

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING  
8th November, 2010**

Present:- Councillor Doyle (in the Chair); Councillors Gosling and Steele.

Apologies for absence were received from Councillors P. A. Russell and Walker.

**H36. MINUTES OF THE PREVIOUS MEETING HELD ON 11TH OCTOBER 2010**

Consideration was given to the minutes of the previous meeting held on 11<sup>th</sup> October, 2010.

Resolved:- That the minutes of the previous meeting held on 11<sup>th</sup> October, 2010 be approved as a correct record.

**H37. PDSI COMMISSIONING STRATEGY**

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report in respect of the PDSI Commissioning Strategy.

She reported that the strategy provides a framework for the strategic commissioning for people with physical and/ or sensory disabilities in Rotherham for the next 3 years from 2010-2013.

The overall strategic direction was to move towards self directed support and helping people to help themselves. This approach would achieve efficiencies through decommissioning and recommissioning services including shifting from traditional service provision.

The strategy provides a framework for the actions needed to achieve change and the action plan outlines the 3 year strategic commissioning intentions. There would be an annual implementation plan with detailed costings to support decision making on the decommissioning and recommissioning of services.

The report set out the details of the strategic intentions for the PDSI service and included comments made by people with physical and/ or sensory disabilities about what they wanted and how their needs and aspirations could be met.

Formal consultation had taken place with customers and their carers utilising the nationally recognised CSED 'Anticipating Future Needs Toolkit and included face to face interviews. A process analysis followed this process and provided valuable insight into the lives,

aspirations and expectations of individuals.

Building on this approach the Service Quality team have utilised the customer experiences of mystery shopping, reality checking and auditing access to services/ information to learn from customer experiences and improve services and outcomes.

The work of customer inspectors was ongoing and the outcomes of their audits were critical and central to the development of services and improvement of existing service provision. Learning from complaints, surveys and the Fairs Fayre events had also been incorporated into the strategy.

The strategy had been widely shared within NAS, and all comments and amendments had been included and the strategic approach had the support of senior officers.

It was noted that, an action plan had been produced in order to achieve the change required, and this was attached to the strategy as Appendix 1.

Reference was made to strategic intentions for the PDSI service based on what people had told us they wanted. It was felt that more emphasis should be placed on what a person needed rather than what they wanted. It was confirmed that, this would be established as part of the assessment of need, and at that point it would be agreed what method could be used to best achieve it.

The Cabinet Member questioned how work with the BME community would integrate into the strategy. It was confirmed that work was ongoing with the BME community through the Joint Improvement Partnership and that this would feed into the strategy. The strategy was a living document which would continually change and reshape services provided.

Reference was made to the provision of day care and concerns were raised at the reduction in the number of people attending day care centres. The Director of Health and Wellbeing commented that more people were opting for being supported to undertake activities on their own rather than attending day care centres.

Resolved:- That the Cabinet Member for Adult Independence Health and Wellbeing approve the draft strategy and agree that performance against the action plan be reported by exception via the

DLT performance reporting framework.

### **H38. SHARED LIVES ADULT PLACEMENT SCHEME**

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report in respect of the Adult Placement Shared Lives Scheme.

It was proposed that the current Adult Placement Shared Lives Scheme be extended to all eligible adults. The extension of the existing scheme would support vulnerable adults to develop or maintain their independence in a stable environment, support those leaving residential care and full time education, prevent inappropriate admissions to long term care and provide preparation for independent living.

Adult Placement Schemes offer customers choice and control and personalised support and are regulated by the Care Quality Commission. They are required to have a registered manager and an Approval Panel for prospective carers which consists of approximately 5 people appointed by the scheme but operating independently.

The current Shared Lives scheme in Rotherham operates from the learning disabilities services and offers a variety of flexible and personalised services for individuals. It currently supports approximately 25 people with a learning disability on a long term, respite/ short stay and day care basis.

The National Association of Adult Placement Schemes (NAAPS) was commissioned to provide a report on the quality, outcomes and cost effectiveness of Shared Lives Schemes and identified the following improved positive outcomes:

- Living the life the person wants
- Developing the person's confidence/ skills/ independence
- Ongoing relationship between person and carer
- Having choices and being in control
- Having different experiences
- Wider social networks
- Increase in self esteem
- Being part of the carer's family and networks
- Integration in the community
- Physical and emotional wellbeing

The report also highlighted the 'cost effectiveness being greater in larger schemes'. This evidence supports the extension of the local

scheme to achieve better outcomes for local people and to achieve cost efficiencies.

The current levels of payment for services provided are structured and these were outlined in the report.

Contributions from service users were subject to a financial assessment with a maximum charge of £200 per week being levied.

There is currently a named registered manager and a full time co-ordinator managing the LD Scheme and supporting the Approval Panel within the learning disabilities service. In order to develop the scheme an additional full time worker would be required, and it was proposed that a level 3 social worker be recruited as Shared Lives Officer. This would ensure the current high level of knowledge and skills required to recruit and retain carers, and continue to deal with safeguarding issues effectively. The current membership of the Approval Panel would also need to be reviewed in order to reflect the extension of the scheme to all eligible adults.

The average cost of a residential placement for people with a physical and/ or sensory disability is £546.96 per week which compares to an average cost of £300 per week for the shared lives scheme. This equates to an annual saving of approximately £13,000 per year for each residential placement. In addition there would also be cost savings compared to current costs of respite care which average at £546.96 per week. The average cost of day care was £80 per day including transport compared to a cost of £27.85 per day for 5 hours of day care/ sitting/ befriending service provided by the shared lives scheme.

The funding for the pump priming of this initiative would be provided by the Supporting People Grant for 2010/ 11 and a review would take place at the end of six months to identify the learning and cost benefit analysis, with a view to establishing the viability of the continuance of this initiative.

Resolved:- (1) That the Cabinet Member for Adult Independence Health and Wellbeing approve the extension of the scheme to enable the provision of placements to all eligible adults.

(2) That a further report be presented in 9 months time updating the Cabinet Member on progress made.