N130 - Self Directed Support (all clients), (2009-10 Target = 300)
Current performance = 266 against a monthly target of 243, exceeding target.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet Member for Health and Social Care**
2.	**Date:**	**Monday 7 December 2009**
3.	**Title:**	**Adult Services Capital Budget Monitoring Report 2009/10** - All Wards affected
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

To inform members of the anticipated outturn against the approved Adult Services capital programme for the 2009/10 financial year.

6. Recommendations

Members receive and note the Adult Services forecast capital outturn for 2009/10.

7. Proposals and Details

This capital monitoring report provides detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to the 18 November 2009 and the projected final outturn position for each scheme.
Actual expenditure to the mid November 2009 was £299k against an approved programme of £1.5m. The approved schemes are funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding. Appendix 1 shows actual expenditure to date against the approved budget together with the forecast outturn position.

8. Finance

The following information provides a brief summary of the latest position on the main projects within each client group.

Older People

The two new residential care homes opened in February 2009. The balance of funding (£230k) relates to outstanding fees and the cost of any final minor works.

The Assistive Technology Grant (which includes funding from NHS Rotherham) is being managed jointly and is being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. There is a procurement plan to spend the remaining funding which includes lifeline connect alarms, low temperature sensors and fall detectors within peoples homes. A small element of the Department of Health specific grant (£13.5k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2009/10. Plans to spent the remaining balance of funding are being reviewed.

Learning Disabilities

The small balances of funding (£10k) carried forward from 2008/09 are to be used for the purchase of equipment for Parkhill Lodge and within existing supported living schemes.

The refurbishment at Addison Day Centre (Phase 2), funded from the Council's Strategic Maintenance Investment fund is now complete and awaiting final invoices.

Mental Health

A small balance remains on the Cedar House capital budget and will be used for the purchase of additional equipment.

A large proportion of the Supported Capital Expenditure (SCE) allocation has been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes.

Suitable properties continue to be identified and spending plans are being developed jointly with RDASH. The possibility of funding equipment purchased for direct payments is also being considered to reduce the current pressures on the mental health revenue budgets and is included as a management action (£50k). Further options are also being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which will support their independence with access to 24 hour support.

Management Information

The balance of the capital grant allocation (£85k) for Adult Social Care IT infrastructure was carried forward from 2008-09 and used with this years grant allocation to fund the Adults Integrated Solution as part of introducing electronic care management.

9. Risks and Uncertainties

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

10. Policy and Performance Agenda Implications

The approved capital budget for 2009/10 allows Adult Services to invest and develop its assets to improve and maintain existing levels of service to support the most vulnerable people and continues to contribute to meeting the Council's key priorities.

11. Background Papers and Consultation

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

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

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

Contact Name : Mark Scarrott, Finance Manager (Adult Services), Extension 2007, mark.scarrott@rotherham.gov.uk

CAPITAL EXPENDITURE MONITORING 2009-10

Directorate Adult Services

Monitoring Period : 1 April 2009 to 18 November 2009

Expenditure Code	Scheme description	**Approved** Capital PROGRAMME 2009/10	Actual Expenditure 18/11/09	Year End Projection	Scheme 2009/10 Funding Profile						RAG Status	Comment Note number
					Supported Capital Expenditure (SCE))	**Specific Grant**		**Other Contributions**		**Unsupported Borrowing/Capital Receipts**		
		£	**£**	**£**	**£**	**£**	**Detail**	**£**	**Detail**	**£**		
	Older People											
UXB149	Adult's Older Peoples Modernisation Strategy	230,528	68,600	230,528						230,528	G	1
UXB150	Assistive Technology (NHSR)	232,352	11,000	232,352				232,352			A	2
UXB150	Assistive Technology (RMBC)	178,545	9,775	178,545		178,545	DoH Grant				G	2
UXB151	Residential Care - Improving the Environment	13,585	0	13,585		13,585	DoH Grant				A	3
	Learning Disabilities											
UXL128	Addison Day Centre/Parkhill Lodge	1,761	0	1,761				1,761		0	G	4
UXL135	LDDF for Supported Living	8,548	0	8,548				8,548		0	A	5
	Strategic Maintenance Investment Programme											
UXZ004	Addison Day Centre - Alterations	23,728	0	23,728						23,728	A	6
UXZ011	Addison Day Centre - Phase 2	250,000	168,913	250,000						250,000	G	7
	Mental Health											
UXH098	Cedar House	12,358	0	12,358						12,358	G	8
UXH101	Supported Capital Expenditure	250,000	53,725	250,000						250,000	A	9
UXH102	Mental Health Single Capital Pot	0	0	0							G	10
	Management Information											
UXT003	Social Care IT Infrastructure Capital Grant	177,017	0	177,017		177,017	DoH Grant				G	11
	General											
	Adult Social Services Single Capital Pot	130,000	0	130,000	130,000						A	12
TOTALS		1,508,422	312,013	1,508,422	130,000	369,147		242,661	0	766,614		

Comments

1 Balance of funding to cover cost of outstanding fees and any final minor works. Residential Care Homes opened in February 2009.
2 Funding for the purchase of Telehealth and Telecare equipment. Health funding carried forward into 2009/10 in agreement with Health, balance of RMBC funding re-profiled to meet planned spending on equipment.
3 Department of Health Capital Grant balance carried forward from 2009/10. Spending plans being reviewed.
4 Balance of funding to be used for furniture and equipment at Parkhill Lodge.
5 Funding is earmarked for equipment within existing supported living schemes.
6 Scheme is now completed and balance of funding to meet any final fees.
7 Scheme commenced in July 2009 and is now complete, awaiting final account and outstanding fees.
8 Balance of funding committed to providing support for early interventions and crisis move on.
9 Committed funding to develop assistive technologies, carers resource centre, capital purchases for mental health teams relocation, equipment within the two new residential care homes, direct payments and new supported living schemes. Spending plans have been re-profiled over the next two years.
10 Spending plan re-profiled and funding carried forward into 2010/11 (£555k).
11 2009-10 grant allocation plus balance of funding brought forward from 2009-10 to fund Adults Integrated Solution as part of introducing electronic care management. Awaiting recharge from RBT.
12 New allocation in 2009-10 - spending plans being developed.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:-	**Cabinet Member for Adult, Social Care and Health**
2.	Date:-	**7th December, 2009**
3.	Title:-	**Strategic Review of Intermediate Care Services**
4.	Directorate:-	**Commissioning & Partnerships**

5. Summary

The purpose of the report is to seek ratification of the recommendations set out in the Strategic Review of Intermediate Care. The review makes recommendations on service reconfiguration which will improve current performance and strategic relevance.

6. Recommendations

That the Cabinet Member supports the recommendations set out in the Strategic Review and the positive impact this will have on service user outcomes and performance.

7. Proposals and Details

Development of an Intermediate Care Hub

It is proposed that Day Care, Community Rehabilitation and Residential Teams are merged and co-located. A new multi-disciplinary health and social care team would be set up to support service users through the intermediate care pathway. The service would adopt the **Common Assessment Framework** and deliver integrated health and social care plans.

Millennium would become a dedicated hub for intermediate care services in Rotherham, providing day rehabilitation, a **Single Point of Access** and a focal point for all service delivery. There are significant benefits to this service model. It will establish a clear service identity with a range of services being delivered from the same site. Co-location of staff will facilitate effective communication and peer support. Greater integration will improve efficiency and help develop a person centred approach to rehabilitation.
The Strategic review recommends that a programme of refurbishment is carried out on Millennium to make it fit-for-purpose. It proposes that capital grant is transferred from the NHS Rotherham Operational Plan to Rotherham MBC to pay for the necessary works.

Reconfiguration of the Residential Service

It is proposed that Rothwel Grange is decommissioned as an intermediate care facility and that a new residential unit be developed at one of the new local authority residential units. The plan is to convert one wing of 15 beds into intermediate care provision by December 2009. This is dependent on vacancies becoming available during this timeframe. Vacancies are being held at present, and used for respite provision, in order to maintain bed occupancy.

The new-build homes are fully compliant with National Care Standards and the Disability Discrimination Act. Bedroom sizes are spacious, en-suite facilities are provided, doorways and corridors have been widened for the use of disability and bariatric equipment. There is also ramped access to the building.

It is proposed that Fast Response beds are decommissioned and that the savings made are reinvested to improve performance, outcomes and quality elsewhere in the service. There are a number of reasons why it is appropriate to decommission the service:

- The unit cost per patient is prohibitive.
- There is capacity in the intermediate care residential units to fill the gap left by loss of beds

- The intermediate care residential units can meet the needs of people referred into the service
- Reducing bed capacity will help improve performance on bed occupancy across the service
- Decommissioning will release savings that can be reinvested

Millennium Day Rehabilitation Service

It is proposed that the maintenance service is reconfigured so that it delivers time-limited rehabilitation and community integration programmes. The service will continue to provide day care services to current service users for up to 6 months. There are also 4 service users who originally attended the Crinoline House day centre in 1998. Upon closure of this centre, Elected Members promised that anyone who still wanted to attend in a social care capacity would be allowed to do so. Commissioners are fully supportive of honouring this agreement.

The new service will deliver time limited community integration and rehabilitation programmes, which focus on; improving physical function, training and support on healthy lifestyle, development of mental well-being, reducing social isolation, condition management and maintaining independence

Extending the Multi-Disciplinary Approach

It is proposed that the intermediate care team is enhanced so that it can deliver a broader range of health services. The service would introduce nurse practitioners, speech and language therapy and health support workers to support the residential service and those working in the community. The health support workers would deliver low level nursing **and** rehabilitation support.

8. Finance

The Joint Commissioning Team has carried out financial modelling on 3 options.

1. 5% reduction in the intermediate care pooled budget
2. Zero growth
3. £200,000 additional investment from the NHS Rotherham Operational Plan

Option 1 - 5% Reduction in the Intermediate Care Pooled Budget

A 5% reduction in the intermediate care pooled budget could be achieved by decommissioning the Ackroyd Fast Response beds and the spot purchase beds and not reinvesting savings back into the service. Benefits include: removing poorer performing service elements and delivering better value for money. However, adopting this option would mean that the service would not comply with new national guidelines for intermediate care. It would dilute a service that could have a direct impact on costs further down the care pathway. Finally NAS would have difficulty meeting rising level of need and demand from hospital discharge

Option 2 - Zero Growth

This assumes that there will be no additional revenue commitment from NHS Rotherham or Rotherham MBC but that savings from the decommissioning of Ackroyd and the spot purchase beds are reinvested. This option would remove poorer performing service elements, delivering better value for money. Reinvestment would assist the process of reconfiguration, making the service strategically relevant. Targeted reinvestment would improve performance and deliver savings in the social care economy. There would also be increased level of compliance with the new DH guidelines. However all nurse-led support would be removed from service. The service would still not comply with new national guidelines for intermediate care and additional income from NHS Rotherham could not be used to address strategic objectives of NAS.

Option 3 - £200,000 Investment from the NHS Rotherham Operational Plan

This option incorporates additional investment from NHS Rotherham to incorporate specialist nurses, speech and language therapy and health support workers into the intermediate care service. It would assist the service in supporting people with nursing needs, reducing likelihood of hospital admission. This service model would be more likely to generate savings further down the care pathway. It would deliver full compliance with new DH guidance on intermediate care and full implementation of the intermediate care review.

9. Risks and Uncertainties

The key risks associated with reconfiguration of the current service are:

- Inability to obtaining capital investment for the refurbishment of the Millennium Centre could obstruct co-location of workers and the development of an intermediate care hub

- Removal of nurse-led beds reduces level of compliance with national guidance and Better Health Better Lives
- Reduction in the Millennium Maintenance Service could be politically sensitive

The risk associated with obtaining capital investment could be addressed by transfer of capital grant from NHS Rotherham to Rotherham MBC from NHS Rotherham's Operational Plan. The risks associated with decommissioning nurse-led beds could be mitigated by the addition of nurse practitioners into the intermediate care team.

10. Policy and Performance Agenda Implications

The Strategic Review responds to recent DH guidance on intermediate care "Halfway Home". The guidance places greater emphasis on preventing admission to residential or nursing care. It calls for greater integration between health and social care and states that the intermediate care pathway should have a single point of access, which filters out inappropriate referrals and signposts people to an appropriate part of the service. The Review addresses each of these issues, setting out proposals which will make the service compliant.

Effective intermediate care services have a positive impact on the following indicators from the Adult Social Care Self Assessment Survey. The following indicators relate to the number of people funded by the Local Authority:

- Number receiving non-residential intermediate care to prevent hospital admission
- Number receiving intermediate care in a residential setting to prevent hospital admission
- Number receiving non-residential intermediate care to facilitate hospital discharge
- Number receiving intermediate care in a residential setting to facilitate hospital discharge

The Outcomes Framework highlights where effective intermediate care services can have most impact on the performance of Rotherham MBC. Key performance characteristics for performing excellently on Outcome 1: Improved Health and Well Being include:

- Consistently low numbers of people who have to go into hospital for preventable reasons
- Low number of people whose hospital discharge is delayed due to lack of social care
- Well developed services to prevent avoidable admissions and support independent living
- Well developed rehabilitation services across the area

- Levels of permanent care home placement are low.

Intermediate care also has an impact on the National Local Government Indicators

NI 125 Achieving independence through rehabilitation
NI 131 Delayed transfers of care from hospital
NI 132 Timeliness of social care assessments
NI 133 Timeliness of social care packages following assessment
NI 134 The number of emergency bed days per head of weighted population
NI 139 Older people receiving the support they need to live independently

11. Background Papers and Consultation

Strategic Review of Intermediate Care
DH Guidance on effective Intermediate Care Services: "Halfway Home"

Contact Name : Dominic Blaydon – Joint Commissioning Team

Summary of outcomes anticipated as a result of the Strategic Review of Intermediate Care

Performance Indicator	Baseline 2008/09	Target 2009/10
Intermediate Care Residential Service		
Total No. of ICAB Admissions	250	325
No. of Admissions from Community (step-up)	10%	14%
Bed Occupancy – Overall	56%	70%
Average Length of Stay – Overall	35	35
% of Social Work Assessments Completed in 1-8 days	45%	75%
Community Rehabilitation Team		
No. of CRT Admissions	100	165
Total Reduction of Home Care Hours on Discharge	578	990
Estimated Total Cost Savings (based on average cost of ind. sector home care - £11.80 per hour)	£345,644	£607,464
Millennium Day Rehabilitation Service		
No. of Day Care Referrals to Rehab.	132	144
No. of Day Care Referrals to Maintenance	78	90
NI 125 Performance Data - 91 days after discharge		
% of Questionnaires Completed (where traceable)	90%	100%
% of People Living at Home	81%	83.7%
% of People where health/condition has improved/stable	80%	98%
% of People who reported service was Good to Excellent	90%	98%
Self-Assessment Survey (SAS)		
No. of people receiving non-residential intermediate care to prevent hospital admission	178	236
No. of people receiving intermediate care in a residential setting to prevent hospital admission	54	70
No. of people receiving non-residential intermediate care to facilitate timely hospital discharge	132	163
No. of people receiving intermediate care in a residential setting to facilitate timely hospital discharge	251	310
New Indicators Introduced from April 2010		
Reduction in number of unscheduled hospital admissions for people with	TBC	N/A

Performance Indicator	Baseline 2008/09	Target 2009/10
ambulatory care sensitive disorders		
Number of stroke survivors receiving support (primary diagnosis)	TBC	N/A
Number of people with dementia receiving support (primary and secondary diagnosis)	TBC	N/A
Number of people with other neurological conditions such as brain/head injury, multiple sclerosis, parkinsons, cerebal palsy (primary diagnosis)	TBC	N/A
Number of delayed transfers from hospital to intermediate care	TBC	N/A
Length of stay in hospital prior to being admitted to Intermediate Care	TBC	N/A
Follow-up six months after discharge from intermediate care	TBC	N/A

NHS Rotherham has undergone extensive engagement with clinicians, services users and key stakeholders. We have sought views on the most appropriate service model and used the engagement process to obtain support for direction of travel. The Joint Commissioning Team has co-ordinated visits to Leeds, Sheffield and Bassetlaw to examine their approach to service delivery. We have organised individual workshops with the residential service unit managers, provider senior management, front line staff and local authority workers. Each workshop has been helpful in highlighting and addressing issues which interfere with service effectiveness. We have also undergone a thorough patient engagement programme. As well as using information from exit questionnaires the Joint Commissioning Team carried out a series of interviews with current users to examine their experience. Feedback from patients was directly responsible for recommendations on delivering activity programmes during the afternoon in the residential service. Feedback also demonstrates that the current service model is very good at delivering a positive patient experience.

Strategic Review
Intermediate Care Services

October 2009

Table of contents

Introduction

The Joint Commissioning Strategy and Better Health Better Lives identifies the development of effective intermediate care services as a transformational initiative. This review is a key step towards implementation of this priority.

Section 1 considers the strategic framework within which the intermediate care service operates. It provides a definition of intermediate care and looks at what local strategy documents say about future service development.

Section 2 sets out projections on future health and social care need. It explains why intermediate care services are so important if we are to meet the demographic challenges of the next 10 years. There is a significant amount of evidence that suggests that the costs of home care, residential care and secondary care will be unsustainable unless we can reduce need through rehabilitation.

Section 3 considers the implications of Department of Health guidance “Halfway Home”. This document provides a revised definition of intermediate care. It sets out the key components of a good intermediate care service and provides evidence of effectiveness.

Section 4 maps current provision in Rotherham. It identifies and explains the function of each service element; the residential service, community rehabilitation, the Millennium day rehabilitation and maintenance services, the fast response beds and the intermediate care GP service.

Section 5 benchmarks the Rotherham intermediate care service against neighbouring PCTs. The Joint Commissioning Team visited services from Leeds, Sheffield and Bassetlaw.

Section 6 focuses on current performance. It looks at progress that has been made since the service was last reviewed and identifies areas of performance that still require attention. This chapter also considers the overall effectiveness of the performance management framework for intermediate care.

Section 7 contains a full gap analysis of the service. It identifies areas where reconfiguration, disinvestment or reinvestment are required and makes a range of recommendations for service change.

Section 8 does some financial modeling. It presents three investment options. Option 1 sets out proposals for 5% disinvestment in the service. Option 2 considers how the service could be reconfigured with zero growth. Option 3 explains how the service could be enhanced with additional investment.

Finally Section 9 presents proposals for implementation of the review recommendations and future commissioning arrangements.

Summary of recommendations

R1 Targets on current KPIs for bed occupancy and length of stay in the residential service should be revised for 2010/11 to 80% and 28 days respectively

R2 Develop a bed management system which informs the hospital and community health workers of bed availability and provides daily monitoring of bed occupancy and length of stay

R3 The joint performance management framework should be adjusted to include KPIs and reporting information identified in DH Guidance, “Halfway Home”

R4 New KPIs should be introduced on reductions in unscheduled hospital admissions for people with ambulatory sensitive disorders

R5 Create a new Intermediate Care Team which incorporates the community rehabilitation service, residential therapists and the social work service

R6 The Intermediate Care Team should adopt a case management approach, co-ordinating rehabilitation packages for service users through the whole intermediate care pathway

R7 Develop a single line management structure for the Intermediate Care Team led by a senior therapist working exclusively in-service

R8 Develop an intermediate care hub at the Millennium Centre, co-locating the Intermediate Care Team

R9 A single point of access to be developed for the intermediate care service, which incorporates an out-of-hours access point

R10 Develop a new lease agreement for the Millennium Centre which specifies the use of the Millennium Centre as an intermediate care hub

R11 NHS Rotherham and Rotherham MBC to investigate potential for capital investment, ensuring the building is fit for purpose

R12 Decommission Rothwel Grange intermediate care beds by December 2009. Transfer provision to Davis Court or Lord Hardy Court and increase capacity by 3 beds

R13 Commission additional care enabling hours in the residential service to meet higher level of need and increase level of activity for residents

R14 Decommission Ackroyd Fast Response beds by March 2010

R15 Integrate Millennium rehabilitation and maintenance teams into the Intermediate Care Team

R16 Reconfigure the maintenance service so that it provides a 6 week rehabilitation and community integration programme

R17 Continue to provide day care provision to those in the maintenance service for up to 12 weeks. For those service users who moved from Crinoline Day Centre in 1996 service will continue indefinitely

R18 Develop new service specifications for both elements of the day care service, ensuring clear distinction between the two in terms of service delivery and outcomes

R19 Reduce the number of Millennium maintenance places from 30 to 24 per day

R20 Open up the care pathway for both day rehabilitation services to other health and social care professionals

R21 Nurse-led residential provision should not be developed at this stage. As the service reaches the end of contract commissioners should review interqual data and reassess

R22 The intermediate care team should be enhanced to include nurse practitioners, health support workers and a dedicated speech and language therapy service. Health support workers will provide appropriate nursing and therapy interventions.

R23 Introduce dedicated social services officers to the intermediate care team

R24 The community stroke service to have case management responsibility for people discharged from the stroke unit into intermediate care. These service users will have equal access to all other elements of the intermediate care service.

R25 Providers of the intermediate care and stroke rehabilitation service will produce a joint action plan on the development of Netherfield Court as a stroke rehabilitation facility

R26 A common assessment framework and single patient record is introduced for the service

R27 The service incorporates a specialist occupational therapist and community psychiatric nurse to help meet the mental health needs of service users and that all staff are required to undergo specialist training in dementia care

R28 NHS Rotherham to work with key stakeholders to develop further proposals on a new model for delivering medical support to the intermediate care service

R29 The intermediate care residential service be accredited for End of Life Care by 2011

R30 Carry out a feasibility study on a combined intermediate care and falls prevention service

R31 Commissioners carry out a review of rehabilitation services across Rotherham, focusing on the potential for developing a rehabilitation hub on the Badsley Moor Lane site

R33 Endorse the financial model set out in Option 3, with NHS Rotherham committing additional investment of £200,000. Additional investment is non-recurrent

R34 Rotherham MBC and RCHS submit a joint implementation plan to the Adults Board in January 2010 and that the review recommendations be fully implemented by June 2010

R35 Rotherham MBC and NHS Rotherham recommission the service with current providers in April 2011 if conditions are met. The service will otherwise be subject to an open tendering process

1: Strategic Framework

1.1 Definition of intermediate Care

Department of Health guidance from the National Service Framework for Older People (2001) Standard 3 defines an intermediate care service as one which is targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute in-patient care, long-term residential care or continuing NHS in-patient care. Intervention focuses on active enablement with view to maximising independence and returning home. The service is provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery. The service is time-limited, normally no longer than six weeks and frequently as little as one to two weeks. There should be cross-professional working, with a single assessment framework, single professional records and shared protocols.

Recent DH guidance "Intermediate Care – Halfway Home"[2] extends this definition. There is a greater emphasis on preventing admission to residential or nursing care. Intermediate care services should now include adults of all ages, such as young disabled people managing their transition to adulthood. There should be better services for people with dementia or mental health needs and greater flexibility on length of stay for these service users. The new guidance calls for greater integration between health and social care. The intermediate care pathway should have a single point of access, which filters out inappropriate referrals and signposts people to an appropriate part of the service. A care pathway should be planned, which takes people through the entire episode of intermediate care to long-term support if needed.

1.2 The Joint Commissioning Strategy

One of the key priorities of Rotherham's Joint Commissioning Strategy for Adult Services is the development of effective intermediate care services. The strategy responds to recommendations from national reviews which incorporate both health and social care perspectives. *Our Future Health Secured; A Review of NHS Funding & Performance*[3] identifies intermediate care services as having made a significant contribution to the reduction in delayed discharges from hospital. The *Wanless Social Care Review of Older People's Services*[4] also recognises the contribution that intermediate care has made to reducing hospital length of stay. However it also highlights the benefits of developing a broader role; to prevent hospital admission, promote self care and improve independence. Finally, *Our Health, Our Care, Our Say*[5] explains that investment in intermediate care since 2001 has already resulted in a significant reduction in delayed discharge from hospital. The White Paper advocates greater use of intermediate care services to enable more people to be cared for in the community.

The Joint Commissioning Strategy commits Rotherham MBC and NHS Rotherham to the following joint actions:

- Commission an Intermediate Care Service which fulfils the functions identified in the Wanless Review
- Develop a fully integrated Intermediate Care Service

- Develop joint commissioning arrangements, service level agreements, pooled budget arrangements and a joint performance management framework
- Remove all age restrictions on the Intermediate Care Residential Service
- Review and reconfigure the Community Rehabilitation Service
- Improve performance of the Intermediate Care Service

1.3 Better Health, Better Lives

Better Health, Better Lives is the strategic plan for NHS Rotherham. It identifies key priorities for health, setting out what it hopes to achieve and what actions are required. One of the transformational initiatives identified in *Better Health, Better Lives* is *accessible, high quality intermediate care services.* The strategy commits NHS Rotherham to reconfigure the existing service so that it can:

- Provide a service option for people with long term conditions who experience an acute exacerbation, which does not need to be managed in hospital
- Rehabilitate people on discharge from hospital so that they can re-adjust to life back in the community
- Provide a short-term solution for people ready to be discharged from hospital in order for their long-term care options to be assessed and arranged

The strategy states that NHS Rotherham will work with Rotherham to reconfigure the residential service so that it incorporates new nurse-led step-up and step-down provision. The new service will provide alternative care pathways out of hospital, reducing hospital length of stay and delivering a stepping stone back to full independence. Nurse-led step-up provision will provide GPs and community based health professionals with an alternative to hospital care, reducing admissions to hospital and residential care.

The Community Rehabilitation Service will be reconfigured. Commissioners and providers will explore the potential for co-location of health and social care staff. The new service will improve performance by increasing the capacity of home care enablers and targeting those people who would benefit most. Commissioners will develop a new performance management framework which measures the long term impact on service users. Commissioners will also explore the potential for extending intermediate care to incorporate a specialist falls service.

1.4 Impact on Key Performance Indicators

Effective intermediate care services have a positive impact on the following indicators from the Adult Social Care Self Assessment Survey. The following indicators relate to the number of people funded by the Local Authority:

- Number receiving non-residential intermediate care to prevent hospital admission
- Number receiving intermediate care in a residential setting to prevent hospital admission
- Number receiving non-residential intermediate care to facilitate hospital discharge
- Number receiving intermediate care in a residential setting to facilitate hospital discharge

The Outcomes Framework highlights where effective intermediate care services can have most impact on the performance of Rotherham MBC. Key performance characteristics for performing excellently on Outcome 1: Improved Health and Well Being include:

- Consistently low numbers of people who have to go into hospital for preventable reasons
- Low number of people whose hospital discharge is delayed due to lack of social care
- Well developed services to prevent avoidable admissions and support independent living
- Well developed rehabilitation services across the area
- Levels of permanent care home placement are low.

Intermediate care also has an impact on the National Local Government Indicator set and Vital Signs:

NI 125	Achieving independence through rehabilitation
NI 131	Delayed transfers of care from hospital
NI 132	Timeliness of social care assessments
NI 133	Timeliness of social care packages following assessment
NI 134	The number of emergency bed days per head of weighted population
NI 139	Older people receiving the support they need to live independently

VSA 14	Implementation of the Stroke Strategy
VSC 03	Proportion of adults supported directly through social care to live independently
VSC10	Number of delayed transfers of carer 100k population
VSC 04	Proportion of people achieving independence 3 months after rehab
VSC 11	Proportion of people with long term conditions supported to be independent
VSC 20	Number of emergency bed days per head of weighted population

2: Needs Assessment

The following needs assessment considers future demand for services which intermediate care can have the greatest impact on if delivered effectively. It looks at the effect of the ageing population on the demand for social care provision, particularly home care and residential care. This section also considers projected increases in the demand for hospital care.

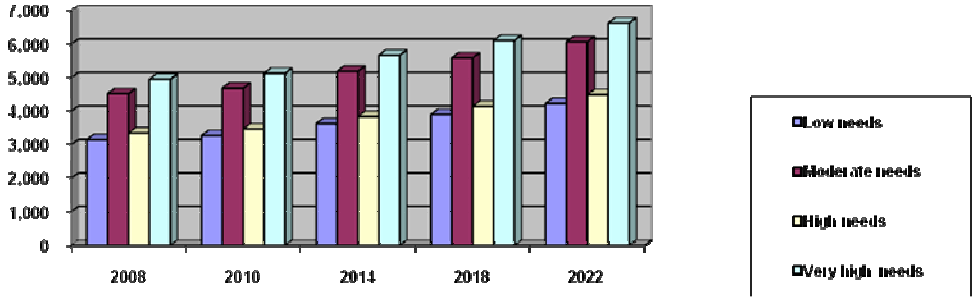
Department of Health guidance on intermediate care "Halfway Home" [2] states that intermediate care has an important function in reducing reliance on home care, delaying admission to residential care, preventing avoidable admission to hospital, facilitating hospital discharge. This needs assessment highlights the importance of such services at a time when demand for critical health and social care services is set to increase.

2.1 Projections on social care need

Rotherham's Joint Strategic needs Assessment (JSNA) [7-P143] predicts that the number of older people in Rotherham is likely to increase by 48% over the next 20 years. There are currently 5,200 people in Rotherham who are 85 years and over. The population for this age group is projected to grow by 81% over the next 20 years. People who are over 85 are most likely to require formal support so this demographic is more relevant when projecting future need for intermediate care.

Figure 1 categorises local social care need and helps predicts future demand for adult social care. It is estimated that there are currently 15,970 people (38%) in Rotherham who are over 65 years and have a formal social care need. Of these 8,300 are unable to perform one or more activity for daily living (ADL) and therefore require direct support.

Figure 1: Projected Social Care Needs for People over 65 years in Rotherham[2 p39]



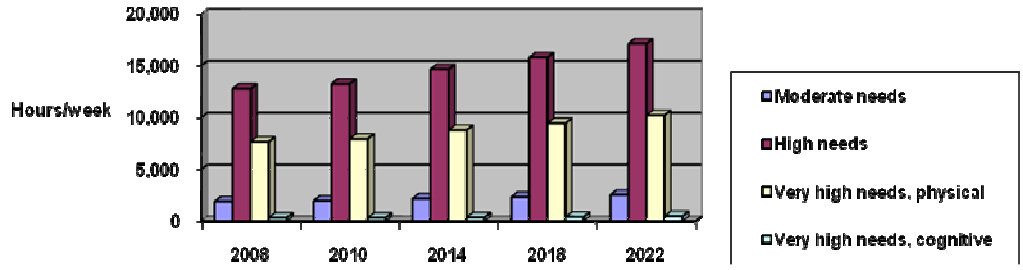
The number of people with a social care need is predicted to increase by 24% in the next 10 years. The number of people with a high or very high need is also predicted to increase by 24%.

2.2 Projections on need for home care

Figure 2 predicts the number of home care hours which will need to be commissioned by the Local Authority over the next 14 years. Figures assume that the demand for home care grows in line with the growth of the older population.

It is estimated that there is a total of 22,660 home care hours provided by the Local Authority each week currently in Rotherham, including 8,000 people with very high needs. If service provision tracks the growth of the older population home care provision will increase by 15% to 25,990 by 2014 and then by a further 24% to 28,010 by 2018.

