

## **CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING**

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

**Date: Monday, 8th November, 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 later in the agenda as a matter of urgency.
3. Apologies for Absence
4. Minutes of the previous meeting held on 11th October 2010 (herewith) (Pages 1 - 4)
5. Shared Lives Adult Placement Scheme (herewith) (Pages 5 - 11)
6. PDSI Commissioning Strategy (herewith) (Pages 12 - 44)

1 DCABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING  
- 11/ 10/ 10

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING  
Monday, 11th October, 2010**

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

Apologies for absence:- Apologies were received from Councillors P. A. Russell and Steele.

**H27. MINUTES OF THE PREVIOUS MEETING HELD ON 13TH SEPTEMBER, 2010**

Consideration was given to the minutes of the previous meeting held on 13th September, 2010.

Reference was made to Minute No. D20 (Assistive Technology) with recognition given to the key achievements and the support to communities provided by the Area Assembly Teams.

The final report arising from the Scrutiny Review of Assistive Technology was also welcomed.

Resolved:- That the minutes of the previous meeting held on 13th September, 2010 be approved as a correct record.

**H28. HOSPITAL DISCHARGE**

Consideration was given to a report presented by Mark Joynes, Service Manager – Access, which set out the progress and the developments which have been made to improve discharge for patients following the review of hospital discharge arrangements.

Reference was made to the Discharge Monitoring Group which had been re-established at the request of Adult Services and split into two groups, one strategic and one operational. The purpose of the strategic group was to bring about substantial improvement in the discharge process, involving stakeholder partners, in order to ensure safe and timely hospital discharge for patients with the operational group reviewing process and protocols pertaining to discharge in response to operational practice, learning and also in response to both customer comments and complaints. This operational group was accountable to the strategic group.

More recent developments were the permanent appointment by Adult Services of a part time Health and Social Care Co-ordinator for BME patients, who provided information and advice on their admission into hospital if required. This customer group was

receiving a less equitable service, or no service at all due to lack of awareness by not being informed. This had also had the benefit of raising the issue and profile across all organisations.

There was a specific and proactive focus by Adult Services through their Health and Social Care Information Facilitators, to provide information to carers or family members who were likely to require community care services on discharge from hospital, advice of available health and social care services, prior to the allocation of a social worker, whilst also outlining the patients journey. This may be beneficial to them individually as a carer, or the cared person.

Planning exercises had also been undertaken to address the risks associated with major incidents, such as a pandemic to address insufficient staff availability and to ensure business continuity.

The continuous successful recruitment of vacant posts had increased the number of new social workers and enabled some increased degree of flexibility to patients and their carers for appointments, where carers who previously may have experienced difficulty in being available to participate in assessments, during core hours due to other commitments, were now able to do so outside of core hours. In addition, there were two part time stroke co-ordinators employed by Neighbourhoods and Adult Services who operated on the stroke ward and provided additional advice and support to patients who may decline or not be eligible for social worker involvement, in preparation for their discharge from hospital.

A relatively new development was the creation of dedicated team from Neighbourhoods and Adult Services and Rotherham Foundation Trust which provided consistency in the application of NHS Continuing Health Care Framework whilst enhancing the patient's opportunity to be successfully assessed against the eligibility criteria.

Further information was provided on how and when the assessment team should be contacted, the reduction in delayed discharges, the problems associated with past recruitment, performance and charges caused by delays.

More recently the remit of the specialist discharge nurses had been extended to cover all wards and their workloads freed accordingly.

It was also noted that the hospital was also planning to build some of its own intensive care units, but it was not thought that these units would have any effect on the discharge rates.

Further information was also provided on the role of the pre-

**3DCABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING  
- 11/ 10/ 10**

admission unit, which provided support services on discharge for a patient who had elective surgery. All lines of communication should flow from a pre-admission co-ordinator with information provided to the patient's G.P.

Resolved:- That the report be received and the contents noted.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM IN ORDER TO PROCESS THE CONSULTATION RESPONSE REFERRED TO.)**

**H29. EQUITY AND EXCELLENCE: LIBERATING THE NHS - CONSULTATION RESPONSE**

Consideration was given to the report presented by Shona McFarlane, Director of Health and Wellbeing, which set out details of the Government's Health White Paper which preceded legislation to be placed before Parliament in the current parliamentary session. The White Paper proposed major reforms to the NHS and also changed roles for local government.

The report provided further information on proposals for increasing local democratic legitimacy in health, as set out in the consultation paper and stated that the proposals would provide real local democratic accountability and legitimacy in the NHS through a clear and enhanced role for local government and Elected Members. It suggested local authorities were uniquely placed to promote integration of local services across boundaries between the NHS, social care and public health. Local authorities would be given an enhanced role in public health promotion for their local areas.

A number of questions against the key proposals were asked and the responses were circulated for all at the meeting following consultation with the Adult Services and Health Scrutiny Panel.

The report set out more detailed information relating to:-

- Health and Well-being Boards.
- Overview and Scrutiny Function.
- Local Health Watch.
- Improving Integrated Working.

Discussion ensued on the consultation response, which specific reference to the function of Health and Wellbeing Boards, role of Elected Members and the dilution of democratic accountability of the statutory scrutiny function.

Resolved:- That the consultation response be approved for submission by the deadline of Monday, 11<sup>th</sup> October, 2010.

**ROTHERHAM BOROUGH COUNCIL**  
**– Report for Adult Independence Health and Well Being Cabinet**

1.	<b>Meeting:</b>	<b>Cabinet Member for Adult Independence Health and Well Being</b>
2.	<b>Date:</b>	8 <sup>th</sup> November 2010
3.	<b>Title:</b>	Shared Lives Adult Placement Scheme
4.	<b>Directorate:</b>	Neighbourhood and Adult Services

## 5. Summary

- 5.1 It is proposed that the current Adult Placement Shared Lives Scheme administered by the learning disabilities service is extended to all eligible adults. The extension of the existing scheme will 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.
- 5.2 The funding for the pump priming of this initiative will be provided by the Supporting People Grant for 2010/11. A review will take place at the end of six months to identify the learning and cost benefit analysis with conclusions drawn as to the viability of the continuance of this initiative

## 6. Recommendations

- 6.1 **That Adult Independence Health and Well Being Cabinet approves the extension of the scheme to enable the provision of placements to all eligible adults.**

## 7. Proposals and Details

### 7.1 Background

The PDSI strategy set out the key strategic intention to reduce buildings based residential support to customers and to commission alternative services that meet the needs identified by customers in the consultation undertaken for the strategy. The Shared lives Adult Placement scheme is the programme to deliver this strategic intention.

Adult Placement Schemes offer the customer choice and control and personalised support. People in adult placements live in the local community sharing in the life and activities of the Adult Placement carer. Adult Placement Schemes delivered by the Local Authority are regulated by the Care Quality Commission and are required to have a registered manager and an Approval Panel for prospective carers. The Approval Panel locally consists of approximately 5 people appointed by the scheme but operating independently.

The current shared lives scheme in Rotherham operates from the learning disabilities service and offers a variety of flexible and personalised services for individuals. The service currently supports approximately 25 people with a learning disability on a long term, respite/short stay and day care basis. Carers are self employed

The National Association of Adult Placement Schemes (NAAPS) was commissioned by South East REIP 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 states that 'cost effectiveness is greater in larger schemes'. This evidence supports the extension of the local scheme to achieve better outcomes for local people and achieve cost efficiencies.

