

CORPORATE IMPROVEMENT BOARD

Venue: Bailey House, Rawmarsh Road, Rotherham.

Date: Monday, 11 January 2010

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Minutes of the previous meeting held on 23rd November, 2009 (herewith) (Pages 1 - 3)
4. Comprehensive Area Assessment (report herewith) (Pages 4 - 36)
5. Care Quality Commission (CQC) Annual Performance Assessment 2009 (report herewith) (Pages 37 - 88)
6. Children and Young People's Improvement Plan - November Highlight Report (herewith) (Pages 89 - 92)

**CORPORATE IMPROVEMENT BOARD
23rd November, 2009**

Present:- Councillor Sharman (in the Chair); Councillors Austen, Sangster and Wyatt.

Apologies for absence were received from Councillors Whelbourn and S. Wright.

12. MINUTES

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

13. CHILDREN AND YOUNG PEOPLE'S SERVICES IMPROVEMENT PLAN - OCTOBER HIGHLIGHT REPORT

Julie Westwood, Director of Resources, Planning and Performance, presented the submitted report relating to the Children and Young People's Services Improvement Plan summary as considered by the Cabinet Member for Children and Young People's Services on 18th November, 2009. It was noted that detailed regular monitoring took place against a number of actions across several themes.

The full improvement plan had been formatted to ensure accuracy in tracking the achievements made in the monitoring period and the calculation of actions completed.

Also submitted was the highlight report for October which detailed the items achieved during that month, overdue items and the items planned for the forthcoming month. Risks and issues of concern were also illustrated.

Discussion and a question and answer session ensued and the following issues were covered:-

- value for money considerations
- social work caseloads
- vacancy rates
- recruitment and retention of staff
- referrals process
- agile working
- scrutiny arrangements

Resolved:- That the information be noted.

14. REVIEW OF APPROACH TO PERFORMANCE CLINICS AND REVISED DRAFT GUIDANCE

Lorna Kelly, Corporate Improvement Manager, presented the submitted report setting out the draft guidance in relation to the Council's approach to performance clinics which recently had been reviewed and revised.

The background to the review was highlighted as were aspects of the guidance that needed strengthening.

As a result the guidance was revised and now focused on :-

- Overview

- Aims of performance clinics
- Different types of performance clinics
- Reasons why a performance clinic is called

- Attending a Performance Clinic

- What happens at the clinic
- What happens after the clinic

- Cancelling Corporate Performance Clinics

-Further Information and Supporting Documents

- Planning and co-ordinating a corporate performance clinic
- Preparing for a corporate performance clinic
- Corporate performance clinic briefing paper template
- Corporate performance clinic agenda template
- Corporate performance clinic timescales

Discussion and a question and answer session ensued and the following issues were covered:-

- re-launch of the guidance
- scrutiny involvement in the process
- partnership performance clinics
- mandates and deadlines for action
- membership on a rota basis with independent chair
- potential for a training session through the Member Training and Development Panel in the context of extending the role of the elected member
- attendance of Chair of Audit Committee at future clinics

Resolved:- (1) That the information be noted.

(2) That the draft revised guidance be approved and implemented with effect from December, 2009.

(3) That it be noted that Corporate Management Team had been made aware of the proposed changes to the guidance in the Quarter 2 performance report presented on 16th November, 2009.

15. COMPREHENSIVE AREA ASSESSMENT UPDATE

Matt Gladstone, Assistant Chief Executive, presented the submitted paper

updating the latest position with regard to the above. It was noted that the results were due to be published on 10th December, 2009.

Matt outlined the overall position, key messages and key challenges for the Authority.

Resolved:- That the information be noted.

16. NEXT MEETING

Resolved:- That the next meeting be held on Monday, 11th January, 2010 at 10.00 a.m.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Corporate Improvement Board
2.	Date:	11th January 2010
3.	Title:	Comprehensive Area Assessment
4.	Directorate:	Chief Executive's Department

5. Summary

CAA replaced Comprehensive Performance Assessment (CPA), which has been the inspection and assessment framework for local authorities since 2002 and came into effect from 1st April 2009. The new CAA Framework is designed to connect inspection and assessment activity across local government and key partners. As well as sharing the national indicator set and local area agreement targets, partner assessments will all use similar methodologies and be reported through a shared, public facing website.

The first round of CAA reports were released on 9th December 2009. The results are now available on the Audit Commission's Oneplace website at www.direct.gov.uk/oneplace

This report summarises the findings from the 2009 reports.

6. Recommendations

Corporate Improvement Board note the content of the CAA reports for 2009 and discuss proposed next steps.

7. Proposals and Details

The CAA is an independent assessment by six inspectorates which sets out how well local public services are tackling the major issues in Rotherham.

a) Area Assessment

The Area Assessment takes the area's Local Area Agreement (LAA) and Sustainable Community Strategy as its starting point, along with statutory education and attainment targets, and looked at local priorities, in the context of wider national themes.

The Area Assessment asked three overarching questions:

- a) *How well do local priorities express community needs and aspirations?*
- b) *How well are the outcomes and improvements needed being delivered?*
- c) *What are the prospects for future improvement?*

The Area Assessment is not scored but areas are given green and red flags. Green flags are used to highlight where others can learn from outstanding achievements or improvements or an innovation that has very promising prospects of success. Red flags are used to highlight where there are significant concerns about results and future prospects that are not being tackled adequately.

Results

In 2009 the Audit Commission have raised **neither any red or green flags as part of their assessment**.

However the Area Assessment Report clearly recognised many positives, areas where the partnership needs to remain focused and the key challenges for the borough. A copy of this report is attached at Appendix A.

Overall the Audit Commission have recognised that the Partnership have a good understanding of local communities which has led to responsiveness and focus on the right issues. The Audit Commission have indicated they have confidence in potential to improve in that there is an effective LSP in place providing good leadership, there is a clear alignment of strategy and good performance management.

The detail below summarises the areas of strength and areas of challenge for the borough by priority theme:

Rotherham Achieving

Areas of Strength	Areas of Challenge
<ul style="list-style-type: none"> • Business start ups - More people are working and more new business are starting up or relocating to the borough 	<ul style="list-style-type: none"> • Employment rate - remains lower than regional and national averages in 2009 at 70.4% • Higher skills - Fewer people educated to level 3 or above compared to nationally

Areas of Strength	Areas of Challenge
<ul style="list-style-type: none"> • Responding to the economic downturn – proactive partnership working to reduce the impact of the recession has been identified including working with a local Rotherham company and other employers to help people find jobs before factories closed • Town Centre Developments – redevelopment projects in the town centre continue to improve and make it more attractive and bring new shops and business to the area 	<ul style="list-style-type: none"> • Return to work - Helping people who have not worked for a long time off of benefits

Rotherham Alive

Areas of Strength	Areas of Challenge
<ul style="list-style-type: none"> • Rotherham's adult social care is "performing excellently" amongst best in the country • Good access to health and community services – this is helping to reduce people dying early from heart disease and strokes. Rates have more than halved since 1992, faster than the English average • Ministry of Food initiative - encourages healthy eating • Investment in leisure centres 	<ul style="list-style-type: none"> • Life expectancy rates – below national average for men and women • Teenage pregnancy - remains high and not closing the gap on national average despite attempts to improve sexual health and change behaviour. Targeted work achieving results in now being extended • Obesity - 27.7 per cent compared to the England average of 23.6 per cent and the problem is getting worse. Partners have good plans for tackling the problem, particularly amongst children, early signs are promising but too soon to claim success • Smoking Cessation - 1 in 5 people in the borough still smoke

Rotherham Learning

Areas of Strength	Areas of Challenge
<ul style="list-style-type: none"> • Imagination library • GCSE Results - Improvements in % of children achieving 5 or more GCSE grades A*-C including maths and English are amongst the best in the region 	<ul style="list-style-type: none"> • Key Stage 2 - Despite improvement KS2 is below the national average • A level attainment is lower than both regional and national averages

Areas of Strength	Areas of Challenge
<ul style="list-style-type: none"> • Enterprise - Work of Rotherham Ready to encourage enterprise amongst school children • School Improvement - Improvement has resulted in half the secondary schools are now being rated as “good” or better • Reduction in NEETS 	<ul style="list-style-type: none"> • School Improvement – remaining half of Secondary schools rated as “adequate”

Rotherham Safe

Areas of Strength	Areas of Challenge
<ul style="list-style-type: none"> • Safe Place to Live – crime reduced by 13% in 2008/09 and conducted successful pilots in vulnerable neighbourhoods and good progress in strengthening neighbourhood management arrangements • Increases in recycling rates • Decent Homes - Expected to meet Government’s Decent Home target by 2010 	<ul style="list-style-type: none"> • Safeguarding – Lack of social workers to perform tasks effectively and respond quick enough to all referrals • Affordable Homes - need to increase number of affordable homes • Uncertainty around ALMO

Rotherham Proud

Areas of Strength	Areas of Challenge
<ul style="list-style-type: none"> • Large scale and high profile events - Diversity Festival, Rotherham Show, Ministry of Food and Imagination Library • Approach to challenging EU migration - Neighbourhood Management projects to provide information and training to new residents on how public services work and ensure people from different backgrounds get on well in their changing neighbourhoods • Prevent Agenda – Rotherham rated as best practice 	<ul style="list-style-type: none"> • Public perception – the perception of how well people get on together and of the area are not as good as other places

b) Organisational Assessment

Rotherham MBC has been rated 2 out of 4 (performs adequately) for the Organisational Assessment. A copy of this report is attached at Appendix B. The Organisational Assessment score is made up from two assessment scores. The annual scores for Adult Social Care and Children's Services heavily impact on this score.

Results

Use of Resources Overall Score = 3 / 4	Managing Performance Overall Score = 2 / 4
Managing Finances = 3 Governs the Business = 3 Manages Resources = 3	Score heavily influenced by the annual assessment of; Children's Services = 1 out of 4 Adult Social Care = 4 out of 4

The detail below summarises the areas of strength and areas of challenge for the council by assessment:

Use of Resources

Only five councils managed to obtain a maximum 4 / 4 for Use of Resources in 2009. Rotherham obtained a 3 / 4 immediate findings from each Use of Resources theme are as detailed below:

Managing Finances

- Sound arrangements for managing its finances and are able to demonstrate clear outcomes for these
- An established integrated budget, business and performance management planning process, enabling reallocation of resources to priority areas
- Set and monitors challenging targets and have driven some £33m in efficiency savings over recent years, £11m more than its target

Governs the Business

- Strong arrangements for commissioning and procurement
- Proactive in redesigning services - ensuring responsive to local need (i.e. Intermediate care)
- One of only 5% of councils to have "excellent" data quality
- Good risk management enabling reduced insurance cover generating £300k for service investment

Manages Resources

- Strategic asset management – recognition of delivering council and partner priorities (i.e. PFI and BSF)
- Performing adequately at managing natural resources

Managing Performance

This assessment looks at:

- How well is the organisation delivering its priority services, outcomes and improvements that are important to local people
- Does the organisation have the leadership, capacity and capability it needs to deliver future improvements?