Figure 2: Projected Increase in Provision of Home Care in Rotherham



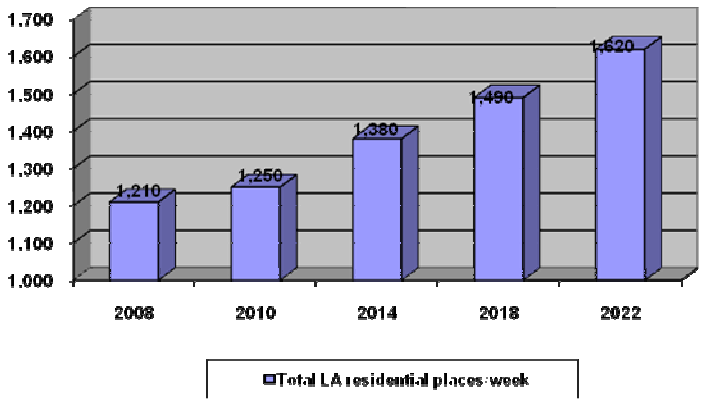
The cost of home care in Rotherham for 2008/09 was £9,738,519. Currently 3,120 people are in receipt of a home care service – of which there are 2,769 older people. [9] The average cost per person is £3,517 per year.

2.3 Projections on need for residential care

There are currently 2,413 beds in residential and nursing homes in Rotherham which provide care for around 1,767 people who are financially supported by the Local Authority. Approximately 75% of beds are for older people with the remaining 25% for people with learning disability, physical disability or mental health needs.

Figure 3 predicts future numbers of residential and nursing care places per week required in Rotherham based on the growth in the older population. It provides information on the publicly funded residential population. People in residential and nursing homes are assumed in to be in the "very high" needs group. Publicly funded care packages are assumed to be not available for people in the "low" to "moderate" needs groups.

Figure 3: Predicted Need for Residential Care in Rotherham (Older People) [2 p30]



It is estimated that there are currently 1,210 residential and nursing places provided per week for older people in Rotherham. Assuming that the number of placements grows at the same rate as the older population this is set to increase to 1,380 places by 2014 and 1,490 by 2018. This is an increase of 14% and 23% respectively. 38% of all placements are funded by the Local Authority.

The costs for residential and nursing care for older people in Rotherham were £19,217,963 for 2008/09. There are approximately 1,767 people placed in residential care placements of which approximately 1,210 are older people. The average cost of residential care for older people is £15,883 per person per year.

There has been a 2% reduction in the number of people entering long-term care in Rotherham from 1,802 people in 2005/06 to 1,767 people in 2007/08. Although the number of people in long-term care has reduced slightly, the needs of people in the Homes are much greater.

2.4 Hospital admissions

From the JSNA it can be shown that NHS Rotherham had the second highest rate of hospital admissions in the region in 2007-08. There were 253 admissions per 1000 population, significantly higher than the average rates of 217 regionally and 199 nationally.

NHS Rotherham had the highest level of hospital admissions in the region for people with cardiac disorders; 21.0 admissions per 1000 population compared to 16.9 regionally and 15.0 nationally. It also had the highest regional level of admissions for respiratory conditions; 12.4 per 1000 compared to 8.9 regionally and 8.0 nationally. Overall NHS Rotherham had higher rates of admissions than the regional and national averages for every HRG chapter except for vascular disorders, obstetrics and neonatal.

The needs weighted total cost of acute admissions is higher than the regional and national rates. The possible causes of the relatively high needs weighted total cost could be due to; low provider admission threshold, lack of community care provision, high levels of inappropriate referrals, lack of post discharge community support and ineffective discharge planning.

NHS Rotherham had the second highest rate of emergency admissions to hospital in the region during 2007-08. Rotherham had higher rates of emergency admission than the regional and national averages for nearly all HRG chapters except vascular and musculoskeletal disorders. Rotherham has the highest rate of emergency admissions in the region for 19 conditions identified as those which could be prevented by effective community services. This could be due to factors such as higher levels of morbidity and a more complex case mix. However other factors could include; lack of appropriate community care provision, post discharge support and effective discharge planning.

Rotherham had the highest regional percentage of emergency admissions discharged home with no overnight stay in 2007-08. This suggests low provider threshold for admissions, high level of inappropriate referrals and/or classification of A&E observation beds as in-patients. The standardised cost rate for emergency admissions per 1000 of the population in NHS Rotherham was 5th highest in the region and higher than the national and regional averages.

3: Summary of national guidance

Department of Health guidance on intermediate care "Halfway Home" [2] considers the effectiveness of different models of intermediate care. It explains why intermediate care is important and provides evidence for specific types of intervention.

3.1 Why is intermediate care important

Intermediate care services should enhance quality of care and help people maintain maximum physical and cognitive function. They should have an impact on the health and social care system by making more effective use of capacity and establishing new ways of working. Intermediate care is an important element of recent policy developments. It addresses national policy objectives such as care closer to home, the transformation of social care, the NHS Next Stage Review, transformation of community services, carers' and national dementia strategies.

An earlier review of intermediate care, *NSF for Older People, supporting implementation: Intermediate care: moving forward*[6] sets out the guiding principles of intermediate care:

- person-centred care
- whole system working
- timely access to specialist care
- promoting healthy and active life

3.2 Key components of effective intermediate care services

DH guidance identifies key elements of the intermediate care function.

The core service should generally be provided in community-based settings or in the person's own home. Intermediate care should incorporate a range of services, including beds in residential settings, some with nursing care. Intermediate care may include a rapid response team to provide assessment and immediate intervention in people's homes, to reduce inappropriate admissions to hospital. The service could also include more intensive support and treatment at home to prevent avoidable admission or to facilitate discharge. This type of service is sometimes described as 'hospital at home'. Part of the service should be available on a 24-hour, seven days a week basis, with access to assessment.

The guidance identifies ways in which these key elements of service can be delivered. *Rapid Response Teams* can prevent avoidable admission to hospital by early intervention during periods of exacerbation. These teams can work with GPs, A&E, community health and social care services to deliver short-term intensive support at home. *Acute care at home,* delivered by nurse-led specialist teams, can provide medical treatment at home, including administration of intravenous antibiotics. *Residential rehabilitation* is specifically for people who are unable to return home but are medically fit to leave hospital. These services can be provided for people who do not need 24-hour consultant-led medical care but require a short period of rehabilitation, ranging from one to about six weeks. *Supported discharge,* delivered in a person's own home, combines nursing and therapeutic interventions, home care and community equipment. Finally

d*ay rehabilitation services* can be provided for a limited period in a day centre, possibly in conjunction with other forms of intermediate care.

DH guidance states that all services delivered as part of an intermediate care package, including home care, day care and residential care, should be free to the service user.

Intermediate care should encompass a wider preventative role, aiming to promote confidence building and social inclusion. It should link closely with social care re-ablement, acute or urgent healthcare (including out of hours primary care services), A&E, community health services and management of long-term conditions, primary health care, domiciliary social care, day care and residential or nursing care homes. Effective links are necessary so that potential users are referred into the service from any of these services as soon as the need arises.

The intermediate care function should be managed in an integrated way both from an operational and commissioning perspective. DH guidance suggests the appointment of a single manager with overall responsibility for service delivery.

The emphasis of intermediate care should be on active enablement. Those with all types of conditions should be eligible, with inclusion being based on individual need rather than diagnostic group. Care should be arranged on the basis of a holistic assessment, in which the individual's wishes and those of their carers are fully considered.

The DH guidance emphasises the need to develop a common assessment framework. It recognises that this can help to avoid multiple assessments and facilitate a holistic approach to care provision. The assessment should lead to integrated care planning, with an identified case manager for each service user. All care plans should be regularly reviewed whilst intermediate care services are being delivered.

3.3 Evidence from research

Some evidence that the intermediate care function is effective has begun to emerge from a number of major research programmes, although conclusions are mixed. The DH guidelines set out some of the key findings [2-p13]

Intermediate care projects within the Older People's Use of Services (OPUS) research programme found improvements in people's quality of life and abilities but suggested that intermediate care services needed to be clearly targeted if they were to reduce admissions. Although there is evidence that intermediate care may contribute to a fall in delayed discharges, an evaluation of a well resourced city-wide service found no improvement in patient outcomes and a greater subsequent use of hospital. Conversely the Partnership for Older People Projects (POPPs) did provide evidence that intermediate care services improved users' quality of life and contributed to a significant reduction in emergency hospital bed days. These projects were judged to be cost effective.

Systematic reviews of hospital at home schemes and supported early discharge concluded that these can provide satisfactory alternatives to treatment in an acute hospital. There is evidence that community rehabilitation services are beneficial for some groups of patients, such as those

recovering from stroke. A hospital at home service requires active treatment by health care professionals, in a person's home for a limited period. It may provide a more intensive level of medical care than is normally provided in most intermediate care services.

A systematic review of admission avoidance through hospital at home[2-p25] has indicated that this service can provide a satisfactory alternative to treatment in an acute hospital. There were no significant differences in the outcomes of functional ability, quality of life or cognitive ability. However patients reported increased satisfaction when they were treated at home. There was no significant reduction in the death rate at 3 months for the hospital at home group. Two studies indicated that hospital at home was less expensive than admission to hospital.

Evidence cited in an early review of intermediate care[6] presents limited but positive evidence for the benefits of community rehabilitation teams. The review suggests that such teams should be considered as part of a comprehensive intermediate care service, of which hospital at home is one component.

The evidence for the effectiveness of residential nurse-led units or nursing home based intermediate care is limited. While they may be safe and effective, there is evidence that they are not cost-effective. Studies of nurse-led units indicate that these could provide appropriate care for certain patients. However there is evidence that the development of such units can lead to increased lengths of stay. Also, a high proportion of service users refuse the option of care in such units.

Finally, intermediate care services in which patients saw a smaller number of practitioners tended to have better outcomes

4: Map of current provision

Rotherham currently has the following intermediate care services:

4.1 Intermediate Care Residential Service (ICAB)

This service provides rehabilitation for people who are considered unsafe to remain in or return to their own homes but who would have the capacity to live at home if provided with suitable rehabilitation services. The service is responsible for the delivery of intensive residential rehabilitation packages. It targets the following groups of people

- People being discharged from hospital who require a period of rehabilitation
- People who are living in residential care but wish to move back into their own home
- People at high risk of admission to hospital or residential care
- People with a long term condition living at home who require rehabilitation
- People who are experience an exacerbation but do not require hospital care
- People experiencing mobility problems or at a high risk of a fall.

Table 1 provides a breakdown or beds across the borough.

Table 1 – Distribution of Intermediate Care/Fast Response Beds

Name of Home	No. of Beds	Status	Category
Ackroyd	6	Independent	Residential – Fast Response
Broom Lane	8	Independent	Residential – Intermediate Care
Netherfield Court	21	Local Authority	Residential – Intermediate Care
Rothwel Grange	12	Local Authority	Residential – Intermediate care

All referrals for the residential service are routed through a single point of access at Netherfield Court. The therapists based at this unit triage service users and decide on the appropriate venue for care. A separate assessment then has to be carried out by the appropriate unit manager to ensure that the home is able to meet the care needs of the service user. Admissions to Broom Lane, Netherfield and Rothwel are between 7.00 am and 8.00 pm. This is in compliance with CQC regulations. Ackroyd are able to accept admissions from 8.00 am to 10.00 pm.

Only Ackroyd is able to provide nursing support to service users. Broom Lane has nursing staff in the other wing of the home, so if required the intermediate care unit can draw in nursing support. Rothwel and Netherfield utilise the district nursing service to assist with tasks such as wound dressing. There are two District Nurses specifically allocated to provide support to the intermediate care service.

The residential service has 8.5 wte occupational therapists and 3.4 wte physiotherapists. The units employ residential care workers, care enablers, domestic and catering staff. Each unit has a minimum of 2 care enablers on duty in the morning and 1 enabler in the afternoon. Therapists are responsible for developing rehabilitation plans. Care enablers are expected to work alongside residents to deliver this plan.

Bariatric patients are usually admitted to Netherfield, which has a specially adapted room in order to accommodate equipment such as hoists. However, there is no bariatric bed available in this room.

The residential service can accept admissions from hospital over the weekend as long as the assessments have been undertaken previously by therapists and Unit Manager. The service has strong links with the community geriatrician who assesses all patients admitted to ICAB. The community geriatrician visits each home once a week.

4.2 The Community Rehabilitation Service (CRT)

The Community Rehabilitation Service is a multi-disciplinary team which brings together occupational therapists, physiotherapists and home care enablers to deliver short-term rehabilitative support and optimise independence for people in their own homes.

The main aims of the service are to:

- Provide a multi-disciplinary rehabilitation service to individuals in their own homes
- Increase independent living skills, optimise physical function and improve confidence
- Reduce the need for high-cost home care packages
- Reduce the risk of inappropriate admission to hospital or long-term care

The service is delivered by a multi-disciplinary team, which consists of 4.3 wte occupational therapists, 5.7 wte physiotherapists. The therapists are supported by 400 hours of care enabler provision. The team is distributed across the borough. Therapists are located at a number of sites and are employed by Rotherham Community Health Services. Care enablers are home-based workers with a central base at Manvers. The care enablers are employed by Rotherham MBC

Initiation of service is subject to an assessment by a relevant health or social care professional. A separate assessment will be undertaken by an intermediate care therapist to establish whether the therapeutic needs of the person can be met by the service.

Once an assessment has been carried out the team develops an individually tailored rehabilitation programme. This programme is implemented by care enablers assigned to the community rehabilitation service. The rehabilitation programme is reviewed by therapists on a regular basis.

Care enablers in the community rehabilitation service carry out a dual function. They are responsible for working with service users on rehabilitation programmes, improving physical and occupational function. However they are also responsible for delivering home care services that have been identified as part of a social care package. Currently care enablers work with the majority of people (95%) who have a home care package in place.

The service is generally available for up to six weeks, although this is flexible depending on individual need. If a service user receives home care the community rehabilitation service will reassess the care package on completion of the rehabilitation programme and make recommendations to the assessment and care management team on how much home care support is now required.

4.3 Millennium Day Rehabilitation and Maintenance

This service provides rehabilitation in a day care setting to improve safety, function and independence. It usually constitutes the final stage of a service user's rehabilitation programme after they have received service from ICAB and/or CRT. The Millennium Day Rehabilitation Service is split into two elements.

The day rehabilitation service is available for people for up to six weeks, although this is flexible depending on individual need. It has a multi-disciplinary team consisting of an occupational therapist (0.5 wte), a physiotherapist (1.0 wte), a rehabilitation support worker (1.0 wte) and a rehabilitation assistant (1.0 wte). The service receives 20 people for rehabilitation two days per week. All service users are transported into the day centre by the Rotherham MBC's adults transport service. Rehabilitation sessions run from 10.00 am to 3.00 pm. Clients pay for the full cost of a meal and part of the transport costs. The rehabilitation team carries out some outreach work, providing follow-up rehabilitation at home.

Rehabilitation assessments and individualised programmes are developed by the physiotherapist. Rehabilitation assistants are then responsible for delivering the programme with the service user. Programmes are reviewed every three weeks.

The Maintenance Service supports approximately 30 people per day throughout the week. It has a specialist team which consists of 4 support workers and 2 rehabilitation assistants. The team delivers a combination of individual rehabilitation and group work. Service users attend maintenance for 1 day per week. There are approximately 150 people receiving the service at any one time. The service is time limited, with a maximum maintenance period of 6 months.

The rehabilitation and maintenance services are co-located at the Millennium Centre. The building is owned by NHS Rotherham and leased to Rotherham MBC. The current lease is due to expire in April 2010. The centre is located next to two other rehabilitation centres:

- Breathing Space, which delivers rehabilitation programmes for people with COPD
- Park Rehabilitation Centre which incorporates neurological, amputee and orthopaedic rehabilitation

There is a fully staffed kitchen on-site, which provides lunch to between 34-40 service users, five days per week.

The day centre has recently been awarded beacon status.

4.4 Fast Response Beds

The intermediate care pooled budget includes a significant allocation for fast response beds.

These are utilised by the Fast Response Service a multi-disciplinary team of therapists and district nurses who deliver short-term hospital-at-home and palliative care services. The Fast Response Service prevents hospital admission by delivering intensive primary medical support at home. The intervention period is 72 hours, by which time the patient should be sufficiently stable to allow mainstream primary health and adult social care services to take over.

Referrals mainly originate from Accident and Emergency or community health services, although there are referral pathways from the Yorkshire Ambulance Service, local GPs and Social Services.

The Fast Response Team has access to 6 temporary residential beds at Ackroyd for people who require a short period of rehabilitation. These dedicated beds can be accessed for up to two weeks and can sometimes be used as a route into Intermediate Care. The Fast Response beds are currently managed by Rotherham MBC.

Fast Response beds can be accessed between 8.00 am and 10.00 pm. Admissions to intermediate care beds are between 7.00 am and 8.00 pm.

4.5 Community geriatrician and GP Service

Medical support for the intermediate care service is currently delivered through two key services.

The intermediate care pooled budget funds a General Practitioner service which provides primary care support to the residential units. On admission to the units all residents are temporarily registered with St. Ann's Surgery. The GP service provides standard medical cover for these residents. There are protocols in place to ensure smooth transition to the originating GP once a resident has been discharged from the residential service.

RCHS employs a community geriatrician who provides some consultancy support to the residential units. The community geriatrician visits the units once a week to assess new admissions and monitor residents who have specific health needs. He also provides targeted support to the Fast Response beds at Ackroyd, carrying out comprehensive health assessments and medication reviews. The community geriatrician undertakes exploratory work on underlying conditions, initiates blood tests, does some screening and carries out medication reviews. This service is not funded through the intermediate care pooled budget.

5: Benchmarking with neighbouring authorities

As part of the strategic review of intermediate care services the joint commissioning team has looked at the service models being developed in Sheffield, Leeds and Bassetlaw. This has helped gain an understanding of different approaches and provided an opportunity to share ideas on service development.

5.1 Leeds intermediate care service

Leeds has a population of around 750,000, with around 225,000 people being over the age of 50 years. This is around 3 times the population of Rotherham.

Intermediate care services are commissioned and funded by the PCT. All intermediate care workers are employed by the NHS. The service is split into five localities, with a co-located multi-disciplinary team serving each area. The service incorporates the following key elements.

Sub-Acute Unit – Seacroft

Seacroft is a nurse-led sub-acute unit which is run on the Leeds Teaching Hospital site. The service is delivered by the PCT provider arm. The sub-acute unit has 24 intermediate care beds, 18 step-up community beds and 6 step-down beds. Step-up beds are for patients who are medically unwell and require nursing input.

Medical support for the unit is delivered by 1.5 wte consultant geriatricians. There is GP out of hours cover. Medical cover is not provided during the night. There are x-ray facilities on site, ultrasounds, and a same day phlebotomy service.

Referrals from the community are from GP's and community health workers during day-time hours. The length of stay target is 14 days but the service is currently performing at 18 days. The unit receives approximately 300 admissions per year and costs approximately £1.2 million. Unit cost per person is £4,000. The service would be cost neutral if 500 admissions a year were achieved. Currently occupancy rates are 90%.

Community Intermediate Care (CIC Beds)

These are equivalent to the ICAB service is Rotherham. There are 150 CIC beds over 18 sites incorporating step-up and step-down provision (includes beds at Seacroft). This is approximately equivalent to the number of beds provided per head of population in Rotherham.

Approximately 66% of admissions to the CIC beds from hospital. 57% of service users continue to receive support from the community intermediate care team. 31% of discharges from CIC beds are re-admitted to hospital or move residential care. The intermediate care service employs a part-time community geriatrician who carries out ward rounds for the CIC beds.

Community Intermediate Care Team

There are 5 locality based community intermediate care teams in Leeds. These are nurse-led multi-disciplinary teams which incorporate therapists, nurses and health support workers. Each team incorporates a rapid response element, which can respond to urgent need.

There is also a part-time dietician who provides advice and support on rehydration, diabetic care and monitors people who have had a recent weight loss.

The service is delivered by the PCT provider arm. It targets people who are over 60 years but if someone had rehab needs they would not be excluded from the service.

Each team has a co-ordinator who triages referrals. Health support workers are responsible for delivering care and rehabilitation packages. There is a competencies framework in place for these workers so that they can provide low level therapy and nursing support. The health support workers provide support in washing and dressing practice, shopping. They deliver exercise programmes formulated by physiotherapists. They are able to carry out blood pressure and oxygen level monitoring. They also carry out catheter care and take blood.

Rapid Response provides cover between 8.00 am to 9.30 pm. in the day time. There is a separate service provided at night by Rapid Response which is available between 9.30 pm and 8.00 am. The service provides nursing support for 72 hours and then, if applicable, patients are moved on to rehabilitation.

Joint Care Management Teams

This team is responsible for carrying out joint health and social care assessments for people being discharged from hospital. It is jointly funded and brings together case managers from the PCT and Local Authority. Team members have a mixture of nursing and social work qualifications.

The team will lead on the following assessments:

- Where a joint health and social care package are required on discharge
- Where there is a risk of hospital readmission
- Where an assessment is required for continuing health care

Bed Bureau

The Leeds intermediate care service incorporates a bed bureau which monitors vacancy levels in the CIC beds. The bureau has been successful in ensuring that bed occupancy levels remain high. The bureau can generate performance reports relating to bed occupancy, length of stay and discharge delays.

5.2 Sheffield Intermediate Care Service

Sheffield has a population of 550,000. There has been a recent merger of 4 PCTs, each of which operated different models of intermediate care. The PCT has recently completed a service review, the recommendations from which have recently been implemented. The service is split into 3 elements.

Community Intermediate Care Team

Like Leeds, Sheffield has an integrated team located on two sites. The PCT provider arm employs the team, which includes nurses, physiotherapists, OTs and health support workers. The health support workers deliver a combination of health, therapy and social care support. They are responsible for implementing a holistic health and social care package in the service user's own homes.

The service has a single point of access. Once a referral is received, service users are seen within 2 hours. GPs, community health workers, A&E, and hospital discharge teams are able to refer into the service.

Community Stroke Service

In Sheffield there is also a community stroke service, which comes under the umbrella of intermediate care services. This service picks people up on discharge from the Stroke Unit and adopts a case management approach. Case managers are responsible for navigating service users through the intermediate care pathway. They deliver care and support but also co-ordinate any external services coming into the service user. The community stroke service works closely with the intermediate care team.

Beechill Rehabilitation Unit and Resource Centres

Beechill provides residential intermediate care services for orthopedic and stroke patients. It is a nurse-led facility which provides medical input during the day. Beechill is run by the PCT provider arm and is a precursor to a larger 120 bed new-build scheme. The unit is staffed by nurses, social workers, physiotherapists, OTs and health support workers. It is supported by a GP who visits weekly and a community geriatrician who visits twice a week.

Average length of stay is currently over 6 weeks but the intention is to bring this down to between 21 to 28 days.

In addition to Beechill, Sheffield has three resource centres which provide residential beds. These beds are funded by Adult Social Services. There is some specialist provision for people with dementia.

Community Geriatrician

Sheffield employs 4 specialist community geriatricians for intermediate care. These jointly funded post are responsible to both the Acute Trust and the Primary Care Trust and works across the secondary and primary care boundary. The community geriatricians work mainly with people who need step-up provision but they do work in the resource centres, rehabilitation unit and with people at home. It provides re-assurance to GPs and community health staff when they are having to make judgments about admission to hospital. Community geriatricians attend MDT to identify patients who require additional consultant support.

5.3 Bassetlaw Intermediate Care Service

Bassetlaw has one residential Local Authority intermediate care unit, which is part of a larger residential care complex. There are 15 beds supported by therapy staff and generic support workers.

The average age of residents is 82 years, most having co-morbidities. 17% of all referrals are from the rapid response service. Community referrals are often falls related or where there is a crisis. Generic support workers carry out low-level nursing tasks including; testing blood pressure, blood oxygen levels and carrying out blood sugar testing

Average length of stay at the unit is 27 days, the length of stay depending on complexity and patient expectation. The service does not experience delays as a result of social care assessments but there can be some delay in setting up home care packages. The unit manager sets a provisional date of discharge early in placement to enable effective discharge planning. All patients are given an estimated date of discharge shortly after arrival. Senior managers are notified when there is a late discharge.

Bed occupancy rates are good; 86% in 2007/08 compared to 80% in 2004/05. Bed status is emailed to key stakeholders on a daily basis.

6: Current Performance

The joint performance management framework for intermediate care services was established in April 2008. It monitors progress on key indicators for the residential service, community rehabilitation and day care.

The following section shows how performance has improved since joint commissioning arrangements were agreed between NHS Rotherham and Rotherham MBC.

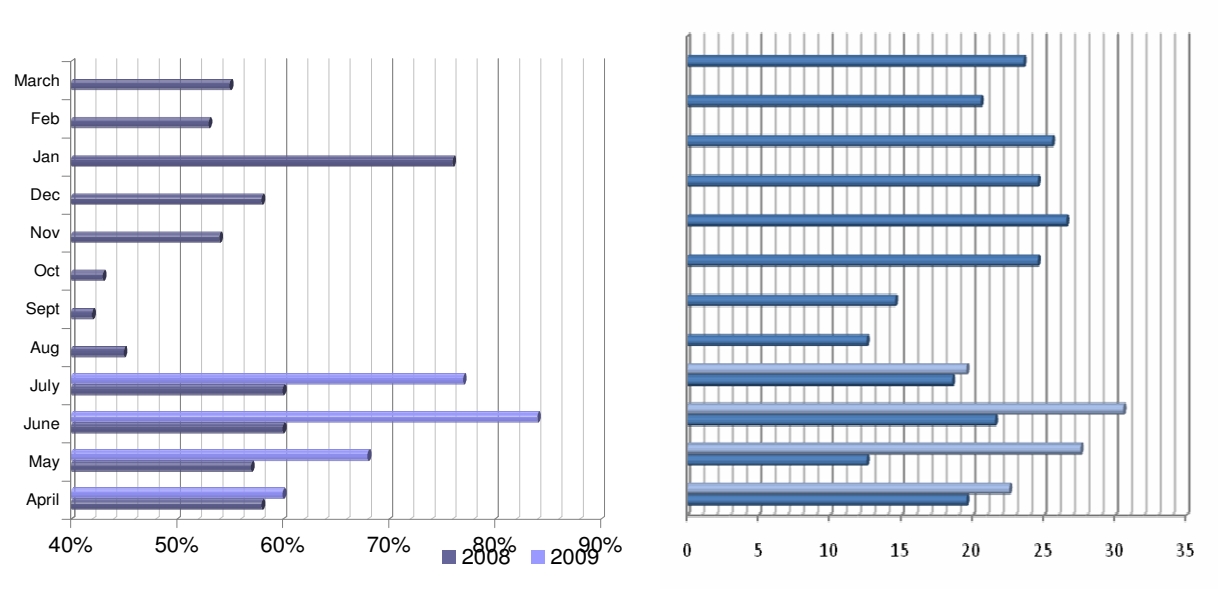
6.1 Intermediate Care Residential Service

Bed Occupancy & Admission Rates

Figure 4 shows the performance profile for the intermediate care residential service on bed occupancy since April 2008.

Figure 4: Current performance - Bed occupancy/admissions

Bed occupancy *Admissions*



Since joint commissioning arrangements were in place there has been an improvement in performance on bed occupancy and admission rates. In 2008/09 there were 14,965 available bed nights of which 8,379 were occupied. The bed occupancy rate was 56% against a target of 70%. The service received 250 admissions, which was significantly under the target of 325.

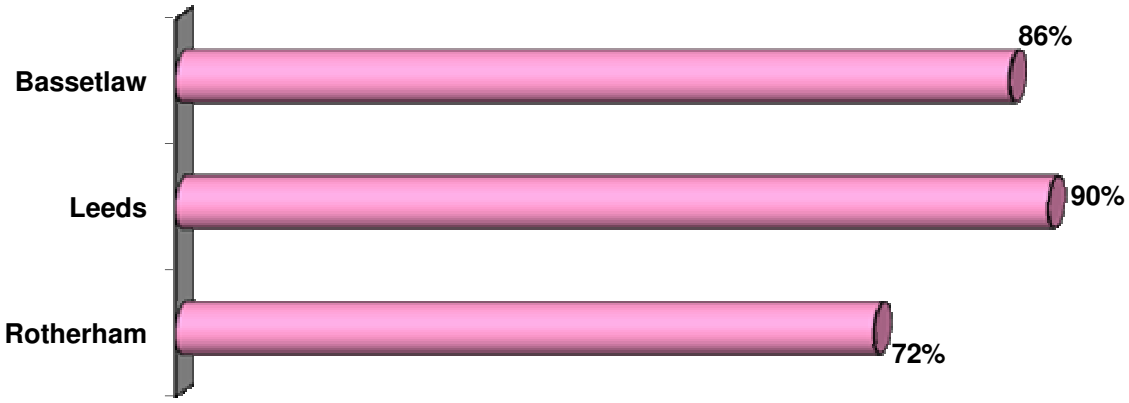
Issues which affected bed occupancy rates included:

- Low referral rates from the hospital
- Difficulties in meeting the needs of people who required double handling
- Lack of capacity for people with mental health or cognitive problems
- Lack of clarity on eligibility
- Limited care pathways from the community

During the financial year (2009-10) the service has provided an additional 642 bed days within the first 4 months. Bed occupancy rates are currently running at 72%, exceeding the target (70%). Admission rates have increased by 38% during the first four months of 2009/10 and the service is predicted to reach target this year (325).

Figure 5 compares bed occupancy with benchmarking authorities. This shows that, although there has been a significant improvement in bed occupancy in Rotherham, it is still significantly lower than neighbouring areas.

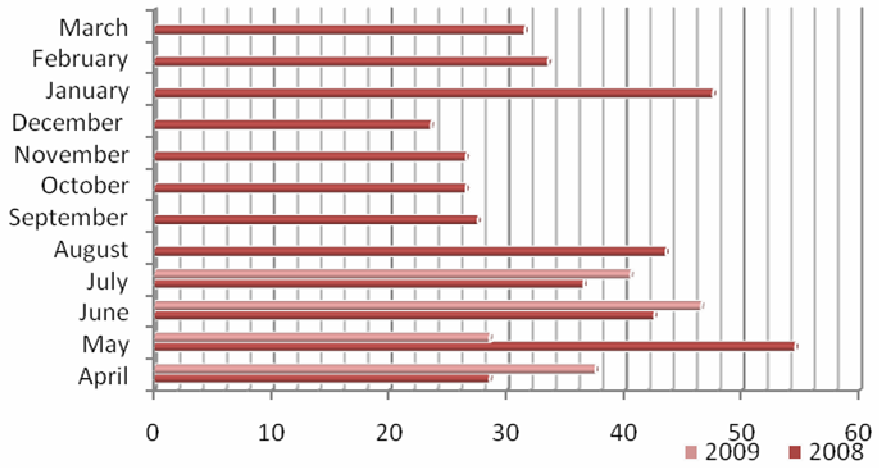
Figure 5 – Bed occupancy – benchmarking



Length of Stay

Figure 6 shows the performance profile for the intermediate care residential service on length of stay since April 2008.

Figure 6: Current performance - Length of Stay (days)

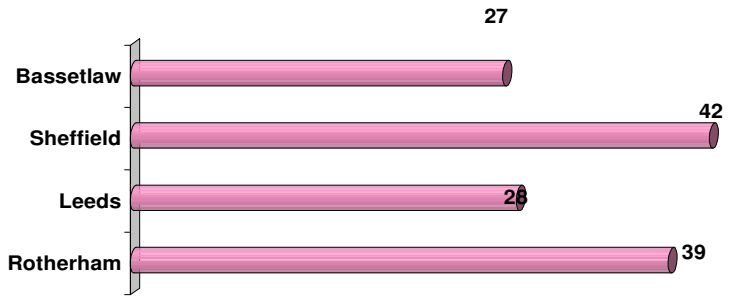


In 2008/09 the average length of stay in an intermediate care bed was 35 days. This was exactly on target. Length of stay has increased to 39 days during the first 4 months of 2009/10. The main reasons for this increase are:

- Increased volumes of service users going through the service
- Increase in admissions for people with high needs during hospital amber/red periods
- Delays in social work assessments being undertaken
- Delays in putting in place appropriate home care packages
- Delays in finding residential/nursing care placements or appropriate housing
- Inability of Community Rehabilitation Service to pick people up on discharge
- Delays in equipment being provided in a timely manner.

