

## CABINET MEMBER FOR ADULT SOCIAL CARE

Venue: Town Hall,  
Moorgate Street,  
Rotherham  
S60 2TH

Date: Monday, 5th December, 2011

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. Adult Services Revenue Budget Monitoring Report 2011-12 (Pages 1 - 7)
4. Local Account - 'Rotherham People Calling the Shots' (Pages 8 - 46)

**(The Chairman authorised consideration of the following item to enable Members to be fully informed.)**

5. Caring for the Future Consultation Response (Pages 47 - 63)

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
<b>2</b>	<b>Date:</b>	<b>5th December, 2011</b>
<b>3</b>	<b>Title:</b>	<b>Adult Services Revenue Budget Monitoring Report 2011-12</b>
<b>4</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Social Services</b>

## **5 Summary**

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2012 based on actual income and expenditure to the end of October 2011.

**The forecast for the financial year 2011/12 at this stage is an underspend of £100k, against an approved net revenue budget of £76.725m.**

## **6 Recommendations**

**That the Cabinet Member receives and notes the latest financial projection against budget for 2011-12.**

## 7 Proposals and Details

### 7.1 The Current Position

7.1.1 The approved net revenue budget for Adult Services for 2011/12 is £77m. Included in the approved budget was additional funding for demographic and existing budget pressures together with a number of savings identified through the 2011/12 budget setting process. This budget will be subject to additional adjustments to reflect the outcome of a number of directorate wide reviews and the apportionment of a number of cross cutting budget savings targets across all Directorates.

7.1.2 The table below summarises the forecast outturn against approved budgets:-

<b>Division of Service</b>	<b>Net Budget</b>	<b>Forecast Outturn</b>	<b>Variation</b>	<b>Variation</b>
	£000	£000	£000	%
Adults General	4,041	3,993	-48	-1.19
Older People	35,076	35,504	428	+1.22
Learning Disabilities	17,130	16,742	-388	-2.27
Mental Health	5,320	5,352	32	+0.60
Physical & Sensory Disabilities	6,731	6,607	-124	-1.84
Safeguarding	739	739	0	0
Supporting People	7,688	7,688	0	0
<b>Total Adult Services</b>	<b>76,725</b>	<b>76,625</b>	<b>-100</b>	<b>-0.13</b>

7.1.3 The latest year end forecast shows there are a number of underlying budget pressures which are at present being offset by a number of forecast underspends.

The main budget pressures include:

- An overall forecast overspend within Older Peoples' Home Care Service (+£452k) mainly due to increased demand for maintenance care within independent sector.
- Pressure on independent home care within the Physical and Sensory Disability Services (+£180k) due to a continued increase in demand. An additional increase of 78 new clients (+706 hours) on service since April.
- A budget shortfall in respect of income from charges within in-house residential care (+£235k).

- Additional employee costs due to high dependency levels and cover for vacancies and long term sickness within older people in-house residential care (+£183k).
- An overall forecast overspend on Direct Payments across all client groups due to increase in demand is being reduced by savings on independent and voluntary sector contracts as clients in these schemes move to direct payments (+£171k); a net increase of 26 clients since April.
- Recurrent budget pressure on Learning Disabilities Day Care transport (+£297k) including income from charges.

7.1.4 These pressures have been offset by the following forecast underspends:-

- Forecast net underspend on Older People independent sector residential and nursing care due to an increase in the average client contribution and additional income from property charges (-£311k).
- Underspend on employee costs within the Transport Unit plus income from increased activity (-£43k).
- Slippage on developing Supported Living Schemes (Shared Lives) within Physical and Sensory Disabilities (-£140k).
- Review of care packages within learning disabilities supported living resulting in efficiency savings with external providers and additional funding from health (-£409k).
- One-off slippage on vacant posts as part of restructure/reviews including voluntary early retirements (-£264k).
- Underspend on Rothercare Direct (-£63k) due to slippage on vacant posts and a reduction in expenditure on equipment including leasing costs.
- Slippage on recruitment to vacant posts within Older Peoples Assessment and Care Management teams (-£130k).
- Underspend on Older Peoples day care due to slippage on vacant posts plus additional grant income (-£52k).
- Slippage on developing support services for carers (-£80k).
- Underspend on preserved rights clients within residential care and nursing care (-£70k).