This score heavily determined by Adult Social Care and Children’s Services Score and information used for Area Assessment. Many of the findings in the organisation assessment mirror those identified in the area assessment report and are highlighted above. In addition the information below identified the areas of strength and areas for development in relation to Children’s Services and Adult Social Care.

Children’s Services – 1 / 4 = Performing Poorly

Areas of Strength	Areas for Development
<ul style="list-style-type: none"> • The out of hours service is staffed by suitably qualified and experienced staff and, in addition to responding to emergency referrals, undertakes ‘welfare visits’ in appropriate cases • Taking positive steps to respond to the needs of the Slovak Roma community • Adoption Service rated “Good” • Large majority of national indicators in line with similar areas and national figures • Healthy schools – 93% on target to meet LAA target 95% 	<p>Unannounced inspection identified 3 priority areas for action:</p> <ul style="list-style-type: none"> • Workload of social workers in undermines their capacity to deliver effective services to safeguard vulnerable children • Performance management systems / auditing policies restrict local and senior managers are able to fully exercise their decision making and supervisory responsibilities • Information systems do not appear to provide up to date and accurate information on all contacts and referrals and the status of investigations, assessments and plans

Adult Social Care - Maximum 4 / 4 = Performing Excellently

All of the outcomes are performing “well” or performing “excellently”.

Areas of Strength	Areas for Development
<ul style="list-style-type: none"> • Single point of Contact Assessment Direct • The high number of direct payments for carers • Improved access for older people from BME communities • Raised the profile of adults safeguarding / progress in raising awareness • Demonstrating the management of incidents of institutional abuse and poor standards of care • Approach to customer services / listening to customers • Working with partners the council can demonstrate; <ul style="list-style-type: none"> – reduces crime and making people feel safer – improvement in the differences in how healthy people are • Assistive technology to promote the safety and well-being of people in their own homes 	<ul style="list-style-type: none"> • Work with NHS Rotherham in sustaining improvements - healthy people • Identify gaps in the market and support work on services tailored to meet individual needs • Increase the number of assessments (4 weeks) and the numbers of first contact assessments • Access to individual budgets – people with physical disability and/or sensory impairment • Work with the Young Adult Transitions team ensure young adults (14+) receive the care in a safe and timely manner • Invest in technology to support people feeling safe at home • To increase employment for people in vulnerable groups • Address all of the recommendations from the Service Inspections

c) The Way Forward

The results of the first Area Assessment provide the partnership with a good baseline and clearly identify areas of strength and future challenges. This information needs to be made available to relevant people within each partner organisation so they are aware of its content.

In order to move the forward in our improvement agenda we need to learn from our experience of CAA in its first year.

Work has already commenced in Children’s Services to address the issues and implement the recommendations which were raised in the Children’s First Review conducted in Spring 2009 and the recent Unannounced Inspection.

In addition it is proposed that:

- Arrangements between the Audit Commission and the Partnership are strengthened to ensure that ongoing dialogue throughout the year is obtained to ensure that any progress being made is evidenced throughout the year to the commission and is fed into next years assessment.
- Performance management arrangements and challenge of LAA targets is strengthened using a more robust performance clinic regime.

8. Finance

There are no financial implications associated with this report.

9. Risks and Uncertainties

It is very clear that although we already have a strong LSP and partnership performance management arrangements in place, improved joint working is required to ensure coherence of specific working practices to meet the requirements of CAA.

The strength of local partnership working is key CAA, and organisational performance of all partner agencies will inform the area assessment. It is therefore essential that we work with partners and to take forward all the areas identified in the area and organisational assessments.

The current position with our Children's Services remains a risk in relation to the overall future CAA judgements.

10. Policy and Performance Agenda Implications

CAA has provided the first holistic independent assessment of the prospects for local areas and the quality of life for people living there.

The focus on outcomes requires CAA to look across all organisations responsible for local public services which are expected to work in partnership to tackle the challenges facing communities. CAA will specifically recognise the importance of effective local partnership working and the enhanced role of the Sustainable Community Strategies and Local Area Agreements.

11. Background Papers and Consultation

Appendix A – CAA Area Assessment Report

Appendix B – CAA Organisational Assessment Report

Contact Name :

Lorna Kelly, Corporate Improvement Manager, ext (74) 22764

Rotherham

Area Assessment

Dated 9 December 2009



oneplace

for an independent overview
of local public services

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- Safe: neighbourhoods are safe, clean, green and well maintained
- Proud: people, businesses, and pride in the borough are at the heart of the vision

Rotherham at a glance

This independent assessment by six inspectorates sets out how well local public services are tackling the major issues in Rotherham. It says how well they are delivering better results for local people and how likely these are to improve in future. If, and only if, our assessment shows that the following special circumstances are met in relation to a major issue, we use flags to highlight our judgements. We use a green flag to highlight where others can learn from outstanding achievements or improvements or an innovation that has very promising prospects of success. We use a red flag to highlight where we have significant concerns about results and future prospects that are not being tackled adequately. This means that local partners need to do something more or different to improve these prospects.

Green flags - exceptional performance or innovation that others can learn from

No green flags have been identified for Rotherham

Red flags - significant concerns, action needed

No red flags have been identified for Rotherham

The local area

Most of Rotherham's population lives in urban areas though large parts of the borough are rural. Half of the land is used for agriculture. The area has a population of around 253,400 people. The population is ageing in line with the rest of England. The borough's population is growing as more people are coming to live there, most recently from Eastern Europe. There is a small but significant minority ethnic population with the largest group being people of Kashmiri or Pakistani origin.

People in Rotherham are generally not well off but, compared with other areas, poverty has decreased in the past five years. Employment rates are lower in Rotherham than many other parts of the country and jobs often do not pay well. Skill levels are also lower so it is not as easy to attract new jobs and businesses into Rotherham. The greatest deprivation is found around central Rotherham and the eastern ward of Maltby: these are also the areas where there are most people not working. House prices are lower in Rotherham than nationally.

The health of people in Rotherham is worse than for England as a whole. There are also differences between the health of people within Rotherham: men and women in more prosperous areas are likely to live longer than those in more deprived areas.

Rotherham's Council, public services, voluntary organisations and businesses are working together in partnership. They have agreed priorities and targets for improvement.

The next section tells you how Rotherham's public services are doing in each of their local priority areas.

How is Rotherham doing?

Achieving: building an area that is prosperous with a vibrant economy and flourishing town centre

Partners across both public and private sectors face big challenges: to expand and strengthen the local economy, help people back into work and improve skills.

The priority is to make Rotherham's economy more resilient by creating more higher-skilled jobs. To attract and retain new types of employer into the borough the local workforce will need to be better educated and trained.

Rotherham has become a more prosperous place in the past ten years. More people are working and more new businesses are starting up or relocating to the borough. But the actual proportion of the working age population in work in 2009 - at 70.4 per cent - remains lower than the regional and national averages.

Many people have been out of work for a long time. They typically live in the poorer parts of Rotherham. Partners are working together to help these people return to work by linking jobs, skills and training but their situation has not changed much in recent years. The challenge remains of improving prospects for this particular group.

The Council, working with others, has been proactive in reducing the impact of recession, which has hit Rotherham hard. Successes have included working with a local Rotherham company and other employers to help people find other jobs before the factories closed.

Rotherham town centre is being improved to make it more attractive and bring new shops and businesses into the area. Redevelopment projects are carrying on thanks to public money. This should help to take advantage of changes in the economy and enable it to offer a distinctive alternative to shopping centres like Meadowhall.

Learning: people are skilled, informed, creative, innovative and challenging

Children's performance at school is generally worse than similar areas,

although pre-school education and GCSE results are improving. However, more young people need to stay on in education after the age of 16 to improve overall skills levels.

School results are variable. Children start primary school with relatively good speaking, listening and reading skills thanks to early years support. But later primary school results, in particular reading, and for boys, are poor. Schools are actively targeting those who fall behind.

Results in 2008 were still lower than most of England and the gap was not closing. Within Rotherham, poor educational attainment is concentrated to a greater extent on the more deprived neighbourhoods. Asian pupils generally are not doing so well at GCSE.

Early indications are that GCSE results are getting better. In 2009, more than 47.5 per cent of students gained five or more good GCSEs including English and Maths, according to recent figures. They still need to be checked but this would be one of the best improvement rates in the region.

Rotherham's schools have improved in recent times. Half the area's secondary schools are now rated as 'good' or better although this still leaves the other half as only 'adequate'.

Rotherham Council and the Chamber of Commerce are working well to encourage enterprise amongst school children. This has inspired teachers and given confidence to children, particularly in primary schools, who have produced some good quality work.

Alive: people are healthy, feel good, are active and enjoy life

Many people in Rotherham need to make some changes if their health is to improve. Life expectancy - at 80 years for women and 76 for men - is shorter than the English average. This gap is not closing. In the poorest parts of Rotherham, people live, on average, six years less than those in the more prosperous areas.

People have access to good health and community services. This is helping to stop so many people dying early from heart disease and stroke - rates have more than halved since 1991, faster than the English average. Cancer deaths are coming down at the same pace as nationally but the gap is still there.

More mums are breastfeeding, fewer babies are dying young and the number of babies born with low weight is also going down.

About one in five people still smoke in Rotherham - including a relatively high proportion of women and expectant mothers. A high number of young people say they smoke and drink compared with their peers in other parts of the country.

More people are overweight or obese compared with the England average. One in five children are obese and the problem is getting worse. Partners

have good plans for tackling the problem, especially among children. Early signs are promising but it is too soon to claim success.

Too many teenagers are getting pregnant. The numbers have only reduced by 10 per cent since 1998 despite attempts to improve sexual health and change behaviour. The gap with the national average has not closed. Targeted work with at-risk teenagers is having good results in reducing pregnancies and is being extended to two more areas.

The poorest families in Rotherham show low take-up of tax credits. This is worrying because poverty is closely linked with ill health.

Adults and older people can expect excellent care in Rotherham and are helped to stay in their own home when they become less able. Increasing numbers of people have personal budgets so they can organise their own care. Nursing and care homes also provide good care for those that need them.

Safe: neighbourhoods are safe, clean, green and well maintained

Rotherham is a safe place to live. Partners are working together well to improve the quality of life in neighbourhoods across the borough. Overall crime came down by 13 per cent in 2008/09 and Rotherham is roughly comparable to similar towns and cities in England and Wales.