The current levels of payment for services provided is structured as follows:

- Day Care/Sitting/Befriending paid at £5.57 per hour
- Respite Care paid at maximum of 5 hours at £5.57 per hour for support during the day
- Overnight stays are paid at 3 rates to reflect the level of support required: Lower rate- £25.61 per night, Middle rate - £34.25 per night, Higher rate -£36.80 per night
- An exceptional circumstances retainer of £53.62 per week is paid to those carers providing a long term placement to cover the absence of the service user due to holidays/ hospital admissions etc

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

A named registered manager and a full time co-ordinator currently manage the LD scheme and support the Approval Panel within the learning disabilities service. The current registered manager is a service manager within the learning disabilities service. In order to develop the scheme an additional full time worker will be required. It is proposed that a level 3 social worker is recruited as Shared Lives Officer. This will make sure that the current high level of knowledge and skills required to recruit and retain carers, deal with safeguarding issues effectively is maintained. It is proposed that the current Shared Lives Co-ordinator takes on the registered manager role and provides line management to the Shared Lives Officer. The current membership of the Approval Panel will need to be reviewed in order to reflect the extension of the scheme to all eligible adults. An outline action plan is attached as Appendix 1. A Vacancy Control Form accompanies this paper. The post will sit within the Health and Well Being Directorate and the H & WB has agreed to this

The average cost of a residential placement for people with a physical and/or sensory disability is £546.96 per week. This 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. There are also cost savings compared to current costs of respite care which average at £546.96 per week. The average cost of day care is approximately £80 per day including transport compared to a cost of £27.85 per day for 5 hours of day care/sitting /befriending service from the shared lives scheme.

The funding for the pump priming of this initiative will be provided by the Supporting People Grant for 2010/11. A review will take place at the end of six months to identify the learning and cost benefit analysis



with conclusions drawn as to the viability of the continuance of this initiative.

## 8. Finance

The current net budget for the LD scheme is approx £288K which includes the co-ordinators salary.

The following table illustrates the annual costs of the extension of the scheme:

Amount	Purpose	Outcome
£37,021	Recruitment of full time social worker (Band I)	Additional full time post to support extension of scheme.
£7K	Publicity and recruitment campaign	Increased awareness of scheme and additional carers recruited.
£50K	Equipment/Adaptations/Mileage/Running costs of scheme e.g postage/subscriptions	Provision of equipment/mileage for additional worker/provision of equipment/adaptation to enable a carer to offer an appropriate placement/additional administrative costs
£156K	Payment to carers	Based on an additional 10 placements per week at an average cost of £300.

The funding for the pump priming of this initiative will be provided by the Supporting People Grant for 2010/11. A review will take place at the end of six months to identify the learning and cost benefit analysis with conclusions drawn as to the viability of the continuance of this initiative.

The SP funding will provide set up costs to extend the current scheme that operates within the learning disabilities service. The existing scheme provides a variety of services tailored to individual need. This will result in future cost avoidance resulting from demographic pressures. This initiative meets the national and local agenda for Personalisation and meets our requirements for service post inspection (2009) and is a key piece of integrated working.

## 9. Risks and Uncertainties

9.1 If this initiative is not progressed then the identified efficiencies will not be achieved and the agreed strategic intentions of the PDSI strategy including the consultation with customers that identified services to meet future needs will not be met

- 9.2 There may be an insufficient number of carers recruited to support the extension of the scheme. However, a campaign of awareness raising and advertising will assist in attracting additional carers. The demand for the service exists for a number of people with disabilities particularly young people leaving full time education and foster placements.

## 10. Policy and Performance Agenda Implications

- 10.1 The 'Putting People First Concordat' (DH 10.12.07) stated the need for 'a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, we want people to have maximum choice, control and power over the support.' The extension of the Shared Lives Scheme will offer better outcomes for customers based on their individual needs. The service will be provided in a personalised and flexible manner promoting independence. The scheme will deliver choice and control to customers. It will provide community based care and assist in the development of independent living skills for those leaving long term college, foster or residential placements.

The scheme will positively impact on CQC outcomes framework:

- Outcome 2 Improved Quality of Life
- Outcome 9 Commissioning and use of Resources

The implementation of the scheme will impact positively on:

- NI 119 Self-reported measure of people's overall health and wellbeing
- NI127 Self-reported experience of social care users
- AS LPI PAF C29 Adults with physical disabilities helped to live at home
- NI136 People supported to live independently through social services
- NI 141 Number of vulnerable people achieving independent living
- NI 142 Number of vulnerable people who are supported to maintain independent living
- AS LPI PAF 73 Number of admissions of supported residents under 65 to residential and nursing care

## 11. Background Papers and Consultation

- 11.1 Putting People First Concordat (DH 10.12.07)  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documeNs/digitalasset/dh\\_081119.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documeNs/digitalasset/dh_081119.pdf)
- 11.2 Adult Social Care Outcomes Framework - White Paper Our Health, Our Care, Our Say (DH, January 2006)

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4127459.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4127459.pdf)

- 11.3 Commissioning for Personalisation- A Framework for Local Authority Commissioners (DH 9.10.08)  
[http://www.dhcarenetworks.org.uk/library/Resources/Personalisation/Personalisation\\_advice/Commissioning\\_for\\_Personalisation\\_-\\_A\\_Framework\\_for\\_Local\\_Authority\\_Commissioners.pdf](http://www.dhcarenetworks.org.uk/library/Resources/Personalisation/Personalisation_advice/Commissioning_for_Personalisation_-_A_Framework_for_Local_Authority_Commissioners.pdf)
- 11.4 SCIE Guide 14: Improving outcomes for service users in adult placement - [Commissioning and care management](http://www.scie.org.uk/publications/guides/guide14/index.asp)  
<http://www.scie.org.uk/publications/guides/guide14/index.asp>
- 11.5 An evaluation of the Quality, Outcomes and Effectiveness of Shared Lives Schemes in South East England (September 2009 naaps/Improvement and Efficiency South East  
<http://www.southeastiep.gov.uk/uploads/files/SharedLivesReport.pdf>

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## Appendix 1

### Rotherham Metropolitan Borough Council

### Neighbourhoods and Adult Services Social Care Shared Lives Scheme Extension

#### ACTION PLAN

<b>Action</b>	<b>By Whom</b>	<b>Expected Outcomes</b>	<b>Timescale</b>
Variation of registration request forwarded to CQC.	Paula Gallon	Scheme registered to provide placements for all eligible adults.	Immediate
Review all current policies, procedures and publicity/marketing for scheme	Paula Gallon and Tom Sweetman	Policies and procedures reflect change to extended scheme. Publicity campaign designed to increase awareness of scheme	End October 2010
Internal Recruitment of additional worker	Anne Baxter	Worker in place	November 2010
Plan recruitment campaign for carers in liaison with fostering service	Paula Gallon/Appointed worker	Recruitment campaign designed	December 2010
Review current arrangements for administration of scheme	Anne Baxter	Establish new structure and management arrangements	January 2011
Recruit carers	Paula Gallon /Appointed worker	Carers recruited approved to take placements	March 2011
Commence placements	Paula Gallon /Appointed worker	Placements offered to eligible adults	April 2011
Implement performance management system to identify cost effectiveness and quality of scheme	Anne Baxter	Performance Management reported on an exception basis quarterly to DLT	ongoing

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO Adult Independence Health and Well Being Cabinet</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Independence Health and Well Being</b>
<b>2.</b>	<b>Date:</b>	<b>8<sup>th</sup> November 2010</b>
<b>3.</b>	<b>Title:</b>	<b>PDSI Commissioning Strategy</b>
<b>4.</b>	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

## **5. Summary**

- 5.1** The CQC Inspection of PDSI and Safeguarding in 2009 improvement plan set out the requirement for a PDSI strategy for commissioning. The strategic commissioning approach is focused on achieving outcomes for customers and improving performance against our key indicators within existing financial restraints whilst achieving efficiencies.
- 5.2** The strategic intentions for decommissioning and recommissioning activity are set out in the strategy to meet people's identified needs and to meet future demand as detailed in the JSNA. These strategic commissioning intentions have been developed in partnership with customers and their carers. Further specific consultation will be undertaken for each element of the action plan.