Figure 7 compares length of stay with benchmarking authorities. This shows that length of stay in Rotherham intermediate care units is quite high compared to neighbouring authorities. The graph does demonstrate that the current target of 27 days is realistic and attainable when compared to other areas.

Figure 7 – Length of stay (days) – benchmarking



Admission Profile

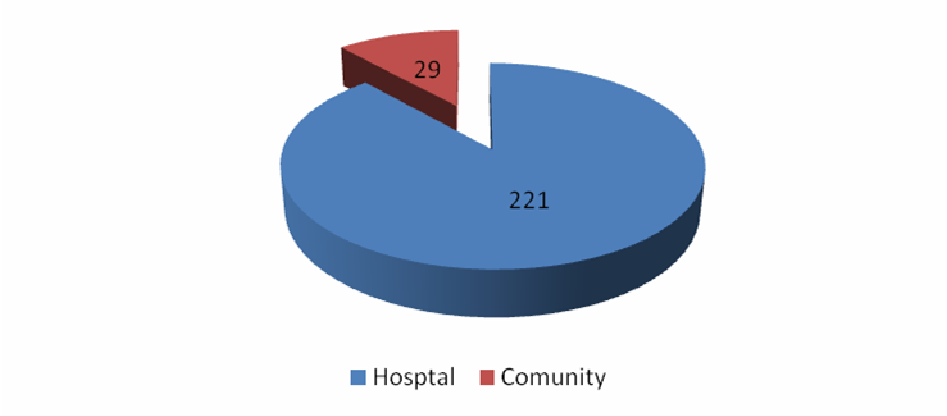
Figure 8 shows the admission profile for the intermediate care residential service. It splits admission between those from the community, which potentially prevent hospital admission and those which facilitate hospital discharge.

During 2008/09 the residential service was primarily being used to facilitate hospital discharge. 88% of all admissions were from hospital, with approximately 12% from the community.

During the first quarter of 2009 96% of admissions were from hospital with 4% from the community. Community pathways into the service are now in place to enable GPs and

Community Matrons to refer into the service. However increased numbers of community referrals have not yet fed through.

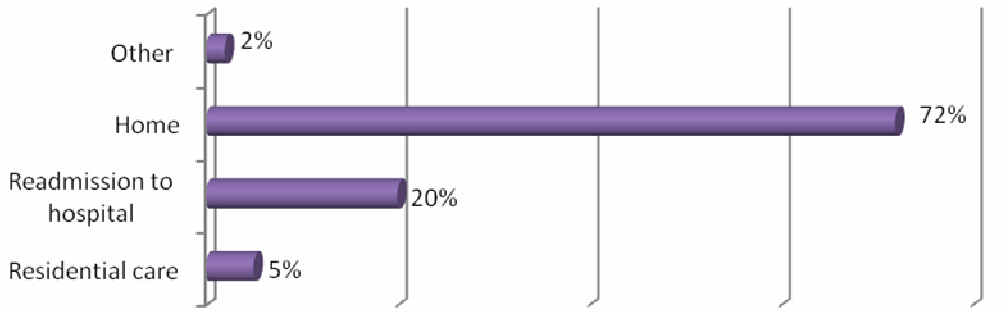
Figure 8: Admissions profile – 2008/09



Outcome Profile

Figure 9 shows the outcome profile for the intermediate care residential service.

Figure 9: Outcome profile – 2008/09



There were 228 discharges from intermediate care beds in 2008/09. Approximately 72% of service users returned home, with 5% moving to residential care. This suggests that the service is having a positive outcome for people in maintaining their independence for as long as possible.

However, 20% of all service users were re-admitted to hospital. There are a number of potential factors which could have contributed to the high rate of readmissions:

- Inappropriate discharges from hospital to Intermediate Care as a result of poor assessment or pressure to discharge, especially during amber/red alert periods
- Higher dependency levels of people being discharged from hospital to intermediate care
- People entering the service with limiting long-term conditions that are more advanced
- Low threshold for re-admission by the Intermediate Care GP

Analysis of Current Performance – Residential Service

At the point of admission the general profile of a service user is someone over 75 years, who has rehabilitation needs and is not fit to return home. This profile indicates that the service is targeting a particularly vulnerable group, who without intervention, would be at high risk of admission to long term residential care. Despite these presenting needs the service successfully returned home over 72% of users in 2008/09. Only 5% moved on to long term residential care. The review therefore concludes that the Intermediate Care Residential Service does reduce the number of older people who move from hospital into long-term residential care.

The introduction of a joint performance management framework has led to a significant improvement in bed occupancy and admission rates. The numbers of people going through the service has increased and there is greater confidence from hospital staff that the needs of service users can be met. However lengths of stay and re-admission rates remain high.

Although the residential service is successful at facilitating early hospital discharge it should also prevent unnecessary admission to hospital. The admissions profile indicates that the residential service is still primarily being used to facilitate timely hospital discharge. There are not enough community based admissions and the pathways into Intermediate Care are still limited. The limited access to the residential service from the community has recently been addressed with new admission protocols being introduced for GPs, Community Matrons and District Nurses. However even with these protocols in place it is unclear whether the current service model can cater for the needs of people with long term conditions living in the community who suffer an exacerbation.

6.2 Community Rehabilitation Service

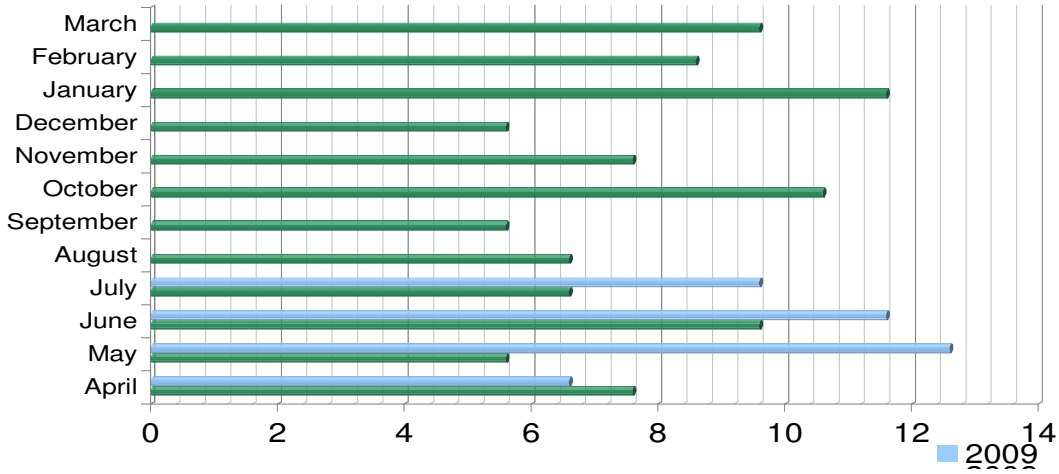
Number of admissions

Figure 10 shows the performance profile for the community rehabilitation service on number of admissions since April 2008. In 2008/09 there were 100 admissions to the community rehabilitation service, significantly under the target of 115.

Factors which have an impact on admission rates include:

- Higher proportion of people who require double handling and therefore more input from care enablers
- Increased support to stroke survivors who require extended rehabilitation packages
- Increased support for people with dementia who require extended rehabilitation

Figure 10: Current performance – Number of admissions



During the first four months of this financial year admission rates have increased by 26%. The service is predicted to improve on last year's target (125) but is still under target for 2009/10 (165). The average length of time for a rehabilitation package was 37 days in 2008/09 against a target of 35 days. 92% of service users were at home at the point of discharge from service, exceeding the target of 90%.

Admission profile

Figure 11 shows the admission profile for the community rehabilitation since April 2008.

Figure 11: Admission profile

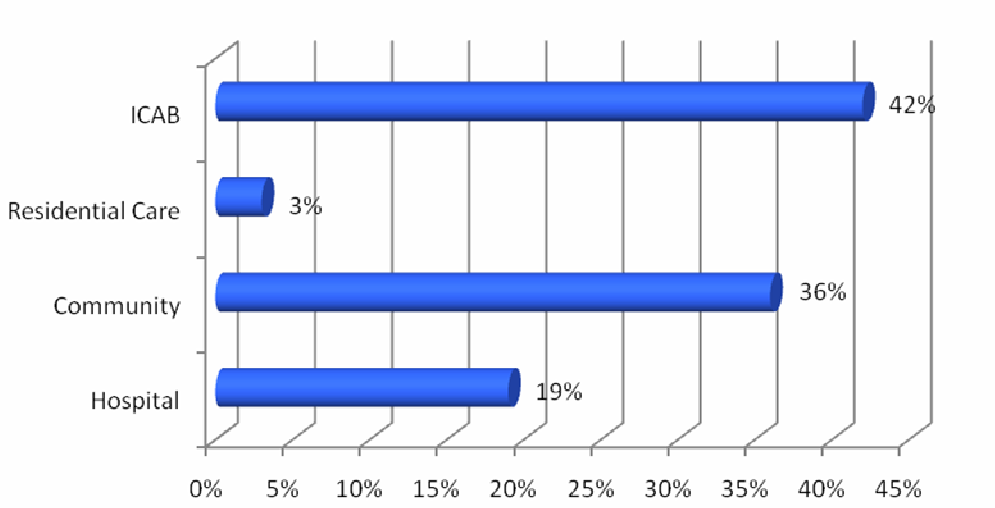


Figure 6 shows an even spread of admissions to the community rehabilitation service from the intermediate care residential service (ICAB) (42%) or community services (36%). Only 19% of admissions are to support people on discharge from hospital. There were a limited number of people (3%) who accessed the service from 24 hour residential care.

Outcome profile

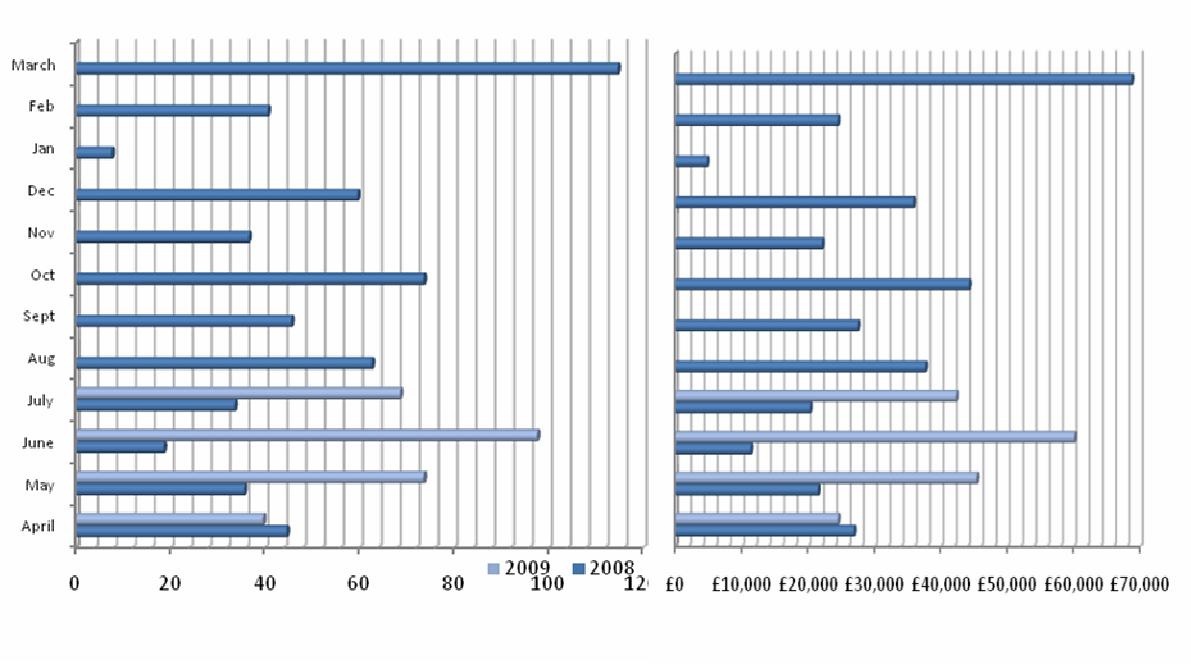
During 2008/09 93% of service users remained at home after intervention, with 2% of people moving to long-term 24 hour residential care and 4% re-admitted to hospital. This suggests that the service is having a positive outcome for people in maintaining their independence for as long as possible.

Figure 12 shows the impact of the community rehabilitation service on home care hours and costs. Since joint commissioning arrangements were in place there has been an improvement in performance on reductions in home care hours and home care costs. One of the main aims of the service is to reduce home care packages by increasing levels of independence. During 2008/09 there was a total reduction of 578 home care hours per week for people who had been through the service. This constitutes a saving of £345,644 per year to home care budget directly attributable to the intervention of the community rehabilitation service.

During 2009/10 performance on reducing home care hours and home care costs improved significantly. During the first four months of this year home care hours reductions have increased by 110%, from 134 per week to 281 per week. The predicted annual saving to the home care budget is £517k for 2009/10 compared to £346k last year.

Figure 12: Outcome profile – Home care

Reduction in home care hours *Estimated savings to home care*

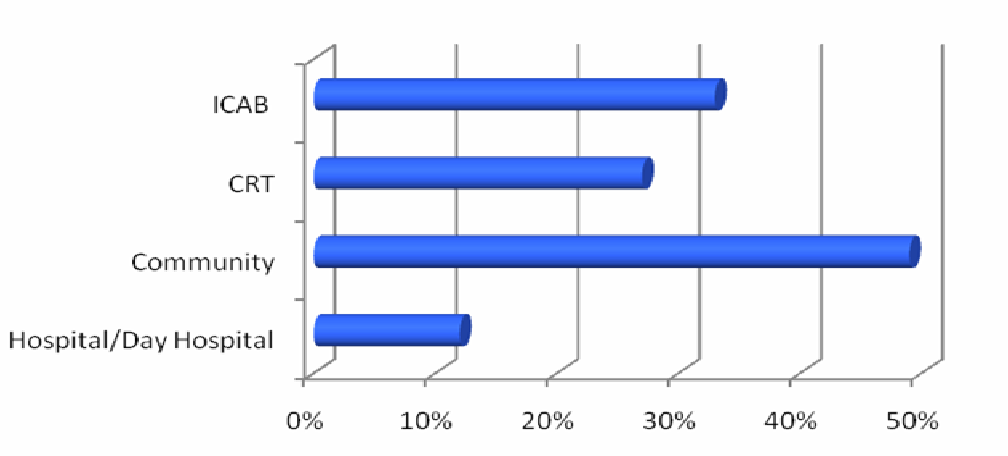


6.3 Millennium Day Centre

Millennium Day Rehabilitation

In 2008/09 132 people attended the millennium rehabilitation service. Figure 13 shows the admission profile into the service for 2008/09.

Figure 13 – Admission profile – day care 2008/0909



88% of admissions to the day rehabilitation service are through community pathways and so are therefore more likely to have an impact on reducing hospital admissions. Approximately 66% of people who use the day rehabilitation service were referred to the maintenance service. In 2008/09 there were 78 admissions to millennium maintenance. The only referral pathway into this service is from the millennium rehabilitation service. The average length of stay for the maintenance service was 44 weeks.

6.4 Ackroyd – Fast Response Beds

In 2008/09, there were 2,190 available bed nights of which 709 were occupied. Bed occupancy rates were 32% at this unit. The low occupancy rates are due to the lower rates of admission combined with earlier discharges. The average length of stay for the service is 13 days. During the first four months of 2009/10 bed occupancy rates dropped further to 28%.

Approximately 33% of Fast Response referrals were accommodated at Netherfield Court or Rothwel Grange during 2008/09.

6.5 Evidence of impact on hospital admissions

A new national indicator (NI 125/VSC 04) was introduced in October 2008 which measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. The indicator captures the proportion of people who are over 65 years of age who have been discharged from hospital with the intention that they will return to their own home. Data is captured 91 days (3 months) after hospital discharge. The indicator is part of the Department of Health Vital Signs and National Local Government Indicator set. In Rotherham recording of this indicator started in September 2008.

Figure 14 shows the age and gender profile of people who have been discharged from hospital into intermediate care. During 2008/09 around 11% of discharges were people aged between 65-74 years, 47% between the ages of 75 to 84 years and 42% who are aged 85 years and over.

There is a large majority of women accessing intermediate care services from hospital. 79% of all hospital discharges into intermediate care were women.

Figure 14: National Indicator (NI 125) – Age and gender profile - 2008/09

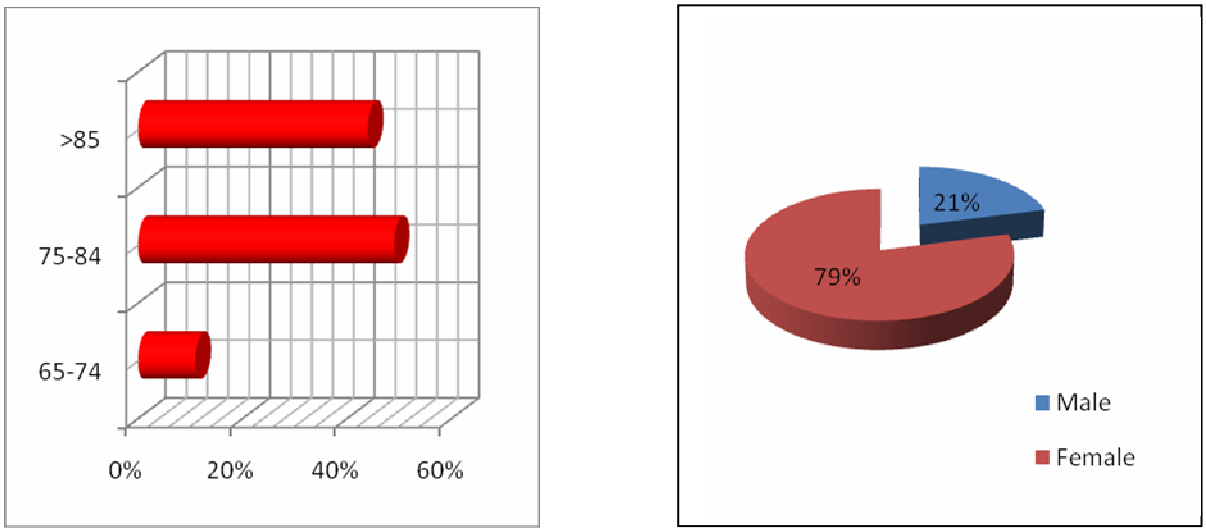
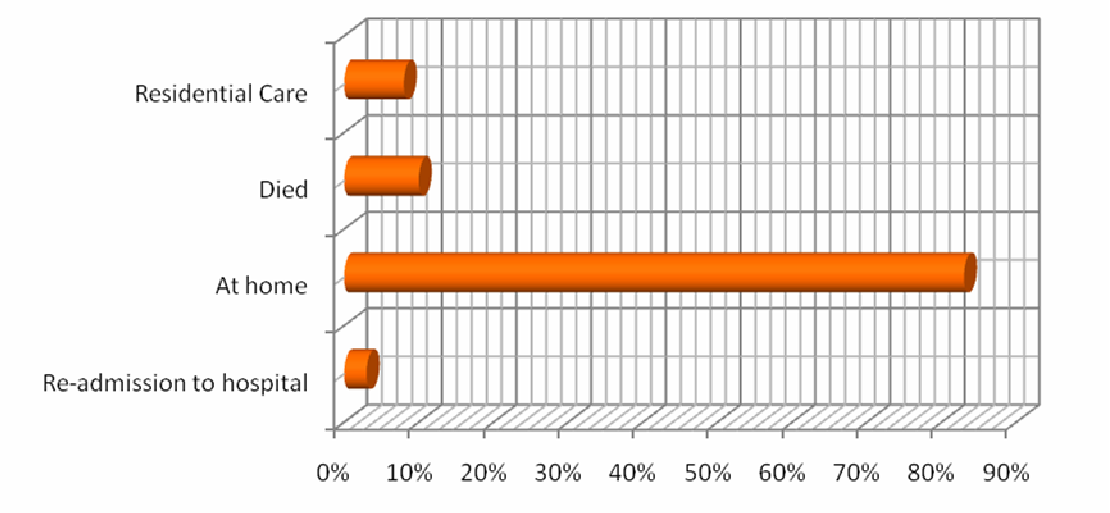


Figure 15 shows the outcome profile for this cohort. During 2008/09 80% of older people discharged from hospital to intermediate care were still at home after 91 days. So far in 2009/10 the proportion of older people still living at home has increased to 82%. Rotherham is currently on target to achieve the top quartile nationally on this indicator.

100% of people aged 65-74, 86% of people aged 75-84 and 74% of people aged over 84 years still living at home 3 months later after hospital discharge. This suggests that the age profile within the service has a significant impact on its ability to achieve targets on NI 125.

Figure 15: National Indicator (NI 125) - Outcomes Profile – 2008/09



6.6 Service User Satisfaction

From 1st April, 2009, customer care exit questionnaires have been distributed to all people in receipt of intermediate care services. Between April and July 2009, 94 questionnaires have been completed which constitutes an overall response rate of 56%. The target response rate is 50%. 53 questionnaires (53%) have been received from the residential service, 24 questionnaires (66%) from community rehabilitation and 17 (55%) from the Millennium Rehabilitation Service. Feedback from questionnaires indicates a high level of patient satisfaction.

- 98% stated that their condition has improved or remained stable since discharge
- 96% stated that the service has re-enabled them to undertake daily living tasks
- 96% stated that the intermediate care service was good, very good or excellent

These service user satisfaction rates were all above target.

The Joint Commissioning Team also carried out a series of interviews with service users as part of the review. This provided a range of views and opinions of the care and support received.

Residential service

13 people were interviewed from the residential service. 77% of service users started physiotherapy within 3 days of entry to the service. Once therapy had started approximately 60% had 5 exercise sessions per week. Sessions included arm and hand exercises, stair work, balance exercises and walking. Only 54% of service users saw an occupational therapist within 3 days of entry to the service. Once therapy had started 23% had 5 daily-living sessions per week. Sessions included meal preparation, laundry skills, other household chores and home visit.

85% of service users stated that the physiotherapy and occupational therapy had been helpful. The same proportion of service users reported an improvement in their condition and confidence levels since arriving. 92% reported satisfaction levels of good or very good. 100% of service users said that the food was good, very good or excellent. Service users said that the care provided by staff was excellent.

Community Rehabilitation Team

4 people were interviewed from the community rehabilitation service. The low number of respondents is due to either problems with people not being able to differentiate between services provided within their own homes or a reluctance to speak to someone that they did not know.

All respondents received six weeks rehabilitation which has helped them to prepare and cook meals, undertake household and personal care tasks, build up confidence and assisted with mobility problems.

Sessions included exercises for hands and legs and support with walking. 50% had been supplied with equipment. All respondents felt that their health and confidence had improved. 75% of respondents were still in receipt of home care but at a reduced level prior to admission. 75% said hat that the service was very good and 25% said that the service was excellent. 75% said they would definitely use the service again and 25% said they would probably use the service again.

Millennium Day Rehabilitation

20 people were interviewed from the day rehabilitation service. 65% reported an improvement in walking. All respondents felt that they found it easier to do personal and household tasks since receiving rehabilitation. 70% felt that their health/condition had improved. 80% of those interviewed felt that their confidence has improved. 70% had been supplied with equipment. 65% thought the service was excellent. All respondents said that they would definitely use the service again.

Under 65 Consultation

Consultation was undertaken with 15 service users who were under 65 years of age and who had been in receipt of residential and non-residential intermediate care services in 2008/09. This was part of an exercise for the recent CQC inspection of Physical and Sensory Disability Services. 84% of service users were returned home after discharge from service. 86% felt that their health/condition had improved since being in receipt of intermediate care services and that they were now able to undertake daily living tasks. 66% felt that the length of stay was about right. 93% reported that their level of satisfaction ranged from good to excellent.

From all service users who had been involved in the interviews there was a range of positive feedback.

- If you required any help during the day or night staff would attend straight away.
- The enablers were friendly, put me at ease and I received one-to-one dedicated support. The enablers provide a reliable service and they always turn up on time. They help you in any way that you ask and are always courteous and polite.
- The enablers are very patient and showed me how to do basic meal preparation.
- The physiotherapist was very encouraging in order to try and get me to walk more.
- I went from a walking frame, then to use crutches and now I only use a walking stick.
- The occupational therapist ensured that I had right equipment in my home.
- Exercise sessions have helped me to walk about much better and are now able to do my daily living tasks. The transport usually turns up fairly on time.

The service users that were interviewed made the following suggestions for service improvement:

- More daily activities, especially in the afternoon.
- Therapy support for longer, perhaps another two or three weeks
- Services need to be targeted to an individual's needs and abilities.
- Need to have a group of people at a similar age and in similar situations.
- Therapy needs to be pitched at the right level as exercises were too easy
- Everyone else was in their 70's and 80's and I would have liked to have been able to see more younger people living there for some social interaction and being able to talk to them at meal-times.

7: Gap Analysis

7.1 Performance analysis

Analysis of current performance

The new performance management framework for intermediate care services has helped deliver a significant improvement in the quality and effectiveness of the service.

Bed occupancy in the residential service has increased by 16% from 56% to 72%. There has been a significant increase in admissions with a predicted increase of 25% this year from 250 per year to 300 per year. During 2008/09 72% of people using the residential service returned home. 82% of people discharged from hospital to intermediate care are still at home 91 days after entry to the service (NI 125). Rotherham is currently on target to attain top quartile on this indicator nationally.

The residential service is however underperforming on length of stay. In 2008/09 the average length of stay in an intermediate care bed was 35 days. This has increased to 39 days during the first 4 months of 2009/10.

93% of those who used the community rehabilitation service remain at home after intervention. The community rehabilitation team continues to perform well on reducing home care packages. During the first four months of 2009/10 home care hours reductions have increased by 110% from 134 per week to 281 per week. This constitutes a predicted annual saving to the home care budget of £517,000 for 2009/10 compared to £346,000 last year. The community rehabilitation service is underperforming on the number of people utilising the service.

The Millennium Day Centre supports over 250 people per year. The service focuses on improving safety, function and independence in a day care setting. It works almost exclusively with people who have been referred from the community and is successful at preventing hospital admissions.

There is still scope for improving performance across the intermediate care service. Benchmarking services are currently achieving bed occupancy rates of over 80% and lengths of stay of around 28 days. It is proposed that local KPIs are amended to reflect bed occupancy levels and lengths of stay levels in other areas.

R1 Targets on current KPIs for bed occupancy and length of stay in the residential service should be revised for 2010/11 to 80% and 28 days respectively.

One of the reasons for low bed occupancy levels is lack of awareness of availability amongst hospital staff and community health workers. Leeds PCT operate a bed management service which has been highly effective in ensuring that occupancy levels remain high. It informs relevant professional what the bed availability is on a daily basis and identifies people who have been in a residential bed for more than 6 weeks.

It is proposed that the intermediate care service develop similar provision in Rotherham. This will help improve performance on bed occupancy and length of stay.

R2 Develop a bed management system which informs the hospital and community health workers of bed availability and provides daily monitoring of bed occupancy and length of stay

New requirements from national guidance

New Department of Health Guidance[2] has highlighted a number of measures that should be monitored within the joint performance management framework for intermediate care services. Rotherham already incorporates a number of these measures. The guidance recommends that KPI suites should include the following quality indicators:

- Number of people achieving individual goals
- Number of people with dementia accessing the service
- Number of people from the BME community accessing the service

In additions to these indicators the guidance advises intermediate care commissioners to collate information on primary diagnosis to help identify conditions which are not properly represented. It suggests that new targets should be introduced which extends anticipated lengths of stay for people with dementia and those who have had a stroke. Commissioners should monitor length of stay in acute care prior to admission to intermediate care. They should also extend NI125 to 6 months to monitor the long term impact of intermediate care on service users.

R3 The joint performance management framework should be adjusted to include KPIs and reporting information identified above.

Measuring impact on hospital admissions

One of the key functions of intermediate care is to prevent hospital admission. Currently the performance framework does not adequately measure the impact of intermediate care on the number of people with ambulatory sensitive disorders being admitted to hospital. It is proposed that new KPIs are introduced which measure this impact. Because the rates of admission for people with ambulatory sensitive disorders can be affected by external factors these KPIs should not be used as a measure of contract compliance. However they will be taken into consideration by commissioners when the service is scheduled to be recommissioned in March 2011.

R4 New KPIs should be introduced on reductions in unscheduled hospital admissions for people with ambulatory sensitive disorders

7.2 Development of an intermediate care hub

The last review of intermediate care services in 2007 made recommendations on service integration. We now have a pooled budget which incorporates all intermediate care services. Clear commissioning arrangements are in place with the joint commissioning team responsible for commissioning of the service. There is a service manager with overall responsibility and clear protocols in place for joint management of health and social care staff.

However there are still issues which act as obstacles to integration. Currently the community rehabilitation team is based at three different sites; Crinoline House, Maltby Service Centre and Manvers. The residential service therapists are located at Netherfield Court. There are dedicated therapists for the residential service and community rehabilitation with no cross-over between the two. There are some benefits to having separate community and residential therapy teams. The skill-sets for the two groups of workers are different and the split ensures that one side of the service does not dominate. However significant benefits can be gained from combining and co-locating the two therapy teams.

It is proposed that the community rehabilitation service is reconfigured so that it incorporates the therapy team at Netherfield and the social work service. This new Intermediate Care Team will adopt a case management approach, preparing and co-ordinating rehabilitation programmes at home and in the residential service. A case manager will be identified for all service users on admission to the service. Therapists will act as case managers supporting service users through the full intermediate care pathway. Case managers will be responsible for improving physical function, achieving outcomes identified in rehabilitation plans and ensuring that support is properly co-ordinated. Whilst reconfiguring the service consideration will need to be given to current knowledge, skills and competencies of staff.

R5 Create a new Intermediate Care Team which incorporates the community rehabilitation service, residential therapists and the social work service

R6 The Intermediate Care Team should adopt a case management approach, co-ordinating rehabilitation packages for service users through the whole intermediate care pathway

It is proposed that the new community rehabilitation service is subject to a single line management structure. Therapy and social care staff will receive professional line management from their employing organisation. Operational line management will be through a dedicated senior therapist working exclusively in-service. Overall responsibility for the service will remain with the Enabling Care Manager at Rotherham MBC.

R7 Develop a single line management structure for the Intermediate Care Team led by a senior therapist working exclusively in-service

It is proposed that the Intermediate Care Team is co-located and based at the Millennium Centre and that this Centre becomes a dedicated hub for intermediate care services in Rotherham. There are significant benefits to this service model. Primarily it will establish a clear service identity with a range of services being delivered from a single point of access. Co-location of staff will facilitate effective communication and peer support. Greater integration will improve efficiency and help develop a person centred approach to rehabilitation.

The Millennium Centre is located next to two other specialist rehabilitation centres. Park Rehabilitation specialises in orthopaedic, amputee and neurological rehabilitation. It has a gymnasium, hydrotherapy pool and extensive facilities. Breathing Space provides day rehabilitation and residential services to people with Chronic Obstructive Pulmonary Disorders. The siting of an intermediate care hub at Millennium provides an opportunity to combine pathways and enhance provision through joint working.