Some poorer areas suffer much more from the effects of crime. Partners have worked closely with local residents in these areas and have achieved significant reductions in crime and anti-social behaviour. This has also had the effect of involving residents more and improving their levels of trust in public services to bring about change.

Police, youth workers and others are working together to help young people stay out of trouble and fewer young people are getting involved with crime and repeat offending.

Some vulnerable children and young people do not always get the help they need to stay safe. Rotherham does not have enough children's social workers to carry out all the tasks they need to do. This means they are not always able to respond quickly and well enough to all referrals. Young people in Rotherham are more likely to experience bullying than in many other places. Partners, including schools, are committed to challenging this problem.

The quality of housing is getting better but there are not enough affordable homes in Rotherham. More people have their names down for a Council house than ten years ago while at the same time Council owned housing has reduced.

The Council is working on plans to bring its own housing stock through a period of financial uncertainty. Inspectors will keep an eye on those plans to make sure that tenants' interests are being looked after and that the investment is protected.

Proud: people, businesses, and pride in the borough are at the heart of the vision

The Rotherham Partnership is committed to making people feel proud to live and work in Rotherham. Civic pride can help people to get on better together and make Rotherham a better, more prosperous place to live. There is more work to do.

Residents' perceptions of how well people get on together are not as good as in other places. Partners need to understand the reasons why people think this so they can effectively address people's real concerns.

Partners want local people to feel proud about where they live. They have invested in large-scale public events, including a popular Diversity Festival - part of the annual Rotherham Show, and new ways of communicating with residents, such as Rotherham News. It is not easy to tell whether these activities are having the desired impact but partners need to find ways of measuring what they do. This is to satisfy themselves they are achieving their aims and giving good value for money.

Rotherham's work on preventing any growth of violent extremism is very good.

People from different cultures and countries continue to settle in the borough. Many people arriving know little about local life. Neighbourhood management projects have provided information and training for new residents on how public services work - and to help ensure people of different backgrounds get on well in their changing neighbourhoods.

About Rotherham

A recent survey shows that in Rotherham 74 per cent of people are satisfied with their immediate local area as a place to live. This is broadly the same as the average for similar areas and lower than the national average of 81 per cent.

Rotherham has a population of around 253,400 people. The population is ageing, much like the rest of the country. There is a small but increasing ethnic minority population due in part to recent arrivals from Eastern Europe. The largest minority groups are people of Kashmiri or Pakistani origin, who make up 2.1 per cent of the population.

Most people live in urban areas but there are also large areas of countryside and smaller communities away from Rotherham centre.

People in Rotherham are not generally well off, but the area has improved from being the 63rd most deprived in 2004, to now being the 68th out of 354 areas. There are still big differences between areas in Rotherham itself with some areas of the borough more deprived than others.

Pockets of deprivation and worklessness are located around central

Rotherham and the eastern ward of Maltby. In these places there are still a lot of people without jobs and those who are not as well qualified as elsewhere.

The health of people in Rotherham is worse than for England as a whole. There are also differences between the health of people within Rotherham, as both men and women living in more prosperous areas are likely to live longer than those living in more deprived areas.

House prices are lower in Rotherham than in Yorkshire and Humber and the country as a whole. There are areas where the demand for housing is low and others where the demand is greater than supply, such as in rural areas.

Rotherham Partnership is the area's local strategic partnership, responsible for making sure the ambitions in the Sustainable Community Strategy happen. Membership includes a wide range of representatives from the public, private, community and voluntary organisations.

How well do priorities for Rotherham express community needs and aspirations?

The greatest challenge for Rotherham is to improve the local economy and create more jobs. Unemployment is closely linked to deprivation and ill health. Rotherham is affected by all three and by inequalities, with some areas suffering more than others. If the economy is going to get stronger the local workforce needs to be skilled to a higher level.

Rotherham's local public services have forged a strong and effective partnership which understands these big issues and has plans to make life better for the population. The partnership has identified its priorities and knows that there is a long way to go before people in deprived areas have similar opportunities to those in better off areas, whether in education, health or employment.

Public services work well in partnership and with local people to make a difference for local communities. They work well with community and neighbourhood groups to understand what people want and need. Service user forums in many sectors give people the chance to get involved in decision making. For example, the Voluntary Sector Provider Forum and the Pensioners Action Group have been active in changing the way services are run. However, most people in Rotherham do not feel they can influence local decisions and partners need to find out why.

The population of Rotherham is growing and its makeup is changing. There are more older people and an increasing number of people who have settled from Eastern Europe, adding to the ethnic mix. Partners have shown they can respond to these changes by taking specific needs into account when planning services for the future.

Partners have said they want their plans for the area to be sustainable, not limiting choices or storing up problems for future generations. They have

made some progress on the environment by improving recycling and making use of previously developed land for new building. The partnership is at the very early stages of looking at its carbon footprint. Carbon emissions for the area fell by 16 per cent between 2005 and 2007, according to government estimates. This was one of the largest decreases in the country.

By working together, and with voluntary organisations, public services are giving good value for money for people in Rotherham. They are striving to make real improvements in people's lives and also to reduce costs. Partners could be even more effective if they clearly understood what money is committed by different organisations to specific problem areas and what is being achieved. They have begun to do this; such understanding is the first step in a truly combined approach to planning and funding a prosperous future for Rotherham.

Achieving: building an area that is prosperous with a vibrant economy and flourishing town centre

Three major challenges face partners across both public and private sectors: to expand the local economy; help people back into work; and improve skills. Partners are ambitious for the future of Rotherham. They have workable plans and a good track record but, due to the credit crunch, progress in the short-term will be difficult.

Rotherham's economy has moved away from reliance on heavy engineering and coal and now is based on light engineering, financial and business services, and jobs in the public sector. The next stage is to make Rotherham more resilient in times of economic change by creating more high-skill jobs. Rotherham needs a better educated and trained workforce to attract this type of employment.

Rotherham has become a more prosperous place in the past ten years with more people working and new businesses attracted to or starting up in the borough. Business incubation centres have provided space for new businesses to start. Lots of these are now successful and have expanded.

The total number of people in jobs in Rotherham rose much faster than in similar areas up to 2007. However, the proportion of the working age population in work in 2009 - 70.4 per cent - is still below regional and national averages.

Many people have been out of work for a long time. They typically live in the poorer parts of Rotherham. Partners are working together with other regional agencies to help these people return to work by linking jobs, skills and training but their situation has not changed much in recent years.

Partners are seeking to attract new employers who can offer higher value jobs which depend on a more highly skilled workforce. The Council, schools, colleges and employers have made a difference by creating opportunities for young people. More young people are gaining level 3 qualifications by the age

of 19. Train to Gain - a government programme supporting local business to work with colleges and training providers - enabled 5896 Rotherham people to improve their skills in 08/09, twice as many as 07/08.

Partners have had some success with more vulnerable youngsters. The overall number of 16 to 19 year olds who are not in education, training or employment (NEETs) has improved and is lower in Rotherham than the rest of the region. It is now in line with the national average but numbers tend to be concentrated in the poorer areas of the borough.

The recession of the past year has hit Rotherham hard with unemployment rising more steeply than similar places. Job Seekers Allowance claimants doubled in 2009 on the previous year. Some large businesses such as Corus have closed major sites. Partners have been very active - wherever possible working with employers and other agencies such as Jobcentre Plus - before redundancies occur. Major successes include half the staff made redundant at a local Rotherham company finding other jobs before the closure.

Rotherham town centre is being developed both for leisure and to attract new shops and other businesses. Redevelopment projects are carrying on thanks to public money. This should help to take advantage of changes in the economy and enable it to offer a distinctive alternative to shopping centres like Meadowhall.

Learning: people are skilled, informed, creative, innovative and challenging

Children's performance at school is generally worse than similar areas, although pre-school education and GCSE results are improving. However, more young people need to stay on in education post-16 to improve overall skills levels.

School results are variable. Children start primary school with relatively good speaking, listening and reading skills thanks to early years support. These are vital for a good start in learning at school.

The Imagination Library is a major initiative designed to prepare young children for learning. Children under the age of five who are registered receive a free book every month to encourage families to read together. Registrations in 2008, the first year, exceeded their initial target by 332 per cent. This represents over 8,000 families - more than half of Rotherham's under-five population.

Research in the United States, where the scheme was developed, has shown that children who took part consistently exceeded their peers on a range of scores. The greatest impact was with low income families and those who were less well educated themselves. Partners are hopeful that this should soon begin to show through in improved results at primary stage in Rotherham. Currently, these results, in particular reading, and for boys, are poor. Schools are actively targeting those who fall behind.

In 2008 GCSE results were still lower than most of England and the gap was

not closing. Within Rotherham, poor educational attainment is concentrated to a greater extent on the more deprived neighbourhoods. Asian pupils generally are not doing so well at GCSE.

Early indications suggest that GCSE results are getting better. In 2009, more than 47.5 per cent of students gained five or more good GCSEs including English and Maths according to recent figures. If validated, this would be one of the best improvement rates in the region.

Rotherham's schools are improving but not as quickly as partners had planned. Half at secondary level are now judged to be 'good' or 'better' but this means the rest are only 'adequate'. One school failed to reach the government target of 30 per cent of students gaining five good GCSE passes including English and Maths in 2008.

Not enough young people stay in education after the age of 16. The three institutions that provide for 16 to 19 year olds have work to do with schools and other agencies to make sure young people continue their education and gain skills which will improve their employment opportunities.

Rotherham Council and the local Chamber of Commerce encourage enterprise amongst school children by setting up small businesses. This has inspired teachers and given confidence to children, particularly in primary schools, who have produced some good quality work.

Alive: people are healthy, feel good, are active and enjoy life

Many people in Rotherham need to make some changes if their health is to improve. Life expectancy - at 80 years for women and 76 for men - is shorter than the English average. In the poorest parts of Rotherham, people live, on average, six years less than those in the more prosperous areas.

People have access to good health and community services. This is helping to stop so many people dying early from heart disease and stroke - rates have more than halved since 1991, faster than the English average. Cancer deaths are coming down at the same pace as nationally but the gap is still there.

More mums are breastfeeding - up 3.2 per cent in 08/09 to 57.8 per cent. Fewer babies are dying young and the number of babies born with low weight is also going down.

About 1 in 5 people smoke, including a relatively high proportion of women and expectant mothers. Schemes to help people give up smoking are very successful for those who take them up, but need to reach more people.

Too many people are overweight - 27.7 per cent compared to the England average of 23.6 per cent. One in three children is overweight and the problem is getting worse. Partners have good plans for tackling the problem, especially among children. Early signs, from programmes like child obesity camps and money being invested in leisure centres and parks, are promising. It is too soon to claim success.

A high number of young people say they smoke or misuse alcohol, according to a locally conducted survey, and fewer children than elsewhere say they are taking part in activities which promote a healthy lifestyle such as sports, arts or youth activities. This underlines the importance of working with young people to promote healthy behaviour.