## **6. Recommendations**

- 6.1** That Adult Independence Health and Well Being Cabinet approve the draft strategy and that performance against the action plan is reported by exception via the DLT performance reporting framework

## **7. Proposals and Details**

### **7.1 Background**

- 7.1.1** Strategic Commissioning is the process of specifying, securing and monitoring services at a strategic level, to meet people's needs. This applies to all services whether they are provided by the Local Authority, NHS, other public agencies, or by the private and voluntary sectors (Audit Commission 2003).
- 7.1.2** The 'Putting People First' Concordat (DH 2007) outlines the need for a move towards a 'Personalised Adult Social Care System'. It highlights the requirement for 'Commissioning which incentivises and stimulates quality provision offering high standards of care, dignity and maximum choice and control for service users.'
- 7.1.3** The CQC inspection highlighted the requirement for a commissioning strategy to meet the needs of local people with a disability to be in place by 2010. This strategy and outline action plan is attached as Appendix A.
- 7.1.4** It is proposed that performance against the action plan is reported by exception to DLT performance meetings.

### **7.2 Summary of the Strategy**

- 7.2.1** 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.
- 7.2.2** The overall strategic direction is to move towards self directed support and helping people help themselves. This approach will achieve efficiencies through decommissioning and recommissioning services including shifting from traditional service provision.
- 7.2.3** This strategy is designed to embed a customer focus to commissioning and to enable customers with physical and/or sensory disabilities and their carers have access to a range of high quality services which are responsive to their needs and preferences. This will include a variety of support services to enable more people to stay closer to home in their own localities rather than be placed in out of borough establishments.
- 7.2.4** The strategy provides a framework for the actions needed to achieve change. The action plan outlines the 3 year strategic commissioning intentions. There will be an annual implementation plan with detailed costings to support decision making on the decommissioning and recommissioning of services.

**7.2.5** The table below details sets out the strategic intentions for the PDSI service and includes what people with physical and/or sensory disabilities have told us they want and how we will decommission and recommission to meet their needs and aspirations:

<b>What people with disabilities have told us and what the JSNA says:</b>	<b>What we will commission and decommission:</b>
People want jointly coordinated services to meet their individual needs	We will review and expand the current arrangements for the joint commissioning of services for people with disabilities with our NHS Rotherham partners
Independent living will be a way of life in Rotherham. Evidence shows more people want to remain in their own home rather than move to residential care	We will commission a range of housing and support options in Rotherham to meet the needs of people with Physical and/or Sensory Disabilities. We will decommission residential care placements
People with disabilities want equal access to employment, training and education	We will commission a range of preventative and enabling services to support people with Physical and/or Sensory Disabilities to access employment, education and training
People want clear information and guidance available when they need it	We will commission information advice and guidance for people with Physical and/or Sensory Disabilities
Access to advocacy and brokerage is essential to support disabled people to move towards self directed support	We will commission brokerage and independent advocacy in an equitable way
Current advocacy services do not always meet the needs of people with Physical and/or Sensory Disabilities	We will decommission brokerage and advocacy services that do not meet the specific needs of people with Physical and/or Sensory Disabilities
Carers want to be supported in their role	We will commission services for carers for people of Physical and/or Sensory Disabilities
People with Physical and/or Sensory Disabilities want access to appropriate transport	We will work with partner agencies to develop a range accessible transport that meets the specific needs of people with Physical and/or Sensory Disabilities
All providers of services to people with Physical and/or Sensory Disabilities should ensure their staff receive suitable training	We will externally commission training to enable the statutory and independent and workforce to meet the needs of people with Physical and/or Sensory Disabilities
People want to determine how they will spend their time and how their needs can be met	We will commission a range of flexible and responsive s. services that meet the needs of people with Physical and/or Sensory Disabilities during the day
Traditional day care does not take account of individual need	We will decommission traditional building based day care and develop alternative day opportunities
Residential care homes are not the solution of choice for disabled people	We will further develop the existing Adult Family Placement Service to offer short term and respite care to a wider range of customers
A more personalised approach to individual need is required	We will decommission traditional residential care based short term and respite provision

Our commissioning intentions reflect the need for considerable change in the way services are provided and delivered. We are fully

committed to making sure that our customers are central to the commissioning process.

**7.2.6. Consultation with Stakeholders**

Formal consultation has taken place with customers and their carers utilising the nationally recognised CSED ‘Anticipating Future Needs Toolkit’ and includes face to face interviews. A process of analysis followed the consultation process and has provided valuable insight into the lives, aspirations and expectations of individuals. This information is at the heart of the development of the strategic intentions.

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 improves services and outcomes.

The work of customer inspectors is ongoing and the outcomes of their audits are critical and central to the development of services and the improvement of existing provision. For example, at a recent consultation session the issues raised by customer inspectors have been incorporated into the action plan accompanying the PDSI strategy. We have also incorporated the learning from complaints, surveys and the Fairs Fayre events into the strategy.

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

**7.2.6 In order to achieve the change required, an action plan is attached to the strategy as Appendix 1.**

**8. Finance**

The level of investment for purchasing care services in the physical disability service in 2010/11 is £7,727,576.

This has been allocated as follows:

<b>Service Type</b>	<b>Budget Allocated 2010/11</b>
Residential Care In House	£418,828
Residential and Nursing Care Independent Sector	£1676,631
Care in People’s Homes In House	£548,702
Care in People’s Homes Independent Sector	£1,491,148
Day Care	£329,137



Assessment and Care Management	£1,556,854
Equipment and Adaptations (inc REWS)	£528,000
Telecare	£225,000
Advice/Information/Support	£153,731

The current spend per head for people with disabilities in Rotherham is £54.80. The comparator group spend is £49.14 and Rotherham is ranked 6<sup>th</sup> out of 16 in terms of the highest spend. The implementation of the strategic intentions will reduce spend per head and improve this ranking. The strategic intentions and action plan includes a number of measures that are more cost effective and achieve better outcomes for customers and include the following as an example:

- Extension of Shared Lives Scheme – the intention is to commission a Shared Lives (Adult Placement ) Scheme in line with the Learning Disabilities approach achieving efficiencies whilst offering a personalised approach to care
- Use of the fair pricing toolkit including the care funding calculator to achieve a fair price for residential and nursing placements
- Development of alternative day opportunities to replace building based day care offering a more personalised service for customers in a more cost effective manner

## 9. Risks and Uncertainties

9.1 There may be some risks attached to managing the market through the period of transition in transforming services for personalisation

9.2 That should this strategy and the strategic intentions not be agreed the customers and their carers who have been engaged in the consultation will not achieve their desired outcomes

9.3 That should this strategy and the strategic intentions not be agreed the opportunities for efficiency savings will not be achieved

## 10. Policy and Performance Agenda Implications

10.1 This strategy will support the performance against key objectives of the Outcomes framework:

- Outcome 2 Improved Quality of Life
- Outcome 9 Commissioning and use of Resources

The implementation of the strategic commissioning intentions will impact positively on:

- NI 119 Self-reported measure of people’s overall health and wellbeing
- NI 27 Self-reported experience of social care users

- AS LPI PAF C29 Adults with physical disabilities helped to live at home
- N1 136 People supported to live independently through social services
- NI 141 Number of vulnerable people achieving independent living
- NI 142 Number of vulnerable people who are supported to maintain independent living
- AS LPI PAF 73 Number of admissions of supported residents under 65 to residential and nursing care

**11. Background Papers and Consultation**

- Putting people first: a shared vision and commitment to the transformation of adult social care  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118)
- Adult Social Care Outcomes Framework – White Paper Our Health, Our Care, Our Say (DH January 2006)  
<http://www.dh.gov.uk/prodconsumdh/groups/dhdigitalassets/@dh/@en/documeNs/digitalasser/dh4127459.pdf>
- Commissioning for Personalisation – A Framework for Local Authority Commissioners (DH 9.10.08)

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**Strategic Commissioning Plan for  
People with a Long Term Condition/  
Physical Disability  
(18-65 years)  
or Sensory Impairment  
(18 years upwards)**

**2010 – 2013**

**Contents**

- 1. Executive Summary**
- 2. National and Local Policy Context**
- 3. Strategic Needs Assessment**
- 4. Governance and User Involvement**
- 5. Joint Commissioning**
- 6. Current Service Provision and Use of Resources**
- 7. Commissioning for Outcomes**

**Appendix 1: Action Plan**

## 1. Executive Summary

The Rotherham Local Strategic Partnership has identified that supporting people with a physical disability and sensory impairment is a major priority for the borough. Through the Local Area Agreement (LAA) we have made a commitment to do more to help people live independently. Rotherham Borough Council opposes discrimination on the basis of disability and adopts the Social Model of Disability. We are committed to promoting equality for disabled people and to removing barriers wherever they occur and in particular in relation to education, employment, housing, leisure, training, and access to services, information and buildings. In our work with partner organisations from the statutory, private, voluntary and community sectors we will actively further disability equality and share good practice.