### 7.1.5 Agency and Consultancy

Total expenditure on Agency staff for Adult Services for the period ending 31st October 2011 was £244,178 (of which £1,979 was off contract). This compares with an actual cost of £240,864 for the same period last year (of which £17,864 was off contract).

The main costs were in respect of residential care and assessment and care management staff to cover vacancies and sickness. There has been no expenditure on consultancy to-date.

#### 7.1.6 Non contractual Overtime

Actual expenditure to the end of October 2011 on non-contractual overtime for Adult Services was £190,128 compared with expenditure of £203,101 for the same period last year.

The actual costs of both Agency and non contractual overtime are included within the financial forecasts.

#### 7.2 **Current Action**

To mitigate any further financial pressures within the service, budget meetings and budget clinics are held with Service Directors and managers on a regular basis to monitor financial performance and further examine significant variations against the approved budget to ensure expenditure remains within the cash limited budget by the end of the financial year.

#### 8. **Finance**

Finance details are included in section 7 above and the attached appendix shows a summary of the overall financial projection for each main client group together with the main reasons for variation.

#### 9. **Risks and Uncertainties**

Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets particularly where the demand and spend is difficult to predict in such a volatile social care market. Any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care.

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

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

## 11. Background Papers and Consultation

- Report to Cabinet on 23 February 2011 –Proposed Revenue Budget and Council Tax for 2011/12.
- The Council's Medium Term Financial Strategy (MTFS) 2011-2014.
- Revenue Budget Monitoring – September 2011

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

**Contact Name:** Mark Scarrott – Finance Manager (Neighbourhoods and Adult Services), *Financial Services x 22007, email Mark.Scarrott@rotherham.gov.uk.*

ADULT SERVICES SUMMARY									
PROJECTED REVENUE OUT-TURN AS AT 31st October 2011									
Last Reported Projected Net Variance as at 30/09/2011	Service Division	Net Expenditure						Revised Financial RAG Status	* Note
		Original Budget	Proj'd out turn	Variance (Over (+) / Under (-) Spend) to Original Budget	Current Financial RAG Status	Financial Impact of Management Action	Revised Projected Year end Variance Over(+)/Under(-) spend		
£		£	£	£		£	£		
(45,956)	<b>Adult Services - General</b>	4,040,837	3,992,462	(48,375)	Green	0	(48,375)	Green	1
	<b>Health &amp; Well Being</b>								
207,316	Older People	35,076,227	35,504,705	428,478	Red	0	428,478	Red	2
(461,335)	Learning Disabilities	17,129,425	16,741,791	(387,634)	Green	0	(387,634)	Green	3
154,309	Mental Health	5,320,299	5,351,967	31,668	Red	0	31,668	Red	4
145,666	Physical and Sensory Disabilities	6,730,748	6,606,611	(124,137)	Green	0	(124,137)	Green	5
0	Safeguarding	739,224	739,224	0	Green	0	0	Green	6
0	Supporting people	7,687,855	7,687,855	0	Green	0	0	Green	7
<b>0</b>	<b>Total Adult Services</b>	<b>76,724,615</b>	<b>76,624,615</b>	<b>(100,000)</b>		<b>0</b>	<b>(100,000)</b>		