R8 Develop an intermediate care hub at the Millennium Centre, co-locating the Intermediate Care Team

It is proposed that a single point of access for all intermediate care services should be provided from the Millennium Centre hub. There are significant benefits in having a single point of access. It enables the service to identify the most appropriate care pathway on entry to intermediate care. It provides a focal point for assessment, reducing the likelihood of inappropriate admissions to the residential service and providing a consistent interpretation of the admission protocol.

DH guidance on intermediate care services recommends the development of an out-of-hours single point of access. It is proposed that commissioners work with Rotherham MBC to incorporate an out-of-hours access point to intermediate care as part of the integration of Rothercare and Assessment Direct.

R9 A single point of access to be developed for the intermediate care service, which incorporates an out-of-hours access point

As well as the intermediate care day rehabilitation and maintenance services the Millennium Centre houses a BME day care service for 1 day per week and the RNIB Talking Book Service. If the community rehabilitation team is to be re-located to Millennium all non-intermediate care services would have to be transferred to an alternative site.

Although the building has the capacity to incorporate the new community rehabilitation service alongside the day and rehabilitation services, the configuration of the building is not fit for purpose.

NHS Rotherham owns the building which is leased to Rotherham MBC. The lease is due to expire in March 2010. Rotherham MBC pays an annual rent of approximately £38,000 and also liable for repairs and dilapidations. The full cost of the rent is met from the intermediate care pooled budget.

It is proposed that NHS Rotherham and Rotherham MBC develop a new lease agreement which specifies the use of the Millennium Centre as an intermediate care hub. NHS Rotherham and Rotherham MBC will investigate the potential for capital investment ensuring the building is fit for purpose.

R10 Develop a new lease agreement for the Millennium Centre which specifies the use of the Millennium Centre as an intermediate care hub

R11 NHS Rotherham and Rotherham MBC to investigate potential for capital investment, ensuring the building is fit for purpose

7.3 Reconfiguration of the residential service

Although the performance of the residential service is improving there is a significant issue relating to the quality of the environment at one of the units. Rothwel Grange is one of three intermediate care residential units and currently provides 12 rehabilitation beds. Recent investigations by Rotherham MBC have shown that the unit requires extensive refurbishment if it is to achieve standards contained within the Care Standards Act, 2000, and the Disability Discrimination Act, 2005.

Even if the investment were available to help meet these standards this part of the service would not be viable in the long term. Unlike other units, bedroom sizes are small and there are limited en-suite facilities for service users.

There have been persistent low bed-occupancy rates in this Home over the last three years, which has had an impact on performance across the service. In 2008-09 the bed occupancy rates were 49%

It is proposed that Rothwel Grange is decommissioned as an intermediate care facility and that a new residential unit be developed at one of the new local authority residential units. Commissioners will work with Rotherham MBC to switch provision to Lord Hardy Court or Davis Court located at Rawmarsh and Dinnington respectively. Each Home currently has 60 residential and respite beds including EMI provision. Homes are split into wings, each of which operates independently. The plan is to convert one wing of 15 beds into intermediate care provision by December 2009. This is dependent on vacancies becoming available during this timeframe. Vacancies are being held at present, and used for respite provision, in order to maintain bed occupancy.

The new build is fully compliant with National Care Standards and the Disability Discrimination Act. Bedroom sizes are spacious, en-suite facilities are provided, doorways and corridors have been widened for the use of disability and bariatric equipment. There is also ramped access to the building.

Consultation has taken place with residents at Rothwel Grange, relatives, staff and Trade Unions over a six week consultation period to ascertain views on the proposed closure. A report was considered by Elected Members in June 2009 detailing the outcome of the consultation. Rotherham MBC supports the de-commissioning of Rothwel Grange by the end of December 2009.

R12 Decommission Rothwel Grange intermediate care beds by December 2009. Transfer provision to Davis Court or Lord Hardy Court and increase capacity by 3 beds.

One of the key issues that the review has highlighted is the limited number of care enabling hours available in the residential service. This lack of care enabling hours means that it is virtually impossible for the beds to operate safely at full capacity. If the residential service were to reach occupancy levels above 80% the staffing structure would be unsustainable. Lack of care enabling hours also restricts the type of service user that can be supported.

The service is unable to take significant numbers of people with high levels of need. Also the there is limited capacity to support people who require double handling. A significant number of service users who require double handling are passed on to the community rehabilitation service for home-based support. The cost of supporting these patients is extremely high.

Service user feedback has highlighted the need for additional care enabling input during the afternoons. This would increase levels of activity throughout the day, allowing the extension of activity and enabling programmes

It is proposed that the care enabling hours in the residential service are significantly increased. This will ensure that the service can better meet the need of people who require double handling

and those with high care needs. Increasing the capacity of care enablers will also remove one of the main barriers to high bed occupancy in the service.

R13 Commission additional care enabling hours in the residential service to meet higher level of need and increase level of activity for residents

7.4 Decommissioning of Fast Response Beds

The Fast Response beds provided at Ackroyd Clinic have been under-utilised over the last two years. During 2008/09 there were only 56 people who accessed the service. Average bed occupancy was 32%.

The Joint Commissioning Team has carried out an audit of patients referred to Ackroyd. 90% of those who accessed the service had no nursing needs. Of the cohort of patients who had a there was no-one who required 24 hour nursing care.

Approximately 3% of Fast Response patients that require a residential bed are already placed in intermediate care residential units. Fast Response patients with nursing needs are being accommodated within the intermediate care beds with support from Rotherham's district nursing service.

The Fast Response Beds are commissioned as a block contract and cost £133,224 in 2008/09. The cost per patient for last year was £2,379 with an average length of stay of 13 days.

It is proposed that Fast Response beds are decommissioned and that the savings made are reinvested to improve performance, outcomes and quality elsewhere in the service. There are a number of reasons why it is appropriate to decommission the service:

- The unit cost per patient is prohibitive.
- There is capacity in the intermediate care residential units to fill the gap left by loss of beds
- The intermediate care residential units can meet the needs of people referred into the service
- Reducing bed capacity will help improve performance on bed occupancy across the service
- Decommissioning will release savings that can be reinvested

R14 Decommission Ackroyd Fast Response beds by March 2010

7.5 Millennium Day Rehabilitation Service

Recent DH guidance "Intermediate care – Halfway Home"[2] supports the development of intermediate care day rehabilitation. The guidance advocates the use of day care to provide a wide range of interventions, including flexible attendance for assessment, a range of specialist services such as continence services, falls assessment, mental health assessment and therapy outreach to people's homes.

Millennium Day Services are valued by service users and have a significant impact on physical function. The service incorporates a social element, reducing isolation and improving the mental well-being of those that use the facility.

Although the service is far better than those that exist in other areas there are still some issues that need to be addressed. The service provides limited outreach support. The interface between the rehabilitation and maintenance service is unclear and there is a disjointed relationship with other parts of the service.

Co-location of therapists to Millennium will help develop better links between the residential service CRT and Millennium Day Care. Currently the day rehabilitation and maintenance services are delivered by multi-disciplinary teams located on site. It is proposed that these teams are merged and integrated into the new intermediate care team. Rehabilitation assessments and individualised programmes will be the responsibility of case managers. Rehabilitation assistants and support workers could remain specialised in day care rehabilitation and deliver day rehabilitation programmes but they would be situated in the generic intermediate care team.

R15 Integrate Millennium rehabilitation and maintenance teams into the Intermediate Care Team

Currently the maintenance service has 30 places and supports 24 people per day throughout the week. A significant proportion of these service users have attended the service for over 6 months. Clearly these service users should already have reached their rehabilitation potential and so it is assumed that they are using the service as a social day care service. This is an inappropriate use of the intermediate care pooled budget.

It is proposed that the maintenance service is reconfigured so that it delivers time-limited rehabilitation and community integration programmes. The service will continue to provide day care services to current service users for up to 12 weeks. There are also 4 service users who originally attended the Crinoline House day centre in 1996. Upon closure of this centre, Elected Members promised that anyone who still wanted to attend in a social care capacity would be allowed to do so. Commissioners are fully supportive of honouring this promise.

The new service will deliver time limited community integration and rehabilitation programmes, which focus on:

- Improving physical function
- Training and support on healthy lifestyle
- The development of mental well-being
- Reducing social isolation
- Condition management
- Maintaining independence

Programmes will be structured and delivered over a 6 week period. Referral pathways into the service will be opened out to include; GPs, community health staff, the hospital and social care staff.

R16 Reconfigure the maintenance service so that it provides a 6 week rehabilitation and community integration programme

R17 Continue to provide day care provision to those in the maintenance service for up to 12 weeks. For those service users who moved from Crinoline Day Centre in 1996 service will continue indefinitely

It is proposed that new service specifications be developed for this service and the traditional rehabilitation programme, ensuring that the specifications draw a clear distinction between both. The traditional rehabilitation service will focus on physical function and service user's capacity to carry out activities of daily living. The reconfigured maintenance service will focus on community integration, quality of life and mental well-being.

R18 Develop new service specifications for both elements of the day care service, ensuring clear distinction between the two in terms of service delivery and outcomes

R19 Reduce the number of Millennium maintenance places from 30 to 24 per day

R20 Open up the care pathway for both day rehabilitation services to other health and social care professionals

7.6 Development of nurse-led beds

"Better Health Better Lives" states a commissioning intention to reconfigure the intermediate residential service so that it incorporates new nurse-led step-up and step-down provision. This will provide new care pathways out of hospital, reducing hospital length of stay and delivering a stepping stone back to independence.

Commissioners have looked in detail at the potential for development of an intermediate care nurse-led unit and have concluded that there is not a strong enough case for development of this type of provision in Rotherham at this stage.

There is no evidence of significant demand for nurse-led residential provision. Rotherham already has 6 nurse-led fast-response beds at Ackroyd Clinic. These beds have been under-utilised over the last two years. Bed occupancy rates in 2008/09 were only 32%. 90% of those placed at Ackroyd had no nursing needs. Of those that did there were none who could not have been cared for in an existing intermediate care unit. Further evidence of limited demand for this type of provision can be seen at Breathing Space. This nurse-led residential unit, which specialises in supporting people with COPD is under-occupied, currently running at 60% bed-occupancy.

As part of this review commissioners have estimated the cost of delivering a nurse-led intermediate care unit (based on 2008/09 figures). The annual cost of a 14-bed unit is approximately £400,000, which constitutes 12.5% of the intermediate care pooled budget. In order to generate resources from within the pooled budget commissioners would have to decommission the Ackroyd Fast-Response Beds (£133k), the spot purchase beds (£98k) and 8 of the current rehabilitation beds (£143k). There would be no resource remaining for reinvestment into other parts of the service

Early indications from the interqual pilot[8] are that there are a significant number of people currently in hospital whose needs could be met in a nurse-led unit. Over a 16 week period from February to June this year case managers identified 581 bed days that could have been saved on acute wards if a nurse-led step-down unit had been available. However case managers also identified 832 acute bed days that could have been diverted into a therapy-led service. It would not be sensible to attach too much weight to interqual data at this time because it is at an early

stage of development. However indications are that more acute bed days could be saved by investing in, and making better use of therapy-led services.

R21 Nurse-led residential provision should not be developed at this stage. As the service reaches the end of contract commissioners should review interqual data and reassess

7.7 Extending the multi-disciplinary approach

Although commissioners are not recommending the development of a nurse-led residential service, we recognise that the service does require more nursing support. The new DH guidance states that intermediate care teams should include nurses and a wider range of community health workers. Nursing skills are required for people with long-term conditions or those who require treatments such as intravenous antibiotics. Incorporating nurses into the service also provides reassurance to community health professionals, including GPs, who refer patients when they are in exacerbation.

It is proposed that the intermediate care team is enhanced so that it can deliver a broader range of health services. The introduction of specialist health services will improve outcomes and enable the service to accept people with a higher level of need. Savings from the decommissioning of Ackroyd and the Fast Response beds should be reinvested to provide these specialist health services. It is proposed that the service introduce nurse practitioners and health support workers to support the residential service and those working in the community. The health support workers should deliver low level nursing **and** rehabilitation support. They should be trained to carry out this combination of tasks using an integrated competency framework. It is also proposed that the service introduces a speech and language therapy service, providing support to people who have difficulties with swallowing, dysphasia and communication.

This service enhancement could be achieved in one of three ways:

- Reinvestment of savings from decommissioning of Ackroyd and spot purchase beds
- Merging the Fast Response Service with the intermediate care team
- Providing additional investment from the NHS Rotherham Operational Plan

R22 The intermediate care team should be enhanced to include nurse practitioners, health support workers and a dedicated speech and language therapy service. Health support workers will provide appropriate nursing and therapy interventions.

In 2008/09, 31% of discharges from the residential service were late. One of the main reasons for this was delays in social work assessments. These delays had an adverse effect on performance, in particular NI 125 and SAS data.

It is proposed that the intermediate care team incorporates dedicated social services officers who would be responsible for undertaking social care assessments for service users whilst in-service. The inclusion of these posts would increase throughput and improve performance on KPIs in both residential and community

R23 Introduce dedicated social services officers to the intermediate care team

7.8 Supporting people who have had a stroke

NHS Rotherham is currently commissioning a specialist community stroke team. This multi-disciplinary team will incorporate specialist nurses, therapists and support workers. It will support around 200 patients after leaving hospital. It will deliver early supported discharge, rehabilitation and secondary prevention services. The service will be fully integrated with specialist social care provision that is already in place. It will adopt a case management approach, delivering personalised care plans and promoting self management. All services will be delivered as part of an integrated care plan, attaining optimum outcomes in relation to pharmacy, primary care services, social care, orthotics, equipment and adaptations and assistive technology.

The intermediate care service had traditionally offered rehabilitation packages to people who have suffered a stroke. The community rehabilitation service employs therapists who have a background in neurological conditions. There have also been a number of stroke patients who have been referred to the residential service.

National Clinical Guidelines for Stroke (2008), published by the Royal College of Physicians recommends that all patients discharged home directly after acute treatment but with residual problems should be followed up by specialist stroke rehabilitation services. Standard 5 of the National Service Framework for Older People (2001) states that people who have had a stroke should be treated by a specialist stroke service, and subsequently, with their carers, participate in a multi-disciplinary programme of secondary prevention and rehabilitation. Standard 5 focuses on the development of specialised stroke services.

In order to achieve compliance with national clinical guidelines it is proposed that the specialist community stroke team has case management responsibility for stroke victims. The team will be able to refer people to intermediate care but will maintain responsibility for case management and will co-ordinate rehabilitation packages whilst a person is on the intermediate care pathway.

It is proposed that Netherfield Court be designated as a residential rehabilitation unit for stroke survivors. Providers of both services will review provision at Netherfield Court to establish whether the unit is fit to deliver stroke rehabilitation. They will produce a joint action plan which will ensure that Netherfield can fulfill this function in the future.

R24 The community stroke service to have case management responsibility for people discharged from the stroke unit into intermediate care. These service users will have equal access to all other elements of the intermediate care service.

R25 Providers of the intermediate care and stroke rehabilitation service will produce a joint action plan on the development of Netherfield Court as a stroke rehabilitation facility

7.9 Common Assessment Framework and Person Held Records

The new DH guidance on intermediate care advocates a common assessment framework for intermediate care services. This creates efficiencies and speeds up the assessment process by helping to avoid multiple assessments in different settings by different professionals.

The single patient records can be kept within units for other professionals to obtain access such as General Practitioners and Community Geriatricians. A copy of the record could also be kept within people's own homes who are in receipt of the home care enabling or day rehabilitation service. The use of mobile technology for staff who work in the community would be beneficial in order to complete assessments electronically within the person's own home.

R26 A common assessment framework and single patient record is introduced for the service

7.10 Meeting the mental health needs of people in intermediate care

Rotherham's "Older People's Mental Health Strategy" (2006-09) identified the need for intermediate care and Fast Response services to be adapted so people with mental health problems were included. There is a high probability that patients requiring intermediate care for physical reasons will also have an underlying mental health disorder.

The Department of Health's "Securing Better Mental Health for Older Adults" (2005) sets out the argument for establishing, developing and improving mental health services for older people. The paper argues that intermediate care needs to be configured so that it meets the needs of older people with mental health problems. It acknowledges the co-existence of mental and physical illness in people receiving the service. The paper argues that intermediate care services, whether institution or home-based, are currently primarily focused on physical disorders and tend to exclude those with mental illness.

Objective 9 of The National Dementia Strategy (2009) states that intermediate care. It states that care pathways out of hospital and those aimed at hospital prevention often exclude people with dementia. The strategy contradicts the assumption that people with dementia cannot benefit from rehabilitation. It identifies clinical evidence that people with mild or moderate dementia can benefit from physical rehabilitation. The strategy acknowledges that people with severe dementia may need more specialist services geared to meeting their mental health needs as well as those providing general physical rehabilitation.

The National Stroke Strategy Impact Assessment (2007) identifies that 50% of stroke survivors will suffer from depression within 3 months.

In order to address the issues highlighted in these strategic documents it is proposed that staff who work in intermediate care services are required to receive specialist training in dementia care and that they receive advice and support from specialist mental health workers to help ensure that people with dementia are able to benefit from rehabilitation and re-ablement opportunities.

The intermediate care residential service has historically been supported by a specialist mental health occupational therapist and community psychiatric nurse. These posts were frozen in 2005, but have recently been re-introduced. The posts carry out assessments of need and signpost people to relevant specialist services. The Mental Health CPN and OT Service are managed by RDaSH. The specialist CPN and OT have a major role to play in the assessment and treatment of memory and cognitive problems. Mental health problems are a major factor in delaying discharges from the intermediate care residential service.

R27 The service incorporates a specialist occupational therapist and community psychiatric nurse to help meet the mental health needs of service users and that all staff are required to undergo specialist training in dementia care

7.11 Reconfiguration of the GP and Community Geriatrician Service

The GP and community geriatrician service make an important contribution to the intermediate care service. As well as providing basic medical cover they are effective at managing risk and ensuring that the health needs of service users are being met.

There is some overlap between the two services and stronger links are required between the two roles. It is proposed that the residential service develops a person held record for residents in which interventions from both the GP and community geriatrician service can be recorded.

Further work should be done on developing the role of the community geriatrician and/or the GP service. It is important that the clinical support available to the service is able to respond to those people who have a high level of need. It is anticipated that, in the future, there will be more people using the service who have significant health needs. The GP and community geriatrician service will have to be able to respond to this.

It is proposed that a separate piece of work is carried out to consider a new model for delivering medical support to the intermediate care service. There is potential for the community geriatrician to act as a medical consultant responsible for intermediate care. A dedicated community geriatrician for intermediate care could carry out ward rounds on the residential units, and hold overall responsibility for health care plans. The role could be expanded so that it provided support to people who whose condition was being managed at home

The current GP service could be extended so that it took a more pro-active approach to managing the health needs of people on service. The GP service could take on some of the functions identified for an enhanced community geriatrician service. It could also be commissioned to deliver a fast response service to people receiving intermediate care who experience an exacerbation.

R28 NHS Rotherham to work with key stakeholders to develop further proposals on a new model for delivering medical support to the intermediate care service

7.12 End of life care pathway

The new DH guidance on intermediate care identifies intermediate care residential services as being an important part of the End of Life care pathway. The service is committed to delivering the Gold Standards Framework for End of Life, which aims to:

- Improve quality of care provided for all residents from admission to the home.
- Improve the collaboration with GP's, primary care teams and specialist teams.
- Reduce the number of hospital admissions in the final stage of life
- Enable people to die with dignity in their place of choice

Accredited homes receive a quality hallmark award. Rotherham MBC is intending to ensure that 30 Homes are accredited by the end of 2011. It is proposed that all three intermediate care units be accredited within this timescale.

R29 The intermediate care residential service be accredited for End of Life Care by 2011

7.13 Links with other rehabilitation services

NHS Rotherham and RCHS are currently developing a falls prevention service in Rotherham. The service is one of the transformational initiatives identified in Better Health Better Lives. Funding has been secured, a specification agreed and the service is scheduled to start in January 2010. The main aim of the service is to reduce the incidence of falls related injuries and reduce associated secondary care costs.

The service is divided into three tiers. Tier 1 focuses on population wide identification, intervention and prevention. Tier 2 is a primary care falls service delivered by RCHS incorporating rehabilitation and triage. Services include a series of 12 week rehabilitation programmes aimed at reducing falls risk, maintaining physical function and improving confidence. Tier 3 is a multi-disciplinary specialist falls service based at RFT.

There is a significant degree of overlap between the falls prevention service and intermediate care. Both carry out rehabilitation assessments for people who are a falls risk. Both services deliver time-limited rehabilitation programmes aimed at improving physical function. Finally both services are delivered by the same provider.

It is proposed that NHS Rotherham commissioners work with RCHS to explore the potential for combining the falls prevention and intermediate care services. A feasibility study should be carried out to establish whether a combined service could:

- Deliver efficiency savings for the health and social care economy
- Deliver a single care pathway for people identified as a falls risk
- Enhance the quality of care being delivered to service users in both parts of the service

R30 Carry out a feasibility study on a combined intermediate care and falls prevention service

The development of an intermediate care hub at the Millennium Centre provides an opportunity to link intermediate care with other rehabilitation facilities based on the same site.

Breathing Space is a specialist rehabilitation facility for Chronic Obstructive Pulmonary Disorders (COPD). The service is currently being piloted and is scheduled for evaluation. Breathing Space incorporates 20 nurse-led beds for respite and rehabilitation. It also includes a day rehabilitation programme, accessed by GPs, community matrons and community health workers.

Park Rehabilitation Centre provides day rehabilitation for people with orthopaedic, amputee or neurological needs. There are specialist teams on site for both types of rehabilitation. The Centre has a gymnasium and hydrotherapy pool. This rehabilitation centre is owned by NHS Rotherham but leased to Rotherham Foundation Trust.

All three of these rehabilitation services have been commissioned separately and service different care pathways. There is scope for cross-utilisation of facilities and there is potential for generating efficiencies by streamlining rehabilitation provision across the site.

It is proposed that NHS Rotherham carry out a separate review of rehabilitation services across Rotherham, which maps current provision and considers ways in which to streamline services. The review should focus on the potential for developing a rehabilitation hub at the Badsley Moor Lane site.

R31 Commissioners carry out a review of rehabilitation services across Rotherham, focusing on the potential for developing a rehabilitation hub on the Badsley Moor Lane site

8. Financial modeling and option appraisal

The Joint Commissioning Team has carried out financial modeling on 3 options.

1. 5% reduction in the intermediate care pooled budget
2. Zero growth (0%)
3. £200,000 additional investment from the NHS Rotherham Operational Plan

All options assume that the value of the pooled budget in 2009/10 was £3,242,000. Currently Rotherham MBC contribute 53% of the pooled budget with NHS Rotherham contributing 47%. All options are based on budget values during this year[9].

8.1 Option 1 - 5% reduction in the intermediate care pooled budget

A 5% reduction in the intermediate care pooled budget could be achieved by decommissioning the Ackroyd Fast Response beds and the spot purchase beds and not reinvesting savings back into the service.

Benefits

- Removes poorer performing service elements, delivering better value for money
- Limited impact on current service and KPIs

Disadvantages

- Service would not comply with new national guidelines for intermediate care
- Dilutes a service that could have a direct impact on costs further down the care pathway
- Service will have difficulty meeting rising level of need and demand from hospital discharge
- Removes all nurse-led support from the service

Recommendations that would not be implemented

R13 Introduction of additional care enabling hours to the residential service
R24 Introduction of nurse practitioners, health support workers and a SALT service

8.2 Option 2 - Zero growth (0%)

This assumes that there will be no additional revenue commitment from NHS Rotherham or Rotherham MBC but that savings from the decommissioning of Ackroyd and the spot purchase beds are reinvested.

Benefits

- Removes poorer performing service elements, delivering better value for money
- Reinvestment assist process of reconfiguration, making the service strategically relevant
- Targeted reinvestment will improve performance and deliver savings in the health economy
- Increased level of compliance with the new DH guidelines

Disadvantages

- All nurse-led support removed from service with no replacement
- Service would still not comply with new national guidelines for intermediate care
- Service effectiveness on preventing hospital admission would be compromised

Recommendations that would not be implemented

R24 Introduction of nurse practitioners and health support workers

8.3 Option 3 - £200,000 investment from the NHS Rotherham Operational Plan

This option incorporates additional investment from NHS Rotherham to incorporate specialist nurses and health support workers into the intermediate care service.

Benefits

- Service able to support people with nursing needs, reducing likelihood of hospital admission
- More likely to generate savings further down the care pathway
- Compliance with new DH guidance on intermediate care
- Service is better able to respond to people with high needs
- Would enable full implementation of the intermediate care review

Disadvantages

- Increase in revenue costs for the service

NHS Rotherham Board has recently agreed that no new recurrent investment will be made in services unless savings can be guaranteed elsewhere in the care pathway. In light of this it is proposed that NHS Rotherham and Rotherham MBC endorse Option 3 with NHS Rotherham making a non-recurrent investment into the service until the current service level agreement expires in March 2011. At this point the service will have been evaluated to assess its impact on secondary care costs and NHS Rotherham can decide whether to continue the investment.

R33 Endorse the financial model set out in Option 3, with NHS Rotherham committing additional investment of £200,000. Additional investment is non-recurrent.

9. Implementation and future commissioning

The timetable for approval of the intermediate care review is set out in Table 2

Table 2 – Timetable for approval of intermediate care review

Action	Date
NHS Rotherham Management Executive	20th October
NHS Rotherham Professional Executive	4th November
NHS Directorate Management Team	10th November
NHS Rotherham Board	16th November
Cabinet Member for Health and Social Care	23rd November
Adults Board	26th November
Adult Services Health and Scrutiny Panel	3rd December

After approvals it is proposed that Rotherham MBC and RCHS develop an implementation plan for the first Adults Board meeting in 2010. The implementation plan should ensure full compliance with the review recommendations by June 2010 allowing a 6 month implementation period.

R34 Rotherham MBC and RCHS submit a joint implementation plan to the Adults Board in January 2010 and that the review recommendations be fully implemented by June 2010

The current service level agreement for the intermediate care service is due to expire in March 2011. It is proposed that the service is recommissioned with the current providers at this time if the following conditions have been met:

By January 2010 current providers should have:

- Developed an implementation plan which has been approved by the Adults Board

By June 2010 current providers should have achieved:

- Full implementation of the review recommendations within the timescales set
- Continued improvement in performance on all KPIs but particularly on bed occupancy, length of stay, readmissions to hospital and the number of people supported in the community

By December 2010 current providers should have achieved commissioner-set targets on:

- Secondary care costs of people with ambulatory sensitive disorders
- Reduction in the number of people with an ambulatory sensitive condition admitted to hospital

It is proposed that the service is put out to open tender if these conditions are not met.

R35 Rotherham MBC and NHS Rotherham recommission the service with current providers in April 2011 if conditions are met. The service will otherwise be subject to an open tendering process

References

1. The Rotherham Joint Commissioning Strategy

2. Intermediate Care – Halfway Home Updated Guidance for the NHS and Local Authorities

3. Our Future Health Secured? A review of NHS funding and performance (Kings Fund)

4. Wanless Social Care Review: Securing Good Care for Older People (Kings Fund)

5. Our Health, Our Care, Our Say (DH)

6. NSF for Older People: Supporting Implementation Intermediate Care - 2002 (DH)

7. The Rotherham Joint Strategic Needs Assessment

8. Presentation on results from Interqual February – May 2009

9. Spreadsheet on financial modelling of intermediate care services

Strategic Review of Intermediate Care

- Transformational initiative in Better Health Better Lives
- Priority in the Joint Commissioning Strategy
- DH Guidelines “Halfway Home”
- Projections on future need for health and social care
- Current economic situation

Analysis of performance

Residential Service

- Bed occupancy increased from 56% to 72%
- Admission rates have increased by 38%
- 72% return home after discharge
- 82% still at home after discharge – NI125 top quartile
- High levels of service user satisfaction
- Lower bed occupancy than comparator authorities
- Length of stay has increased from 35 to 39 days
- 4% admissions from community care pathways

Analysis of performance

Community Rehabilitation

- Admission rates have increased by 26%
- 81% of admissions from community pathways
- 93% remain at home after intervention
- Predicted annual saving to home care budget 2009/10 - £517k
- Home care hours reduction has increased by 110%
- High levels of service user satisfaction
- Admission rates significantly under target

Analysis of performance

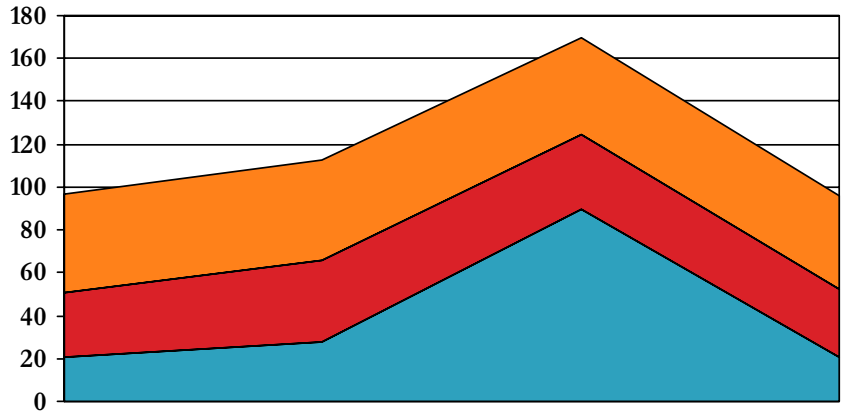
Millennium Day Services

- 88% of admissions from community pathways
- High levels of service user satisfaction
- 70% reported health/condition had improved
- 80% reported increased confidence
- 66% of maintenance service referrals come through day rehab

Recommendations

Performance management

- Refresh KPIs: Bed occupancy 80% and length of stay 28 days
- Amend framework so it reflects DH Guidance, “Halfway Home”
- Introduce KPIs on reducing unscheduled hospital admissions



Recommendations

Reconfiguration of residential beds

- Transfer provision from Rothwel Grange to Davies Court
- Nurse-led residential provision not be developed at this stage
- Decommission Ackroyd Fast Response beds by March 2010
- Commission more care enabling hours in the residential service
- Develop a bed management system

Recommendations

Development of an intermediate care hub

- Intermediate care hub at the Millennium Centre
- Co-locate and integrate all teams on this site
- Investigate capital investment to reconfigure building
- Combine rehabilitation and community integration
- Explore potential for combining intermediate care and falls prevention

Recommendations

The Intermediate Care Team

- Introduce nurse practitioners, health support workers and SALT
- Single case manager for the whole intermediate care pathway
- Single line management structure and single point of access
- A common assessment framework and single patient record
- Community stroke service to case manage stroke survivors

Recommendations

Future work and implementation

- Full review of rehabilitation services in Rotherham
- Endorse the financial model set out in Option 3
- Joint implementation plan to the Adults Board in January 2010
- Full implementation by June 2010
- Recommission the service with current providers in April 2011

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet Member for Health and Social Care**
2.	**Date:**	**7 December 2009**
3.	**Title:**	**Adult Social Care 2nd Quarter (April to September) performance report for 2009/10** **All Wards Affected**
4.	**Programme Area:**	**Neighbourhoods and Adult Services**

5. Summary

This report outlines the 2009/10 Quarter 2 Key Performance Indicator (KPI) 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 quarter, 75% of our Key Performance Indicators (KPIs) were on target compared to 57% at the end of the 1st Quarter.