The poorest families in Rotherham show low take-up of tax credits. This is important as poverty is closely linked with ill health.

Rotherham has historically had many teenage mothers. This is in common with similar areas. Teen pregnancy is often associated with poor health and limited life chances for both mother and child. Teenage conceptions, including those which end in termination, have only reduced by 10 per cent since 1998 despite attempts to improve sexual health and change behaviour. The gap with the national average has not closed. Recent innovative work in Maltby with teenagers at high risk of early unplanned pregnancy has shown good results and is being extended to two more areas. Significantly fewer girls than expected became pregnant as a result of this targeted approach.

Adults and older people can expect excellent social care in Rotherham and if at all possible will be able to stay in their own home. More older people with ill health or disability are receiving the help they need to stay living at home independently.

Growing numbers of people have personal budgets so they can organise their own care - 456 more people received these payments in 2008-9, double the number in 2007-8. People like these arrangements, feel more in control and have more flexibility in the services they use. Nursing and care homes also provide good care for those that need them

Safe: neighbourhoods are safe, clean, green and well maintained

Rotherham is a safe place to live. Partners are working together well to improve the quality of life in neighbourhoods across the borough. Overall crime came down by 13 per cent in 2008/09 and Rotherham is roughly comparable to similar towns and cities in England and Wales.

Partners understand the needs and priorities in different neighbourhoods and are making good progress. Deprived areas suffer most from crime. Partners are responding to what residents have said about lacking confidence in public services' ability to improve things. They are targeting these areas, starting with pilot schemes which have reduced crime and halved levels of anti-social behaviour. Residents in Chesterhill, one of the target areas, once ranked crime as their top concern. They now rate it as only fifth. Residents in these areas are now more involved in devising local solutions and trust in the public services has increased. Similar schemes have now been launched in three further areas.

Police, youth workers and others are working together to help young people stay out of trouble and fewer young people are getting involved with crime and repeat offending. Partners realise they still need to do more to address

this problem.

Some vulnerable children and young people do not always get the help they need to stay safe. Rotherham Council does not have enough children's social workers to carry out all the tasks they need to do. This means that sometimes they are unable to respond quickly and well enough to all referrals.

Young people in Rotherham are more likely to experience bullying than in many other places; the partnership is committed to reducing this and most schools are signed up to take action.

Road safety is a high priority for residents and specific targets have been set to reduce accidents. Fewer children are now seriously injured or killed on the roads than in other similar boroughs. However, the figures for adults are not so good and compare badly with national averages

The quality of housing in Rotherham is getting better. The Council has replaced older, poor quality accommodation with new housing. A high proportion of new housing has been built on brownfield sites. The Council has supported landlords to improve the private rented housing, much of which was in poor condition, and properties are being made more energy efficient.

There are not enough affordable homes in Rotherham. The number of people who have their names down for a Council house has passed 20,000 and there is less Council housing available. The number of new houses being built has increased in recent years, but the Council is now predicting a drop in 2009 and local demand will not be met. The Council is working with the private sector to try and maintain new developments, but the economic climate means that targets are unlikely to be achieved.

The Council's housing stock is managed by Rotherham 2010, an arm's length organisation (ALMO). Residents are generally happy with the service they receive. However, Rotherham 2010's financial future is uncertain. The Council is working on plans to ensure this housing and its finances are managed properly, maintaining quality and customer service.

Attractive public spaces are important to achieving the vision for Rotherham – both in improving community safety, and in helping make residents proud of where they live. Success has been mixed in ensuring that public spaces are well kept. The Council has reduced graffiti and fly tipping but needs to do more to reduce littering.

Proud: people, businesses, and pride in the borough are at the heart of the vision

The Rotherham Partnership is committed to making people feel proud to live and work in Rotherham. Civic pride can help people to get on better together and make Rotherham a better, more prosperous place to live. There is much work to be done.

Results from the recent Place Survey show that perceptions of how well people get on together are not as good as elsewhere, although the ethnic

minority communities say that they feel more part of their community than others. Partners need to understand the reasons behind these perceptions so they can address people's real concerns and what they see as threats or aspects of change that worry them.

Partners want local people to feel proud about where they live. They have invested in large-scale public events, including a popular Diversity Festival, part of the annual Rotherham Show, and new ways of communicating with residents, such as Rotherham News. However, partners need to find ways of measuring whether these activities are having a positive impact.

Rotherham's work on preventing any growth of violent extremism is very good. The Council and police work closely together and share intelligence. In April 2009, 'One Town One Community' was launched, bringing together people to unite against hate and extremism.

People from different cultures and countries continue to settle in the borough. Many people arriving know little about local life. Neighbourhood management projects have provided information and training for new residents on how public services work - and to help ensure people of different backgrounds get on well in their changing neighbourhoods.

CAA looks at how well local public services, working together, are meeting the needs of the people they serve. It's a joint assessment made by a group of independent watchdogs about the performance of local public services, and how likely they are to meet local priorities. From 9 December you will find the results of Comprehensive Area Assessment on the Oneplace website - <http://oneplace.direct.gov.uk/>

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for an independent overview
of local public services

Rotherham Metropolitan Borough Council

Organisational Assessment

Dated 9 December 2009



oneplace

for an independent overview
of local public services

Rotherham Metropolitan Borough Council

Overall, Rotherham Metropolitan Borough Council performs adequately

Managing performance	2 out of 4
Use of resources	3 out of 4
Managing finances	3 out of 4
Governing the business	3 out of 4
Managing resources	3 out of 4

Description of scores:

1. An organisation that does not meet minimum requirements, Performs Poorly
2. An organisation that meets only minimum requirements, Performs Adequately
3. An organisation that exceeds minimum requirements, Performs Well
4. An organisation that significantly exceeds minimum requirements, Performs Excellently

Summary

Overall, Rotherham Metropolitan Borough Council performs adequately. This rating reflects concerns that the safety of children most at risk cannot be assured.

Many things the Council does are effective and these are making life better for people in Rotherham. It is providing high-quality care for older people, helping to increase recycling levels, improving energy efficiency and reducing crime. The Council is good at managing its money and is making savings. The Council has yet to demonstrate the impact of some of its programmes such as helping people to live healthier lives or improving the skills of people of working age.

Council leaders have developed a clear vision for Rotherham and show good leadership. Councillors focus strongly on improvement and work well with officers to make decisions and drive change. Councillors and officers have good information about the needs of local people and how well services perform. They have good systems to check how well their plans are put into practice and they keep tight control of budgets. They respond quickly to improve things if they find problems.

Fairness is an underlying feature of the way the Council works. It is one of only a few councils nationally to achieve the top level of the Equalities Standard for local government. In recognition of its efforts to deliver quality services, the Council has obtained the Government Customer Service Excellence Standard across all Council functions.

The Council works very closely with other public services and local

organisations. It works well with the Police to reduce crime and anti-social behaviour. With NHS Rotherham, it has piloted a more intensive approach to reducing teenage conceptions with some encouraging results.

The scores for use of resources and managing performance are different. We have determined that Rotherham MBC should be scored as performing adequately. This is because for the second year the score for children's services has fallen. It is too early to say if the planned changes to services will improve safeguarding for vulnerable children.

Rotherham Metropolitan Borough Council scores 2 out of 4 for managing its performance. The score reflects the weaknesses found in how the Council makes sure that vulnerable children are safe.

Ofsted has rated the Council's children's services as performing poorly. Only a small minority of inspected services, settings and institutions are good or better. There are significant weaknesses in children's social care where capacity to deliver front-line services means that effective safeguarding cannot be guaranteed. Educational results between 2005 and 2008 improved but the gap with the national average on the measure of five A* to C GCSEs with English and Maths was not closing. Provisional data show a 6.6 per cent improvement from 2008 to 2009. It is too early to compare this with performance nationally. Children of Asian origin do less well than others. Only half its secondary schools are rated as good or better which is not good enough.

The Council has done well in reducing the number of 16-19 year olds not in education, training or employment. But there are still too many people without good enough qualifications and many of the working age population have no qualifications at all.

The Care Quality Commission (CQC) has rated the Council's adult social care services as performing excellently. The Council supports older people - and others who need care to live independently - well. The Council is successfully bringing in new developments: personal choice of services for older people; support for people to use direct payments to buy their own care; or help to stay in their own homes. It is effective at keeping most adults who are cared for safe from abuse, neglect or poor treatment.

The Council has responded well to the recession. Many people lost their jobs in this period - between June 08 and June 09 Rotherham suffered the sixth highest increase in the proportion of people claiming Job Seekers Allowance. The Council has devised some creative solutions to support people and, with employers and other partners, help them into new jobs where it can. There are still problems in helping the long-term unemployed back into work - a higher proportion of people than the regional or national average rely on state benefits because they don't have jobs or are in poorly paid work.

Not enough affordable houses (homes available for sale or for rent - or a combination of both - below the cost they would be on the open market) are being built in Rotherham. The Council needs to continue to work with developers and other public sector agencies to increase the number of affordable homes in the borough.

The Council scores 3 out of 4 for its use of resources. It manages its finances well. It has made savings by reviewing budgets and being more efficient, releasing money to spend on the most important services for local people. It has saved £33 million from its budgets in the past four years - more than it planned. The Council consults local people, businesses and partners when setting its budgets.

The Council is improving the way that buildings are used, including sharing them with other public services. This means services can work together better and bring services closer to where people live. The Council has made it easier for citizens to make contact and get services online.

About Rotherham Metropolitan Borough Council

Most of Rotherham's population lives in urban areas though large parts of the borough are rural. Half of the land is used for agriculture. The area has a population of around 253,400 people. The population is ageing in line with the rest of England. The borough's ethnic minority population is increasing, with most recent migrants coming from Eastern Europe. Currently 6.2 per cent of the population are from ethnic minorities; the largest group is people of Pakistani and Kashmiri origin who make up 2.1 per cent of the population.

People in Rotherham are generally not well off but, compared with other areas, poverty has decreased in the past five years. The greatest deprivation is found around central Rotherham and the eastern ward of Maltby: these are also the areas where there are most people not working. House prices are lower in Rotherham than nationally.

The health of people in Rotherham is worse than for England as a whole. There are also differences between the health of people within Rotherham: men and women in more prosperous areas are likely to live longer than those in more deprived areas.

Rotherham MBC has five themes which describe its most important areas for action. These are the same as the priorities of the Rotherham Partnership and are:

- Achieving: Rotherham is an area that is prosperous with a vibrant economy and flourishing town centre;
- Learning: People are skilled, informed, creative, innovative and challenging;
- Alive: People are healthy, feel good, are active and enjoy life;
- Safe: Neighbourhoods are safe, clean, green and well maintained;
- Proud: People have pride in the borough and Rotherham has a positive external image.
- Equality of opportunity and choice, and sustainability of economic development run through all themes.