**Reason for Variance(s), Actions Proposed and Intended Impact on Performance**

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

*or under performance against income targets) and actions proposed*

	<p><b><u>Main Reasons for Variance</u></b></p>
1	<p><b><u>Adult Services General</u></b></p> <p>General cross cutting Directorate budgets including carers, training, RBT affordability and corporate recharges are forecasting an overall -£48k underspend.</p>
	<p><b><u>Health and Well Being</u></b></p>
2	<p><u>Older Peoples Services (+£428k)</u></p> <p>Vacancies with Assessment and care management plus forecast underspend in non-pay budgets (i.e. car allowances) (-£123k)  Overspend on In House Residential Care (+£440k) due to higher dependency Levels, additional cover for long term sickness and maternity leave plus budget pressure on Part III income.  Forecast overspend on Independent Sector Home Care budget (+£774k) due to increase in average weekly hours continuing from last year.  Underspend on employee costs within In-house Home Care (-£322k), overall underspend on In House Day Care (-£52k) due to vacancies.  An underspend on independent residential and nursing care (-£311k) due to increase in average client contribution, additional income from health and increased income from property charges.  Projected underspend on employees and leasing costs within Rothercare Direct reduced by potential pressure on income budget (-£63k).  Underspend on Transport due to increased income from additional contracts and slippage on vacant posts (-£43k)  Increased demand for Direct Payments over and above approved budget (+£201k). This includes the review of client categories and over 65s being moved from other client groups.</p>
3	<p><u>Learning Disabilities (-£388k)</u></p> <p>Slippage on vacant posts due to reviews and voluntary early retirements (-£141k).  Additional unplanned placements into residential care over the last few months has reduced the initial forecast underspend to -£66k.  Review of care packages in supported living, additional funding from Health and ILF plus additional efficiency savings from providers (-£409k)  Underspend within in-house supported livings schemes and community support due to vacant posts (-£64k)  Recurrent budget pressure on Day Care transport (+£297k) including income from charges.  Underspend on Community Support due to new CHC income plus two clients transferred into residential care (-£18k) and increase in demand for Direct Payments (+£34k).</p>
4	<p><u>Mental Health (+£32k)</u></p> <p>Unachieved vacancy factor with Assessment and Care Management (+£89k).  Projected underspend on residential care due to additional funding (-£34k).  Slippage on implementing full budget saving target in respect of Rotherham Mind moving into Clifton Court (+£25k).  Increase pressure on Direct Payments (+£201k) reduced by efficiency savings on a number of contracts (-£233k) &amp; reclassification of over 65yrs to older people.</p>
5	<p><u>Physical and Sensory Disabilities (-£124k)</u></p> <p>Restructure of directorate assessment teams and associated costs for IT support (-£33K) and one-off relocation costs from Kirk House (+£10k).  Continued Pressure on Independent Sector domiciliary care (+£180K) due to continue increase in demand (78 new clients = 706 hours since April)  Reduction in Continuing Health Care funding for client in Supported Living scheme being challenged (+£27k).  Reassessment of existing clients and transfer of over 65yrs to Older People has reduced the initial overspend on Direct Payments to an underspend (-£32K)  Additional underspend on Crossroads SLA (-£86k) as clients are redirected to Direct Payments.  Forecast overspend on Residential and Nursing Care (+£98k) offset by slippage on developing shared lives schemes (-£140k).and a further underspend of (-£130K) on developing specialist residential care</p>
6	<p><u>Safeguarding (£0k)</u></p> <p>Forecast balanced budget, use of agency staff to cover difficulties in recruiting to vacant posts in order to meet service demands.</p>
7	<p><u>Supporting People (£0k)</u></p> <p>Forecast balanced budget after contribution to corporate savings target as part of improved commissioning.</p>
	<p><b><u>Proposed Actions to Address Variance</u></b></p> <p>Budget performance clinics continue to meet monthly to monitor financial performance against approved budget.</p>



<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>5th December, 2011</b>
<b>3.</b>	<b>Title:</b>	<b>Local Account – ‘Rotherham People Calling the Shots’ – How the Council’s Adult Social Care Service performed last year</b>
<b>4.</b>	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

## **5. Summary**

This report presents Rotherham’s first local account for adult social care. The local account ‘ Rotherham people calling the shots’ sets out how Adult Social Care services in Rotherham are performing, focusing mainly on 2010/11 but it does provide up to date information where possible.

The document follows the guidance issued in a letter from ADASS and LGA concerning Local Accounts issued in the summer 2011 which suggests Councils should publish this statement by December 2011.

Based on this self assessment against the new Adult Social Care Outcomes Framework, we believe that the overall local account demonstrates we are continuing to deliver excellent services within the resources available.