This quarter's results can be seen in Appendix 'A' where a triangle indicates 'off target', a star indicates 'on target', and a question mark indicates that data is not available yet or targets have not currently been set.

The following performance measures did not achieve their quarter 2 targets;

- **NAS 1 (PAF D40) Percentage of clients receiving a review**

  Productivity levels have improved since August but the indicator is currently rated as 'off target'. The indicator is slightly closer to target than reported in the 1st quarter performance report and, based upon the actions we have put in place following a corporate performance clinic held on 24th September 2009, we predict that we will achieve our year end target. Performance has increased from 17.92% to 35.59% since the 1st quarter of the year.

  We have held a performance clinic with RDaSH (Rotherham, Doncaster and South Humberside Mental Health Trust) in August 2009 and since then they have doubled their review rate over the past two months and have put an action plan in place with an aim to review 100% of their clients by year end.

  The following performance management actions are in place to improve performance;
    - Team managers to authorise all reviews so that they can be counted.
    - Arrangements made for telephone reviews to take place on clients in receipt of Rothercare service.
    - Provider reviews to be undertaken and counted for clients in residential and nursing care placements.
    - RDASH to update their records and ensure all reviews undertaken this year are counted.

- **NI136 (Vital Signs 3) People supported to live independently through social services (LAA)**

  This indicator includes a combination of people that are receiving care managed services following a community care assessment and those people that are receiving services from the voluntary sector.

  Current performance levels indicate that we are helping 5,572 service users to live at home, which is an improvement of 61 since the 1st quarter. This score is based on last year's voluntary sector figures plus people currently in receipt of an assessed care package.

  To achieve next year's target we would need to help a approximately 2,000 extra service users by the end of the year. The frustration with this indicator is that a lot of prevention activity is not captured within the definition for this indicator. So for example, the 900 telecare installations that we will undertake this year and the provision of 14,000 items of equipment are not included within the definition. These are national issues which are being debated.

The following performance management actions are in place to improve performance;

- Intermediate Care and Community Rehabilitation services will be captured within the indicator (these are currently not included).
- The list of providers for our Grant Funded Services return (the mechanism we have to use to capture people receiving services within the voluntary sector) has been updated.
- All providers have been visited to ensure they understand the importance of completing this information and that this is used to inform commissioning decisions.
- Include Occupational Therapy equipment within the indicator as other Councils do (these are currently not included).
- Mental Health action plan in place which will ensure caseloads are up to date and all clients are included within the score.

- **NI 132 Timeliness of social care assessments**

Performance has remained the same since the 1st quarter of the year. Based upon the actions we have put in place following a corporate performance clinic held on 24th September 2009, we predict that we will achieve our year end target.

There has been a significant amount of management action undertaken on this performance indicator. We have been targeting resources to reduce a backlog of new assessments which was created last year following a knock on effect of prioritising a series of high profile safeguarding investigations. Weekly performance clinics have been put in place to recover our performance levels. Additional RDaSH, who were one of the poor performing elements of the services, have put an action plan in place and assessment rates have doubled over the last quarter.

The following performance management actions are in place to improve performance;

- Review of the intake service has been completed which have identified delays within the assessment process which have been removed. We have reconfigured some of the staffing so that we concentrate on achieving the 28 day target. The team will also receive additional administrative support.
- Weekly report sent to all managers showing assessments due in the week ahead.
- Each social worker has been given a target of 4 countable pieces of activity per week and weekly performance monitoring is in place.
- Diary Management – All Team Managers to use electronic diaries and include tasks.
- Team meetings include Performance as a standing agenda item.
- Tight monitoring of contact details recorded by Assessment Direct to speed up the time taken from initial contact to the start of the assessment.
- Mental Health action plan is in place and they aim to carry out 100% of assessments within 28 days between October and March.

- **NI 133 (Vital Signs 13) Acceptable waiting times for care packages**

Performance has deteriorated since the 1st quarter of the year with the amount of care packages being arranged within 28 days decreasing from 91.42% to 86.59%.

We have held performance clinics to understand the reasons for delays which have identified areas for improvement. We are confident that the year end target will be achieved by implementing the following performance management actions;

- Clarification has been sought from Department of Health around measuring waiting times for transitional cases from CYPS and Direct Payments.
- We will monitor and reduce waiting times from assessment to request being sent to brokerage.
- Brokerage service to manage the domiciliary care waiting list and use in house home care in areas where supply is low.
- Mental Health action plan is in place. Between October and March, they aim to have 100% of service users newly assessed and accepted for specialist care to have a completed care plan within 10 working days of undertaking the assessment.

8. Finance

The Medium Term Financial Plan for 2009/10 contains £1.719m of budget disinvestments which will impact on a number of performance indicators in the short term. This relates to the social work assessment resources needed to manage the meals on wheels, laundry and bathing programmes which will result in a drop in performance on NI 136 (people supported by the Council to live independently) by the end of the year. The budget to lead to a £4.438m package of investments into adult social care which includes additional resources for people with a physical disability, people with mental health needs, carers breaks and for new social work assessment resources. This will result in improvements to a range of indicators including NI 132 (timeliness of new assessments), NI 133 (timeliness of new care packages) and NI 136 (people supported by the Council to live independently).

9. Risks and Uncertainties

The main risk is that performance levels do not improve at a rate that is higher than our comparator average. This will be mitigated through the application of our performance management framework which CQC have described as ‘works’. Each performance indicator is owned by a Manager and there is a robust action plan in place to support improvement. Performance is closely monitored at weekly performance clinics and reported monthly to the Performance Meeting of the Directorate Management Team (DMT).

There is also an uncertainty relating to the quality and accuracy of the performance of mental health services. Mental health services are managed in partnership with RDaSH (Rotherham, Doncaster and South Humberside Mental Health Trust) and RDaSH have been unable to satisfy information requirements for the Council and NHS Rotherham for several years. ‘Improving the availability of mental health data’

has been a recommendation made by the Care Quality Commission (formerly CSCI) for the last two consecutive years.

We have been working with them on an action plan which should ensure that RDaSH are available to report on all performance indicators from the first quarter of 2009/10. The steps that we have taken so far have been included within a 'good practice' case study which supported the Council achieving a 'performing strongly' rating during the 2009 data quality assessment. However, getting the data is only one part of the story and we have new management arrangements in place to improve the accuracy of the data and to ensure performance results improve.

There are 4 indicators where targets have not been set yet. This is because we are awaiting further information being provided from the Department of Health, on 3 of these indicators, and we have changed our safeguarding recording practices to comply with new Department of Health definitions. We expect these uncertainties to be resolved in the next quarterly performance report.

10. Policy and Performance Agenda Implications

The Key Performance Indicator (KPI) suite this year includes a mixture of National Indicators and Local Indicators that are part of the LAA or have been identified as priorities for us in our Service Plan.

The new national performance indicators contribute to the Councils Comprehensive Area Assessment (CAA) and Local Area Agreement (LAA) processes and the Care Quality Commission's (CQC) Annual Review of Performance for Adult Social Care. Last year's review of social care included the following indicators as areas for improvement;

- Reviews (reference PAF D40),
- Timeliness of social care assessments (reference NI 132), and
- Timeliness of new care packages (reference NI 133).

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 the first quarter of 2009/10. The indicators rated 'on target' are shown as a star and those that are rated 'off target' are shown as a triangle alert.

Contact Names:

John Mansergh, Service Performance Manager, Extension 3466
Email: john.mansergh@rotherham.gov.uk

Jayne Knowles, Data Quality Manager, Extension 4130
E-mail: jayne.knowles@rotherham.gov.uk

Appendix A: Neighbourhoods and Adult Services - Social Care Performance Indicator Outturns for Sep '09 (Quarter 2)

Key to symbols

▲	indicator rated 'off target'
★	indicator rated 'on target'
⇧✓	indicator has improved
⇩✖	indicator has deteriorated

Commissioning and Partnerships (Chrissy Wright)

Line no	Current Performance	Measure	Good Performance	2008/09 Baseline	Jun '09 Result 1st Quarter	Sep '09 Result 2nd Quarter	This time last year	D.o.T. from same time last year	2009/10 Target	Responsible Manager	Outcomes Framework
1.	★	NI 130 (Vital Signs 17) Social care clients receiving Self Directed Support	Higher is better	370.79	**233.22**	**255.25**	Started measuring in Oct '08		300	Richard Warring	4
2.	★	NI 141 Percentage of vulnerable people achieving independent living (LAA)	Higher is better	87.35%	**89.32**	**89.32%**	82.81%	⇧✓	80%	Janine Parkin	2
3.	★	NI 142 Percentage of vulnerable people who are supported to maintain independent living	Higher is better	97.47%	**99.27**	**99.27%**	97.95%	⇧✓	98%	Janine Parkin	2

Health and Well Being / Assessment and Care Management (Shona McFarlane)

Line no	RAG Status	Measure	Good Performance	2008/09 Baseline	Jun '09 Result 1st Quarter	Sep '09 Result 2nd Quarter	This time last year	D.o.T. from same time last year	2009/10 Target	Responsible Manager	Outcomes Framework
4.	▲	NAS 1 (PAF D40) Percentage of clients receiving a review	Higher is better, 75<=100 is best	71.82%	**17.92%**	**35.59%**	41.72%	⇩✖	77%	Lucy Pullen	1
5.	▲	NI 132 (Vital Signs 12) Timeliness of social care assessment (all adults)	Higher is better	70.37%	**69.69%**	**69.23%**	78.82%	⇩✖	80%	Mark Joynes	4
6.	▲	NI 133 (Vital Signs 13) Acceptable waiting times for care packages (now includes 18-64 age group)	Higher is better	New definition	**91.42%**	**86.59%**	Started measuring in May '09		92%	Mark Joynes	4
7.	▲	NI 136 (Vital Signs 03) People supported to live independently through social services (LAA)	Higher is better	2342.27	**2321**	**2343**	Started measuring in Feb '09		3149	Lucy Pullen	2
8.	★	NI 146 (Vital Signs 07) Adults with learning disabilities in employment	Higher is better	5.63%	**0.30%**	**0.87%**	Started measuring in Oct '08		4%	Jackie Bickerstaffe	6
9.	★	NAS 24 Number of safeguarding alerts	Higher is better	526	**120**	**300**	257	⇧✓	600	Sam Newton	7
10.	★	NAS 5 Average waiting time for an OT assessment (calendar days)	Lower is better	104	**21**	**18**	Started measuring in Dec '08		28	Jill Wilkinson	2
11.	★	NI 125 (Vital Signs 04) Achieving independence for older people through rehabilitation / intermediate care	Higher is better	78.79%	**84.06%**	**83.11%**	Started measuring in Oct '08		81%	David Stevenson	2
12.	★	NI 131 (Vital Signs 10) Delayed transfers of care from hospitals	Lower is better	3.74	**5.78**	**6.49**	2.99	⇩✖	10	Mark Joynes	1
13.	★	NI 135 (Vital Signs 18) Carers receiving needs assessment or review and a specific carers service, or advice and information (LAA)	Higher is better	24.17%	**10.78%**	**15.86%**	15.19%	⇧✓	25%	Mark Joynes	2
14.	★	NI 145 (Vital Signs 05) Adults with learning disabilities in settled accommodation	Higher is better	100%	**10.01%**	**24.34%**	Started measuring in Oct '08		60%	Jackie Bickerstaffe	2
15.	★	NAS 25 Safeguarding cases completed referrals	Higher is better	413	**50**	**72**	New definition		tbc	Sam Newton	7
16.	★	NAS 26 Number of staff trained in safeguarding across all partner agencies	Higher is better	1195	Not reported in quarter 1	**511**	Started measuring in Mar'09		tbc	Sam Newton	7
17.	?	NI 149 (Vital Signs 06) Adults receiving secondary mental health services in settled accommodation	Higher is better	TBC	Not reported in quarter 1	**32.24%**	Started Measuring Aug '09		tbc	Graeme Fagan	2
18.	?	NI 150 (Vital Signs 08) Adults receiving secondary mental health services in employment	Higher is better	TBC	Not reported in quarter 1	**3.42%**	Started Measuring Aug '09		tbc	Graeme Fagan	6

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	**Meeting:**	Adult Social Care and Health Cabinet Member
2	**Date:**	10th November 2009
3	**Title:**	Supporting People Programme Paper 2 Procurement Timetable
4	**Directorate:**	Neighbourhoods and Adult Services

5. **This report:**

1. Explains the way the Supporting People team ensures the Council receives value-for-money from the providers of services under the Supporting People programme by conducting high profile reviews of all contracts on an annual basis and by benchmarking at both regional and national levels;

2. Describes the capacity issues that have led to the delay in implementing the previous procurement programme, and

3. Details proposals to address the procurement of Supporting People services between 2009-12 in accordance with the Council's Standing Orders and Financial Regulations.

Recommendations

1 The vacant posts of Commissioning and Procurement Officer and Performance Officer be filled on a permanent basis, in order that the proposed programme of procurement may be undertaken;

2 That the Supporting People Programme be formally established as part of the NAS Strategic Commissioning Team to allow staff to work seamlessly between FACS eligible and SP eligible services and across similar areas seamlessly

3 The proposed revised procurement programme be approved:

- **Granting exemption from Financial Standing Orders, and so waive a procurement exercise for contracts listed in Appendix 1.**
- **Extend the contracts in Appendix 1 for the periods outlined to allow the resources available through the SP Programme to contribute to the NAS personalisation programme.**
- **Appoint into two temporary procurement officer posts to achieve efficiencies through re-procurement of contracts across the whole Programme before April 2012.**

6. **History**

Supporting People is the Government funding and regulatory regime for housing related support services. Since 1 April 2003, when the programme began, an annual grant has been awarded to each local authority charged with administering the Supporting People programme in its area. The grant was administered by a commissioning body consisting of the local authority, the local primary care trust and the local probation board.

In 2003 all services deemed as housing related support services funded through transitional housing benefit were transferred to the Supporting People programme. The providers of these services in 2003 were placed on interim contracts for an advisory three year period to enable the strategic relevance (fits in with local and national strategy, national indicators and public service agreements and stakeholders' views) and need for the services and value-for-money to be assessed. The assessments had been completed by 2007 and providers were awarded "steady state" contracts, that is to say contracts of sufficient duration to ensure the continuity of the services. A comprehensive needs and supply mapping exercise was completed that collected evidence of services within the area, demand from different client groups, stakeholder feedback on the gaps in their specific areas of work, provider feedback, impact assessments and service reviews. The data collected fed into the Supporting People five year strategy 2008-13.

Supporting People in Rotherham currently manages a budget of £7.56 million, which is spent on 21 different vulnerable groups (over 10,000 people), entailing the management of 41 contracts for 93 services from 30 different providers.

7 **Proposals and Details**

"Steady state" contracts were entered into for various types of services, including accommodation-based provision, and support only (floating support) provision across a range of client groups. Broadly these fall into three categories:

- Services to excluded groups, for example homelessness provision
- Services to older vulnerable people, for example sheltered housing
- Services to people with care and support needs, for example people with physical disability and/or sensory impairments, or learning disabilities

Appendix 1 lists the contracts currently let, current providers, start and finish dates, contract value, the suggested procurement programme for renewing contracts and the periods of extension required in accordance with the suggested procurement programme.

8. **Contract Monitoring**

The Supporting People team analyses service performance using performance frameworks issued by the department for Communities and Local Government ("CLG"). Data are collected from providers using performance workbook(s), and feed into indicators (NI 141/142, utilisation, availability, throughput and staffing).

Annual contract reviews are conducted to validate quarterly CLG workbook submissions, monitor performance and quality, ensure that contractual obligations are being met, and ensure best working practice (Quality Assessment Framework).

Annual contract reviews are broken down into the following areas;

Assessment of Performance

Assessment of Quality

Annual assessment of the quality of a service using the SP quality assessment framework ("QAF"), including results from user and stakeholder consultation.

The most recent internal audit report in July 2009, indicated that the SP Programme that was working well to a robust governance framework, but highlighted areas needing action have arisen because of the lack of dedicated leadership (the vacant Manager post) and expert oversight of the contracts (the vacant Commissioning and Development Officer post).

This paper outlines a solution to the staffing shortfall for procurement and quality assurance

Outcomes

The national Supporting People Outcomes Framework produced by CLG identifies the high-level outcomes (based on 'Every Child Matters') to be achieved through delivery of Supporting People services.

Benchmarking and value for money

Current regional benchmarking (2008-09) data are used to evaluate value for money (Appendix 2), and there are comparisons between providers of similar services.

Partnership Approach

Many of the services provided under the Supporting People programme require partnership working with other public sector bodies (PCT, Probation). Partners' views are sought in reviewing value for money, the relevance of strategic objectives and quality of performance.

9. **Procurement**

On the 11th June 2007 Cabinet member agreed a procurement programme beginning in 2008. As part of the procurement programme a framework agreement was used to procure £2.5million of 'accommodation-based services' for excluded groups, services that were prioritised on the basis of cost and risk. The framework agreement aims to meet the legal requirements placed upon local authorities by European Union regulations and UK law, whilst providing a degree of flexibility to the Supporting People programme and its partners to ensure quality of provision and fair competition.

There are two stages to procurement within the framework agreement model. The first is a competitive tender for identified services. Successful tendering organisations are asked to sign the framework agreement and by so doing, become approved providers for the specified contract service types. Contracts are subsequently let to approved providers in accordance with the terms and conditions of the framework agreement.

The second stage is the allocation process. This is where decisions are made by a multi-agency partnership panel about which approved provider for a given service is allocated a contract. Approved providers are not guaranteed any of the contracts allocated at the second stage.

The next set of services due to be procured in accordance with the programme is 'floating support services' which includes excluded groups, learning disabilities and mental health services. This has been delayed for a number of reasons:

1. It became apparent that a detailed evaluation of the effectiveness of the procurement programme was required. £76K a year savings have been achieved as a result of the previous procurement exercise, but the impact on providers, then, was significant, with capacity problems being recorded across the sector. Commissioners wanted to be satisfied that continued procurement did not unsettle the market to the point where services were lost or quality was reduced.

2. The loss of four staff members early in 2008 (normally six people), and the drastic reduction in the administration grant for the Supporting People Programme from CLG from £217K per year to £160K, has left a significant capacity problem for the Programme. It is not been in possible to effectively complete these detailed reviews (41 separate contracts) with the providers before April 2010.

3. The 'Putting People First' agenda including the concepts of universal services; prevention; early intervention; the introduction of a Resource Allocation System; and the future development of personal budgets in health and social care, will require the Council and the wider Strategic Partnership, to commit to wholesale changes in the way that public services deliver support to vulnerable people. It is not possible to ignore the significant contribution of Supporting People (and particularly floating support services) to this agenda. It is important that SP resources are factored into future planning for personalisation, and the forthcoming procurement process is a good opportunity for NAS to begin to address its preventative responsibility for people whose needs do not now meet FACS criteria, but who may need specialist services in future. If we were to procure floating support services now, with a three year commitment, we would lose this early opportunity to implement personalised, preventive services over the next three years.

In 2008 a recruitment programme was put together which addressed the reduced funding available, but two posts were not filled as efficiencies were needed within Neighbourhoods and Adult Services. These were the Supporting People Manager post and the commissioning and Procurement Officer post. These two posts are still vacant.

A revised review programme was agreed through the SP Commissioning Group in July 2009, an audit was successfully completed in June 2009, and consultation on future floating support procurement was concluded on 14 September 2009. A revised procurement schedule has been prepared for consideration by the SP Commissioning Group and is attached in Appendix 1.

The procurement schedule details the timescales for continuing the procurement of providers to deliver the Supporting People programme. It prioritises poorer performing services as identified in the SP risk matrix (a spread sheet that assesses the risk of contractual non-compliance based on quarterly submissions by providers to the Supporting People team), and services which only provide support (floating support) and which complement the PPF agenda.

There are a number of contract variations that will be necessary to achieve delivery of the procurement programme over three years. These are also documented in Appendix 1.

10. **Capacity**

To address the lack of staffing capacity to deliver the procurement programme (which has delayed the programme agreed by Cabinet in 2008), it is proposed that two procurement positions are established on a performance related basis. This would mean that the appointed officers were set a target of delivering procurement savings at least equal to their salaries and on-costs. In this way the post(s) could be funded out of the programme grant, rather than the short –term administration grant. If anticipated savings are achieved,

when the administration element of the Supporting People grant ends in 2011, and the whole of the Supporting People budget becomes area based, the administration team could be funded by a similar model, effectively "top slicing" the Supporting People grant.

This would benefit the programme in that a sustainable procurement plan could be established, and the model could be adopted for the administration of the Supporting People grant in the longer term.

11. **Finance**

Main Programme Funding

The Main Programme allocated budget for 2009/10 was £8,668,594. This was made up of the CLG Grant of £7,567,131, the Social Services contribution of £74,285 and the 2008/09 carry forward of £1,027,178.

£7,567,131 is the annual grant from CLG until the end of 2010/11.

There is a projected under spend of £782,890 for 2009/10 which is the result of ongoing and permanent under capacity on a number of contracts.

For 2009/10 there is £7,567,131 SP main programme grant available, with £8,388,706 million fully committed.

The process for allocating new spends against underspent monies for SP initiatives must follow CLG and RMBC procurement regulations. All requests for funding are taken through the SP Programme governance arrangements and agreed by the SP Commissioning Group.

Administration Grant

The allocated Administration budget for 2009/10 was £214,336. This was made up of the CLG Admin Grant of £190,018k and the Social Services contribution of £24,318k.

The administration grant for 2009/10 stands at £190k, a reduction from 2008/9 level of £217K, this falls to £163k in 2010/11, and to zero in April 2011.

The reduction in grant funding in 2010-11 is offset by the disestablishment of the vacant Supporting People Manager post and a reduction in the Admin Assistant hours.

12. **Risks and Uncertainties**

There are three major risks associated with the failure to formalise a forward procurement programme before April 2010.

1. Contract standing orders and Financial Regulations would be breached;

2. Without procurement it is not possible to be absolutely certain that customers of the services are receiving quality services from providers and that the Council is receiving value-for-money; not extending current contracts on expiry would leave vulnerable customers without vital services to support them.

   The Assistant Chief Executive (Legal and Democratic Services) advises that a spend of this value (£7,567,131) would ordinarily require a procurement under the European Union procurement rules.

   However, contracts for social services do not engage the rules in full because they are classed as Part B services (health and social services) for the purposes of the public contracts directive. The Council must have regard to its obligations under the Treaty of Rome not to abuse its dominant position or discriminate against overseas providers of similar services.

Nevertheless, the Council's contract standing orders are engaged, in particular standing order 48, which applies to contracts with an estimated value of £50,000 or more and which requires 3 – 6 contractors to be invited to submit tenders for the contract.

In this case, due to the magnitude of the work, and the urgency of the need to review the SP Programme's contribution to personalisation, the Assistant Chief Executive (Legal and Democratic Services) accepts that it is only feasible to procure the required services through a programme of procurement; otherwise vulnerable members of the community could be denied access to essential support services.

The steps taken by the Supporting People team to monitor existing contracts to ensure clients are receiving a quality service and the Council is receiving value for money are described in paragraph 8. The Assistant Chief Executive (Legal and Democratic Services) considers these steps, together with the proposed procurement programme, are sufficient to discharge the fiduciary duty that the Council owes to council taxpayers and the community to act in their best interests.

Consequently, he supports the recommendations to exempt the current contractual arrangements from the requirements of standing order 48.1 (requirement to obtain 3 – 6 tenders for contracts with an estimated value of £50k or more) and to conduct the suggested procurement programme.

13. **Policy and Performance Agenda Implications**

The Supporting People programme addresses the 5 high level outcomes set out below, which form the basis of the framework. They are adopted by the Department for Education and Skills ("Dfes") for the Every Child Matters: Change for Children programme:

- Achieve economic wellbeing,
- Enjoy and achieve
- Be healthy
- Stay safe
- Make a positive contribution.

The Supporting People outcome framework links to each of the Commission for Social Care Inspection ("CSCI") outcome domains, particularly outcome 4: Choice and Control and 6: Economic wellbeing. The Supporting People outcomes framework will also contribute to the CLG's Creating Sustainable Communities strategy.

Appendix 3 provides a list of the national indicators the Supporting People Programme contributes towards.

14. **Background Papers and Consultation**

Appendix 1 - Position Statement of Rotherham Supporting People Main Programme Providers

Appendix 2 - Performance /Quality Data for Rotherham SP Main Programme (**Floating Support Services -only)**

Appendix 3 - National Indicators supported by Rotherham Supporting People Programme

Contact Name: **Claire Smith**
Supporting People Contracts Officer
Telephone: 334041
E-mail: **Claire-ss-smith@rotherham.gov.uk**

Appendix 1 Position Statement of Rotherham Supporting People Main Programme Providers

Provider	Contract	Service numbers	Service Type	Primary Client Group	Contract Start Date	Current Contract End Date	Annual Contract Value	Planned extension date	Procurement Start Date
Action Housing	**217**	**573**	**Floating Support Service**	**High Priority Offender**	**01/07/2007**	**31/03/2010**	**£68,979**	**31/03/2011**	**Apr-10**
Action Housing	**179**	**485**	**Floating Support Service**	**Offenders or People at risk of Offending**	**01/04/2005**	**31/03/2010**	**£192,729**	**31/03/2011**	
Action Housing	**179**	**483**	**Resettlement Service**	**Offenders or People at risk of Offending**	**01/04/2005**	**31/03/2010**	**£52,779**	**31/03/2011**	
Richmond Fellowship	**188**	**504**	**Floating Support Service**	**People with Alcohol Problems**	**01/04/2006**	**31/03/2010**	**£171,739**	**31/03/2011**	
Action Housing	**179**	**484**	**Floating Support Service**	**People with Drug Problems**	**01/04/2005**	**31/03/2010**	**£245,945**	**31/03/2011**	
Key Ring	**182**	**490**	**Floating Support Service**	**People with Learning Disabilities**	**01/07/2005**	**31/03/2010**	**£37,340**	**31/03/2011**	
Key Ring	**221**	**581**	**Floating Support Service**	**People with Learning Disabilities**	**01/04/2007**	**31/03/2010**	**£39,279**	**31/03/2011**	
RMBC Learning Disabilities	**186**	**498**	**Floating Support Service**	**People with Learning Disabilities**	**01/04/2006**	**31/03/2010**	**£41,556**	**31/03/2011**	

RMBC Learning Disabilities	186	499	Floating Support Service	People with Learning Disabilities	01/04/2006	31/03/2010	£40,521	31/03/2011	
Mencap	216	571	Floating Support Service	People with Learning Disabilities	01/04/2007	31/03/2010	£49,888	31/03/2011	
Richmond Fellowship	188	505	Floating Support Service	People with Mental Health Problems	01/04/2006	31/03/2010	£73,191	31/03/2011	
Mind	181	489	Floating Support	People with Mental Health Problems	01/07/2005	31/03/2010	£60,531	31/03/2011	
RMBC Mental Health	191	579	Floating Support Service	Women only Mental Health Problems	01/04/2007	31/03/2010	£49,610	31/03/2011	
RMBC Mental Health	191	508	Floating Support Service	People with Mental Health Problems	01/04/2006	31/03/2010	£141,167	31/03/2011	
Stonham Housing	184	494	Floating Support Service	People with Mental Health Problems	01/04/2006	31/03/2010	£151,145	31/03/2011	
Met Support Trust (Refugee Support)	189	506	Floating Support Service	Refugees	01/04/2006	31/03/2010	£111,917	31/03/2011	
RMBC SS Phys Dis	201	526	Floating support service	People with physical &	30/10/2006	31/03/2010	£70,594	31/03/2011	

				sensory impairement					
Habinteg Housing Association L	205	534	Floating Support Service	People with Physical Disabilities	01/04/2007	31/03/2010	£13,813	31/03/2011	
ROBOND	187	503	Floating Support Service	Homeless Families with Support Needs	01/04/2006	31/03/2010	£74,028	31/03/2011	
SYHA (Thursday Project)	199	522	Floating support service	Single Homeless with Support needs	01/12/2006	31/03/2010	£223,107	31/03/2011	
Stonham	184	495	Floating Support Service	Teenage Parents	01/04/2006	31/03/2010	£118,507	31/03/2011	
Apna Haq	194	516	Floating support service	Women at risk	01/04/2007	31/03/2010	£150,263	31/03/2011	
Met Support Trust (Step Forward)	215	556	Floating support service	Women at risk	01/04/2007	31/03/2010	£127,800	31/03/2011	
Womens Refuge	200	525	Floating Support Service	Women at Risk	01/01/2007	31/03/2010	£57,795	31/03/2011	
RMBC Housing ACCESS	193	523	Floating Support Service	Older people with support needs	01/04/2006	31/03/2010	£42,128	31/03/2011	
Action Housing	217	572	Floating Support	Young Persons	01/07/2007	31/03/2010	£64,623	31/03/2011	

			Service	**Service**					
Provider	Contract	Service numbers	Service Type	Primary Client Group	Contract Start Date	Current Contract End Date	Annual Contract Value	Planned extension date	Procurement Start Date
Anchor Trust	**203**	**528**	**Accommodation Based Service**	**Older people with support needs**	**01/04/2007**	**31/03/2010**	**£8,596**	**31/03/2012**	**Apr-11**
Anchor Trust	**203**	**529**	**Accommodation Based Service**	**Older people with support needs**	**01/04/2007**	**31/03/2010**	**£4,067**	**31/03/2012**	
Anchor Trust	**203**	**530**	**Accommodation Based Service**	**Older people with support needs**	**01/04/2007**	**31/03/2010**	**£9,271**	**31/03/2012**	
Anchor Trust	**203**	**531**	**Accommodation Based Service**	**Older people with support needs**	**01/04/2007**	**31/03/2010**	**£7,088**	**31/03/2012**	
Anchor Trust	**203**	**532**	**Accommodation Based Service**	**Older people with support needs**	**01/04/2007**	**31/03/2010**	**£8,713**	**31/03/2012**	
Housing 21	**208**	**537**	**Accommodation Based Service**	**Older people with support needs**	**01/04/2007**	**31/03/2010**	**£3,692**	**31/03/2012**	
Housing 21	**208**	**538**	**Accommodation Based Service**	**Older people with support needs**	**01/04/2007**	**31/03/2010**	**£2,239**	**31/03/2012**	

Housing 21	208	539	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£6,611	31/03/2012	
Housing 21	208	540	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£6,603	31/03/2012	
Ncha Ltd	209	541	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£19,856	31/03/2012	
Ncha Ltd	209	542	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£26,527	31/03/2012	
Ncha Ltd	209	543	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£27,656	31/03/2012	
Places for People	210	544	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£38,641	31/03/2012	
Places for People	210	545	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£40,066	31/03/2012	
Johnnie Johnson Housing Trust	212	547	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£9,492	31/03/2012	
Johnnie Johnson Housing Trust	212	548	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£64,501	31/03/2012	

RMBC Sheltered	213	549	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£331,588	31/03/2012	
RMBC Sheltered	213	550	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£315,009	31/03/2012	
RMBC Sheltered	213	551	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£373,037	31/03/2012	
RMBC Sheltered Alarms	213	552	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£171,678	31/03/2012	
RMBC Sheltered Alarms	213	553	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£166,583.00	31/03/2012	
RMBC Sheltered Alarms	213	554	Accommodation Based Service	Older people with support needs	01/04/2007	31/03/2010	£199,984	31/03/2012	
RMBC NASS Rothercare	211	546	Community or Social Alarm	Older people with support needs	01/04/2007	31/03/2010	£341,011	31/03/2012	
Rmbc Social Services Older People - ECH	227		Accommodation Based Service	Frail Elderly - Bakersfield	09/03/2009	31/03/2010	227,552	31/03/2012	
Sanctuary Housing	204	533	Accommodation Based	Older people with	01/04/2007	31/03/2010	£35,948	31/03/2012	