The Adult Board is the partnership board that has agreed local priorities for people with long term conditions. The Board has membership from Rotherham MBC, NHS Rotherham and user and carer representation. A set of joint commissioning priorities has been agreed by the Board which builds upon the long established pooled budget and joint working arrangements between health and social care including equipment services and intermediate care.

We have reviewed the local implications of the National Independent Living Strategy (Office for Disability Issues 3.03.08) so that we act as the champion for improvement to wider universal services so that people can enjoy all aspects of their daily life.

The Councils own Adults Services Commissioning Strategy (2008-23) sets out the broad strategic commissioning intentions for Adult Social Care. The strategy was an important first step in making sure that the needs, wants and aspirations of local people are central to the commissioning process.

Our second generation Joint Strategic Needs Assessment (JSNA) sets out demographic and health inequalities challenges that we must overcome to meet emerging needs for disabled people. The evidence provided in relation to increasing numbers of individuals with sensory deficit and long term illnesses indicates greater dependency on statutory and voluntary sector services. Consequently the need for increased access to services will be required if we are to provide increased choice, timely intervention and prevent deterioration and dependency.

In order to translate the strategic messages arising from the JSNA into actions, this strategy outlines the way services are currently configured and how they will be commissioned in the future for people with physical and/or sensory disabilities (adults aged 18-65 years).

In addition we have used the learning from customer forum and involved care managers and the market to develop choice. The views of those people not currently supported have been sought through feedback from public consultation at such events as the annual Fairs Fayre to identify areas of unmet need.

This strategy also dovetails with the Council's wider modernisation, personalisation and preventative plans for adult social care as well as the Housing and Supporting People strategies. The personal needs and aspirations of service users and their carers will result in reconfigured services and we are working to shape the market to better meet needs in a way that promotes independence, choice and better use of public resources.

Following a PDSI and Safeguarding service inspection in July 2009 the Care Quality Commission (CQC) identified areas in which improvement was to be made. Some of the recommended areas for improvement require a commissioning intervention. This Strategic Commissioning Plan will focus on these areas on which we were judged to fall short and the longer term strategic direction for provision of services.

The Strategic Commissioning Plan for People with Long Term Disability also takes into account consultation already carried out which informs us of what people with disabilities themselves want and believe is right for them. During consultation undertaken as part of the Joint Disabilities Equalities Scheme, the five key priorities identified by disabled people during consultation for the first Disability equality action plan were involvement; employment; access to buildings, services and information; equipment and adaptations; and transport. The commissioning intentions contained in this plan are designed to address these areas of concern for local people.

We have consulted with service users and their carers and internal staff using a variety of methods including face to face interviews, telephone calls and group discussions. We have used relevant interpreters to consult with a wide range of service users. Consultation has been undertaken with NHS, Third Sector and Independent Sector partners using existing forums

## Strategic Commissioning Intentions

The table below details sets out what people with physical and/or sensory disabilities have told us they want and how we will commission and decommission to achieve the change required to meet their needs and aspirations:

<b>What people with disabilities have told us and what the JSNA says:</b>	<b>What we will commission and decommission:</b>
People want jointly coordinated services to meet their individual needs	We will review and expand the current arrangements for the joint commissioning of services for people with disabilities with our NHS Rotherham partners
Independent living will be a way of life in Rotherham. Evidence shows more people want to remain in their own home rather than move to residential care	We will commission a range of housing and support options in Rotherham to meet the needs of people with Physical and/or Sensory Disabilities. We will decommission residential care placements
People with disabilities want equal access to employment, training and education	We will commission a range of preventative and enabling services to support people with Physical and/or Sensory Disabilities to access employment, education and training
People want clear information and guidance available when they need it	We will commission information advice and guidance for people with Physical and/or Sensory Disabilities
Access to advocacy and brokerage is essential to support disabled people to move towards self directed support	We will commission brokerage and independent advocacy in an equitable way
Current advocacy services do not always meet the needs of people with Physical and/or Sensory Disabilities	We will decommission brokerage and advocacy services that do not meet the specific needs of people with Physical and/or Sensory Disabilities
Carers want to be supported in their role	We will commission services for carers for people of Physical and/or Sensory Disabilities
People with Physical and/or Sensory Disabilities want access to appropriate transport	We will work with partner agencies to develop a range accessible transport that meets the specific needs of people with Physical and/or Sensory Disabilities
All providers of services to people with Physical and/or Sensory Disabilities should ensure their staff receive suitable training	We will commission training to enable the statutory and independent and workforce to meet the needs of people with Physical and/or Sensory Disabilities
People want to determine how they will spend their time and how their needs can be met	We will commission a range of flexible and responsive s. services that meet the needs of people with Physical and/or Sensory Disabilities during the day
Traditional day care does not take account of individual need	We will decommission traditional building based day care and develop alternative day services
Residential care homes are not the solution of choice for disabled people	We will further develop the existing Adult Family Placement Service to offer short term and respite care to a wider range of customers
A more personalised approach to individual need is required	We will decommission traditional residential care based short term and respite provision

Our commissioning intentions reflect the need for considerable change in the way services are provided and delivered. We are fully committed to making sure that our customers are central to the commissioning process.

## **2. National Priorities and Local Implications**

### **2.1 “Independent Living: A cross-government strategy about independent living for disabled people (ODI, 2006):**

This strategy aims to improve disabled people’s experiences and life chances. It is the Government’s ambition that by 2013 disabled people have more choice and control over their needs for support and/or equipment are met.

We have used this strategy to provide us with the overarching improvement framework for the development of services for disabled people. We have done this because we want to improve our own services and commission for better outcomes.

However, we also want to champion on behalf of the needs of disabled people even where we are not the responsible agency. We reviewed this strategy and identified the following opportunities:

- Access to appropriate transport
- Confidence training for people with disabilities to enable them to use public transport
- Disability awareness training for providers of services for people with a disability
- Locally based age appropriate supported housing
- More opportunities for further education and employment
- Increased access to advocacy and advice for disabled people

These issues are addressed in the improvement plan attached as Appendix 1 of this document.

### **2.2 The “Disability Discrimination Act” (2005)**

This act outlines the duties of local authorities in promoting disability equality. This includes the availability of information, advice and advocacy in appropriate formats and community languages so that people are able to make informed choices and access facilities and services.

### **2.3 “Improving the Life Chances of Disabled People” (Prime Minister’s Strategy Unit, 2005)**

This government directive sets out a programme to bring disabled people fully within the scope of Government’s vision of an “opportunity society”. Its vision is that “by 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society.

To respond to the legislation and policy guidance, we have an established Single Equality Scheme that has assisted the local authority



and health partners in their aim to achieve equality for disabled people. There is a commitment from the Council and the NHS in Rotherham to adopt the Social Model of Disability. Rotherham has recently made great progress and achieved Level 5 of the Equalities Scheme in 2009.

#### **2.4 “National Service Framework for Long-term Conditions” (2005)**

This framework sets out 11 qualitative requirements which social care and health services must achieve to support people to live with long-term conditions.

The key themes are:

- independent living
- care planned around the needs and choices of the individual
- easier, timely access to services
- joint working across all agencies and disciplines

#### **2.5 “Supporting people with long term conditions: commissioning personalised care planning – a guide for commissioners” (DH, 2009)**

This guide sets out to enable commissioners with information and support they need to embed personalised care planning. We have used this guide to revise our Joint Commissioning strategy work plan for the long term conditions priority.