Organisational assessment

Achieving

The economy of Rotherham grew strongly up to 2007 with more people in work and new businesses starting up in the borough. Because of the recession, some large businesses in Rotherham have closed and unemployment has risen steeply. There are still jobs available but most vacancies are taken by people who have just left other jobs. It is difficult for people who have been out of work for a long time, or who are disabled, to find work.

The Council has worked hard to deal with the downturn in the local economy. Where possible it works with employers before redundancies occur. This approach has been very successful: for example half the staff made redundant at one large local employer had found other jobs before the closure. The Council also has account managers who work with employers, Job Centre Plus, colleges and the Chamber of Commerce to co-ordinate services and help people find work.

The Council continues to attract higher skilled businesses - which are less affected by recession - into the borough. Its job is made harder because skill levels in the adult population are low. Fewer people are educated to level 3 or above (equivalent to A level) than the national average and many people have no qualifications at all. This means it will be more difficult for many local people to share in the benefits of future economic growth.

The Council works with employers to assess the skills needed - often basic literacy, numeracy and communication. Unemployment, though, is not likely to reduce soon in Rotherham. The Council needs to build on existing work with partners to drive the changes that are needed.

The biggest jobs challenge is to help people who have not worked for a long time or who are disabled and claiming benefits, to get work. More of these people live in the more deprived parts of Rotherham than in more prosperous areas. This hasn't changed much in the last few years.

Rotherham is continuing to redevelop its town centre to make it more attractive and bring new shops and businesses into the area. Redevelopment projects are carrying on thanks to public money. This should help to take advantage of changes in the economy and enable it to make a distinctive offer from shopping centres like Meadowhall.

Learning

Rotherham has not improved the educational achievement of its young people as much as it hoped. Achievement in the early years is improving. The Council has done some creative work to help very young children enjoy learning, such as the Imagination Library.

Results at primary school (Key Stage 2) and above have been improving slowly but are still below the national average, including for most minority ethnic

groups. The achievement gaps for those groups whose circumstances make them vulnerable, such as children from poorer backgrounds, are still too wide in the early years and at the end of primary school.

Recent unvalidated data show more hopeful signs for 14 - 16 year olds (Key Stage 4). These data indicate that 47.5 per cent of Rotherham's young people achieved five or more good GCSEs (A* to C with English and Maths) in 2009. This was better than the Council's results in 2008.

However, in Rotherham, Asian pupils are not doing well at GCSE, and the young people getting poor results more often come from deprived neighbourhoods than other areas of the borough. One secondary school is still rated as inadequate and only half its secondary schools are good or better which is not good enough.

More young people are gaining qualifications at level 3 (A level or equivalent) but the proportion is still lower than elsewhere in the region. It is also significantly out of line with the national picture. This needs to improve if new employers in higher skilled sectors are to be attracted to the town.

By working with schools, colleges and employers the Council has reduced the number of 16 to 19 year olds who are not in education, training or employment (NEETs). The level in Rotherham is better than similar areas and as good as the national average. The level is highest in the more deprived areas of the borough. The state of the economy more widely has resulted in fewer job opportunities which means the number of NEETs is likely to increase.

Inspectors have commended Rotherham Council for work - the Rotherham Ready initiative - to encourage enterprise amongst school children. It has inspired teachers and given confidence to children, particularly in primary schools, who have produced some good quality work.

Alive

Rotherham MBC works closely with NHS Rotherham to improve the health of the local population. Although people in Rotherham can now expect to live longer, there is a big difference in how long people live in Rotherham and in England as a whole, and within Rotherham between more well-off and more deprived areas. This hasn't changed in the last few years. The difference is bigger for men. Local health services - hospitals, community services and GPs - are good. But the Council and its partners are not being as successful as they would like in encouraging people to choose healthier lifestyles.

Rotherham MBC has invested heavily in leisure services. Three new leisure centres opened in 2008/09, with another to open in March 2010, and attendance is going up steadily. But too many local people are still overweight - 27.7 per cent compared to the England average of 23.6 per cent. The number of children who are obese is increasing, despite efforts by schools, health and voluntary organisations to encourage healthy eating and exercise. 85 per cent of schools have achieved healthy schools status and all are in the scheme. The high-profile Ministry of Food experiment (teaching people how to cook and to pass on this knowledge) was successful. The Council has expanded this, and there are other examples of good practice to try to

influence lifestyle. It's hard to tell if these are reducing obesity.

The number of teenagers getting pregnant is high. Despite attempts to improve sexual health and change behaviour numbers only fell by 10 per cent between 1998 and 2007. The gap with the national average has not closed. However, the number has fallen in 2008-9, and the Council hopes this will continue. The Council and NHS Rotherham have been working together to target the most vulnerable young people. This targeted work has achieved some success in reducing the number of pregnancies and is being extended to two more areas.

Not as many children take part in high-quality activities outside school - which provide opportunities to encourage healthy behaviour - as in other areas. The number is even lower in the more deprived parts of Rotherham. The Council's annual survey of young people shows some worrying trends, for example in alcohol consumption and smoking.

The Council has been rated as excellent in giving older people and people who need care services the support they need. It is also good at keeping them safe from abuse, neglect or poor treatment. The Council is doing particularly well in giving people budgets to organise their own care (personalisation). This includes people from all communities. Older people in Rotherham get good services to help them remain independent; intensive home care support has increased.

The Council applies itself to finding out what people think about the care services they provide and how people want their needs to be catered for. Most people are very satisfied with the support they get to stay at home.

Safe

The Council works closely with the police and other partners to make neighbourhoods in Rotherham safer. It has carried out successful pilot schemes in two of the most vulnerable neighbourhoods, reducing crime and anti-social behaviour. Residents have got more involved and trust has increased. Similar schemes are being rolled out in three more areas with high rates of crime and anti-social behaviour: this should lead to improvement for those communities.

The Council is working well to make its area assemblies and neighbourhood management stronger. It is showing that it can learn and keep getting better. It's piloting giving neighbourhoods their own budgets, so local citizens can genuinely put money into what they think is important.

The Council has a responsibility for the welfare and safety of vulnerable children. Only a minority of inspected services were found to make good provision for children to stay safe. In 2008 Ofsted rated the fostering service inadequate. The Council has worked hard to improve performance. A reinspection in 2009 rated the service as satisfactory but with significant improvements still needed. A separate inspection of contact, referral and assessment found that social workers do not have capacity to safeguard children effectively. It also found inconsistent performance in completing some social care assessments. Services have been assessed as performing poorly.

The quality of housing in Rotherham is improving. All Council properties are expected to meet decent standards - set by the government - by 2010. The Council has improved energy efficiency, removed many older, poor-quality homes and new housing has replaced this. A lot of new housing has been built on brown-field sites. It also has a good record on improving private rented housing.

Rotherham Council needs to do more to increase the number of affordable homes (homes available for sale or for rent - or a combination of both - below the cost they would be on the open market). The Council is working with private developers to make sure new homes are built, and the number has gone up in recent years. But developers are now investing less, because of the economic downturn. This means the level of unmet need is likely to increase.

More people are on the housing waiting list than in neighbouring boroughs. However, the Council is dealing well with homelessness: there are no families in bed and breakfast accommodation. The Council is on target for reducing the number of families in temporary accommodation.

The housing management arm of Rotherham MBC, 2010, had reasonable inspection results last year. Overall satisfaction of residents was good. However, it is now in financial trouble. The Council is working on an improvement plan to make sure that tenants' interests are secure and that public investment is protected. The future is not certain.

The Council has a mixed record for making sure that public spaces are attractive. It needs to work harder to reduce litter, but has reduced graffiti and fly tipping. It has increased recycling.

The Council has responded to climate change and wider sustainability issues. It has an Environment and Climate Change Action Plan. This is a priority for all directorates. The Council has analysed its carbon footprint and knows it has a big task in becoming more environmentally friendly. It is too soon to say whether its plans will work: this is a long-term issue and the national measures are new.

Proud

Rotherham Council and its partners work well together to promote pride in the borough. They want people to feel that Rotherham is a good place to live and to take part in making life in the borough better.

The Council often gets good comments when it asks people about the quality of services. It acts on what people tell it to make services better. This is at odds with the recent Place Survey which showed that people's views of how well people get on together, of crime and of the Council generally, are not very good. The Council needs to understand more about where and why perception differs from actual experience.

The Council has held high-profile community events, such as the Armed Forces Day, and has attracted well-known personalities to Rotherham such as Dolly Parton and Jamie Oliver. It celebrates and supports the diversity of its population which helps people to understand one another and get on better. The Rotherham Diversity Festival has grown over the past eight years into a

two day event taking place as part of the Rotherham Show and attracting more than 70,000 people.

The Council and police work closely together to make sure that extremism does not grow in the community. Shared intelligence has made good preventative steps possible. This is an area of good practice where Rotherham is ahead of other places. In April 2009, 'One Town One Community' was launched. This brings people from diverse backgrounds together to unite against hate and violent extremism.

The Council has responded to the challenge of migration from the European Union. It has developed information and training for new residents in the borough. The idea is to educate people from diverse backgrounds about how public life in Rotherham works, and make sure that people get on well with their neighbours.

CAA looks at how well local public services, working together, are meeting the needs of the people they serve. It's a joint assessment made by a group of independent watchdogs about the performance of local public services, and how likely they are to meet local priorities. From 9 December you will find the results of Comprehensive Area Assessment on the Oneplace website - <http://oneplace.direct.gov.uk/>

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Corporate Improvement Board
2.	Date:	11th January 2010
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 the Board notes the outcome of the assessment.