Associatio n			Service	support needs					
Mind	181	574	Accommodatio n Based	People with Mental Health Problems	01/09/2007	31/03/2010	£57,463	31/03/2012	
SYHA (Browning Ct & Satalites)	206	535	Accommodatio n Based Service	People with Mental Health Problems	01/04/2007	31/03/2010	£215,435	31/03/2012	
Action Housing	207	536	Accommodatio n Based Service	People with Mental Health Problems	01/04/2007	31/03/2010	£130,503	31/03/2012	
SYHA (Interim)	190	507	Accommodatio n Based Service	Homeless Families with Support Needs	01/04/2006	31/03/2010	£127,025	31/03/2012	
Milbury care services	192	509	Accommodatio n Based	People with Learning Disabilities	01/04/2006	31/03/2010	£75,742	31/03/2012	
Milbury care services	192	510	Accommodatio n Based	People with Learning Disabilities	01/04/2006	31/03/2010	£30,239	31/03/2012	
Milbury care services	192	511	Accommodatio n Based	People with Learning Disabilities	01/04/2006	31/03/2010	£47,943	31/03/2012	
Milbury care services	192	512	Accommodatio n Based	People with Learning Disabilities	01/04/2006	31/03/2010	£6,385	31/03/2012	

Milbury care services	192	513	Accommodation Based	People with Learning Disabilities	01/04/2006	31/03/2010	£19,745	31/03/2012	
Milbury care services	192	514	Accommodation Based	People with Learning Disabilities	01/04/2006	31/03/2010	£28,047	31/03/2012	
RMBC Learning Disabilities	186	500	Accommodation Based	People with Learning Disabilities	01/04/2006	31/03/2010	£54,606	31/03/2012	
RMBC Learning Disabilities	186	501	Accommodation Based	People with Learning Disabilities	01/04/2006	31/03/2010	£45,862	31/03/2012	
RMBC Learning Disabilities	186	502	Accommodation Based	People with Learning Disabilities	01/04/2006	31/03/2010	£30,234	31/03/2012	
Mencap	216	557	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£30,342	31/03/2012	
Mencap	216	558	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£46,103	31/03/2012	
Mencap	216	559	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£59,393	31/03/2012	
Mencap	216	560	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£65,862	31/03/2012	

Mencap	216	561	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£44,088	31/03/2012	
Mencap	216	562	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£52,663	31/03/2012	
Mencap	216	563	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£58,564	31/03/2012	
Mencap	216	564	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£47,913	31/03/2012	
Mencap	216	565	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£38,570	31/03/2012	
Mencap	216	566	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£49,646	31/03/2012	
Mencap	216	567	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£16,881	31/03/2012	
Mencap	216	568	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£14,771	31/03/2012	
Mencap	216	569	Accommodation Based	People with Learning Disabilities	01/04/2007	31/03/2010	£26,312	31/03/2012	

Mencap	**216**	**570**	**Accommodation Based**	**People with Learning Disabilities**	**01/04/2007**	**31/03/2010**	**£28,216**	**31/03/2012**	
YWCA	**198**	**521**	**Accommodation Based Service**	**Teenage Parent**	**01/10/2006**	**31/03/2010**	**£161,139**	**31/03/2012**	
Women's Refuge	**200**	**524**	**Accommodation Based Service**	**Women at Risk of Domestic Violence**	**01/01/2007**	**31/03/2010**	**£178,922**	**31/03/2012**	
Places for People	**202**	**527**	**Accommodation Based Service**	**Young People Leaving Care**	**01/01/2007**	**31/03/2010**	**£6,451**	**31/03/2012**	
Anchor Staying Put	**218**	**575, 576, 577**	**Floating support service**	**Older people private sector**	**01/09/2007**	**31/08/2010**	**£51,201**	**31/03/2013**	
Provider	Contract	Service numbers	Service Type	Primary Client Group	Contract Start Date	Current Contract End Date	Annual Contract Value	Planned extension date	Procurement Start Date
Rush House	**222**	**584, 585, 586**	**Accommodation Based**	**Young people at risk**	**01/10/2009**	**31/09/2011**	**£469,895**	**Procured under 08 FA**	
Target Housing	**223**	**587**	**Accommodation Based**	**Offenders or People at risk of Offending**	**01/10/2009**	**31/09/2011**	**£264,364**	**Procured under 08 FA**	
Action Housing	**224**	**588, 589**	**Accommodation Based**	**Offenders or People at risk of Offending**	**01/10/2009**	**31/09/2011**	**£468,715**	**Procured under 08 FA**	

Action For Children	**225**	**593**	**Floating Support Service**	**Young People Leaving Care**	**01/04/2009**	**31/03/2012**	**£22,744**	**Tendered in 08**

Appendix 2

Performance /Quality Data for Rotherham SP Main Programme Floating Support Services -only

Mental Health

Service 504 Richmond Fellowship **Short term. 18+. Level of MH – none stated. Eligible task SP standard. Referrals from various sources**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score- against Regional data
Capacity	**27**	KPI Score to date – **100% each quarter** QAF Core avg – **B** QAF Supp avg – **C** Starters - **14** Leavers - **8**		**Green**
Staff: Service user ratio	**1 : 6.6**			
Support hours per SU per week	**5.68**		**6.11(1st quartile)** **9.48(3rd quartile)**	
Hourly Support Rate	**£21.47**		**£18.51**	
Unit cost per week	**£121.99**		**£129**	
Grant per staff member	**£41,989** **£171,738**			
Service 508 – RMBC MH **Long Term? 18+ CPA. Medium to high needs. Eligible task SP standard. Referrals from various sources**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**22**	KPI Score to date – **92% q1, 100%q2, 100%q3.** QAF Core avg –**C** QAF Supp avg – **D** Starters - **4** Leavers - **4**		**Amber**
Staff: Service user ratio	**1 : 7.5**			
Support hours per SU per week	**4.89**		**6.11(1st quartile)** **9.48(3rd quartile)**	
Hourly Support Rate	**£25.14**		**£18.51- 3rd quartile £19.19**	
Unit cost per week	**£123.07**		**£129**	
Grant per staff member/contract price per yr	**£48,511** **£141,167**			
Service 489 Mind **Short term. 18+ CPA. Medium to high needs. Eligible task SP standard. Referrals from various sources**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**9**	KPI Score to date – **100% each quarter** QAF Core avg – **B** QAF Supp avg – **C** Starters - **17** Leavers - **17**		**Green**
Staff: Service user ratio	**1 : 4.8**			
Support hours per SU per week	**7.2**		**6.11(1st quartile)** **9.48(3rd quartile)**	
Hourly Support Rate	**£17.83**		**£18.51**	
Unit cost per week	**£128.99**		**£129**	
Grant per staff member/contract price per yr	**£32,543** **£60,531**			
Service 494 – Stonham **Short term. 18+ Level of MH – none stated. Eligible task SP standard. Referrals from various sources**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**24**	KPI Score to date – **84% q1, 100% q2, 100% q3** QAF Core avg –**C** QAF Supp avg – **C** Starters - **27** Leavers - **25**		**Green**
Staff: Service user ratio	**1 : 5.6**			
Support hours per SU per week	**6.22**		**6.11(1st quartile)** **9.48(3rd quartile)**	
Hourly Support Rate	**£19.40**		**£18.51**	
Unit cost per week	**£120.78**		**£129**	
Grant per staff member/contract price per yr	**£35,397** **£151,145**			

Offenders

Service 485 Action offenders/at risk of offending **Short Term. Support and advice service to all age groups. Eligible task SP standard. Referrals from various sources.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score – against regional data
Capacity	**20**	KPI Score to date **– 96% Q1, 100%Q2, 100%Q3** QAF Core avg –**B** QAF Supp avg –**C** Starters -**21** Leavers - **24**		**Amber**
Staff: Service user ratio	**1 : 4.9**			
Support hours per SU per week	**7.5**		**4.10(1st quartile) 7.21(3rd quartile)**	
Hourly Support Rate	**£24.48**		**£21.12**	
Unit cost per week	**£184.82**		**£122.46**	
Grant per staff member/contract price per yr	**£47,237 £192,728**			
Service 573 Action offender's High priority Service. **Defined as prolific & priority offenders/high risk of harm to public/DIP clients. Involves meetings with PO/ DIP/Police. Short Term. Support and advice service to all age groups. Eligible task SP standard. Referrals from various sources.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**15**	KPI Score to date **– 100% Q1, 80%Q2, 81% Q3, 88% Q4** QAF Core avg - **B** QAF Supp avg –**C** Starters - **10** Leavers - **9**		**Green**
Staff: Service user ratio	**1 : 7**			
Support hours per SU per week	**5.18**		**4.10(1st quartile) 7.21(3rd quartile)**	
Hourly Support Rate	**£17**		**£21.12**	
Unit cost per week	**£88.20**		**£122.46**	
Grant per staff member/contract price per yr	**£32,847 £68,979**			
Service 483 Action offenders/at risk of offending **Short Term. Support and advice service to all age groups. Eligible task SP standard. Referrals from various sources.**	Contract cost analysis	2008-09 Q3Performance/QAF Data –	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score-against regional data
Capacity	**8**	KPI Score to date **–100% each quarter** QAF Core avg - **B** QAF Supp avg –**C** Starters - **23** Leavers - **35**		**Green**
Staff: Service user ratio	**1:6**			
Support hours per SU per week	**5.41**		**4.10(1st quartile) 7.21(3rd quartile)**	
Hourly Support Rate	**£22.99**		**£21.12**	
Unit cost per week	**£126.53**		**£122.46**	
Grant per staff member/contract price per yr	**£44,352 £52,779**			

ubstance misuse – floating support

Service 505 Richmond Fellowship **Short Term. 18+ Eligible task SP standard. Referrals from various sources. Not stated in contract – trained SM staff?**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score- against regional data
Capacity	**8**	KPI Score to date **– 100% each quarter** QAF Core avg **- B** QAF Supp avg **–C** Starters - **7** Leavers **-8**		**Green**
Staff: Service user ratio	**1 : 4**			
Support hours per SU per week	**9.42**		**4.10(1st quartile)** **7.21(3rd quartile)**	
Hourly Support Rate	**£18.62**		**£21.12**	
Unit cost per week	**£175.47**		**£122.46**	
Grant per staff member	**£36,413** **£73,191**			
Service 484 Action **Short Term. All age groups. Eligible task SP standard. Referrals from various sources. Trained SM worker**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**25**	KPI Score to date **– 97.1% Q1, 94.7%Q2, 100%Q3, 100%Q4** QAF Core avg - **B** QAF Supp avg **–C** Starters - **17** Leavers - **21**		**Green**
Staff: Service user ratio	**1 : 4**			
Support hours per SU per week	**8.3**		**4.10(1st quartile)** **7.21(3rd quartile)**	
Hourly Support Rate	**£22.68**		**£21.12**	
Unit cost per week	**£188.68**		**£122.46**	
Grant per staff member/contract price per yr	**£43,762** **£245,944**			

Domestic Violence Services F/S

Service 516 – Apna Hag **Short Term. All age groups. Eligible task SP standard. Referrals from various sources. Asian (BME) women only service.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score – against regional data
Capacity	**32**	KPI Score to date **– 100% each quarter** QAF Core avg - **B** QAF Supp avg **–C** Starters - **15** Leavers - **9**		**Green**
Staff: Service user ratio	**1: 6**			
Support hours per SU per week	**4.06**		**2.49 (1st quartile)** **4.18 (3rd quartile)**	
Hourly Support Rate	**£18.03**		**£24.77**	
Unit cost per week	**£ 86.14**		**£78.26**	
Grant per staff member/contract price per yr	**£34,783** **£150,262**			
Service 556 – Choices and options **Short Term (104 weekly days). All age groups. Eligible task SP standard. Referrals from various sources.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**22**	KPI Score to date **– 100% each quarter** QAF Core avg - **C** QAF Supp avg **–C** Starters **- 99** Leavers - **110**		**Green**
Staff: Service user ratio	**1 : 8**			
Support hours per SU per week	**4.3**		**2.49 (1st quartile)** **4.18 (3rd quartile)**	
Hourly Support Rate	**£25.56**		**£24.77**	
Unit cost per week	**£111.41**		**£78.26**	
Grant per staff member/contract price per yr	**£46,642** **£127,800**			
Service 525 Women's Refuge **Short Term (8mths). All age groups. Eligible task SP standard. Referrals from various sources.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**9**	KPI Score to date **– 100% each quarter** QAF Core avg - **B** QAF Supp avg **–C**		**Green**
Staff: Service user ratio	**1 : 6**			
Support hours per SU per week	**5.7**		**2.49 (1st quartile)**	

		Starters - **6** Leavers - **6**	**4.18 (3rd quartile)**	
Hourly Support Rate	**£21.40**		**£24.77**	
Unit cost per week	**£110.85**		**£78.26**	
Grant per staff member/contract price per yr	**£41,281** **£57,794**			

Refugee F/S

Service 506 – Refugee Housing **Short Term. All age groups. Eligible task SP standard. Referrals from various sources.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score- against regional data
Capacity	**30**	KPI Score to date **– 88% Q1, 100%Q2, 90%Q3** QAF Core avg - **C** QAF Supp avg –**NON** Starters - **23** Leavers - **35**		**Green**
Staff: Service user ratio	**1 : 8.8**			
Support hours per SU per week	**3.95**		**2.16 (1st quartile)** **3.26 (3rd quartile)**	
Hourly Support Rate	**£18.09**		**£25.84(1stquartile)** **£33.80(3rdquartile)**	
Unit cost per week	**£71.55**		**£83.88**	
Grant per staff member/contract price per yr	**£33,013** **£111,917**			

Learning Disabilities

Service 581 Key Ring – new (**52 week contract) Long Term. All age groups. Eligible task SP standard. Referrals from various sources.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score – against regional data
Capacity	**9**	KPI Score to date **– new service** QAF Core avg - **B** QAF Supp avg – **B** Starters - **0** Leavers - **0**		**Green**
Staff: Service user ratio	**1: 9**			
Support hours per SU per week	**2.99**		**3.09(1st quartile)** **12.19(3rd quartile)**	
Hourly Support Rate	**£26.57**		**£18.50**	
Unit cost per week	**£83.70**		**£317.66**	
Grant per staff member/contract price per yr	**£48,491** **£38,000**			
Service 490 Key Ring (**48 week contract) exactly the same service at same rate. Long Term. All age groups. Eligible task SP standard. Referrals from various sources**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**9**	KPI Score to date **– 100% each quarter** QAF Core avg - **B** QAF Supp avg – **B** Starters - **0** Leavers - **0**		**Green**
Staff: Service user ratio	**1 : 9**			
Support hours per SU per week	**2.99**		**3.09(1st quartile)** **12.19(3rd quartile)**	
Hourly Support Rate	**£26.57**		**£18.50**	
Unit cost per week	**£86.18**		**£317.66**	
Grant per staff member/contract price per yr	**£48,491** **£37,338**			
Service 571 Mencap **Long Term. All age groups. Eligible task SP standard. Referrals from social services depart/family.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**14**	KPI Score to date **– 100% each quarter** QAF Core avg - **B** QAF Supp avg – **B** Starters - **0** Leavers - **0**		**Green**
Staff: Service user ratio	**1 : 6**			
Support hours per SU per week	**5.59**		**3.09(1st quartile)** **12.19(3rd quartile)**	
Hourly Support Rate	**£12.21**		**£18.50**	
Unit cost per week	**£68.34**		**£317.66**	
Grant per staff member/contract price per yr	**£23,868** **£49,885**			

Service 498 RMBC –LD **Long Term. 18-64. Eligible task SP standard. Referrals from health/social service depart.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**13**	KPI Score to date **– 100% each quarter** QAF Core avg - **B** QAF Supp avg –**C** Starters - **0** Leavers - **0**		**Green**
Staff: Service user ratio				
Support hours per SU per week			**3.09(1st quartile)** **12.19(3rd quartile)**	
Hourly Support Rate	**£15.17**		**£18.50**	
Unit cost per week	**£61.31**		**£317.66**	
Grant per staff member/contract price per yr	**£29,265** **£41,557**			
Service 499 RMBC –LD **Long Term. 18-64. Eligible task SP standard. Referrals from health/social service depart.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**6**	KPI Score to date **– 100% each quarter** QAF Core avg - **B** QAF Supp avg –**C** Starters - **0** Leavers - **0**		**Green**
Staff: Service user ratio	**1:4.6**			
Support hours per SU per week	**7.8**		**3.09(1st quartile)** **12.19(3rd quartile)**	
Hourly Support Rate	**£16.41**		**£18.50**	
Unit cost per week	**£129.53**		**£317.66**	
Grant per staff member/contract price per yr	**£31,657** **£40,552**			

Physical and Sensory Impairment

Service 526 RMBC P&SD **Long Term. All age groups. Eligible task SP standard. Referrals from social service depart.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score – against regional data
Capacity	**30**	KPI Score to date **– 100% Q1, 95.8% Q2, 100% Q3** QAF Core avg - **C** QAF Supp avg –**Non assessed** Starters - **12** Leavers - **6**		**Green**
Staff: Service user ratio	**1:11**			
Support hours per SU per week	**3.31**		**2,25 (1st quartile)** **4.45 (3rd quartile)**	
Hourly Support Rate	**£13.65**		**£19.61**	
Unit cost per week	**£42.13**		**£66.03**	
Grant per staff member/contract price per yr	**£26,340** **£70,592**			
Service 534 Habinteg – **works 9.5 hours a week. 2+years, 18 + Eligible task SP standard. Referrals from social services, health, housing depart. RSL – support to clients on their service –as and when need it – live on site SP pay only for housing related support aspect.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**24**	KPI Score to date **– 100% each quarter** QAF Core avg – **C** QAF Supp avg – **C** Starters – **0** Leavers - **0**		**Green**
Staff: Service user ratio	**1**			
Support hours per SU per week	**0.35**		**2,25 (1st quartile)** **4.45 (3rd quartile)**	
Hourly Support Rate	**£28.03**		**£19.61**	
Unit cost per week	**£11.04**		**£66.03**	
Grant per staff member/contract price per yr	**£** **£13,812**			

Single Homeless

Service 503 Robond **Short Term, All age groups. Eligible task SP standard. Referrals from various agencies. Bond Guarantee Scheme- access to private sector housing.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**30**	KPI Score to date **–95.5% Q1, 98% Q2, 100% Q3** QAF Core avg - **B** QAF Supp avg –**B** Starters - **49** Leavers - **48**		**Green**
Staff: Service user ratio	**1:12**			
Support hours per SU per week	**3.03**		**2.49(1st quartile)** **4.56(3rd quartile)**	
Hourly Support Rate	**£15.60**		**£19.56**	
Unit cost per week	**£47,33**		**£84.54**	
Grant per staff member/contract price per yr	**£30,092** **£74,027**			

Service 522 Thursday Project **Short Term, 16-25 year olds. Eligible task SP standard. Referrals from various agencies.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**51**	KPI Score to date **– 98.4% Q1, 95.4% Q2, 98.4% Q3** QAF Core avg - **B** QAF Supp avg –**B** Starters - **40** Leavers - **37**		**Green**
Staff: Service user ratio	**1:8.5**			
Support hours per SU per week	**4.31**		**2.21(1st quartile)** **3.21 (3rd quartile)**	
Hourly Support Rate	**£19.44**		**£19.23**	
Unit cost per week	**£83.90**		**£57.64**	
Grant per staff member/contract price per yr	**£37,496** **£223,106**			

Teenage Parents

Service 495 Stonham **Short Term, 16-25 year olds. Eligible task SP standard. Referrals from various agencies.**	Contract cost analysis	Performance/QAF Data – 2008-09 Q3	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**14**	KPI Score to date **–100% each quarter** QAF Core avg - **C** QAF Supp avg –**C** Starters -**14** Leavers - **11**		**Green**
Staff: Service user ratio				
Support hours per SU per week	**8.17**		**3.27(1st quartile)** **5.41(3rd quartile)**	
Hourly Support Rate	**£19.86**		**£21.48**	
Unit cost per week	**£162.35**		**£104.30**	
Grant per staff member/contract price per yr	**£36,240** **£118,507**			

Accommodation Based Services:

Mental Health

Service 574 Mind**: Day time staff on site with emergency call out**	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2008-09)	Traffic Light Score- against Regional data
Capacity	**5**	KPI Score to date –100% Q1		**Green**

Staff: Service user ratio	**1:2.5**	QAF Core avg –B QAF Supp avg **–C** Starters - 4 Leavers - **4**		
Support hours per SU per week	**13.6**		**8**	
Hourly Support Rate	**£16.66**		**£19 3rd quartile £22**	
Unit cost per week	**£220.42**		**£150.29 3rd quartile - £182**	
Grant per staff member	**£30,403**			
Service : 536 Action Housing	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2008-09)	Traffic Light Score- against Regional data
Capacity	**14**	KPI Score to date – **100%** QAF Core avg – **B** QAF Supp avg **– C** Starters - 1 Leavers - **1**		**Green**
Staff: Service user ratio	**1:4**			
Support hours per SU per week	**9.25**		**8**	
Hourly Support Rate	**£19.33**		**£19 3rd quartile £22**	
Unit cost per week	**£178.78**		**£150.29 3rd quartile - £182**	
Grant per staff member	**£37,286**			
Service 535: Browning Court	Contract cost analysis	Performance/QAF Data – 2009-10 Q1–	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score- against Regional data
Capacity	**26**	KPI Score to date : 96% 142 QAF Core avg – **A** QAF Supp avg **– A** Starters - 1 Leavers - **3**		**Green**
Staff: Service user ratio	**1:3**			
Support hours per SU per week	**11.38**		**8**	
Hourly Support Rate	**£13.96**		**£19 3rd quartile £22**	
Unit cost per week	**£158.92**		**£150.29 3rd quartile - £182**	
Grant per staff member	**£26,929**			

Learning Disabilities

Contract 186 RMBC Learning Disabilities – 3 services varying rates due to needs etc – 24hr sleep in staff	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**9**	KPI Score to date **–100% 142** QAF Core avg –B QAF Supp avg – C Starters - 0 Leavers - **0**		**Green!**
Staff: Service user ratio	**1:2.5**			
Support hours per SU per week	**14.34**		**13.52**	
Hourly Support Rate	**£19.46**		**£16.71 3rd quartile £15.98**	
Unit cost per week	**£279.27**		**£321.85**	
Grant per staff member/contract price per yr	**£37,450**			
Contract 192 Voyage 24hr sleep in staff	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**32**	KPI Score to date **– 100% 142** QAF Core avg – **B** QAF Supp avg – B Starters - 0 Leavers -0		**Green**
Staff: Service user ratio	**1:3**			
Support hours per SU per week	**10.99**		**13.52**	
Hourly Support Rate	**£11.37**		**£16.71 3rd quartile £15.98**	
Unit cost per week	**£125**		**£321.85**	
Grant per staff member/contract price per yr	**£20,706**			
Contract 216: Mencap 24hr sleep in staff	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**26**	KPI Score to date **– 100% 142**		**Providing**

Staff: Service user ratio	**1:2**	QAF Core avg –B QAF Supp avg – B Starters - 0 Leavers - **0**		**more support hours. Service linked to social service**
Support hours per SU per week	**19.46avg**		**13.52**	
Hourly Support Rate	**£22avg**		**£16.71 3rd quartile £15.98**	
Unit cost per week	**£428avg**		**£321.85**	
Grant per staff member/contract price per yr	**£43,558**			

Homeless Families

Service 507: SYHA Interim – Increased capacity of service at no extra cost to SP	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score – against regional data
Capacity	**39**	KPI Score to date **–94%** QAF Core avg –C QAF Supp avg –C Starters - **31** Leavers - **18**		**Green**
Staff: Service user ratio	**1:9**			
Support hours per SU per week	**3.7**		**5 1st quartile 2.55**	
Hourly Support Rate	**£16.58**		**£16.85**	
Unit cost per week	**£62.47**		**£62**	
Grant per staff member/contract price per yr	**£31,996**			

Teenage Parents

Service 521: YWCA – classed as floating support as work 9-5pm weekdays.	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score- against regional data
Capacity	**20**	KPI Score to date **– 100%** QAF Core avg **-A** QAF Supp avg –A Starters - 4 Leavers **5**		**Green**
Staff: Service user ratio	**1:5**			
Support hours per SU per week	**7.4**		**5 3rd quartile 7**	
Hourly Support Rate	**£20.88**		**£21.77 3rd quartile £25.13**	
Unit cost per week	**£154.53**		**£118.68 3rd quartile £152.57**	
Grant per staff member	**£40,284**			

Domestic Violence

Service 524: Women's refuge	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score- against regional data
Capacity	**10**	KPI Score to date **– 100%** QAF Core avg **- B** QAF Supp avg –C Starters - 10 Leavers **- 11**		**Green**
Staff: Service user ratio	**1:2**			
Support hours per SU per week	**16.98**		**13.56 3rd quartile 17.19**	
Hourly Support Rate	**£20.20**		**£20.19 3rd quartile £24.91**	
Unit cost per week	**£343**		**£313.06 3rd quartile £346.74**	
Grant per staff member	**£38,980**			

Young People

Service 527: Places for People – under 50K provides floating support	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score – against

				regional data
Capacity	**2**	KPI Score to date **– 100%**		**Green**
Staff: Service user ratio	**1:2**	QAF Core avg -B		
Support hours per SU per week	**4.16**	QAF Supp avg –C	**5.38**	
Hourly Support Rate	**£14,84**	Starters - 0	**£20.26 1st quartile £16.19**	
Unit cost per week	**£61.87**	Leavers - **0**	**£99.77**	
Grant per staff member/contract price per yr	**£28,049**			

Older People

Contract 203: Anchor 5 services, annual value £37,773. figures are worked out over 5 services as different rates apply. 1.05 staffing.	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score- against regional data
Capacity	**138**	KPI Score to date **– 995 142**		**Green**
Staff: Service user ratio	**1fte**	QAF Core avg – B		
Support hours per SU per week	**0.28 avg**	QAF Supp avg –B	**0.5 1st quartile 0.29**	
Hourly Support Rate	**£18.18**	Starters - 6	**£14.50 3rd quartile £19.55**	
Unit cost per week	**£5.25**	Leavers - **5 ACROSS ALL SERVICES**	**£9.34 3rd quartile £14.45**	
Grant per staff member/contract price per yr	**£35,938**			

Contract 204: Sanctuary	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score – against regional data
Capacity	**51**	KPI Score to date **– 100% 142**		**Green**
Staff: Service user ratio	**1.09 fte**	QAF Core avg -B		
Support hours per SU per week	**0.74**	QAF Supp avg –B	**0.5 1st quartile 0.29**	
Hourly Support Rate	**£19.48**	Starters - 1	**£14.50 3rd quartile £19.55**	
Unit cost per week	**£14.57**	Leavers - **1**	**£9.34 3rd quartile £14.45**	
Grant per staff member/contract price per yr	**£35,544**			
Contract 208: Housing 21 4 services contract value of £19,145 N.B Varying rates from £10 to £18 per hour and weekly from £2 to £5??	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**107**	KPI Score to date **– 97% 142**		**Green**
Staff: Service user ratio	**0.8fte**	QAF Core avg - B		
Support hours per SU per week	**0.26**	QAF Supp avg – **C**	**0.5 1st quartile 0.29**	
Hourly Support Rate	**£13.14**	Starters - 5	**£14.50 3rd quartile £19.55**	
Unit cost per week	**£3.44**	Leavers -4 ACROSS ALL SERVICES	**£9.34 3rd quartile £14.45**	
Grant per staff member/contract price per yr	**£23931**			
Contract 209: NCHA 3 services at different rates, support hours per client. Total value of contract £74,039 classed as day time staff with call out.	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**76**	KPI Score to date **– 100% 142**		**Amber**
Staff: Service user ratio	**2.28fte**	QAF Core avg - C		
Support hours per SU per week	**1.08 avg**	QAF Supp avg –B	**1.44 3rd quartile 1.05**	
Hourly Support Rate	**£17.22**	Starters -0	**£12.92 3rd quartile £16.30**	
		Leavers - **0 ACROSS ALL SERVICES**		

Unit cost per week	**£18.73**		**£13.05, 3rd quartile £15.56**	
Grant per staff member/contract price per yr	**£32,473**			

Contact 210: Places for People - 2 services on this contract to value of £79,153.73. Staffing: 2.10. Warden support on site.	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**84**	KPI Score to date **– 96% 142** QAF Core avg - B QAF Supp avg –C Starters - 5 Leavers – **4 ACROSS BOTH SERVICES**		**Green!**
Staff: Service user ratio				
Support hours per SU per week	**.90**		**2.29 1st quartile 0.5**	
Hourly Support Rate	**£19.90**		**£9.64 3rd quartile £10.65**	
Unit cost per week	**£18.12 – avg over services**		**£14.88 3rd quartile £18.52**	
Grant per staff member/contract price per yr	**£37,692**			
Contract 213: RMBC Sheltered not Community Alarm side – 3 services at value of £401,963. warden on site	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**2460**	KPI Score to date **– 99% 142** QAF Core avg - C QAF Supp avg –C Starters -55? Leavers - **18?** **ACROSS ALL SERVICES**		**Green**
Staff: Service user ratio				
Support hours per SU per week	**0.77avg**		**2.29 1st quartile 0.5**	
Hourly Support Rate	**£10**		**£9.64 3rd quartile £10.65**	
Unit cost per week	**£8.61**		**£14.88 3rd quartile £18.52**	
Grant per staff member/contract price per yr				

Contract 212: Jonnie Johnson 2 services with contract value of £73,993.	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score – against regional data
Capacity	**159**	KPI Score to date **– 100% 142** QAF Core avg - B QAF Supp avg –B Starters - 6 Leavers - **7** **ACROSS BOTH SERVICES**		**Green**
Staff: Service user ratio	**2.6fte**			
Support hours per SU per week	**0.61avg**		**1.44 3rd quartile 1.05**	
Hourly Support Rate	**£14.59**		**£12.92 3rd quartile £16.30**	
Unit cost per week	**£8.94 avg over services**		**£13.05, 3rd quartile £15.56**	
Grant per staff member/contract price per yr	**£28,458**			
Contract 227: ECH contract worth £226,941 – subsidy	Contract cost analysis	Performance/QAF Data – 2009-10 Q1	CLG Regional – Yorkshire and Humber Mean (2007-08)	Traffic Light Score
Capacity	**115**	KPI Score to date **– NEW CONTRACT NO INFO YET.** QAF Core avg – C QAF Supp avg – **C** Starters – Leavers -		**Amber**
Staff: Service user ratio	**1:23**			
Support hours per SU per week	**1.6**		**1.28 3rd quartile 1.43**	
Hourly Support Rate	**£23.59**		**£16.39 3rd quartile £20.07**	
Unit cost per week	**£37.95**		**£23.48 3rd quartile £30.33**	
Grant per staff member/contract price per yr	**£45,388**			

Appendix 3 National Indicators supported by Rotherham Supporting People Programme

National indicator description	Services relevant to delivering the indicator	Relevance rating: * Minor role supporting partner agencies e.g. getting users into employment ** Major role supporting partners e.g. getting users into accommodation *** Lead responsibility
<u>Safer Communities</u>		
NI 18 Adult re-offending rates for those under probation supervision	Offender supported housing and floating support services, substance misuse	**
NI 19 Rate of proven re-offending by young offenders	Young people at risk accommodation services	**
NI30 Re-offending rate of prolific and priority offenders	High Priority Offender service	**
NI32 Repeat incidents of domestic violence	Women's refuge and floating support services	**
NI38 Drug related (Class A) offending rates	Offender supported housing and floating support services for substance misusers	**
NI 39 Alcohol-harm related hospital admission rates	Alcohol floating support service	*
NI 40 Drug users in effective treatment	All short-term services accepting drug misusers	**
NI 45 Young offenders engagement in suitable education, employment or training	Young people at risk accommodation-based provision	*
NI 46 Young	Young people at risk accommodation-based provision	**

offenders access to suitable accommodation		
<u>Children and Young people</u>	Homeless prevention services (to be commissioned 2008-13 see commissioning priorities)	**
NI 112 Under 18 conception rate	All young people at risk accommodation-based services	*
NI 115 Substance misuse by young people	All young people at risk accommodation-based services	*
NI117 16-18 year olds who are not in education, training or employment		
<u>Adult Health and wellbeing</u> NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	All non local authority and local authority sheltered housing, community alarm services and home improvement agency services	**
<u>Tackling exclusion and promoting equality</u>	All KPI 2 (short-term) services	***
NI 141 Number of vulnerable people achieving independent living	All KPI 1 (long-term) services	***
NI 142 Number of vulnerable people	All offender services	

who are supported to maintain independent living		**
NI 143 Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence	All offender services	*
	All learning disability services	**
NI 144 Offenders under probation supervision in employment at the end of their order or licence	All learning disability community support services	*
NI 145 Adults with learning disabilities in settled accommodation	Care leaver services	**
NI 146 Adults with learning disabilities in employment	Care leaver services	*
NI 147 Care leavers in suitable accommodation	Mental health accommodation-based services	**
NI 148 Care leavers in employment		
NI 149 Adults in contact with secondary mental health services in settled accommodation	Mental health accommodation-based services	*
NI 150 Adults in contact with secondary mental health services in employment	Short-term accommodation based services provide a principle way of reducing the use of temporary accommodation such as B&B in the borough	***

NI 156 Reducing the amount of temporary accommodation in the borough <u>Environmental sustainability</u> NI 187 Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating	Home Improvement Agency services	** *

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet Member for Health and Social Care**
2.	**Date:**	**7th December 2009**
3.	**Title:**	**Care Quality Commission (CQC) Annual Performance Assessment, 2009**
4.	**Directorate:**	**Neighbourhoods and Adult Services All Wards Affected**

5. **Summary**

This report summarises the result and findings of the 2008 social care Annual Performance Assessment (APA) process for Rotherham conducted by CQC (Care Quality Commission) which was published on the 2nd December 2009.