## **6. Recommendations**

**That Cabinet Member:**

- **Note the content and approve the publication of the Local Account.**

## 7. Proposals and Details

This report introduces Rotherham's first Local Account which sets out our performance for 2010/11. It describes how we are meeting the needs of our customers and improving outcomes for the people of Rotherham. This is evidenced through the reporting of key performance information, being open about the money we spend on services, feeding back judgements received about how our services are viewed externally and an analysis of local customer feedback and real customer case studies. The Local Account provides an opportunity to highlight the things we have done well and areas we are improving.

The account allows us to inform customers of performance in an easily accessible, open and transparent way. Key achievements include:

- We supported 6,800 people to live in the community and supported 2,300 carers last year, 1,400 more than the previous year.
- 97% of our customers are satisfied with the care and support services they receive
- 31% reduction in complaints received last year.
- 2,300 carers received an assessment of their needs during 2010/11 and were provided with a carer service or information and advice. This is 300 more than last year and rates Rotherham in best 25% of councils in England.
- We have reviewed 689 more customers' needs this year, 7330 in total.
- 98% of our customers are satisfied that they get the service that they were promised. This has increased from 96% in 2009/10
- 85% of customer's, who received our Intermediate Care service following hospital discharge, were still living at home when surveyed 3 months later. This is rated in best 25% of comparable councils.
- Through raising awareness of adult abuse, alerts in Rotherham increased by 47% last year.
- CQC assessed the council as 'Best Performing' for how well we support customers at the first point of contact
- 50% of our customers receive self directed support, which exceeded the national target of 30% and places us in the best 25% in the country.

The local account provides over 30 case studies demonstrating the impact of the services we deliver and the outcomes they achieve for our customers. We have also set out some of the actions that are needed to bring about improvement across the full range of services. We are currently delivering against these actions for 2011/12.

The full document will be published as a 'virtual glossy' with a small number printed initially for key stakeholders. This will be available through the website and made available to customers on request. Our learning from customers forum have identified the need for a shorter, more customer friendly version ('snapshot') which focuses on the key pieces of information they feel are the most important from a customer point of view, this is being produced and will be made available via the website and at reception points on request. We are also producing an easy-read version of the 'snapshot'. Customers will have the opportunity to feedback directly to

the council via the web link as well as a range of other ways including email, letter and direct telephone access to the Performance and Quality Team. Our aim is to produce monthly 'one page' updates, via the website, on progress on performance and on our improvement actions.

We are dealing with severe demographic pressures and budget constraints. This means that we have had to squeeze every last efficiency out of the resources we use. We have also had to make some tough decisions about funding some services. This will become even more difficult in the future. We will consider the different options open to us by consulting with local people and carefully examining feedback and the impact of different actions.

### **Background to local accounts**

With councils now responsible for their own improvement, they have a collective responsibility for the performance of the sector as a whole. A Promoting Excellence in Councils' Adult Social Care programme Board has been set up by key representatives from the sector to assist with this. It met for the first time in May 2011 and it is chaired by Richard Jones (ADASS) and has membership from Local Government Group, the Care Quality Commission and the Department of Health.

With the abolition of the Annual Performance Assessment, the publication of a single data set for local government and the development of outcomes frameworks for adult social care and separately for the NHS and Public Health, the board believes that it is important that councils find a meaningful way of reporting back to citizens and consumers about performance. The publication of a local account is one of the ways of achieving this.

Although this would be subject to local discretion, the Board suggests that all councils with social care responsibilities consider producing a short, accessible local account during 2011/12 and preferably by December 2011.

Local accounts should be customer focused and be aimed at the whole community, be published on council websites by the Lead Member. The core requirement for a local account is to report on the quality of adult social care in the area.

The Local Account builds on work the council is already doing on local quality assurance frameworks and safeguarding annual reports.