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

That the Board 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
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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
<p>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)</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<p>February 2010</p>
UPDATE ON PRIORITIES IDENTIFIED BY COUNCIL IN THE 2008/09 SELF ASSESSMENT			
<p>Jointly agree with NHS Rotherham a review of and delivery mechanism for the delivery of community based services</p>	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ➤ ToR has been agreed with partners 	<ul style="list-style-type: none"> • Savings of £110k targeted for negotiations with NHS Rotherham. • Intermediate Care Contract agreed. 	<p>March 2011</p>

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)	<p>and the Provider.</p> <ul style="list-style-type: none"> ➤ 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. <ul style="list-style-type: none"> • 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 NHR/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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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)	<p>Development; a Regional Intelligence Unit; and Action Learning Sets.</p> <ul style="list-style-type: none"> • 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). 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> 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'	<ul style="list-style-type: none"> Review of Intermediate Care draft report completed by NHSR in conjunction with RCHS and H&WB managers. Scoping of integrated teams and feasibility 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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 NHR 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 NHR/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	<ul style="list-style-type: none"> The Joint Equipment Service is a partnership agreement between RMBC and NHR. This review will inform a new way of making aids and equipment accessible to disabled customers which supports choice and control. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Action plan has been developed in response to the inspection. Review group meetings in place involving key partners. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> '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 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 	<p>Over the last 12 months we have achieved improvements in satisfaction levels; for example:</p> <ul style="list-style-type: none"> • 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%) <p>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.</p>	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
	<p>the Place Survey. Results were fed back relating to the 7 Area Assemblies within Rotherham to focus on locality issues and improvements.</p> <ul style="list-style-type: none"> • '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. 	<p>Future Surveys:</p> <ul style="list-style-type: none"> • Carers User Experience Survey (Nov 09) • Adult Lifestyle Survey capturing adults aged 50 to 65 (2010) <p>Example Headline Results:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>An Impact Survey that was conducted in July 09 in</p>	

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
		<p>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.</p> <p>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.</p>	

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)	<ul style="list-style-type: none"> Review effectiveness of current transition arrangements. Create one single transitions process by merging with best practice undertaken within LD service. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Telecare purchasing plan in place. NHSR have £200k Strategic Capital Grant 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Funding remaining for equipment. We have funding of £100k which will be spent on assistive technology by the end of the financial year. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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 	<p>Example improvements and achievements:</p> <ul style="list-style-type: none"> 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
	<p>suite of information in accessible formats.</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
		<ul style="list-style-type: none"> 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% <p>Example future literature we are looking at as defined by customers:</p> <ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
<p>Develop services for family carers to ensure they are offered a carers assessment and are offered flexible respite services. (Service Inspection) (Chrissy Wright)</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<p>March 2010</p>
<p>Develop services to ensure people who are lesbian, gay, bisexual and transgender are effectively supported. (Service Inspection) (Chrissy Wright)</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 	<p>December 2009</p>

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
<p>To ensure that people with a physical disability and/or sensory impairment can access and use an individual budget. (Chrissy Wright)</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<p>March 2010</p>
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
<p>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)</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<p>March 2010</p>

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)	<ul style="list-style-type: none"> • '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. 	<ul style="list-style-type: none"> • To date, we have had 97 applications for placements. • Placements have been provided in a variety of work areas: <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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
		<p>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.</p> <ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • A current Home Office priority includes '<i>One dialogue with the public on crime</i>'. The main driver of this is the introduction of Police and Communities Together (PACT) meetings in every Safer Neighbourhood Team (SNT). 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> 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. 	<p>Parking on Queensway</p> <ul style="list-style-type: none"> 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. <p>Maynard Road Play Area</p> <ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Service was formally launched on 1st April 2009 Rotherham has received 3 DOL's requests to date. 	<ul style="list-style-type: none"> 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
<p>relation to the deprivation of liberty standards. (Shona McFarlane)</p>	<ul style="list-style-type: none"> 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’ 	<ul style="list-style-type: none"> 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. 	
<p>Ensure that all citizens know how to raise issues of potential abuse and broader safety. (Service Inspection) (Shona McFarlane)</p>	<ul style="list-style-type: none"> Review the effectiveness of the Safeguarding Awareness Campaign and put in place a targeted continuous campaign to raise awareness across all partner agencies. 	<ul style="list-style-type: none"> Report to Safeguarding Adults Board and identified future action (July 09). Awareness targeted campaign agreed by Board and partners (September 09). 	<p>September 2009</p>

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
<p>Ensure that safeguarding information is available and accessible to all adult citizens. (Service Inspection) (Shona McFarlane)</p>	<ul style="list-style-type: none"> • 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 identified agencies display information in appropriate format. • System in place to routinely mystery shop/test effectiveness. 	<ul style="list-style-type: none"> • 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. 	<p>December 2009</p>
<p>Ensure that all agencies are aware of their responsibilities within the safeguarding policy and procedures. (Service Inspection) (Shona McFarlane)</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<p>March 2010</p>

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
	<ul style="list-style-type: none"> 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. 	<p>procedures. Improvements already identified around case conferences, strategy meetings and information sharing.</p> <ul style="list-style-type: none"> • The multi-agency training programme (bronze to platinum) has been adopted by all key agencies to raise awareness of the South Yorkshire procedures 	
<p>Improve quality assurance and compliance processes. (Service Inspection) (Shona McFarlane)</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<p>December 2009</p>
<p>Improve performance management systems in learning disability and mental health services. (Service Inspection) (Shona McFarlane)</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • LD now recording safeguarding cases onto swift system to enable performance reporting. • MH still recording manually as ICT systems are not compatible. 	<p>December 2009</p>

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
	<ul style="list-style-type: none"> Develop systems to capture information. Put in place performance management arrangements with LD and MH in line with Older People and PDSI. 		
<p>Ensure that all staff receive the appropriate training aligned to their job and agency role. (Service Inspection) (Chrissy Wright)</p>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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			
<p>Develop a 'Home from Home' interactive website to promote the quality of residential/nursing homes in the borough (Shona McFarlane)</p>	<ul style="list-style-type: none"> Develop a new web page alongside the implementation of the council's new website management programme (jadu). 	<ul style="list-style-type: none"> 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
<p>Complete phase 1 of the 'Home from Home' process (Chrissy Wright)</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
	<p>October 2009 to be completed end March 2010</p> <ul style="list-style-type: none"> • Include the Health Authority in the assessment process 	<p>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.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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. 	<p>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:-</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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, 	<ul style="list-style-type: none"> • 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			
Subject	Action taken / to be taken	Outcomes achieved /plan to achieve	Target date for completion
	<p>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.</p> <ul style="list-style-type: none"> • 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 	<p>how personalisation and integrated working will affect them in their roles and within the organisation. The schedule will include the following communication mechanisms:-</p> <ul style="list-style-type: none"> • 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
	<p>way of ensuring the message is getting across.</p> <ul style="list-style-type: none"> 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. 	<p>visualize change and how service can be transformed through the knowledge and consultation of all.</p> <ul style="list-style-type: none"> 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. 	
<p>Ensure that staff are effectively supported to improve outcome based assessments through supervision. (Service Inspection) (Shona McFarlane)</p>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<p>March 2010</p>
<p>To address all of the recommendations from the Service Inspection. (Chrissy Wright)</p>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Action plan endorsed by CQC Service Inspector, Safeguarding Adults Board and NHS Professional Executive. 	<p>June 2010</p>
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)	<ul style="list-style-type: none"> Evaluation of the 'Our Futures 3' programme and recommendation made to Council to develop personalisation agenda across Council services. Programme arrangements reviewed for Personalisation. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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

NAS Sustaining Excellence Plan

2009-10

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).		

Council Name: Rotherham

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently- overall delivering well above the minimum requirements for people

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment

Overall Rotherham MBC council is performing:

Excellently

Outcome 1:

[Improved health and well-being](#)

The council is performing:

Excellently

Outcome 2:

[Improved quality of life](#)

The council is performing:

Well

Outcome 3:

[Making a positive contribution](#)

The council is performing:

Excellently

Outcome 4:

[Increased choice and control](#)

The council is performing:

Well

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing:

Excellently

Outcome 6:

[Economic well-being](#)

The council is performing:

Excellent

Outcome 7:

[Maintaining personal dignity and respect](#)

The council is performing:

Well

Click on titles above to view a text summary of the outcome.

Assessment of Leadership and Commissioning and use of resources

Leadership

People from all communities engage with councillors and senior managers. The council has a clear vision for adult social care services and there is evidence of strong leadership from senior managers across the council. The council recognises that transformation can only be achieved by effective joint working and the council's corporate plan and Local Area Agreement reflect this vision. This is also reflected in the council's commissioning strategies and services that are tailored to meet the needs of the individual (personalisation) plan.

The implementation of personalisation in Rotherham has been inclusive with a high priority being given to ensuring that people from all communities are provided with an opportunity to contribute to the redesigning of services. The council has retained the Government Customer Service Excellent Standard acknowledging the efforts to deliver professional services. The council can demonstrate that working together with other organisations, changes have delivered improvements. It has developed its working relationships with the Community and Voluntary Sector, and the Local Involvement Network (LiNK), and has involved organisations in decisions that are designed to lead to the re-commissioning of services. A Central Needs study was undertaken, led by NHS Rotherham and Rotherham Council, to see how the social, economic, physical and well being of communities in the most deprived areas of the borough can be improved. The council is also engaging with NHS Rotherham to jointly review services and develop a five-year Strategic Commissioning Plan and Implementation Plan as part of the local delivery of 'Transforming Communities Services'.

The council's recruitment and retention rates have improved throughout 2008/09 and vacancy levels remain comparatively low in Rotherham. Working days lost to sickness absence has increased during 2008/09. The council employs a workforce development officer who has responsibility to ensure that the workforce is trained to meet the personalisation agenda. The council provides a comprehensive learning and development syllabus to its staff, and feedback from staff about the quality of training they can access is positive. The council has an innovations team, which leads on the process of restructuring services to meet the personalisation agenda. Thereafter calculated risks have been embedded into the council's key service plans, and are monitored through the risk management register.

Commissioning and use of resources

The council's commissioning plans are shaped by the awareness of the diverse range of needs of the local communities. The Joint Strategic Needs Assessment (JSNA) is aligned to and supports the priorities of the Local Area Agreement. The council effectively manages its budget, and costs are regularly reported on and appropriately controlled. There is also a focus on Medium Term Financial Planning and on securing improved value for money. Efficiency savings have been reinvested in priorities such as increasing the pace of its modernisation programme.

This includes £2.1m savings to continue its 'shifting the balance programme' from a 65% independent sector provision to 70%, agreed as part of the budget setting process.

In 2008/09 the council made an additional investment in services for older people with mental health needs to implement the new community-based service model. The proposal is to extend the community mental health team, develop a new Memory Clinic, a new Mental Health Liaison Service, a carers support service delivered by Crossroads, a dementia benefits service and a new-build inpatient unit at the hospital, all in line with the new national Dementia Strategy.

Investments have been made in the voluntary sector to provide increased personalised services and a number of value for money reviews were undertaken on existing partnerships and voluntary sector contracts resulting in savings of £140,000.

The council has achieved efficiency savings for adult social care through a number of ways such as making better use of human resources. A review of staffing structures across adult services resulted in recurrent cash savings and it has made better use of its assets, with the final part year saving due to one residential care home closing during 2006/07 and the completion of the modernisation programme for improving the provision of residential care for older people.

Brokerage and contract compliance is developing with investment in the recruitment of more contract compliance officers. The council had recently made financial investment into the training grant for partner organisations. Most partner organisations reported to the service inspection team that the quality and range of training provided by the council was excellent.