Actions include:

- Identification of high intensity users of health and social care
- Co-location of community matrons and allied health professionals with assessment and care management teams
- Development of preventative services to support those with a long term condition
- Streamlined assessment processes to assist joint working

#### **2.6 “A New Deal for Welfare – Empowering People to Work” (Department for Work and Pensions (DWP), 2006)**

This initiative aims to end benefit dependency and deprivation and to reduce the number of people on incapacity benefit by 1,000,000.

The Council as an employer guarantee that all job applicants with a disability will be given an interview. The Council’s performance on Best Value Performance Indicator 16a in 2008 achieved a figure of 4.4% of the workforce with a disability which was higher than the target figure of 4%. Neighbourhoods and Adult Services achieved a figure of 6.36% in 2008.

Access All Areas will provide unpaid work placements of up to 30 days each. This experience will help the individual when completing job application forms and will, therefore, play a small part in helping them to

gain employment. The project started as a Rotherham MBC initiative but has grown so that placements will now be offered across a range of organisations as well as all areas of Rotherham Council. Other organisations that have agreed to offer placements so far include NHS Rotherham (PCT), RBT, 2010 Rotherham Ltd, Voluntary Action Rotherham, Barnsley and Rotherham Chamber of Commerce, South Yorkshire Police, South Yorkshire Fire and Rescue Service, Thomas Rotherham College

### **2.7 Local Strategies:**

There are a number of other local strategies that will inform future developments of suitable services for those with a long term condition including:

- Better Health, Better Lives (2008-2012)
- Public Health Strategy for Rotherham (2006)
- Commissioning Strategy for Adult Services (2008-2023)
- Joint Commissioning Strategy (2008-23)
- Joint Carers Strategy (2008-11)
- Single Equality Scheme (2008-11)

### **2.8 Outcomes of Inspection**

A PDSI and Safeguarding service inspection was carried out in July 2009 by the Care Quality Commission which identified areas in which improvement was to be made. This Strategic Commissioning Plan focuses on areas on which we were judged to fall short. They are:

- Encouraging partner agencies to diversify their services to enable them to provide more preventative services to people with physical disabilities and/or sensory impairments
- Supporting more people with physical disabilities and/or sensory impairments to live independently in the community and
- Ensuring advocacy services are developed and accessible for people with physical disabilities and/or sensory impairments.

## **3. Strategic Needs Assessment**

### **3.1 Local Evidence**

Rotherham is one of four metropolitan boroughs in South Yorkshire, covering an area of 118 square miles with a population of 253,400. This is an increase in population of 0.4% (1,100) since 2004 and 1.5% (3,800) since 2002.

Population projections suggest that the population of Rotherham will increase by 6% to 271,100 by 2018 and 286,300 by 2028 due to rising life expectancy, natural increase and migration into the Borough.

The Borough is divided into 21 wards, grouped into 7 Area Assemblies - Rother Valley South, Rother Valley West, Rotherham North, Rotherham South, Wentworth North, Wentworth South and Wentworth Valley. About half of the population live in and around the main urban area of Rotherham town. The remainder live in satellite towns such as Wath, Dinnington and Maltby, and in rural areas.

Rotherham comprises a diverse and vibrant blend of people, cultures and communities. It is made up of a mix of urban areas and villages all interspersed with large areas of open countryside. About 70% of the Borough is rural in nature, but it is well connected to all areas of the country by its proximity to the motorway and inter-city rail networks. Rotherham's traditional steel and coal industries have largely given way to new industries in a rapidly growing economy.

### **3.2 Joint Strategic Needs Assessment**

The JSNA establishes the current and future health and social care needs of a population, leading to improved outcomes and reductions in health inequalities. The JSNA informs the priorities and targets set by Local Area Agreements, leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities throughout the Borough. Information gathered in the JSNA is used to create a needs profile for Rotherham and to target resources at those in most need.

The evidence provided in relation to increasing numbers of individuals with sensory deficit and long term illnesses indicates greater dependency on statutory and voluntary sector services. Consequently the need for increased access to services will be required if we are to provide increased choice, timely intervention and prevent deterioration and dependency

### **3.3 Black and Minority Ethnic Population Profile**

Rotherham's Black and Minority Ethnic (BME) population is relatively small but is growing and becoming increasingly diverse. The Office of National Statistics estimates that there are 15,600 people from BME communities which equates to 6.2% of the population (4.9% are non-white). This is 3.1% below the national average. The largest BME community is that from Pakistan/Kashmir which constitutes 2.02% of the overall population, higher than the average of 1.5% in England and Wales. The fastest growing community is that from India. The Kashmiri and Pakistani community has been established in Rotherham since the 1960's. There are other smaller established communities such as Chinese, Indian and Irish. More recently, new communities, including migrant workers from Eastern Europe, have settled in Rotherham.

Yorkshire Futures estimates that there will be a 61% increase in the non-white population by 2030. Of the total 17,600 non-White residents projected for 2030, it is estimated that about 11,400 will be Asian.

White minority communities are estimated to have population of approximately 3,000 in 2004, reaching 4,000 by 2006. Further migration

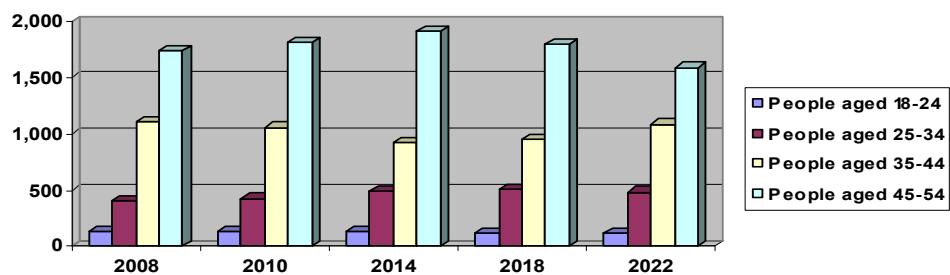
from European countries, notably new EU member states, is likely to result in continued growth in the years ahead.

### 3.4 Limiting Long Term Illness

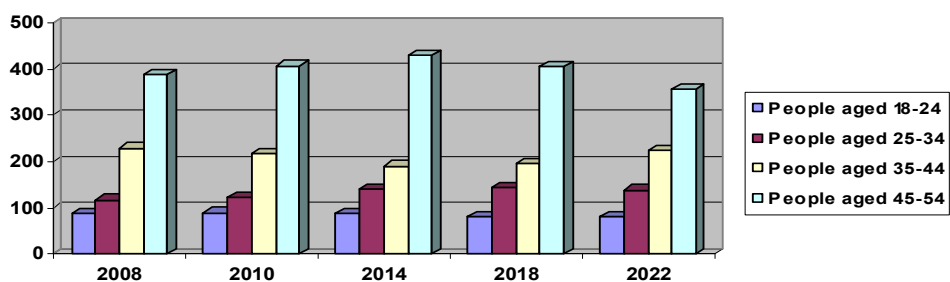
The 2001 Census tells us that 26,151 adults of working age (16-64) in Rotherham consider themselves to be suffering from a limiting long term illness or impairment that limits the daily activities or the work they can do (17.4% of the population). This covers any long-term illness, health problem or impairment which limits daily activities or work. Interestingly, this compares with over 20,070 from the 1991 census (9.6% of the population) – a significant increase which is reflected nationally.

Figures 2.4 and 2.5 predict the number of adults predicted to have a moderate or serious personal care disability in Rotherham, projected to 2025.

**Figure 2.4: Adults predicted to have a moderate personal care disability in Rotherham, projected to 2025**



**Figure 2.5: Adults predicted to have a serious personal care disability in Rotherham, projected to 2025**



PANSI illustrates the number of adults predicted to have a moderate or serious personal care disability in Rotherham. The information is based on prevalence data on adults with physical disabilities requiring personal care. A moderate personal care disability means that tasks can be performed but with some difficulty, a severe personal care disability means that the task requires someone else to help. It is anticipated that there will be an increase of 17% in the number of people with a moderate or serious personal care disability who are aged

55-64 years of age who will require support from adult social care in the next 14 years.