### **Suggested content**

The following areas contained within the guidance,

- Outcomes achieved for citizens and consumers (taking into account the national outcomes frameworks)
- Adult Safeguarding
- Think Local Act Personal
- Equalities and diversity considerations
- Productivity issues
- The quality of the local market
- Complaints information and action taken as a result
- Consumer feedback data

- Feedback from relevant scrutiny reviews
- Progress against local political priorities
- Improvement priorities

We feel that the local account addresses these issues and have helped to shape our Rotherham Local Account and are clearly demonstrated within the five sections of the report:

- How our adult social services are viewed externally and locally
- Key facts about how we spend your money
- What customers think about the services we deliver
- How we improve outcomes for the people of Rotherham
- Our plans for improving services in the next 12 months

Rotherham's Local Account highlights key issues of concern and how they are being addressed within the council's own improvement planning. If citizens and consumers want further information, this is made available to them.

### **8. Risks and uncertainties**

As this is the first 'round' of production of a local account, we will need to be able to accommodate any new requirements from future refreshed guidance, when issued. The guidance is high level and at this stage open to your own interpretation. Work is being undertaken at a regional and national level to put in place a model for the 2011/12 local account.

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

The Rotherham Local Account reflects the policy and performance agenda requirements of both national government (including Transparency in outcomes: a framework for quality in adult social care; putting people first and personalisation – think local act personal) and Rotherham's local plans including corporate and service plans.

### **10. Background Papers and Consultation**

- Appendix 1 Local Account (in full)
- Appendix 2 Local Account (publicity poster)
- Appendix 3 ADASS and LGA guidance promoting Excellence in Councils' Adult Social Care – producing 'Local Accounts'

#### **Contact Names:**

Dave Roddis, Performance & Quality Manager, ext 23781  
Scott Clayton, Performance Officer, ext 55949



Neighbourhoods & Adult Services

# Rotherham People Calling the Shots

How the council's adult social care  
service performed last year (2010/11)



# Introduction

This is our 'local account' - an opportunity for us to share with you, how we supported and improved outcomes for people last year, plus our plans and priorities for next year.

It describes our performance over the last 12 to 18 months and how our services are meeting the needs of our customers. We can show how Rotherham has responded locally to national government policies, such as "putting people first" and "personalisation – think local act personal" and the social care outcome framework.

We are dealing with severe demographic pressures and budget constraints. This means that we have had to squeeze every last efficiency out of the resources we use. We have also had to make some tough decisions about funding some services. This will become even more difficult in the future. We will consider the different options open to us by consulting with local people and carefully examining feedback and the impact of different actions.

We have also responded positively to new and unexpected challenges that we have faced regarding difficulties facing Rotherham customers who receive their care services from independent care providers. An example being the possible home closures of Southern Cross.

From being made aware of the difficulties facing Southern Cross social care services. We have had a plan in place that would safeguard their customers, if it became necessary to implement. This would make sure that any homes closures were managed and that suitable alternative homes for residents were identified. We have worked with and kept informed everyone involved or potentially affected by the crisis, this has included residents, relative/ carers MPs, local Councillors and any new service providers. We are pleased to say there will be no impact on any homes in Rotherham as a result of the Southern Cross issue because all have transferred to new providers.

As we have not been required to be externally assessed in 2011 by the Care Quality Commission (CQC), we have assessed ourselves against the national adult social care outcomes framework

and believe we are continuing to deliver excellent outcomes within available resources.

We will share with you what we have done well, tell you where it has not gone so well and what we are doing to put things right.

We have worked closely with health colleagues to identify any emerging trends and we have included the most important actions in our improvement plans.

We invite **You** to tell us if you don't agree with what we are saying. Tell us what needs to improve. Tell us your experience of our services by contacting the Performance & Quality Team by email at [ServiceQuality@rotherham.gov.uk](mailto:ServiceQuality@rotherham.gov.uk). If you would like further information about how to get help follow the attached link to "Adult Social Care Information - How can I get help" [http://www.rotherham.gov.uk/info/100010/health\\_and\\_social\\_care/1228/adult\\_social\\_care\\_information-how\\_can\\_i\\_get\\_help](http://www.rotherham.gov.uk/info/100010/health_and_social_care/1228/adult_social_care_information-how_can_i_get_help) (more ways to contact us are listed at the end of the document). We want you to call the shots.

We will continue to provide you with updates through "in year" local accounts in 2011/12. This will include feedback and updates from you, and updates on our progress.