Summary of Performance

Improved health and well-being

Reducing the differences in how healthy people are in Rotherham remains a key challenge. However, the council has a detailed understanding of how healthy people are within the borough and has made progress in reducing death rates from heart disease and strokes and has improved performance of its stop smoking service. The council's stop smoking support service has helped more than 4,000 people stop smoking, making it amongst the highest performing services in the country with a quit rate of over 50%. Further progress is necessary around childhood obesity, under 18 pregnancy rates and breastfeeding rates.

People can get information and advice on a wider range of related issues, such as housing and money management as well as information on improving health. The Assessment Direct Team provides a single point of contact for people and it reports a 96% satisfaction rates with Assessment Direct. The council continues to work with partners to improve the availability of health information and advice. There is a variety of health literature that is well published and easily accessed. Individual advice and support is available for most groups and projects are in place to target difficult to engage communities. Information seen was appropriately available in a range of formats. The council has a number of projects to reduce health and wellbeing inequalities such as: three new leisure centres opened in Rotherham throughout 2008/09 with around 130,000 visits in that time. 'Active in Age' project has been successful across several sheltered housing neighbourhood centres in the borough. This is a project that trains staff and volunteers (including older adults) to deliver gentle and safe activity sessions within their own settings. Feedback has reported improvements in mobility and an increased social interaction and improved overall well-being.

Intermediate care in Rotherham remains integral to the reablement and personalisation agenda. Eighty per cent of people using the intermediate care services returned to live at home during 2008/09, although performance to prevent hospital admission for people in non-residential settings is falling. The council has improved its performance on the number of delayed transfers of care from the hospital. These have been reduced due to investment of resources and the appointment of delayed discharge facilitator by Rotherham Foundation Trust. Data demonstrates that the quality of care in nursing and residential homes is improving and twice as many providers rated domiciliary care in Rotherham as excellent.

Staff have been trained on three new policies relating to nutrition, hydration and dignity. These are: the MUST tool (Malnutrition Universal Screening Tool), the Dignity in Care paper and the Water for Healthy Ageing projects. The MUST tool is now used and ensures that people who use its residential services are screened to assess their medical status and identifying any risk of malnutrition. The council monitors the implementation of these policies and tools.

The council continues to support Jamie Oliver's Ministry of Food project for another year. Monies have been secured to continue the educational and healthy eating work. The number of people taking meals on wheels reduced in 2008/09 following a significant price increase. Through the council's 'Consultation Café' it has moved this provision of meals to a number of external companies resulting in a broader range of meals at a reduced cost.

There is a social services officer in the Rotherham Hospice which is a dedicated post to support adults at the end of life and ensures that patient preferences are taken into account including those set out in Advance Care Plans. Care can be received in a person's own home, hospice, care home, or acute care if appropriate. Two hundred and ten people were identified for end of life care in 2008/09, with most people having a choice over how they wish to receive this care.

Improved quality of life

The council continues to progress its services to prevent ill health and helping people to live at home. Data indicates that the number of older people helped to live at home has remained stable for the last 2 years. Overall intensive home care is in line with comparators and has increased in the year. In 2008/09 more households receive 5 hours or more home care. The average length of time waiting for minor and major adaptations from the time of assessment to work beginning had increased and longer than other comparators. The council with NHS Rotherham has reviewed its joint agreement governing the shared budget for community equipment to place a stronger focus on improving the assessment, delivery and installation process as experienced by customers. It is reported that 1,168 more people in Rotherham benefited from this service in year. The council is reviewing the way in which they provide adaptations and equipment in 2009/10.

Overall the councils performance on the provision and spend on telecare has improved and performance was above that of comparators. Assistive technology is provided by the Rothercare services and operates 24 hours every day. Equipment that is provided includes smoke alarms, bogus caller alarms and key safes. The service is available to anyone who lives in Rotherham in either private, rented or owner-occupier accommodation. People can self-refer to the service and do not require a formal assessment. The council is working with NHS Rotherham to support them in developing and providing telehealth equipment to people in their own homes. The council has modernised its extra care housing provision resulting in more resources being targeted at its enablement service. For people with physical and sensory disabilities there was a need for the council to reduce housing waiting lists and provide more appropriate housing options for people with physical disabilities and/or sensory impairments. This is work in progress and will be monitored during the year.

The Joint Strategic Needs Assessment (JSNA) identified those services to prevent ill health and help people to live at home, needed to be developed for people with long-term conditions. The board also considered implications for the Governments 'transforming community services agenda'. A joint set of commissioning priorities had been agreed by the board to develop community equipment services and intermediate care. Both the council and health partners acknowledged that further work was required to improve the delivery of integrated services for people with physical disabilities and/or sensory impairments.

During 2008/09, 72% of people received a review of their package of care, this is less than the previous year and is below that of comparators and requires further work in 2009/10

Making a contribution

The council has won the Rotherham Business Award 2008 for their customer services, the way they listen to customers, for the handling of complaints, and for being innovative. This was presented by the Barnsley and Rotherham Chamber of Commerce.

Over the last 12 months the council has made a number of improvements to services for people with physical disabilities and sensory impairments utilising customer experiences within Rotherham to learn from customer experiences. Improvement in some services has been realised. The council's 'Home Truths' video diaries within residential and nursing homes has resulted in improving activities for its customers such as improving the choice of meals and how to report a safeguarding issue. The council can demonstrate that consulting carers has resulted in a number of positive outcomes for carers. There is a Joint Carers Strategy, which has led to changes in the way the council engages.

The council has developed a means of formally assessing and rating the standard and quality of care based on the views of people who live in residential homes and their families who visit. Through focus groups, one to one day in a life experiences and exit polls the council can assess a home for the outcomes it delivers to its customers. The results are published on the council's website so that future customers can make an informed choice about where they want to live.

The council uses 'REACT' a service focusing on the people who tick the dissatisfaction box when they are asked their opinions. This ensures that the council fully understands their reasons for finding fault with a service and by going back and talking to them again it is able to get closer to fully understanding their journey.

The council has engaged with people who self fund and their families to increase their profile and access to universal services. This has resulted in 90 people who self fund receiving support from the council and the Pension Services. Working jointly with homes in Rotherham the council contacted 400 people who self fund to consult them about developing a support and advice framework. This resulted in improved access to and information on the council's web site and identified 7 people who were eligible to receive financial support from the council saving them each an average of £13,000 per year.

Sixty-five self-advocates are working/volunteering at Speakup weekly participating in excess of 400 supported group sessions during the year. Around 30-80 self-advocates attend the local People's Forums providing ideas, opinions and helping shape services.

Increased choice and control

The council's personalisation agenda is being progressed and engages people who use services and their carers. The council has made improvements in the information produced, particularly around adult abuse and has a number of examples to support this work. The provision of advocacy for people with learning disabilities has gained a national reputation for quality and contributed towards the learning disability service being awarded Beacon status. The council recognises that there are inequalities in the distribution of advocacy across adult service groups.

Overall 70.4% of assessments were completed within 4 weeks of first contact and performance is below that of comparators. Although the number of older people receiving an assessment in that time frame was 82% and is in line with comparators, performance on assessment times for people with a learning disability, those people with physical and sensory disabilities and people with a mental health need, performance is below that of comparators and remains an area for ongoing development. It is a similar picture for the number of new assessments completed during the year. For older people, people with a physical disability/sensory disability and people with a mental health need performance, whilst improved, it remains below that of comparator councils. For people with a learning disability performance has improved and is in line with comparators. The percentage of assessments of adults and older people leading to provision of service remained similar to the previous year at 85% and performance remains above that of comparator councils.

The rate of adults, older people and carers receiving self directed support through a direct payment (and/or an Individual Budget) has increased. For the first time 456 new people received direct payments representing better performance than in comparator councils. This is more than double the number in 2007/08. The majority were carers. The council has provided evidence of many positive stories concerning the use of direct payments. The personal budgets are all allocated as a direct payment. A recent evaluation was undertaken around personal budgets and the outcomes for individuals showed that people felt more in control, had improved choice and flexibility, increased self esteem and improved relationships and more opportunities to maintain links within their own communities.

The council has established a Young Adult Transitions team within the physical disability service, which is due to commence working with young adults from the age 14 years onwards and has identified a social work post in the sensory team. The impact of this post has yet to come to realisation. Person centred planning training has been extended into Children and Young People's Services and families and carers. More person centred transitional reviews

were undertaken during 2008/09 looking to achieve better outcomes for young adults regarding the use of direct payments, employment, housing and healthy options. Furthermore a special school in Rotherham has person centred planning in the curriculum from nursery to 19+ with the model being rolled out to two further special schools.

The overall number of complaints received decreased in 2008/09. There was a decrease in the number of complaints received relating to most groups of people who use its services except for people with mental health needs. Numbers are in line with other councils. The Service Inspection reported that “the council had recently revised its complaints procedure. The council responded to complaints in a timely manner, and satisfaction levels had increased in how people felt the complaints were dealt with. The council provided information to people on how to make complaints through a variety of different processes”.

Freedom from discrimination and harassment

People and carers can get personal advice about support options, and what the criteria on entitlement means for them. The council’s fair access to care (FAC) eligibility criteria remains at substantial and critical, which supports the Placement Panel in allocating resources and includes direct payments, supported living and other community based services. Consistency of allocation is achieved through a single access point and quarterly transition meetings for all disabled young people. In 2008/09, 15 young people in transition and 92 adults with a learning disability including autism were assessed. The council also supports people who are not eligible, with information, advice via Assessment Direct.

In accordance with ‘Fairer Charging Policies’ for home care and other non residential services’ guidance the council has established an ‘ability to pay’ scheme for all non residential services. Every customer receives a home visit from a specialist financial assessment officer. The council reports no disputes or complaints about eligibility during the last twelve months.

The council uses its ‘Assessment Direct’ to improve the amount of information about the range of universal services that is made available to the people of Rotherham. These services are available to self funders and have enabled 90 self funders to receive support from the council and the Pension Services. Working jointly with Homes in Rotherham the council has contacted 400 self-funders to consult with them about developing a support and advice framework which in turn has improved access to and information on the council’s web site. The council has achieved level 5 of the Local Government Equality Standard. Monitoring evidence demonstrates that risks and incidents of discrimination and harassment are reducing.

The council carried out a pilot project with Rotherham Hospital Foundation Trust to determine awareness and to increase access to adult social care services take up by older people from the BME communities. This resulted in an additional 6 people receiving a direct payment, 4 care packages being put in place and to the appointment of a dedicated social services officer based at the acute hospital to further improve access.

Community safety has improved and there is now less risk of harassment within Rotherham. The council’s Neighbourhood Investment Team has also made a contribution to improving community safety including the alley gating scheme which targeted older people and people with a disability who were suffering from youth nuisance. The Eastwood area saw crime reduce by 75% in a twelve-month period and 97% of residents in an aged person scheme in Masbrough said that there had been a reduction in crime and the fear of crime.