CQC have assessed the quality of services as a Grade 4: 'Performing excellently', where '**people who use services find that services deliver well above minimum requirements**' and that this is 'a service that overall delivers well above minimum requirements for people, **is highly cost–effective and fully contributes to the achievement of wider outcomes for the community**'.

This result recognises the outstanding step change improvements made within adult social care over the last 3 years.

6. Recommendations

That Cabinet Member notes the outcome of the assessment.

That Cabinet Member endorses the 'Sustaining Excellence Plan' put in place to improve the areas for development identified within the report.

That Cabinet Member takes this report to the next Cabinet meeting which is a requirement of CQC.

That Cabinet Member notes that this report will be shared with the Councils external auditors (KPMG), which is also a requirement of CQC.

7. **Proposals and Details**

The Annual Performance Assessment (APA) process undertaken by the Care Quality Commission (CQC) on adult social care services is based upon a comprehensive analysis of performance and financial data which is based upon 16 statutory information collections, a Self Assessment process, 3 Routine Business Meetings and culminating in an Annual Review Meeting which took place on the 12th August 2009.

The 2009 adult social care Annual Performance Assessment (APA) identifies that Rotherham is '***Grade 4: Performing excellently***' Authority which, based upon a slightly different and now a harder test assessment methodology, is an improvement on the score achieved in 2008. The judgements are made on a sliding scale of 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

The following outcomes are just some of the reasons why CQC have rated the adult social care service as 'performing excellently' this year. Progress made includes;

- Investigating an additional 275 safeguarding referrals during the year and training 2,000 staff to make people safer and feel safer,
- Social workers undertaking an additional 1,297 pieces of activity compared to the previous year meaning that we are able to change care packages as and when people's lives change,
- We have reduced the average length of stay in 'intermediate care' services from 55 days to 35 days meaning that people are going home quicker and staying at home which is where the vast majority of people want to be,
- 837 vulnerable people were given help through assistive technology such as bogus caller alarms targeting the elderly,
- The Consultation Cafe involved over 250 users of Meals on Wheels in a direct consultation - 97 % satisfaction rating from our customers.
- An additional 1,168 disabled people were provide with minor equipment this year to help them to continue to live independently,
- Waiting times for Occupational Therapy assessments has improved from 20 months to 7 weeks,
- The Council is helping 132 more people to live at home and carried out 219 more assessments on carers than last year,
- High levels of customer satisfaction for services,
- There have been significant improvements in waiting times for new social care assessments and care packages, and
- There was a reduction of 54 older people admitted to permanent residential and nursing care last year as they were able to remain at home.

Adult social care services are assessed under the methodology of the Social Care Outcomes Framework. The CQC report sets out high level messages about areas of strength and areas for development for the next 12 months. The judgements are made under the following outcome areas;

- 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, and a separate and now unscored judgement relating to;
- Leadership, and
- Commissioning and Use of Resources.

Of the 7 areas that CQC have scored, 4 of these are rated as 'performing excellently and 3 areas are rated 'performing well'. The CQC report shows evidence of improvement across every outcome area and this continues our improvement trajectory shown in the table below.

Areas for judgment	**Grade awarded 2007**	**Grade awarded 2008**	**Grade awarded 2009**
Performance Rating	**Performing Well**	**Performing Well**	**Performing Excellently**
Improved health and emotional well–being	Well	Excellently	Excellently
Improved quality of life	Adequately	Well	Well
Making a positive contribution	Excellently	Excellently	Excellently
Increased choice and control	Adequately	Well	Well
Freedom from discrimination and harassment	Well	Excellently	Excellently
Economic well-being	Well	Well	Excellently
Maintaining personal dignity and respect	Adequately	Well	Well

The key areas of strength affecting people using our services noted within the CQC report are:

- Working with partners the council can demonstrate improvement in the differences in how healthy people are.
- The council has a range of information on healthy living and the activities to promote health.
- The council can demonstrate positive end results for people who use intermediate care and reablement services.
- Provision of assistive technology to promote the safety and well-being of people in their own homes.
- The council's work with other organisations in reducing crime and making people feel safer.
- The council's approach to customer services and the way they listen to customers.

- The council's approach to working with carers and setting up systems that support direct payments for carers
- The development of a single point of contact through Assessment Direct
- The high number of direct payments for carers
- The attainment of the Cabinet Office Customer Service Excellence and compliance with level 5 of the Local Government Equality Scheme.
- Implementing the neighbourhood 'no calling zones'.
- Improving access for older people from BME communities.
- The council's systems and processes to support and advise the people of Rotherham and carers in accessing employment and managing their finances.
- The council has raised the profile of adults safeguarding and made good progress in raising awareness.
- The council can demonstrate that it manages incidents of institutional abuse and poor standards of care.
- The council can demonstrate that it is fulfilling its duties as a supervisory body in relation to the deprivation of liberty standards.

The key areas for development identified within the report are contained within our 'sustaining excellence plan'. 9 out of the 13 areas are 'continue to' recommendations which acknowledge the progress we have made and that CQC will be ensuring that they keep a close eye upon over the next 12 months. Our areas for development are:

- The council should continue to work with NHS Rotherham in sustaining improvements in the differences in how healthy people are and to ensure that the pace of improvement is in line with national comparators.
- Continue to review and implement the findings from the review of the use and availability of adaptations and equipment and the timeliness of care packages.
- Continue to work on developing the market management strategy in order to identify gaps in the market and further support work on its services that are tailored to meet people's own individual needs agenda.
- Continue to implement the recommendations from the CQC's Service Inspection in July 2009.
- To increase the number of assessments completed within 4 weeks and the numbers of first contact assessments to ensure people receive packages of care in a timely manner.
- To ensure that people with a physical disability and/or sensory impairment can access and use an individual budget.
- To continue the council's work with the Young Adult Transitions team within the physical disability service, to ensure young adults from the age 14 years onwards receive the care in a safe and timely manner.
- Continue to implement the finding from the Service Inspection for the development of advocacy services for all groups of people.
- Continue to invest in technology to support people feeling safe at home.
- Continue its activities to get more people with a mental health problem into employment.
- To increase employment for people in vulnerable groups.
- To address all of the recommendations from the Service Inspection relating to safeguarding arrangements.
- To continue work to ensure the council fulfils its duties as a supervisory body in relation to the deprivation of liberty standards.

8. **Finance**

The report shows the progress we are making in relation to commissioning and financial management. The grading that we have achieved is based upon the delivery of highly cost-effective services which fully contributes to the achievement of wider outcomes for the community'.

9. **Risks and Uncertainties**

The main risk is that the Council does not continue to improve services and this may lead to a deterioration in service quality and in our annual assessment ratings. We have held a business meeting with CQC on the 20th November 2009 and they expect us to continually strive to deliver excellent services within the resources available.

The Directorate's Service Plan and Sustaining Excellence Plan shows how this risk will be mitigated and we have a strategic objective to improve the performance of services which we believe are not yet achieving the standards of the very best. Progress against these actions are monitored and reported monthly to the Directorate Management Team and through updates to the Chief Executive as part of our Year Ahead Commitments.

The Directorate will also be approaching this year's budget setting process with a focus on delivering savings for the Council but ensuring that we sustain our 'performing excellently' rating and achieving an improvement in one outcome area which is currently rated as 'performing well'.

10. **Policy and Performance Agenda Implications**

The Annual Performance Assessment (APA) methodology changed in 2009. The main change was the removal of the star rating. The judgements on the 'leadership' and 'commissioning and use of resources' elements of the old scoring system are also no longer scored individually but are instead used to inform the borough's Comprehensive Area Assessment (CAA) rating in 2009.

11. **Background Papers and Consultation**

Service users, carers, staff and partner organisations were involved in providing evidence to the Care Quality Commission as part of this year's assessment process.

The Cabinet Member and Chief Executives of Rotherham MBC and NHS Rotherham were required to 'sign off' our self assessment and this was reported to the Cabinet Member for Health and Social Care on the 28th September 2009.

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

Appendix 1: Sustaining Excellence Plan

Contact Name: Tom Cray, Strategic Director for Neighbourhoods and Adult Services
Ext. 3401 Email: tom.cray@rotherham.gov.uk

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 1 – Improved health and wellbeing			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
The council should continue to work with NHS Rotherham in sustaining improvements in the differences in how healthy people are and to ensure that the pace of improvement is in line with national comparators. (Chrissy Wright)	• A joint Council and NHS Rotherham performance clinic is being held on 12th November on the National Indicator 120: All Age, All Cause Mortality/Life Expectancy. This is being chaired by the Chief Executive of NHS Rotherham. The outcome is to review the existing Health Inequalities Action Plan and Strategic Plan, to review progress and to establish new priorities. • Neighbourhoods and Adults Services are working closely with NHS Rotherham and Director of Public Health to prepare and respond to swine flu pandemic and surge planning. • We are currently working closely with the Health Community to integrate the falls screening assessment tool into practice – in the assessment, care management services and Independent Living. The adoption of the Falls Risk Assessment Tool will increase opportunities to prevent falls for older people at the earliest opportunity. The Falls Service Development is an objective contained within the NSF Standard 6.	• A centre to tackle obesity opened in Rotherham on the 6th November 2009. The Rotherham Institute for Obesity is part of a programme by NHS Rotherham which will see £3.5m invested over the next three years to tackle the problem. Based at Clifton Medical Centre, it will offer a gym, cooking classes and specialist support services. The centre has specialist staff such as obesity nurses and dieticians. • As many as 53 young people from Rotherham took part in the Carnegie Weight Management Camp, held for the second year, and lost an impressive 53 stones between them. • 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. Implementing the 'Active Always Keep Moving' - a gentle exercise class resulted in reported improvements in mobility; increased social interaction and improved overall well-being and general promotion of independence within care settings. There are two training programmes underway and 13 specially trained instructors.	February 2010
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			
Jointly agree with NHS Rotherham a review of and delivery mechanism for the delivery of community based services	• Review of Intermediate Care draft report completed by NHSR in conjunction with RCHS and our managers. • Review of Community Equipment Services commenced in November 2009. ➢ ToR has been agreed with partners	• Savings of £110k targeted for negotiations with NHS Rotherham. • Intermediate Care Contract agreed.	March 2011

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 1 – Improved health and wellbeing			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
(Chrissy Wright)	and the Provider. ➢ Scoping exercises have begun lead by the Joint Commissioning team. ➢ Completion date will need to be revised to incorporate emerging issues relating to reconfiguration of the maintenance service arrangements for lifting equipments accessible to customers. • Review of rehabilitation services across health and social care has commenced. • OT Contract has been agreed and signed with RCHS (with capacity for spot purchasing). • Joint PDSI Strategy on course for completion – reviews of all out-of-area placements underway and finance secured for re-provision. • Customer Consultation on Joint Strategy planned for December 2009 • Review of future commissioning intentions will be informed by the Strategy, and by performance against contract outcomes. Consultation to commence with NHSR/RCHS in November 2009 on provision of Community OT Services from April 2010, with an option to tender and externalise provision.		
Expand joint world class commissioning arrangements and produce a joint sustainable market management plan for all user groups with NHS	• New ADASS Regional Commissioning Development Programme in development (launch 25th September) and all NAS Commissioning Managers will attend the programme over the next year. • The Programme will support regional partners through dedicated support to Market	• Event attended, and places booked on Programme. • New Strategic Commissioning Structure drafted taking account of required financial efficiencies for 2010/11 – strengthening the commissioning function and separating strategic commissioning and procurement management.	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 1 – Improved health and wellbeing			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Rotherham (Chrissy Wright)	Development; a Regional Intelligence Unit; and Action Learning Sets. • A Sub-Regional (Doncaster/Barnsley/Rotherham) Strategic Commissioning Network is planned – but the first meeting has not been arranged. A Regional Commissioning Co-ordinator working with ADASS will scope regional capacity, develop intelligence; and liaise with Y&H PCT Commissioning Forums; to help inform local commissioning activity. • Following decision from Cabinet Member (9th November 2009) on future of VCS Providers with contracts ending in April 2010, the overall Market Facilitation Plan to be updated (December 2009) and shaped to meet the needs of each community of interest as defined through the separate Commissioning Strategies (March 2010).	• EFQM Reviews on all VCS/Third Sector Providers with contracts ending in April 2010 completed. Report to Cabinet Member on proposed changes to VCS/Third Sector Commissioning, to prepare the sector for personalisation over the next three years, and also to deliver efficiencies (9th November 2009).	
Fundamentally review the governance and financial management arrangements in place with commissioned services delivered in partnership with NHS Rotherham, RDaSH and the Community and Voluntary Sector (Chrissy Wright)	• NHSR is awaiting DH feedback on the NHS Contract. There is still considerable difficulty aligning responsibility for personalisation of social care services with the NHS Service Specification and the emerging NHS Care Packages and Pathways model (to facilitate PbR). MH Commissioning Managers to continue to attend the Y&HPCT MH Commissioning Collaborative to progress this and to jointly consider the above implications. They are working towards a joint Performance Management Framework for ongoing work with the Mental Health Trust (RDASH), and attend respective formal partnership meetings.	• New Strategic Commissioning Structure drafted taking account of required financial efficiencies for 2010/11 – strengthening the MH commissioning function and separating strategic commissioning and procurement management. • EFQM Reviews on the MH VCS/Third Sector Providers with contracts ending in April 2010 completed. Report to Cabinet Member on proposed changes to VCS/Third Sector Commissioning, to prepare the sector for personalisation over the next three years, and also to deliver efficiencies (9th November 2009).	April 2011

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 1 – Improved health and wellbeing			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	• MH Commissioners are developing a formal policy for s117 arrangements which will require joint financial commitment to community-based services. Proposal to recruit a Project Lead to develop the policy/options appraisal is to be presented to NHSR Management Executive and to NAS DMT in November. Draft Action Plan and Communications Plan prepared by NHSR MH Programme Lead. s117 Policy to be approved by April 2010. • A similar understanding will be developed before April 2010 around supported living/rehab services/ and personalisation (community based day/support) services. • Planned report to Adult Planning Board outlining the timelines and intentions for the formal Partnership Agreement/Performance Framework/ and the Joint Strategy. • Following decision from Cabinet Member (9th November 2009) on future of VCS Providers with contracts ending in April 2010, a draft Market Facilitation Plan for MH Services will be produced (December 2009). New Contracts will be strengthened using the Supporting People Programme model contract/QAF/ and outcomes monitoring. The Market Plan will include all MH provision including In-House and that funded through the Supporting People Programme.		
Work with NHS Rotherham on review of community services, from a 'whole system'	• Review of Intermediate Care draft report completed by NHSR in conjunction with RCHS and H&WB managers. • Scoping of integrated teams and feasibility	• Savings of £110k targeted for negotiations with NHS Rotherham. • Intermediate care contract agreed.	Sept 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 1 – Improved health and wellbeing			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
perspective (Chrissy Wright)	has commenced. • Review of Community Equipment Services commenced in September 2009. • Review of rehabilitation services across health and social care has commenced. • OT Contract has been agreed with NHSR to be signed with RCHS in November 2009 (with capacity for spot purchasing). • Joint PDSI Strategy on course for completion – reviews of all out-of-area placements underway and finance secured for re-provision. • Customer Consultation on joint Strategy planned for December 2009 • Review of future commissioning intentions will be informed by the Strategy, and by performance against contract outcomes. Consultation to commence with NHSR/RCHS in November 2009 on provision of Community OT Services from April 2010, with an option to tender and externalise provision.		

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 2 – Improved quality of life			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Continue to review and implement the findings from the review of the use and availability of adaptations and equipment and the timeliness of care	• The Joint Equipment Service is a partnership agreement between RMBC and NHSR. This review will inform a new way of making aids and equipment accessible to disabled customers which supports choice and control.	• Terms of Reference has been agreed with partners and the Provider. • Scoping exercises have begun, lead by the Joint Commissioning Team. • Capital bid made for 8% increase within the Councils Capital Programme for 2010/11 to reduce waiting times.	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 2 – Improved quality of life			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
packages. (Dave Richmond)			
Continue to work on developing the market management strategy in order to identify gaps in the market and further support work on its services that are tailored to meet people's own individual needs agenda. (Chrissy Wright)	• Following decision from Cabinet Member (9th November 2009) on future of VCS Providers with contracts ending in April 2010, the current Market Facilitation Plan will be updated (December 2009) and shaped to meet the needs of each community of interest as defined through the separate Commissioning Strategies (March 2010). • A series of papers "Commissioning for Personalisation" for DMT and where appropriate to Cabinet Member, planned from November 2009 to March 2010 to inform decision-making and drive forward changes. The first paper described (above). • Plans to review the procurement timetable for Supporting People Services, to extend existing contracts over two years to allow alignment with personalisation will be presented to DMT and Cabinet Member in November and December. • A series of Provider events to be planned to consult on changes and to support the sector in preparing for personalisation.	• Consultation on future Supporting People Procurement Framework concluded in September 2009, and feedback to the SP Commissioning Group in November. Draft Procurement Timetable agreed. • Commissioning for Personalisation Provider Event held (6th November), attended by 50 providers from 20 organisations.	
Encourage partner agencies to diversify their services to enable them to provide more preventative services to people with physical disabilities and/or sensory impairments. (Service inspection)	• Through the implementation of the strategic approach to commissioning and inline with the achievement of personalisation for PDSI services to include the development of preventative services. • Commence holding a series of visioning events with partners to develop strategic approach to commissioning. • With partners put in place a Commissioning	• Inspection report presented to Professional Executive. Safeguarding Adults Board and Adults Board to inform agencies of their responsibilities within the plan. • Our objectives and priority actions contained within the draft prevention strategy for Rotherham, currently subject to consultation with	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 2 – Improved quality of life			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
(Chrissy Wright)	Strategy for PDSI including preventative services.	stakeholders, are to: (1) influencing investment in all universal services, (2) joint investment into lower level prevention, (3) maximising the return of investment in existing prevention services, (4) mapping the VCS expenditure for services not known to Adult Social Care, (5) producing a neighbourhood directory of services and (6) designing the delivery infrastructure for prevention.	
Support more people with physical disabilities and/or sensory impairments to live independently in the community. (Service inspection) (Chrissy Wright)	• Work with partners to increase the availability of housing related support and diversify services to enable more people to live independently in the community. • Commissioning strategy for PDSI.	• Occupational therapy waiting times for an assessment have decreased from a cumulative 81 days in 2008/09 to 18 days at the end of the second quarter of 2009/10. • There are currently 165 PDSI users receiving a personal budget (including direct payments), the largest service user group. This is more than the IPF average.	March 2010
Ensure that hospital discharges for people with physical disabilities and/or sensory impairments are undertaken in a timely manner. (Service inspection) (Shona McFarlane)	• Review the discharge pathway and identify opportunities to improve the process through offering choice and providing information when being discharged from hospital. • BPR of assessment and care management services to identify efficiencies and stream line work. • Improve communication between agencies through improved customer pathways in place.	• Delayed discharges, which were an issue towards the end of last year due to longevity of the hospital 'red bed' status, have now been managed by improving capacity by recruiting 5 social workers to the hospital team and placing customers onto the home care enabling service. • Neighbourhoods and Adult Services are negotiating the detail of the Integrated Surge Plan as part of our responsibilities for the swine flu pandemic. These discussions also include dialogue about the treatment of reimbursements during a civil contingency and we are seeking ADASS guidance on this matter. • Our responsibilities under the Surge Plan include prioritising effective and full social work capacity at the hospital and utilising intermediate care and residential care facilities to support accelerated	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 2 – Improved quality of life			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
		discharge. • We are monitoring the weekly bed capacity within both ours and the independent sector care homes. This will move to daily monitoring when we receive the surge trigger.	
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			
Complete an action plan and deliver against the lessons from the external inspection of Adult Social Care in service delivery (Shona McFarlane)	• Action plan has been developed in response to the inspection. • Review group meetings in place involving key partners.	• Action plan endorsed by CQC Service Inspector, Safeguarding Adults Board and NHS Professional Executive.	December 2009
Achieve successful outcomes from social care inspections (Chrissy Wright)	• 'Performing well' ratings received for outcomes 4 and 7, and 'performing adequately' for outcome 2. Inspection Draft Report submitted to Council by CQC • Report, improvement plan and presentation by CQC to be held on 23rd September	• Improvement plan in place to improve outcomes for service users.	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 3 – Making a Positive Contribution			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
None			
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			

Reshape and direct services in answer to local surveys and engagement i.e. Place Survey, Your Voice Counts etc.
(Chrissy Wright)
	• Our 'Learning from Customers' engagement initiatives including mystery shopping (real customers testing services), Home Truths customer video diaries, customer satisfaction testing and Visioning Days have contributed to service improvements which are communicated through our customers told us…we have…publicity campaign.
	• Based on Customer Service Excellence good practice guidance and by understanding our customers' journeys we have reviewed and introduced new customer satisfaction surveys across over forty customer facing teams. Questionnaires focus on what most drives customers' satisfaction. This includes the following key drivers – Delivery, Timeliness, Professionalism, Information and Staff Attitude.
	• Personal Social Service User Experience Surveys have been carried out in 2008/09 including:
	  ○ User Experience Survey of adults aged 18 and over receiving community equipment and minor adaptations funded by Social Services
	  ○ Home Care User experience survey (report currently being finalised)
	• A Visioning Event was held in October 2009 with staff and partners from Police and Health services to receive feedback from Mori from
		Over the last 12 months we have achieved improvements in satisfaction levels; for example:
		• 97% of customers are satisfied with the advice and information given when they have contacted Assessment Direct. (improved from 86%)
		• 95% of customers are satisfied with access to the service (improved from 74%)
		• 86% of customers are satisfied with support form the first point of contact (improved from 68%)
		• 94% of customers are satisfied that they feel safe as a result of the Safeguarding Adults service which we provide. (improved from 84%)
		• 94% of customers are satisfied with the way we deal with Safeguarding cases (improved from 83%)
		• 100% of customers are satisfied with the assessment they received from our Assessment and Care Management Teams. (improved from 91%).
		• 96% of customers feel services have improved their quality of life (improved from 89%)
		• 96% of customers feel they are helped to feel safe. (improved from 84%)
		• 100% of customers are satisfied with the overall level of customer service which they receive. (improved from 71%)
		
		Results are currently being collated following the Meal Provider survey conducted in October 2009. Future plans have been identified to implement systems for ongoing satisfaction testing and learning from customers initiatives.
			March 2011

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 3 – Making a Positive Contribution			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	the Place Survey. Results were fed back relating to the 7 Area Assemblies within Rotherham to focus on locality issues and improvements. • 'Impact Surveys' conducted through door knocking questionnaires are carried out by Neighbourhood Partnership staff, Safer Neighbourhood Teams and Customer Inspectors in targeted areas to identify priorities around crime, anti-social behaviour and customer perceptions of their community.	Future Surveys: • Carers User Experience Survey (Nov 09) • Adult Lifestyle Survey capturing adults aged 50 to 65 (2010) Example Headline Results: • 95% of customers said that they are satisfied with the item of community equipment or minor adaptation which they had received. • 93.9% of customers said that the equipment of minor adaptation they had received had made their quality of life better. • 96.6% of people said that they were happy with how they had been treated by the person who had discussed their needs. The Visioning Event identified that actions for improvement mirrored priorities within the Neighbourhood Partnerships 'Area Plans' which are currently being delivered against. The event also identified target areas for improvement such as, actions to improve how safe people feel in the town centre after dark and strengthening key messages around Safer Neighbourhood Teams and Neighbourhood Partnerships to raise their profile. The Neighbourhood Partnerships are now undertaking localised, indepth consultation to produce specific community outcomes that are unique to their areas and can be addressed through their area plan and community charter. An Impact Survey that was conducted in July 09 in	

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 3 – Making a Positive Contribution			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
		the Wentworth Valley area identified issues around youth nuisance and anti-social behaviour. Results were presented to the Neighbourhood Partnership who have identified actions for improvement with partners which will be delivered against within 6 months. The team will re-visit the area in February 2010 to gain customer perceptions around improvements and the impact on their community. Home Truths video diary is currently being carried out following the whole journey of a new Impact Survey including from the first stage of discussing why a particular area has been chosen to seeing improvements and outcomes in action.	