**John Doyle**

Cabinet Member for Adult Independence,  
Health and Well Being  
(Lead Member for Adult Social Care)

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**What customers think about the services we deliver**
- 4.**  
**How we improve outcomes for the people of Rotherham**

## **Outcome 1** Enhancing Quality of Life for People with Care and Support Needs

This section tells you about the services that have improved or that we are trying to make better for people both at home and in the community. This tells you how people have been able to achieve the outcomes they wish and how carers have been able to balance their caring roles and maintain their desired quality of life. It also shows how this has been possible, by people being able to manage their own support as they wish and being able to find employment, maintain a family, community and a social life that avoids loneliness or isolation.

## **Outcome 2** Delaying and reducing the need for care and Support

Read more about how we have helped people be healthy and what service they have received. Plus how we are trying to ensure, when people develop care needs, that the support they receive takes place in the most appropriate setting and enables them to regain their independence.

## **Outcome 3** Ensuring that people have a Positive Experience of Care and Support

This section tells you how satisfied people and their carers are with their experience of care and support services. It tells how people know what choices and entitlements are available to them and who they can contact when they need help. Read more about how we respect the dignity of the individual and try to make sure people making decisions are sensitive to the circumstances of each individual.

## **Outcome 4** Safeguarding Adults whose circumstances make them vulnerable and protecting from avoidable harm

This section aims to show how we have helped people to keep safe from all types of abuse, are protected as far as possible from avoidable harm and how we support people to plan ahead and have the freedom to manage risks the way that they want where we can.

## **5.** **Our plans for improving services in the next 12 months**

## 1.

## How our adult social services are viewed externally & locally

- The Care Quality Commission (CQC) assessed Rotherham Council to be 'Performing Excellently' in the 2010 Annual Performance Assessment, published November 2010.
- CQC assessed how well we support customers at first point of contact as 'Best Performing' in January 2011.
- CQC assessed the way we support people who suffer from strokes as 'Best Performing' in December 2010.
- Our Learning Disability Services were identified as one of the best of the 15 local authorities included in the Yorkshire and Humber Partnership Board Regional Overview Report, by Valuing People Now.

They said our learning disability report was "A very full and robust submission which highlights a number of good practice areas which we have included in the Good Practice and Innovation Guide which will be shared across the region."

- Locally we are also held to account by several independent service user bodies such as the Adult Safeguarding Board, Learning Disability Partnership Board, LINks (local involvement Network), Rotherham Council's Elected Members through Cabinet and Scrutiny meetings and the Customer Inspection Service.
- Rotherham Council has been externally assessed as compliant against the government's **Customer Service Excellence Standard** in January 2011 "This together with the attention given to good customer service helps to ensure successful outcomes for the wide range of customers" (Customer Service Excellence Report, Jan 2011. This helps show that we are continuing to add to our Investors in People (I.I.P.). The Gold Standard Award which we achieved in 2009 is due to be reviewed in 2012.

Last year Health and Well Being Scrutiny Panels particularly took account of Adult Social Care



*Hilda Jack, Chair of the Health Select Commission*

service delivery and performance around such areas as Personalisation, comparisons on charging for services and the new Carers Centre. The following summary gives extracts from the minutes of the panel meetings.

Charge comparisons - home care and other non-residential

Social Services report explained Rotherham Council's charges and how they compared to other similar Councils which in summary concludes them to be fair and equitable. A questions and answer session raised and clarified issues including savings and disposable allowance limits applicable.

Carers Centre – the first 6 months. We considered the services available and main achievements and future plans. Issues were raised and clarified regarding promoting the uptake of the service by young carers, security of funding and increase in usage.

- We won the Local Government Yorkshire and Humber award for 'Outstanding contribution to skills and workforce development' in November, 2010 as a result of our innovative initiative "A PHD in personalisation – The Diploma of choice".
- RotherCare Direct 24/7 Community Alarm Service achieved the **Telecare Service** high standard accreditation in May 2010 for Telecare Installation and Monitoring.



The team showed that they were committed to using Telecare as a lifeline to Rotherham residents and are committed to achieving the second two parts of the accreditation, Service Tailoring and Response along with the European accreditation.