### **3.5 Informal Care Needs Analysis**

Carers UK have calculated that the number of carers nationally will need to increase by 3 million in total by the year 2037 if we are to continue caring for our ageing population. An estimated 1.9 million older people nationally are able to continue to live in their own homes because of the care they receive from partners, relatives and friends.

In Rotherham there are 30,000 carers who provide unpaid informal care; one in eight adults, a total of 12% of the local population. In England and Wales 10% of the population are carers. 7,387 (24%) carers provide more than 50 hours informal care every week. By 2037 it is estimated that the number of carers will increase to more than 40,000.

52% of carers are over 50 years and around 5% (1,355) of carers are over 75 years old. 67% of carers are women. The ageing profile of carers is likely to lead to a significant number of people losing informal support because their carer becomes too old to care. The number of people requiring informal care by 2018 is predicted to rise to 3,690 by 2018 and 4,000 by the year 2022. This constitutes an increase of 20% over the next 10 years. In Yorkshire and the Humber it is anticipated that there will be a 21% rise in people requiring informal care over the next 10 years. This is close to the national predicted increase of 20%. Rotherham therefore is likely to experience a similar increase in need for informal care services compared to other local authorities.

The number of minority ethnic elders is predicted to rise significantly over the next few years. Research by Age Concern predicts that the population is growing fast and expected to increase by 170% from 2005 to 2012. Currently there is a low take-up of community-based adult social care services from older people in BME communities. This indicates a heavy reliance on informal care, which is likely to come under pressure as the BME community experiences the same demographic changes as the overall population.

Rotherham Joint Carers' Strategy (2008-2011) developed by the Local Authority and NHS Rotherham acknowledges that the shift to independent living and care at home, away from institutionalisation, is likely to place a greater burden on informal carers. The most recent survey of local carers indicates that they would most want to access a short break/holiday and be able to pursue social activities. The needs of carers have been incorporated into the commissioning priorities in this document.

### **3.6 Service User and Carer Feedback**

Most service user and carer forums, which are linked to disability, report that independent and inclusive living is often at the forefront of people's

aspirations. This does not only link to where people live but also to their life chances in finding employment, economic stability and inclusive living arrangements.

Putting People First Concordat – A shared vision and commitment to the transformation of Adult Social Care (2007) quotes:

“Older people, people with chronic conditions, disabled people and people with mental health problems have the best possible quality of life and the equality of independent living which is fundamental to a socially just society.”

“In future organisations will be expected to put citizens at the heart of a reformed system.”

“In the future we want people to have maximum choice, control and power over the support services they receive.”

The involvement of service users and carers must therefore be integral to the development of services for the future.

Carers have been consulted with widely about the sort of services which will support their role as carers. Due to the nature of the caring role a number of differing services are required in order to meet the individual needs of carers. In particular carers have requested befriending and short breaks services. Respite services and short-term services which can assist in an emergency are also proving to be an increasing and important support mechanism. Therefore it is evident that what is more important is that the range of services available is accessible to carers, either directly or via a carer’s assessment, and that information and advice on services is clear, accessible and easily available.

Service Users and their carers and the wider public have been and will continue to be consulted using a variety of methods to establish their views on the services currently provided and what will be needed to meet their needs in the future.

Complaints to the service over the past 12 months have, in the main, been linked to service quality, including decisions about entitlement to services. The majority of the complaints relate to equipment and adaptations.

## **4. Governance and User Involvement**

- 4.1 Effective joint governance arrangements have been agreed between Rotherham MBC’s Neighbourhoods and Adult Services Directorate and NHS Rotherham. The Adults Board heads up a structure of task groups to ensure that the priorities identified in the Joint Commissioning Strategy are delivered against. There is representation from service

users and carers, third sector organisations, independent sector providers and other stakeholders.

4.2 The Neighbourhoods and Adult Services Commissioning group is a key driver in the process of developing quality services for people with disabilities with the full engagement of service users, carers and all partner agencies.

4.3 Local Involvement Networks were set up throughout England to give communities a stronger voice in how their health and social care services are delivered. Independent networks of local people, voluntary organisations and community groups with a flexible approach to involvement. The Rotherham Local Involvement Network will change how health and social care services are delivered. The Rotherham LINK has been established and is hosted by Voluntary Action Rotherham. The LINK is owned, developed and shaped by groups, organisations and individuals at local level. We work closely with the LINK to make sure that the voice of local people is central to our commissioning plans for the future.

#### 4.4 **Consultation with customers:**

In June 2009 consultation commenced with customers using an adapted form of the nationally recognised CSED 'Anticipating Future Needs Toolkit' and includes 'face to face' interviews that have taken place with individuals with Physical Disability and/or sensory impairment. This exercise was carried out with the consent of those who were supported in the community and those who were living in out of area residential placements. The interview process took into account the following elements:

- Person's background
- Health and functional ability
- Home and Neighbourhood
- Social Relationships
- Activities and hobbies
- Finances
- Psychological wellbeing and outlook

A process of analysis followed the collation of the results and has provided us with an overview of customer experience, an account of how individuals live their life and whether their aspirations are being met with the support and accommodation they currently have. We have used this information to influence our commissioning priorities to meet the needs of this client group, and reshape service provision.

The majority of feedback about the services people receive was positive but issues raised included:

- People wish to access the local community
- People want consistency of care and the same carers

- People want flexibility and not strict times for their support
- People want choice in their lives
- Staff need appropriate training to deal with specific conditions
- People want support to take breaks/outings and holidays

These issues will be addressed by the move towards personalisation and self directed support.

- 4.5 Over the last 12 months we have made a number of improvements to services for people with physical disabilities and sensory impairments utilising customer experiences of mystery shopping, reality checking and auditing access to services/information within Rotherham to learn from customer experiences. This work was conducted by our Customer Inspection Team supported by the Service Quality Team.

The headline results of this work are:

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

The learning from customers outcomes have been:

**Customers told us...** they wanted information on what to expect when going through the adult social care assessment process.

**We have...** produced a customer pack that contains key information on the service you can expect and contact details of our service and supporting services

**Customers told us...**they wanted information about the sensory impairment team and support services.

**We have...** developed visual impairment and hard of hearing/deaf information packs which are provided to customers at the first point of contact.



**Customers told us...** it was difficult for wheelchair users to access the building at Key Choices Property Shop.

**We have...** improved access by fitting an automatic touch pad door.

**Customers told us...** they were unhappy with the waiting times for an assessment from the Physical Disability Team.

**We have...** changed our working practices and now have 2 dedicated social workers working on assessments. This has significantly reduced waiting times.

**Customers told us...** following a carer's visioning day they wanted more information for people with disabilities.

**We have...** organised a Fair's Fayre event on 28th October providing advice, information and support for people with disabilities in Rotherham.

**Customers told us...** that they were unhappy with waiting up to 4 weeks for a decision for a Blue Badge.

**We have...** reviewed the whole Blue Badge process and made big changes so that customers now receive a decision on the spot and their badge on the day (if the application has been approved).

**Customers told us...** the waiting time for a level access shower was too long.

**We have...** started using a new company to provide level access showers resulting in quicker turnaround times. This has contributed to a reduction in waiting times for adaptations from 16 to 3 weeks.

**Customers told us...**they would like to be able to text their feedback about services.

**We have...**introduced a text your feedback to enable customers to make a compliment, complaint, comment or suggestion by text message.

The work of customer inspectors is ongoing and the outcomes of their audits are vital in the development of services and the improvement of existing provision. We have involvement with the Learning from Customers forum on a regular basis to make sure that their views and priorities are incorporated in commissioning plans. At a recent consultation, all the issues raised by the customer inspectors are addressed within the action plan accompanying this strategy. We have incorporated feedback from the council website, learning from complaints, surveys and the Fairs Fayre events into this strategy.