Economic well - being

Data evidences that the council’s performance in assisting adults with a learning disability into employment has improved in 2008/09. The council has introduced the ‘Supported to Care – your Choice’ scheme which enables carers to receive a personal budget of £350 to help them to

continue caring. The council can demonstrate that it is helping carers to continue their caring role by expanding flexible working arrangements within the council with an additional 12 carers continuing to work whilst caring for someone. It is reported that 4 carers benefited from accessing the direct payment scheme, with 8 carers signposted to access City and Guilds 'Learning for Living course'.

The council's Joint Carers' Strategy has brought together Job Centre Plus and the Local Engagement Centre to enable carers who are not previously known to Job Centre Plus to access support. The council has also incorporated the carer's employment and learning needs into the carer's assessment and guidance on 'Carers Rights at Work' has been issued to every manager during the year

Rotherham has also been awarded £100,000 to create innovative solutions to reduce the number of people who are out of work. Project 400 has a contract with 2010 Rotherham and some private contracts with Parish Councils and has 30 placements in total. The council, along with education and its NHS partners has launched a year long project to provide disabled people with the opportunity to take part in an unpaid 30-day work placement. There is no limit to the number of placements and the council will provide as many as it can. Resources are in place to support this project and during 2008/09 the council has received 58 applications for work placements. Organisations have joined forces to work with employers, trade unions and employees to help find those who have been laid off from work, to find new jobs quickly. The emphasis is on training, re-skilling and preparing people for the job market.

The council confirmed that 4,000 properties have been visited by neighbourhood energy officers during 2008/09, to offer advice on energy efficiency. It is reported that 1,000 vulnerable people who live in council bungalows have been provided with loft insulation with a further 1000 provided with the same service by December 2009. There have been 100 referrals to date through the hotspots scheme, which targets vulnerable people in properties requiring energy efficiency work. Joint work with the Pension Services has resulted in the identification of and support offered to 20 people who self-fund who are already in residential care and who qualified for attendance allowance each receiving £3,500 per year. Information sharing protocol with the Department of Work and Pensions is reported to have helped the council to target vulnerable adults so that people can maximise their benefits.

Service Level Agreements are in place with the voluntary and community service providers to deliver specialist benefit advice to different client groups. The council has agreed £300,000 in financial help to various local voluntary advice schemes who help households in need during the economic downturn. The funding will be used to provide advice services, rent-in-advance schemes and short-term loans through Rothersave.

Maintaining personal dignity and respect

During 2008/09 the council invested over £400,000 in putting a new safeguarding team in place. Monitoring and recording of cases has improved with the installation of a safeguarding SWIFT module to ensure that all relevant data is captured. Performance management arrangements are in place and a suite of safeguarding key performance measures have been developed which over the year have resulted in a number of improvements. Improved customer care is demonstrated through a number of routes. NHS Rotherham has recently committed to allocating some financial resource to the Safeguarding Adults Board, therefore accepting corporate ownership of safeguarding activity.

The needs of vulnerable people in the community are reflected in the council's JSNA and linked to the priorities identified in the crime and disorder plan. The council acknowledges that further work is required to ensure that all people who are most at risk are appropriately protected. The council has taken steps to promote community cohesion, to build support and raise the

confidence of all communities as recognised in the inspection report. This includes a hate crime officer and establishing a 24-hour hate crime helpline service during 2008/09. The council has set up a number of projects, including Islam awareness training, the Rotherham diversity festival, and support to the lesbian, gay, bisexual and transgender community. The council has raised the profile of adults safeguarding and has made progress in raising awareness. Awareness campaigns included: posters and leaflets in reception areas of council and partner agency establishments; advertisements in the local press and on buses and radio advertisements.

Safeguarding referrals have increased by over 100% during the last 12 months. There is a range of measures in place to support people's dignity, privacy and promoted personal preference as referenced in the service inspection report. The safeguarding adults' policy and procedure provides guidance to staff about how to manage and share confidential information across statutory partner organisations to safeguard and protect vulnerable adults. Safeguarding adults training is available to a range of staff in the council and in partner organisations with 97% of staff in the council's neighbourhoods and adult's services directorate undertaking training. The council has increased financial resources to provide more training to staff in partner organisations and provides training to regulated care providers.

The council uses regulatory information to influence how it commissions services from the independent sector both in Rotherham and from services in other areas. This ensures that people and their family carers are provided with choice in the range and quality of services when selecting residential and domiciliary care. The council undertook work in 2008/09 to implement the Mental Health Act, Mental Capacity Act and the Deprivation of Liberties Safeguards (DOLS). A full launch of the service took place on 1st April, 2009. Across the service the council has a DoLS co-ordinating officer in place together with 8 trained Best Interest Assessors across the service, has agreed protocols in place with NHS Rotherham and it has implemented a communication strategy to raise awareness of the Act and access arrangements across all care homes and hospital wards.

Outcome 1: Improved health and well-being

The council is performing: **Excellently**

What the council does well.

- 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.

What the council needs to improve.

- 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.

Outcome 2: Improved quality of life

The council is performing: **Well**

What the council does well.

- The council's provisions 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.

What the council needs to improve.

- 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.

Outcome 3: Making a positive contribution

The council is performing: **Excellently**

What the council does well.

- The council's approach to customer services and the way they listen to customers.
- The council's approach in working with carers and setting up systems that support direct payments for carers

What the council needs to improve.

Outcome 4: Increased choice and control

The council is performing: **Well**

What the council does well.

- The development of a single point of contact through Assessment Direct
- The high number of direct payments for carers

What the council needs to improve.

- 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.

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Excellently**

What the council does well.

- 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.

What the council needs to improve.

- Continue its activities to get more people with a mental health problem into employment.

Outcome 6: Economic well - being

The council is performing: **Excellently**

What the council does well.

- The council's systems and processes to support and advise the people of Rotherham and carers in accessing employment and managing their finances.

What the council needs to improve.

- To increase employment for people in vulnerable groups.

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Well**

What the council does well.

- 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.

What the council needs to improve.

- 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.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Corporate Improvement Board
2.	Date:	11th January, 2010
3.	Title:	Children and Young People’s Services Improvement Plan
4.	Directorate:	Children and Young People’s Services

5. Summary:

Rotherham’s Children and Young People’s Service has been assessed, as part of the Comprehensive Area Assessment 2009, and rated as “Performs Poorly”. A significant contributory factor is the Ofsted Inspection of Contact, Referral and Assessment which took place in August 2009.

As a consequence of the above, the DCSF have issued a Notice to Improve which is being finalised between Officers in the Council and DCSF. This is the lowest form of DCSF intervention.

We were already addressing the issues raised as part of our Improvement Programme and this is monitored regularly by the CYPS Improvement Panel which is chaired by the Chief Executive.

Progress reports are routinely reported to the Cabinet Member for Children and Young People.

6. Recommendations:

- (a) That the Board receives this report.**
- (b) That progress against the Improvement Plan be noted.**

7. Proposals and Details:

Rotherham's Children and Young People's Service has been assessed, as part of the Comprehensive Area Assessment 2009, and rated as "Performs Poorly". A significant contributory factor is the Ofsted Inspection of Contact, Referral and Assessment which took place in August 2009.

As a consequence of the above, the DCSF have issued a Notice to Improve which is being finalised between Officers in the Council and DCSF. This is the lowest form of DCSF intervention.

We were already addressing the issues raised as part of our Improvement Programme and this is monitored regularly by the CYPS Improvement Panel which is chaired by the Chief Executive.

Progress reports are routinely reported to the Cabinet Member for Children and Young People.

The attached report summarises the areas of work completed, planned, risks and issues.

The DCSF have stated that a Notice to Improve is appropriate rather than higher level intervention due to our self-awareness, plans and progress to date. This will be closely monitored during the timescale of the Improvement Notice.

8. Finance:

The Children and Young People's Service faces a significant budget pressure, much of which correlates to under performance.

Benchmarking and recent Value for Money Review Meetings have re-affirmed the under-resourcing in these key areas when compared to statistical neighbours, all Metropolitan Councils and Nationally.

9. Risks and Uncertainties:

The major risks are associated with any failure to achieve the issues contained in the Improvement Notice.

10. Policy and Performance Agenda Implications:

The Ofsted rating on Children's Services impacts on the broader CAA and is weighted component that limits the overall judgement.

11. Background Papers and Consultation:

Ofsted CAA

Audit Commission CAA
Ofsted Inspection – August 2009
DCSF Improvement Notice

Contact Name: Julie Westwood, Director of Resources, Planning and
Performance, Children and Young People's Services
Extension 2572, Email: julie.westwood@rotherham.gov.uk

Completed in November	Planned for December/January
<ul style="list-style-type: none"> • Directors have clearly defined targets • Value for Money Panels • Analysis of School Improvement Budget • Analysis of Schools Budget • Resource strategy for TRL presented to Schools Forum • Review strategic management of Early Years and Childcare • Recruit an SE Advisor for KS1 • Focus on CLL for KS1 • Focus on barriers to learning fore lowest achieving 20% • Improved KS1 points score by 6.4% • Narrowed the gap between the lowest 20% FSP by 8.7% • Improved reading & writing at KS1 L2 • Secured funding for Inspire Rotherham literacy and language project • Sharpened the focus on More Able and Underachieving schools • Reduced proportion of schools performing under floor targets • 1.5% reduction in Persistent Absence in Secondary • EWOs linked to Localities • Random samples of supervisions and PDRs in localities • Implement locality P&Q Framework • Completion of ICHIS Project for CYPS Directory • Reports to DLT on outcomes of supervision and PDR Audits of Directors and Locality Services • Review of all NFA cases since April 2009 • Review of thresholds being applied 	<ul style="list-style-type: none"> • Report of school improvement support budget and standards agenda • Produce review report of decisions to place children in a residential home outside the registration criteria • Refresher awareness raising with managers and staff related to their performance and accountabilities • Revise the schedule of Joint Commissioning activity • Finalise and agree terms of Notice to Improve with DCSF • Laptops/VPN tokens being made available to frontline Social Workers
Overdue Actions	Risks and Issues
<ul style="list-style-type: none"> • Review of funding for Court Cases • Audit of current interpretation services and their effectiveness • Audits of supervision and caseloads • Address capacity issues due to high caseloads* • Report on findings from audit of application of the locality P&Q Framework • Ensure timely and accurate data input 	<ul style="list-style-type: none"> • KS2 L4 Maths and Science deteriorated by 0.2% • Narrowing the boys/girls gap at KS2 L4 in English and Maths – performance declined but gap narrowed by 0.1% • 0.6% deterioration in performance in relation to reducing absence in Secondary schools • Teenage conception remains 19.8 % higher than target rate • Inability to address caseloads without additional financial resource • Delays in overdue quality assurance activity • Levels of vacancies in frontline Social Care remain high • Lack of capacity in Commissioning Team due to staff absence