- The development of Rotherham’s Carer’s Corner was used by CQC in their annual report, as a national example of delivering personalisation choice and control for customers.

We have shared year end 2010/11 performance information with other councils across the Yorkshire and Humber region, to assess how we are meeting customers needs comparatively over the new 4 outcome areas where possible. We have found Rotherham to be performing well overall.

Some highlighted areas where we are either doing not as well as other councils include the “Numbers of people with a Learning Disability in paid employment” and also the “reduction of numbers of admissions to residential care”. We have started to work with best performing councils in these areas in order to learn and plan for improvements in these areas.

Areas where Rotherham’s performance is best in region include providing choice and control through “numbers of people accessing personal budgets” and also satisfaction measures on “how safe people feel”.

### Customer Inspection Service

The “Customer Inspection Service” is made up of volunteers who are Rotherham customers, of mixed age ranges, gender and physical disabilities. They test the services the Council provides.

The customers get involved in lots of different ways of mystery shopping the council’s first point of contact services. These include:

- Visiting the council’s reception points, requesting a service and providing their thoughts on the service they received.
- Telephoning different council services, seeing how the officer deals with the call and commenting on that experience
- Looking at the council’s website, testing its accessibility and recommending areas that need to improve.



*Mrs Joan Rooms – valuable member of the “Learning from Customers Forum” and “Customer Inspection Service”*

- Talking to customers who receive services to get their thoughts and experiences of the service they receive.
- Discussing their issues and experiences of accessing council services.
- Looking at correspondence that is sent out to Rotherham customers and other customer information to see if it is in plain English and understandable to provide an “Easy Read” mark

Changes and Service improvements across Adult Social Care have sometimes been directly linked to the activities and efforts of the Customer Inspection Service (these are described further in outcome 3).

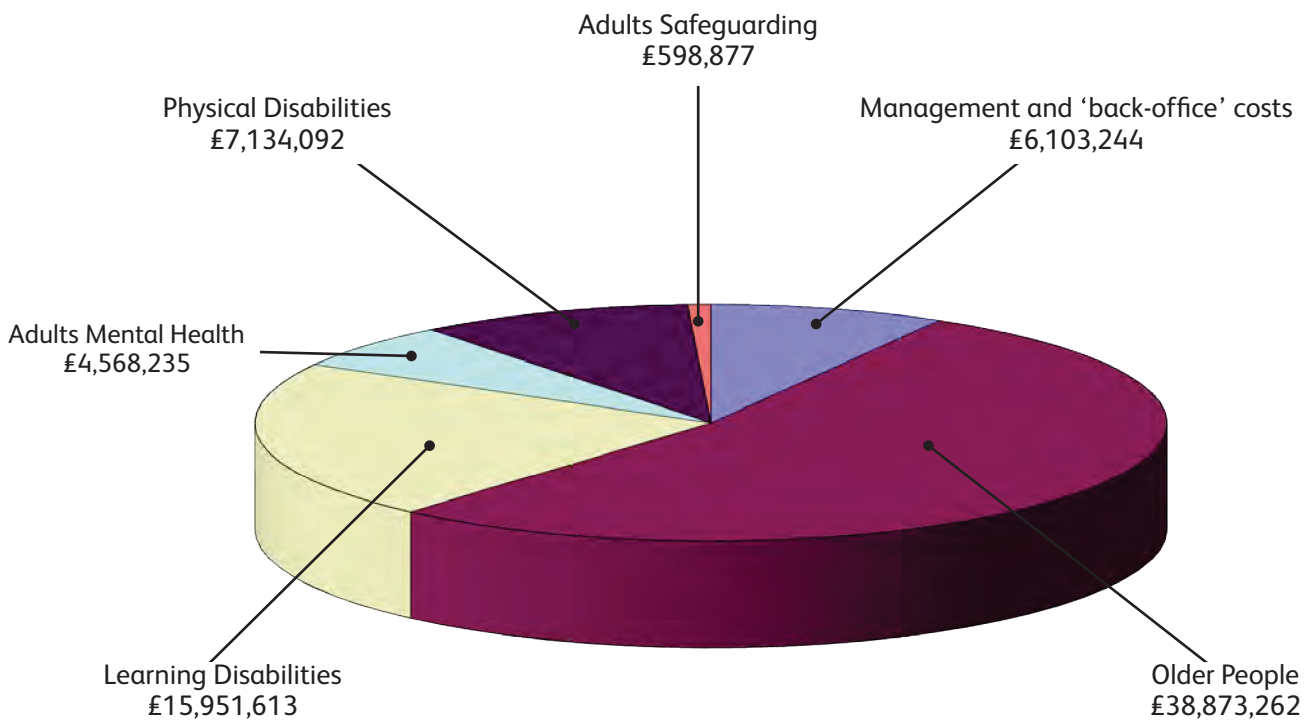
- Talking to customers who receive services to get their thoughts and experiences of the service they receive.
- Discussing your issues and experiences of accessing council services.
- Looking at correspondence that is sent out to Rotherham customers and other customer information to see if it is in plain English and understandable to provide an “Easy Read” mark