## 5. Joint Commissioning

The Joint Commissioning Strategy 2008-23 sets out the commissioning intentions and the joint working priorities of NHS Rotherham and Rotherham MBC in relation to adult services. The strategy presents an analysis of local need, describes services that currently exists and highlights gaps in provision.

The strategy sets the direction of travel for the health and social care community by identifying long term objectives for the Adults Board. It

specifically sets out actions that will be carried out within the next three years, working towards the longer term objectives of the strategy. The next 3 year action plan will commence in March 2011.

The priorities identified within the Joint Commissioning Strategy reflect the current work streams of the Adults Board. They focus on services which are strategically relevant to both NHS Rotherham and Rotherham MBC and they incorporate priorities identified within national and local strategic documents.

The following priorities have been identified in the Joint Commissioning Strategy. Each has its own action plan and partnership group to oversee progress. All partnership groups report directly to the Adults Board.

- Meeting the needs of people with long term conditions
- Effective, jointly commissioned Intermediate Care services
- Older People's Mental Health (OPMH)
- The Right Care in the Right Place at the Right Time
- Effective joint governance arrangements

## **6. Current Service Provision and Use of Resources**

### **Access and Assessment**

Customer's initial contact is via Assessment Direct. This service was introduced in March 2008 and has resulted in improved information and advice to customers. It has achieved a significant reduction in waiting times for assessment and has boosted satisfaction levels to 96%.

Assessment Direct are a key factor in the development of personalisation and staff within that service have already begun to establish the essential 'first contact' approach. Information, advice and signposting are offered to customers at this point

If a referral for social work support is the most appropriate response to the customer's needs, then the Physical Disability and Sensory Impairment Team will assess the customers eligibility for services provide social work support to the individual from the point of assessment right through to their ongoing support and review.

The team are part of the Assessment and Care Management service managed by the Directorate of Health and Well Being. The prime aim of the Adult Physical Disability team is to promote independent living as characterised by:

- Presence in the Community
- Choice,
- Competence
- The promotion of skill development
- Enabling people to develop skills that will reduce dependency
- Respect - promoting the perception of disabled people as citizens
- The participation of disabled people in the life of the community.

The Rotherham **Visual Impairment** service provides statutory support and advice for Blind and partially sighted people **of all ages**. Offering holistic, person-centred assessment of the care needs of people with a Visual Impairment. Independence Training in mobility, communication and daily living skills and the provision of specialist equipment. The service is provided from 2 worksites: Norfolk House and Green Lane Resource Centre.

The Rotherham **Sensory Impairment** service provides statutory support and advice for Deaf and Hard of Hearing people **of all ages**. Offering holistic, person-centred assessment of the care needs of people with a hearing impairment. The provision of specialist equipment and the provision of information and advice. Financial, emotional and counselling support, advice and awareness-raising about the needs of people with a hearing impairment for other staff/members of the public. The service is provided from Norfolk House.

### **Additional Services linked to the teams**

Additional Services are provided under contract by Action for Blind People. These services are:-

- An Eye Clinic Liaison Officer based at Rotherham District General Hospital.
- An Information, Welfare and Advocacy service based at Norfolk House.
- Volunteer Outreach Service
- A Guide Communicator scheme funded through Supporting People monies.

And by RNID:

- Communication Support Service

### **State of the Market**

There is a diverse range of service provision within the Rotherham area. Currently the following services are provided to people who meet the eligibility criteria:

- Registered residential and nursing care
- Short-term care
- Intermediate care
- Home support services
- Community support services
- Supported living schemes/Housing/Extra Care Housing
- Preventative services
- Equipment and assistive technology services
- Support for carers
- Direct Payments
- Advocacy

The level of investment for purchasing care services in the physical disability service in 2010/11 is £7,727,576.

This was allocated as follows:

<b>Service Type</b>	<b>Budget Allocated 2010/11</b>
Residential Care In House	£418,828
Residential and Nursing Care Independent Sector	£1676,631
Care in People's Homes In House	£548,702
Care in People's Homes Independent Sector	£1,491,148
Day Care	£329,137
Assessment and Care Management	£1,556,854
Equipment and Adaptations (inc REWS)	£528,000
Telecare	£225,000
Advice/Information/Support	£153,731

The following table highlights the comparator costs for Rotherham in terms of spending on services for people with a disability. Updated figures for 2009/10 are not yet available:

2008/9 Actual spend	Rotherham	Comparator Group
<b>Unit costs</b>		
Nursing only	£889	£535
Residential only	£643	£674
<b>Actual costs</b>		
Spend per week home care	£237	£148
Spend per week DP	£157	£192
Spend per week day care	£154	£162

There is a combination of spot and block purchasing arrangements for physical disability services. In addition, as previously stated, there are an increasing number of service users who have accessed a direct payment in order to purchase care individually. This figure is predicted to rise over the coming years, especially with the introduction of personal budgets. The high cost of nursing placements is being addressed by the introduction of a care funding calculator that will more accurately calculate the cost of care.

In order to achieve the changes required in service provision for people with disabilities there will need to be some de-commissioning of services. This will enable the creation of a more modern and transformed service for the future.

This brings significant challenges:

- Volume of change – stability and capacity of the workforce to provide quality services and change
- Demographic and cost pressures against a background of rising expectations
- Ability of external organisations to respond and keep pace with our needs
- Very careful media management to handle emotive issues
- Inspection regimes are changing and still evolving – safeguarding a key risk
- Very difficult market conditions – the recession – affecting housing, domiciliary care etc

## **7. Commissioning for Outcomes**

7.1 Increasing choice and the move to self-directed support will challenge the current structure of investment. The current mix of spot and block purchasing will need to be reassessed to ensure it can provide flexibility and choice within a stable provider market. By 2011 Rotherham MBC will be expected to have made significant steps towards redesign and reshaping their adult social care services (in the light of its JSNA) and have most of the core components as outlined below in place:

- An integrated approach to working with the NHS and wider local government partners with a strategic shift in the focus of care and support away from intervention at the point of crisis to a more holistic and preventative model centred on improved well-being;
- Commissioning Strategy, which includes incentives to stimulate development of high quality services that treat people with dignity and maximise choice and control whilst balancing investment in prevention, early intervention/re-ablement and providing intensive care and support for those with high-level complex needs;
- Universal, joined-up information and advice available for all individuals and carers, including those who self-assess and fund, which enables people to access information from all strategic partners;
- A framework for proportionate contact and social care needs assessment to deliver more effective, joined-up processes. Greater emphasis on (assisted) self-assessment, enabling social workers to undertake more appropriate assessments and spend more time on support, brokerage and advocacy to ensure users experience a 'no wrong door' service;
- For people eligible to receive council-funded support:

- Person centred planning and self-directed support, with individuals having choice and control over how best to meet their needs, including through routine access to Telecare;
- A Personal Budget system as well as support to increase the uptake of Direct Payments;
- Mechanisms to actively involve family members and other carers as expert care partners, with appropriate training and practical support to enable carers to develop their skills and confidence;
- An enabling framework with accessible advocacy, peer support and brokerage systems with strong links to user led organisations (where user led organisations do not exist, a strategy to foster, stimulate and develop these locally);
- An effective and established mechanism to enable people to make supported decisions built on appropriate safeguarding arrangements, e.g. risk boards and corporate approaches to supporting individual choice and risk management, supported by a network of “champions”, including volunteers and professionals, promoting dignity and respect in local care services for both service users and their carers.
- Effective quality assurance and benchmarking arrangements, including active membership of the local/regional networks to support transformation to ensure access to the latest information, advice and support.
- Effective local information systems that capture inputs/outputs and outcomes for individuals to support local quality assurance.

7.2 The council will also be expected to have started (either locally or in their regions) to develop:

- *A market facilitation strategy*, either individually or on a wider regional basis with others, with actions identified to deliver the necessary changes. This may include a transformed community equipment service, consistent with the retail model;
- A local care workforce with the capacity and capability to deliver choice and support individual control (with staff appropriately trained and empowered) to be able to work with people to enable them to manage risks and resources and achieve high quality outcomes;
- Ensure effective use of the available resources that meet the 3% efficiency targets.