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 4 – Increased choice and control			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
To continue the council's work with the Young Adult Transitions team within the physical disability service, to ensure young adults from the age 14 years onwards receive the care in a safe and timely manner. (Shona McFarlane)	• Review effectiveness of current transition arrangements. • Create one single transitions process by merging with best practice undertaken within LD service.	• New transitions service in place. • Residential care uplifts agreed as part Medium Term Financial Plan. • Timeliness of new assessments undertaken within 28 days has increased from 51% last year to 62% currently. Timeliness of new care packages remains the same (87%).	March 2010
Continue to invest in technology to support	• Telecare purchasing plan in place. • NHSR have £200k Strategic Capital Grant	• Keeping people safe is at the heart of our telecare purchasing plan.	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 4 – Increased choice and control			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
people feeling safe at home. (Chrissy Wright)	Funding remaining for equipment. • We have funding of £100k which will be spent on assistive technology by the end of the financial year.	• There have been 616 new installations so far this year, 111 more than in the same period last year.	
To increase the number of assessments completed within 4 weeks and the numbers of first contact assessments to ensure people receive packages of care in a timely manner. (Shona McFarlane)	• KPI Action Plans in place. • RDaSH reporting every month instead of at the end of the year. • Corporate performance clinics held. • Resources for 2 new social workers in PDSI team agreed.	• Performance on NI 132 is 73% compared to 70% last year. • Performance on NI 133 is 87% compared to 72% last year (applying the new definition which includes the 18-64 age group).	March 2010
Ensure that all care planning is holistic and outcome focused, and aims to meet people's aspirations as well as basic care needs. (Service Inspection) (Shona McFarlane)	• Put in place a framework to ensure that all care plans are holistic and outcome focused and are based on people's wider needs or aspirations. • Development of case file standards and audit processes. • Skills audit and gap analysis for staff and team managers. • Targeted training and development opportunities for staff on outcomes.	• In process of formulating a new assessment/RAS document. • Case file standards have been compiled. • Audit of case files to commence to ensure quality standards.	March 2010
Ensure that information is made accessible to all people with physical disabilities and/or sensory impairments. (Service Inspection) (Chrissy Wright)	• The PDSI Learning from Customers Forum & Customer Inspection Service carried out a range of mystery shopping and audits of access to services and information to identify improvements. • Review of customer information, in conjunction with the PDSI Learning from Customers group carried out to implement a	Example improvements and achievements: • Customer Service Excellence achieved July 2008 and retained July 2009 (continuous compliance inspection). Criteria 3 focuses on 'Information & Access'. • Safeguarding Aftercare pack in CD format for visually impaired customers. • VI information in a CD format.	December 2009

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 4 – Increased choice and control			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	suite of information in accessible formats. • Work was undertaken to improve the accessibility of services for deaf and hard of hearing customers to achieve the RNID Louder than Words accreditation. This included 'How to Communicate Effectively' training with staff; improving information about our products that is readily available and fully accessible; physical changes to receptions and buildings.	• Personalisation information in CD format. • How can I get help directory Version 2 hard copy and update the CD. • Website – development of galaxy sites in alternative formats i.e. signing for deaf and hard of hearing, introduction of video's, photographs, pod casts, web casts, blogs and twitter feeds. • Produce in 5 different languages the following information; Direct Payments booklet, VI Information, Hard of Hearing Information, Safeguarding Aftercare pack, Safeguarding flyers, How can I get help posters, Personalisation information and Self Directed Support. • 'Help in Hands' website information database containing information on community groups, Adult Social Care, NHS Rotherham, Housing, Safeguarding, Voluntary and Community Sector services in and around Rotherham (in partnership with Rotherham Libraries) • PDSI How Can I Help service directory for people with a physical disability or sensory impairment booklet produced, including the production of a CD for blind customers. • Louder than Words Charter Mark (June 2009) • Social Care Information pack produced • Deaf and Hard of Hearing Information Pack produced including easy read and large print • Visually Impaired Information Pack produced and available in Braille and large print March 2009 • Rotherham's Access Guide for Visitors also available in Braille June 2009 • Text to Tell introduced for feedback and reporting Safeguarding incidents	

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 4 – Increased choice and control			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
		• Alternative Meal Providers – some companies provide CD's • Safeguarding Leaflet – easy read large print produced • Safeguarding pocket size pull out leaflet • A Guide to Residential and Nursing Care updated October and April 2009 • Satisfaction with information and advice given has increased from 86% to 97% Example future literature we are looking at as defined by customers: • Signing of key website information • NHS Keep on the Road Booklet • Personalisation is Here leaflet • Easy Read Complaints Leaflet	
Ensure advocacy services are developed and accessible for people with physical disabilities and/or sensory impairments. (Service Inspection) (Chrissy Wright)	• Through the implementation of the Advocacy Strategy further develop independent advocacy services in Rotherham for people with physical disabilities and sensory impairments. • Agree the PDSI advocacy strategy. • Commission PDSI advocacy services	• The advocacy strategy currently out for consultation. • Advocacy contracts to be reviewed with a specific objective to develop independent advocacy services for the PDSI group.	June 2010
Continue to implement the finding from the Service Inspection for the development of advocacy services for all groups of people (Chrissy Wright)	• Through the implementation of the Advocacy Strategy further develop independent advocacy services in Rotherham for people with physical disabilities and sensory impairments. • Agree the PDSI advocacy strategy. • Commission PDSI advocacy services	• Scoping of current advocacy services within Rotherham showing a lack of services for PDSI group, Carers and Older People. • Consultation carried out with VCS partners looking at capacity in third sector with a view to increasing use of ULO's • We are currently looking at funding arrangements available to develop advocacy services for PDSI group.	June 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 4 – Increased choice and control			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Develop services for family carers to ensure they are offered a carers assessment and are offered flexible respite services. (Service Inspection) (Chrissy Wright)	• Develop and agree a strategic commissioning approach for carers that include delivery of effective carers assessments. • Targets set for increase in carers assessments through employment of three carers officers. • Performance management arrangements in place to ensure the increase in carer's assessments. • Monitor outcomes for carers through quality checks and case file audits. • Ensure all assessments are followed up by a review.	• Performance on carers assessments improving – 196 more assessments undertaken than at this time last year. • Recruitment to 3 new Carers Assessment Officers. • Development of carers centre presented to Cabinet Member 9th November 2009. • We have mainstreamed the carers emergency service increasing access to the emergency respite scheme and reinvesting savings (£30k) into the carers centre. • Continuation of the Direct Payments Scheme for Carers being put forward to increase choice and option and flexibility of support to carers. A total of 400 carers a year will have access to a direct payment grant from this additional funding.	March 2010
Develop services to ensure people who are lesbian, gay, bisexual and transgender are effectively supported. (Service Inspection) (Chrissy Wright)	• Put in place an effective learning from customer framework to engage and develop services with people who are lesbian, gay, bisexual and transgender. • Identify gaps/scope of improvements needed. • Work with forums to put in place framework which ensures that people who LGBT are fully involved in service development. • Hold a visioning session to look at NAS services or other accessible consultation framework following initial consultation with current LBGT forums and others. • Ensure that Equalities training for front line staff identifies the needs of LGBT people and the specific challenges and issues they face in receiving community care services.	• Joint Improvement Partnership (JIP) project has a priority to develop a seldom heard group access toolkit – the objective of which will be to increase access to services – develop appropriate service provision for groups seldom heard which includes LGBT	December 2009

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 4 – Increased choice and control			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
To ensure that people with a physical disability and/or sensory impairment can access and use an individual budget. (Chrissy Wright)	• A formal review of Take-Up of Direct Payments – including analysis of spend and outcomes for users is planned to inform future service and financial planning. • All individual service user reviews in 2009/10 to include check on take-up of DPs (and referral to audit if necessary). • Transitional plans to be put in place with Providers following Cabinet Member decision on VCS commissioning (see above) to begin the move away from block contracts and traditional forms of support, to personalised services. Contracts to be amended in March 2010. SCRG to be used between now and April 2011 to assist providers to change service delivery where necessary.	• There are currently 165 PDSI users receiving a personal budget (including direct payments), the largest service user group. This is more than the IPF average. • November Personalisation Steering Group agreed to use SCRG to fund transition plans with providers, and to increase commissioning team capacity to manage change with providers and customers. • Commissioning for Personalisation Provider Event held (6th November), attended by 50 providers from 20 organisations – many of these representing people with a physical disability and/or sensory impairment.	March 2010
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 4 – Increased choice and control			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Introduce a Resource Allocation System to enable the optimum use of available resources to satisfy the social care needs of adults in the borough (Chrissy Wright)	• Task group of the Personalisation Choice and Control Sub Group established to introduce a Resource Allocation System (RAS). • Project Plan drafted with milestones and outcome measures. • In Control's RAS 4 selected as model for determining how much individuals will receive in their personal budget. • Supported Needs Assessment Questionnaire drafted and tested. • Point's allocation system developed and unit costs calculated to enable value of personal budget to be determined. • Financial modelling ongoing based on a sample of 100 service users. Desk top exercise completed which identified need for sampling based on live cases. • Presentation of outline scheme and risks presented to Elected Members. • Testing on a face to face live basis identified number of anomalies with RAS 4. Alternative models reviewed. • ADASS Common Resource Allocation Framework released October 2009 being evaluated with a view to adopting as Rotherham's model. To attend workshop at Keepmoat Stadium Doncaster in December.	• The Personalisation implementation plan has been reviewed and Sub Groups have been reconfigured to align with the new steer from D of H. New Chairs and Membership has been agreed. • A briefing note relating to the new Charging Guidance and issues to be addressed has been prepared and is to be considered at the C & P SMT in September. An initial review of the current charging policy has commenced and is scheduled to feed into the MTFS review and the development of the Personalisation Charging Policy. • Report submitted to Directorate Management Team (November) based on ADASS model to adopt a number of policy issues to enable RAS to be finalised with Test Version by end of December. Includes proposal to charge based on 100% of RAS. • New SAQ and Points Allocation documentation drafted based on ADASS model. Documentation being enhanced to be Common Assessment and SAQ document.	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 5 – Freedom from discrimination and harassment			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**

Continue its activities to get more people with a mental health problem into employment (Chrissy Wright)	• 'Access All Areas' (AAA), is a Rotherham Metropolitan Borough Council (RMBC) project which started in March 2009.
	• The launch event, which was funded by the Joint Learning Disability Service and Job Centre Plus, took place in March 2009 and was opened by the Deputy Mayor and Mayoress. 108 people were able to visit the 18 information stalls and enjoy the catering provided by the Learning Disability Day Services staff and service users, including a 'Pass It On' cookery demonstration.
		• To date, we have had 97 applications for placements.
		• Placements have been provided in a variety of work areas:
		  • Administration within RMBC, 2010 Rotherham Ltd, NHS and Scope Day Services
		  • CCTV and Reception areas with South Yorkshire Police
		  • Community Safety Team, South Yorkshire Fire and Rescue Service
		  • Reception area at Rotherham College
		  • Caretaking, Gardening, litter picking teams with RMBC
		  • 'Hands On' roles with 2010 Rotherham Ltd – working alongside the storekeepers, plumbers, electricians, estate staff
		• People are starting to get jobs as a result of AAA. To date four people have moved onto employment.
		  • David has a mental health condition. He had not worked since 2003. When we met with him to talk about what he wanted out of a placement he said he wanted to work in the Voluntary sector. With the help of The Junction we were able to find him an administration placement at the Scope Day Centre. David was also volunteering at Voluntary Action Rotherham. David completed his 30 days at VAR just as he was successful at gaining full time paid work with VAR.
		  • Stephen has Asperger's and asked for a
			March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 5 – Freedom from discrimination and harassment			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
		placement that involved Data Input, where he would not have many interruptions. He was offered a placement in EDS where he would be transferring data from a paper to a computerised system. Feedback from both the Manager and Stephen, via his Remploy key worker, was very positive. He left the placement after ten weeks when he obtained a job with UPS courier services as a data input clerk. His Remploy key worker states that this is as a direct result of the placement as it built Stephen's confidence and he was able to obtain an up to date reference. • Martin has a physical health condition. He had not worked since 2007 and requested a computer based job in the NHS. He was offered a placement with NHS Rotherham, where he was transferring child health records to a computer database. After 17 days on the placement Martin was asked to register with the employment agency that the NHS uses. The day after, he was offered ongoing 40 hours a week paid work in the same team where he had done his placement. • Susan has a mental health condition. She had previously worked as a senior manager but did not want to return to this type of work. She was already volunteering in a school where she was listening to children read and at the Ministry of Food. Susan wants to become a mentor / counsellor working with young people. We arranged for her to do a placement at the Youth Café. This went well	

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 5 – Freedom from discrimination and harassment			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
		she eventually moved from the placement to take up paid work at the Ministry of Food.	
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			
To reduce locally identified crime and disorder priorities through the development and delivery of the Safer Rotherham Partnership Plan (Dave Richmond)	• Development of the plan is progressing with input from the CIU. It is planned for SRP consultation in August. • Crime & Disorder priorities established by the SRP and Priority Groups established • Accountability of the Priority Groups to the JAG established in new governance structure • New JAG agenda focused on priority performance delivery starting 23/7/09 • SRP Performance Framework refreshed and first quarter reported to SRP Board. Serious violent crime requiring performance clinic following scoping • Leadership event to be held to determine strategic direction to be held in August • Scrutiny review of Perception Indicators requested by Democratic Renewal • All data and information for plan now obtained and being integrated into the draft document • On target for commencing consultation process, September 2009 • Draft document nearing completion and remains on target to go out for consultation before the end of September 2009.	• Crime has now reduced for the last two years, down by 13% in 2009 and a 8% drop in 2008. • Our LAA target to reduce fear of crime/ASB was also achieved enabling access to reward grant of £307k. • ASB reports down by 16% on same period last year. • At the end of September 2009, 80% of our Safer Rotherham Partnership KPIs are in line to achieve their year end targets. The indicators that are currently showing 'off target' are; serious knife crime, offenders under probation supervision in employment, domestic abuse sanction detection rate, serious violent crime and young offenders engagement in suitable education, training and employment.	January 2010
Introduce Partners and Communities Together meetings (PACT) through the Area Assembly structure to	• A current Home Office priority includes '*One dialogue with the public on crime*'. The main driver of this is the introduction of Police and Communities Together (PACT) meetings in every Safer Neighbourhood Team (SNT).	• The examples of PACT priorities and partner responses (attached) are from just one area, Rotherham South, but they are replicated across the county with some excellent successes and positive feedback from communities.	February 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 5 – Freedom from discrimination and harassment			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
enable communities to actively influence and gain confidence in local response and action regarding crime and justice (Dave Richmond)	• In February 2009, Area Assembly Chairs supported the proposal for PACT meetings in Rotherham to be accommodated within our existing Area Assembly meetings. • All 7 Area Assemblies incorporated PACT element into meetings and processes. This gives the public opportunity to receive information on crime and safety, influence local PACT priorities and receive regular feedback through these forums.	**Parking on Queensway** • Warning Notices were initially issued • 16 Fixed Penalty Notices have now been issued for obstruction. • RMBC & Area Assembly working with hospital to look at alternative parking and possibility of a Residents Only Parking Scheme. **Maynard Road Play Area** • SNT / ASB Unit conducted an operation and identified youths responsible. • 16 youths were subject to a stop check. • 7 youths are being issued with a Warning Letter. • Another 7 are being issued with ABCs. • Some of these youths are now attending PS3 Project. • Green Spaces and Area Assembly are working with Taylor Wimpey to tidy up the area and repair any equipment.	

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 6 – Economic well-being			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
To increase employment for people in vulnerable groups. (Chrissy Wright)	• EFQM assessment undertaken on grant funded services with a view to working with each agency to improve a range of outcomes including employment. • Scope Day Services works in partnership with a number of organisations to promote	• Scope Day Services currently support 32 people to access activities to facilitate personal development.	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 6 – Economic well-being			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	the development of skills to enable people to access voluntary and paid work opportunities.		
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			
Continue to monitor the impact of the downturn on our customers, implementing interventions such as the Enhanced Housing Options and the Government Mortgage Rescue Scheme where required and ensuring information is readily available to vulnerable households about the assistance that is on offer (Dave Richmond)	• Quarterly review the impact of the actions within the LSP's Economic Downturn Strategy Action Plan. • Meet with social landlords, including 2010 Rotherham Ltd and Housing Associations to coordinate local action to prevent homelessness due to repossessions due to rent arrears.	• During August 5 applications have been processed through Mortgage Rescue Scheme (MRS). We have 4 at stage 6. • 14 customers have been supported by Employment and solutions team back to employment , 9 into training and 19 customers have been referred to other employment agencies • The Employment Solutions team have seen 63 customers in August (2 hour appointment) • Outreach – has continued twice per week at Corus to offer support in finding work before their employment is terminated, weekly outreach to Elliott Court and monthly to Refuge Support, weekly visits to prisons • Employment Solutions service was promoted at the Rotherham Show and an article published for Credit Crunch supplement in Rotherham News	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 7 – Maintaining personal dignity and respect			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
To continue work to ensure the council fulfils its duties as a supervisory body in	• Service was formally launched on 1st April 2009 • Rotherham has received 3 DOL's requests to date.	• Two more members of staff have qualified as BIA's (and will replace the two lost recently);	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 7 – Maintaining personal dignity and respect			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
relation to the deprivation of liberty standards. (Shona McFarlane)	• We currently have 5 Best Interest Assessors and 7 Mental Health Assessors, all fully trained. • An e:learning package has been rolled out to all social care staff during October and November. • A manager training programme is currently being developed which will be rolled out in December/January. • IMCA will be carrying out awareness raising training in Rotherham 12th and 13th January. • The service has been promoted through to a variety of different groups and organisations – the Residential Care Forum and each residential home, presentations at Breathing Space, Community Dental Services, Assessment and Treatment Unit, Learning Disability Residential Care providers, Continuing Care Provider 'Away Day' As far as promotion goes – I attended Res Care forum, had meetings with/done presentations to Breathing Space, Community Dental Services, Assessment and Treatment Unit, Learning Disability Res Care providers (twice) and Continuing Care Provider 'away day'	• We are working with the Y&H regional group to finalise BIA refresher training likely to be carried out in Jan 2010 (this is a statutory requirement); • A survey to re-valuate the number of available Mental Health Assessors was conducted at the end of Sept. It was felt that there were sufficient numbers and no further recruitment of assessors would take place at this time; • Senior representatives from LA, PCT, NHSR, LD and RDaSH will be meeting in November to formulate a strategic work plan to take us through to the end of financial year (this will include an analysis of training requirements); • An amendment to the contract with residential and nursing care providers was produced in March 2009 to take account of the Deprivation of Liberty Safeguards. A reminder of their statutory duties has been sent relating to the Mental Capacity Act and supplementary DoLS.	
Ensure that all citizens know how to raise issues of potential abuse and broader safety. (Service Inspection) (Shona McFarlane)	• Review the effectiveness of the Safeguarding Awareness Campaign and put in place a targeted continuous campaign to raise awareness across all partner agencies.	• Report to Safeguarding Adults Board and identified future action (July 09). • Awareness targeted campaign agreed by Board and partners (September 09).	September 2009

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 7 – Maintaining personal dignity and respect			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Ensure that safeguarding information is available and accessible to all adult citizens. (Service Inspection) (Shona McFarlane)	• Ensure all service users receive safeguarding information and 'After Care' packs in an appropriate format, particularly those with a visual impairment, and in a timely manner. • Complete a review with customers of current information across all user groups and identify gaps. • Ensure all customers receive an awareness leaflet at point of contact. • Refresh and revise information. • All indentified agencies display information in appropriate format. • System in place to routinely mystery shop/test effectiveness.	• A review has been completed with the Learning from Customers group, the following material has been produced so far as a result: • Safeguarding Aftercare pack in CD format for visually impaired customers as part of the 'How can I get help' pack. • Safeguarding Aftercare pack and Safeguarding flyers produced in 5 different languages. • Safeguarding pocket size guide produced and promoted at Rotherham Show and Fairs Fayre. • Safeguarding information is provided on website using a signer. • Safeguarding information has now been included in the Guide to Residential and Nursing Care booklet, the NHS guide to services, in all GP surgeries, Residential and Nursing homes, libraries and reception areas. • To complement the radio campaign, television adverts have been produced and are on display in all health reception areas.	December 2009
Ensure that all agencies are aware of their responsibilities within the safeguarding policy and procedures. (Service Inspection) (Shona McFarlane)	• Review and identify, within the South Yorkshire procedures, the role and responsibilities of all partner agencies and put in place a training programme to ensure they are undertaken. • Commence a multi-agency review of current procedures through Board Policy Sub Group. • Identify roles and responsibilities of all agencies. • Identify necessary training requirements for	• The board has established a multi-agency policy review group to look at the existing policy and procedures, to consider implications from the 'No Secrets' review and to make clear each agencies role and responsibility. • Multi-agency quality assurance has commenced on random samples of case files – the findings of these exercises are being used to inform the review of current	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 7 – Maintaining personal dignity and respect			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	each agency. • Revise the procedures with roles clearly identified. • Put in place a training programme across all agencies. • Communicate roles and responsibilities to all agencies. • Full sign up at Board.	procedures. Improvements already identified around case conferences, strategy meetings and information sharing. • The multi-agency training programme (bronze to platinum) has been adopted by all key agencies to raise awareness of the South Yorkshire procedures	
Improve quality assurance and compliance processes. (Service Inspection) (Shona McFarlane)	• Put in place effective quality assurance and independent compliance processes in safeguarding adults and case file recording across all teams. • Safeguarding Adults Performance & Quality Group test multi-agency QA framework. • Service Quality implement independent framework for random checks. • Report findings to S/G Adults Board. • Agree QA framework with S/G Adults Board. • Put in place clear links to the Children's Board and Child Protection Team. • Agree case file standards. • Train front line managers and staff in standards. • Implement case file audits based on new standards.	• Multi-agency quality assurance has commenced on random samples of case files – the findings of these exercises are being used to inform the review of current procedures. Improvements already identified around case conferences, strategy meetings and information sharing. • Quality Assurance process has been put in place based on the CQC Case File critique and implemented through the Safeguarding Team. • Independent checks process is currently being finalised to be implemented through the service quality team in November. • QA framework to be reported to the next safeguarding adults board meeting.	December 2009
Improve performance management systems in learning disability and mental health services. (Service Inspection) (Shona McFarlane)	• Strengthen the performance management arrangements for safeguarding adults to encompass learning disability and mental health services. • Performance and Quality Sub group to review current arrangements with LD and MH. • Identify training requirements and implement a training programme for LD and MH teams.	• LD now recording safeguarding cases onto swift system to enable performance reporting. • MH still recording manually as ICT systems are not compatible.	December 2009

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 7 – Maintaining personal dignity and respect			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	• Develop systems to capture information. • Put in place performance management arrangements with LD and MH in line with Older People and PDSI.		
Ensure that all staff receive the appropriate training aligned to their job and agency role. (Service Inspection) (Chrissy Wright)	• Put in place and roll out the multi-agency Safeguarding Training Competency Framework and publish the programme to all staff, ensuring that everyone undertaking a safeguarding investigation has undertaken the platinum training package. • Ensure all agencies are part of the multi-agency programme. • All agencies identify which staff need training and are part of the programme. • Full implementation. • Ongoing monitoring in place of performance and reporting to performance sub-group.	• The Bronze to Platinum training programme was agreed, following a 3 month consultation period, by the Safeguarding Adults Training Panel and will be going for Board ratification in November. • Once the Board has agreed the training programme it will be implemented and launched throughout Rotherham.	December 2009
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			
Develop a 'Home from Home' interactive website to promote the quality of residential/nursing homes in the borough (Shona McFarlane)	• Develop a new web page alongside the implementation of the council's new website management programme (jadu).	• The current website is available via the council's web page and reports which have been completed are attached. • The homes which have gone through this process have also been given a rating based on their overall performance, and this is also available via this website. This expands the information available to self-funders, importing their ability to choose.	December 2009
Complete phase 1 of the 'Home from Home' process (Chrissy Wright)	• Round one assessments completed in September 09. • Revisits to the homes around three to four months after the assessment visits to gauge residents views on improvements. • Second round of assessments commenced	• Ratings have been issued for 35 of the 36 homes visited. The final report for Davies Court is currently being finalized. • Two of the homes were rated Gold, 16 were rated Silver and 16 rated Bronze. One home (Cliff Field) was rated unclassified as it did not	April 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 7 – Maintaining personal dignity and respect			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	October 2009 to be completed end March 2010 • Include the Health Authority in the assessment process	meet the Bronze standard. Following the assessment the Council developed an action plan with the home and provided on-site support to improve however the owner decided to close the home. The council supported residents and relatives in finding new homes. • Two of the homes (Athorpe Lodge and Cherry Trees) have subsequently improved their CQC rating. The Manager at Athorpe Lodge stated that she thought this was as a result of the improvements they had made following the Home from Home Action Plan. • At the revisits, improvements residents had noted included consultation on activities, meals, knowing what to do in an emergency and how to complain. • The involvement of the Health Authority is being developed and is to be trialed in December 09. • Incentive payments have been introduced to all homes assessed as Gold standard. A target has been set to get 75% of homes at Gold/Silver standard by March 2010. • The scheme has been short listed in The Great North Care Awards in the Dignity in Care – Organisation category.	
Put in place a new safeguarding structure covering all service user groups which focuses on investigation, raising standards and quality of residential/nursing homes, mental capacity act deprivation of	• Safeguarding Manager, Team manager and Principal Social Worker appointed June 2009. • There is a team of 9 Social Workers, Safeguarding MCA and DOLs Co-ordinator, Case Conference Support Worker and Team Clerk established.	• Safeguarding team operational and working to service standards and key performance indicators. • Performance elsewhere within the service is improving, meaning that we have capacity to improve performance in all areas. Community teams do still undertake safeguarding casework.	December 2009

AREAS FOR DEVELOPMENT FOR 2009/10			
Outcome 7 – Maintaining personal dignity and respect			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
liberties investigation and leadership (Shona McFarlane)			

AREAS FOR DEVELOPMENT FOR 2009/10			
Leadership			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Ensure that the workforce development and training plan has a clear action plan that details how key milestones will be met. (Service Inspection) (Chrissy Wright)	• A new draft Strategy has been written in line with Putting People First and to clearly implement personalisation and work towards creating an integrated local area workforce strategy for Rotherham. The draft Strategy Action Plan is SMART and has clear timescales for development. The draft Strategy is currently being reviewed by Independent, Voluntary and Health Partners and feedback is awaited. The draft Strategy reflects the direction of travel of the Social Care Transformation agenda and ADASS InLAWS. • A training plan to implement personalisation has been completed and timescales established for up-skilling key workforce skills and knowledge by September 2010. • The first partner meeting to commence work on the InLAWS actions has been arranged for 4th Dec 2009. • The Strategy is to be presented to Cabinet Member in November 2009.	The Workforce Strategy will be launched and open for consultation with the workforce during Personalisation Week. Key actions within the strategy are around personalisation and integrated working, and are based on six key objectives:- • **Objective 1: Developing Strong leadership and accountability –** initiatives to strengthen visible leadership and clear decision making and encourage more distributed leadership – establishing workforce as key decision makers. • **Objective 2 – Recruitment and Retention** – actions to address issues of sustainable employment not only for core workers but for Carers and Personal Assistants and to ensure our workforce is representative of the community it serves. • **Objective 3 - Workforce re-modeling and commissioning** - based on customer needs and aspirations which will remove duplication of roles and responsibilities across partner organisations. • **Objective 4 - Workforce Development** – developing new types of workers with the right skills, knowledge and attitude into roles that reflect	November 2009

AREAS FOR DEVELOPMENT FOR 2009/10			
Leadership			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
		customer needs. and create new employee competencies around personalisation and integrated working. • **Objective 5 - Joint and integrated working –** creating universal services which are integrated, crossing professional boundaries and which go beyond traditional health and social care into community/neighbourhood service delivery. • **Objective 6 – Regulation –** retaining standards across all integrated services to ensure customers are safeguarded and standards are maintained in line with specific agency performance and inspection regimes. • **614** staff have achieved or currently working towards the minimum standard qualification - NVQ level 2 Health & Social Care or above. These figures equate to **68%** of staff having achieved National minimum standard. Standards expect 50% of establishments to meet NM Standards.	
Ensure that all staff clearly understand the impact of transformation on their jobs role and future status of employment (Service Inspection) (Chrissy Wright)	• A programme of team communication and consultation sessions is underway to raise awareness around personalisation, speaking to staff and managers, asking specific questions around how their role will change, and what impact the changes will have on their service and customers. • Workforce Quality Assurance roadshow type sessions test the quality and understanding of key messages from senior management, and ensure that current methods used are effective on the frontline. • A Personalisation Week is co-ordinated (similar to Safeguarding Week), where staff,	• We have a number of tried and tested, effective communication methods in place, and aim to introduce a few new initiatives which can be utilised to engage with staff and raise knowledge. • Some new initiatives for 2010 include WiiFM – 'What's in it for me' where direct impact of personalisation is explained by staff and forms part of raising awareness of understanding across the service. • A programme of staff events are scheduled, which include visioning events, personalization week and new staff awareness campaigns such as WiiFM (due to be launched during personalisation week), through to training to support staff understanding of	October 2009

AREAS FOR DEVELOPMENT FOR 2009/10			
Leadership			
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	customers and partners will have opportunity to learn more about how this will impact on them as individuals. During this week, a Visioning Day on Prevention will take place, staff consultation and engagement sessions will discuss the content of the workforce strategy, communication methods with staff, and introduce new initiatives such as WiiFM. Our investor in people format will be used to test staff satisfaction around how the service is transforming. • The workforce quality assurance testing and learning from staff are constantly being used to update communication methods and the workforce strategy so that we continue to respond to needs of staff and develop the service through their feedback. • Blended learning has become a valued resource with regard to increasing knowledge of the workforce on key issues e.g. safeguarding, self directed support, customer care etc. Through internet based learning, staff can log onto the E-Learning Forum and go through clear and understandable interactive courses, in their own time, at their own pace, either in a work environment or at home. Initial feedback has been that e-learning not only provides them with greater understanding of the subject, but acts as an electronic learning library which they can refer back to at any time. E-learning on personalisation, is therefore, an essential learning package and an effective	how personalisation and integrated working will affect them in their roles and within the organisation. The schedule will include the following communication mechanisms:- • **Neighbourhoods and Adult Services Intranet Page** – aimed at staff who have access to a computer and contain information on Worker Group progress, key documents, and bulletins around new procedures/policies – all intended to raise staff knowledge. • **AsOne Monthly Newsletter** – emailed to central teams, posted onto NAS Intranet page, and posted out to mobile workers at their homes to update staff on themed • **Staff and Manager Weekly Briefings** – emailed out to all managers and staff and disseminated to staff at weekly team meetings. • **5-in-Five Desktop Messages** – aimed at staff who have access to a computer and printed off and posted on staff notice boards daily for mobile workers. • **Burning Issues Discussion Forum** – Electronic form on NAS intranet page and paper Leaflet for use by all staff wishing to submit an anonymous burning issue or question to senior management. • **Leadership Sessions** – available for all M1-M3 Managers so that they can influence strategic change with the voice of the frontline – specific responsibility to go back into workforce and pass on outcomes from leadership sessions through team meetings etc. • **Visioning Events** – themed events where staff come together with customers and partners to	

AREAS FOR DEVELOPMENT FOR 2009/10			
Leadership			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	way of ensuring the message is getting across. • Specific, themed events such as Fairs Fayre also support raising knowledge on key subjects. Staff, customers and partners attending this year's event came away with more understanding on disability, vulnerability, and needs of some customers to have more support to access services that will improve their quality of life. Staff receive training to improve their knowledge and skills direct from the customers perspective – a more powerful way of learning.	visualize change and how service can be transformed through the knowledge and consultation of all. • **Director Roadshows** – led by each Director/Members, themed roadshows are organised across the Borough at different venues, and at different times of the day or early evening, to enable all workers to book onto at least one session. Mainly to open up discussion around strategic change, or to feedback important issues which directly affect them. • **Campaigns** – such as Safeguarding Awareness Week now adopted to suit major change, and recently utilised to create a Personalisation Week.	
Ensure that staff are effectively supported to improve outcome based assessments through supervision. (Service Inspection) (Shona McFarlane)	• Review our supervision procedures to become more challenging and to ensure that managers support staff to meet individuals' needs holistically. • Supervision policy review. • Revised supervision audit in place. • Identify need for additional training on supervision for social care managers. • Revise PDR process to ensure effective support is in place. • Report to outline improvements in practice.	• Format for supervision standardized and finalized to ensure improved quality standards and outcomes. • Monthly Audit undertaken ensuring timeliness of supervision and standards for supervision are maintained. • Monthly audit undertaken to ensure timeliness of PDR's undertaken.	March 2010
To address all of the recommendations from the Service Inspection. (Chrissy Wright)	• Action plan has been developed in response to the inspection (both headline recommendations and all other criticisms contained within the report – 52 action points). • Review group meetings in place involving key partners.	• Action plan endorsed by CQC Service Inspector, Safeguarding Adults Board and NHS Professional Executive.	June 2010
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			

AREAS FOR DEVELOPMENT FOR 2009/10			
Leadership			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Establish a governance framework for developing personalisation to wider public services. (Dave Richmond)	• Evaluation of the 'Our Futures 3' programme and recommendation made to Council to develop personalisation agenda across Council services. Programme arrangements reviewed for Personalisation.	• Programme evaluated. • New governance and programme management arrangements in place.	November 2009

AREAS FOR DEVELOPMENT FOR 2009/10			
Commissioning and use of resources			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Develop commissioning strategies and plans to ensure that timescales for meeting key milestones are clearly documented (Service Inspection) (Chrissy Wright)	• Review and revise the Commissioning Strategy and Action Plan and PDSI Commissioning Strategy and robust action plan with detailed timescales and milestones to further reflect the Council's and partners vision for transforming services. • Commence holding a series of visioning events with health and partners to develop strategic approach to commissioning. • Commissioning Strategy for PDSI that incorporates all other key actions.	• Draft PDSI Commissioning Strategy and Action Plan developed. • Document to be circulated for consultation in December with stakeholders; to include Adults Board and Commissioning Sub Group.	March 2010
Improve joint commissioning practice and develop further integrated services with health partners (Service	• Put in place joint commissioning practices with partner agencies to improve access to integrated health and social care services. • Transforming Community Equipment and Intermediate Care joint reviews	• Draft PDSI Commissioning Strategy and Action Plan developed. • Document to be circulated for consultation in December with stakeholders; to include Adults Board and Commissioning Sub Group.	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Commissioning and use of resources			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
Inspection) (Chrissy Wright)	undertaken. • Scope out joint commissioning opportunities to link into personalisation. • Action plan to be presented to Adults Board.		
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			
Develop a programme of decommissioning of services for all user groups, using social care reform grant, that are not fit for personalisation and not outcome focused (Chrissy Wright)	• The Day Care Review has been approved (through the new ADASS PPF Programme Lead) by the ADASS Regional Personalisation Group as a model of good practice on market development, and will be showcased in the forthcoming Y&H PPF Progress Review. • EFQM Reviews on all VCS/Third Sector Providers with contracts ending in April 2010 completed. Report to Cabinet Member on proposed changes to VCS/Third Sector Commissioning, to prepare the sector for personalisation over the next three years, and also to deliver efficiencies (9th November 2009). Impact Assessments completed. • Transitional plans to be put in place with Providers following Cabinet decision on VCS commissioning (see above) to begin the move away from block contracts and traditional forms of support, to personalised services. Contracts to be amended in March 2010. SCRG to be used between now and April 2011 to assist Providers to change service delivery where necessary. • Following decision from Cabinet (9th November 2009) on future of VCS	• Commissioning for Personalisation Provider Event held (6th November), attended by 50 providers from 20 organisations. • 'Personalisation Week' planned in December for all stakeholders.	March 2010

AREAS FOR DEVELOPMENT FOR 2009/10			
Commissioning and use of resources			
Subject	**Action taken / to be taken**	**Outcomes achieved /plan to achieve**	**Target date for completion**
	Providers with contracts ending in April 2010, a draft Market Facilitation Plan for MH Services will be produced (December 2009).		