7.3 In the longer term, take a balanced approach to prevention and early intervention and deliver personalised services, enabling individuals or groups to develop solutions that work for them. Key components should include:

- Everyone eligible for statutory support should have a personal budget - a clear, up-front allocation of resources. The council or a third party may manage this on behalf of an individual. Alternatively, people may choose to take all or part of this budget as a direct payment, with access to appropriate support to enable real choice and control;
- A strategic balance of investment between enablement, early intervention or prevention whilst ensuring suitable provision of intensive care and support for those with high-level complex needs;
- Move to wider information sharing through the Common Assessment Framework;
- An established mechanism to ensure that views and experiences of users, carers and other stakeholders are central to every aspect of the reform programme.

Councils will be expected to:

- Work with regional consortia and improvement agencies to start to develop and identify local actions needed for service transformation;
- Engage with other partners, including disabled people and their organisations to ensure this priority contributes to and is properly represented in discussions on Local Area Agreements;

**Appendix 1 PDSI Commissioning Plan – Action Plan**

<b>Strategic Commissioning Intention</b>	<b>Action</b>	<b>Resources</b>	<b>Target Date</b>	<b>Lead</b>	<b>Impact</b>
<p>We will review and expand the current arrangements for the joint commissioning of services for people with disabilities with our NHS Rotherham partners.</p>	<p>Refresh current Joint Commissioning Strategy and produce 3 year Action Plan to address areas for development.</p>	<p>MTFS                      Pooled Budgets                      Joint Commissioning Team NHR                      Commissioning Manager NAS                      Community Matrons                      NAS Service Managers</p>	<p>Mar 2011</p>	<p>Commissioning Manager NAS</p>	<p>People with long term conditions will have streamlined access, to appropriate health and social care services at an early opportunity brought about by a co-ordinated joint working between community health and social care services.</p>



<b>Strategic Commissioning Intention</b>	<b>Action</b>	<b>Resources</b>	<b>Target Date</b>	<b>Lead</b>	<b>Impact</b>
<p>We will develop a range of housing and support options in Rotherham to meet the needs of people with Physical and/or Sensory Disabilities to increase choice.</p>	<p>A range of housing options will be developed in the rented, private sector that offer people with disabilities maximum opportunity to remain in the community or avoid residential care.</p> <p>Access to housing for people with physical disability and /or sensory impairment will be improved by joint working between services.</p> <p>Utilisation of specialist supported housing schemes will be reviewed to ensure the models are successful and service agreements reshaped where required to ensure use of schemes of this type are maximised for those with physical disability and /or sensory impairment.</p>	<p>Neighbourhood Improvement Service Independent Living Service</p> <p>Strategic Commissioning Team – Supporting People Team</p> <p>Joint Commissioning team</p> <p>PDSI Team NAS/Transitions Team.</p>	<p>March 2013</p>	<p>Commissioning Manager NAS</p>	<p>The option to live in the community will be increased and the offer of suitable supported housing will mean that people living in inappropriate residential placement or forced out of Borough will be avoided.</p>

<b>Strategic Commissioning Intention</b>	<b>Action</b>	<b>Resources</b>	<b>Target Date</b>	<b>Lead</b>	<b>Impact</b>
<p>We will commission a range of preventative and enabling services to support people with Physical and/or Sensory Disabilities to access employment, education and training</p>	<p>Liaise with existing steering groups made up of Partner Agencies that have the objective to ensure support services are in place in place to facilitate access to employment, training and education.</p> <p>Identify gaps in current provision.</p> <p>Commission support services where there are gaps in service provision.</p> <p>Utilise opportunities available in the Joint Improvement Partnership where project intentions have capacity to develop specialised services.</p>	<p>NAS Strategic Commissioning Team</p> <p>NAS Service Managers – PDSI</p> <p>Job Centre Plus</p> <p>RMBC Human Resources</p> <p>NHSR – Joint Commissioning team</p> <p>Rotherham College</p> <p>Learning and Development Team</p> <p>Transitions Team/Connexions</p> <p>Voluntary and Community Sector</p>	<p>April 2012</p>	<p>NAS Commissioning Manager</p>	<p>People with physical disability and /or sensory impairment will have an opportunity to live a full life, contribute to the community, and have earning potential.</p>

<b>Strategic Commissioning Intention</b>	<b>Action</b>	<b>Resources</b>	<b>Target Date</b>	<b>Lead</b>	<b>Impact</b>
We will commission information advice and guidance for people with Physical and/or Sensory Disabilities	<p>Review current information and advice services to include consultation with customers and carers</p> <p>Identify gaps in current provision.</p> <p>Develop specification for information and advice services</p> <p>Commission services to meet need identified</p>	<p>Commissioning and Partnerships - Service Quality Team</p> <p>NAS Equality and Diversity Officer</p> <p>Customer Consultation Groups</p> <p>NAS Visual Impairment and Sensory Team</p>	April 2011	NAS Service Quality Manager	People with a physical disability and /or sensory impairment will be enabled to make an informed choice.
We will commission independent advocacy services to meet individual need	A range of independent advocacy services will re-commissioned/ commissioned from the Voluntary and Community Sector to offer specialist advocacy services.	<p>NAS Service Managers – PDSI</p> <p>NAS Strategic Commissioning Team and Contracts Team</p> <p>Voluntary and Community Sector</p> <p>Community Groups/Volunteers</p>	Completed	NAS Commissioning Manager/ Learning and Development Manager/ Service Managers PDSI	People with a physical disability and /or sensory impairment will be enabled to assert their rights preventing exclusion from services and avoiding complaints

<b>Strategic Commissioning Intention</b>	<b>Action</b>	<b>Resources</b>	<b>Target Date</b>	<b>Lead</b>	<b>Impact</b>
We will support the development of accessible transport for people with a physical disability and /or sensory impairment.	A review of transport services will be carried out in order to establish difficulties for people with a physical disability and /or sensory impairment with recommendations that could influence change in favour of this group.	Transport Executive  Community Transport  Economic Development Services	Dec 2010	Policy and Strategy Team	People with a physical disability and /or sensory impairment will have access to services around the borough increasing their community access and social inclusion.
We will make sure that the statutory and independent sector workforce are suitably trained to meet the needs of people with Physical and/or Sensory Disabilities	<p>Training opportunities will be developed that can be accessed by Rotherham MBC staff, Voluntary and Community Sector and the public.</p> <p>Performance Development Reviews will identify training needs of in house staff which will feed into the Group Development Plan</p> <p>Contract Assurance Reviewing Officers will consider the training of staff in contract reviews, action planning with providers where there have been contracting concerns.</p>	<p>NAS Learning and Development Team</p> <p>Voluntary and Community Sector – VAR</p> <p>NAS PDSI Service Managers – and Staff (in an advisory capacity)</p> <p>NAS Strategic Commissioning Team and Contracts Team</p> <p>Rotherham MBC</p>	April 2011	Learning and Development Manager/ Commissioning Manager/ Contracts Manager	Quality of service provided by statutory and independent sector services will be raised by having suitably qualified staff able to provide an appropriate level of intervention according to need.

Strategic Commissioning Intention	Action	Resources	Target Date	Lead	Impact
	Newly commissioned services will take account of incumbent training opportunities/ and performance reviews offered by providers to their staff.	Human Resources			
We will develop a range of appropriate services to support those with physical disability and /or sensory impairment and their carers.	<p>A programme of consultation will be developed with service users, their carers and providers of services to this group to establish the aspirations of this group of people.</p> <p>Decommission Day Care Service where appropriate.</p> <p>Re commission appropriate services found to be suitable and commission new services where there is unmet need to be addressed.</p> <p>Expand existing Adult 'Family Placement Service' to offer short term respite care</p>		March 2013	NAS Strategic Commissioning Team – Commissioning Manager	A full range of services will increase choice and control for those with physical disability and /or sensory impairment enabling people to live a full life.