Changes and Service improvements across Adult Social Care have sometimes been directly linked to the activities and efforts of the Customer Inspection Service (these are described further in outcome 3).

## 2.

### Key facts about how we spend your money

- The council spends 38% of its budget on adult social care – this is just above the average compared with councils similar to Rotherham. The graph below shows the amount in money £ and % proportion for each service area.
- Rotherham is one of the top 3 councils in making efficiency savings.
- The proportion of our budget spent on the different client groups is the same as other councils similar to Rotherham.
- Rotherham spends £1,112 per head of population on care for the elderly, this is the 3rd highest compared to councils similar to Rotherham.
- Our spend on people with a learning disability and people with a mental illness is the 4th highest.
- We are the 6th highest on the amount we spend on people who are physically disabled.
- All our residential, nursing care and home care providers are rated good or excellent. None are rated as 'poor' by Care Quality Commission.
- Rotherham is in the top 4 of councils for the number of providers in its area rated good or excellent.
- Generally the amount we pay for care (the unit cost); is around the average compared with councils similar to Rotherham.
- Overall we have average costs and excellent quality care.



### 3.

## What customers think about the services we deliver

The National Adult Social Care User Survey, completed by customers at the beginning of 2011, told us several headlines, including:

- 97% of customers are satisfied with the care and support services they receive.
- 92% of customers feel safe; however, 1 in 3 would like to feel safer.
- 75% of customers found the information and advice about support services or benefits that they needed easy to find, with 1 in 4 saying this was very easy to find.

We believe these results demonstrate excellent performance and amongst the best when compared to similar councils to Rotherham. We will report more about the survey later this year, when national feedback of findings is shared with other councils.

### However, not everyone is satisfied!

We have seen a 31% reduction in the number of complaints received last year; we recognise sometimes the services we provide fall below customer and service expectations.

When we receive complaints we will listen and respond timely and fairly, where we are found to be at fault (complaint “upheld”) we will apologise and look to put things right – both for the individual and for future customers.

Of the **118** complaints resolved in the last year (2010/11) 30 of these (25%) were upheld or partially upheld. Below are some examples of recent things customers have told us and what we have done to ‘put things right’ for those and future customers:

**You said.....** That they were frightened about having their care provided by the independent sector, they had become used to the council providing their care over the years.

**We did.....** strengthened the advice and information provided to customers, throughout the process of assessment, to alleviate any concerns

caused by the change. We have given better advice and assurances to customers about the process of the change and how they can continue to raise concerns should any issues arise. In addition we now review each situation on a case by case basis where a customer has provided specific information as to problems transferring from Rotherham Council services to the independent sector. In consultation with team managers we have agreed a process involving the Social Worker/ Social Services Officer to provide a brief business case to outline the exceptional circumstances of not transferring the care.

**You said.....** It took too long to recruit staff to a care team (Learning Disabilities Service) to allow for changes in the way the customers care was provided.

**We did.....** Reviewed the way the council’s recruitment procedures work in order to allow customers to successfully recruit to their existing care package

**You said.....** That they were unable to make an informed choice about the package of care proposed following assessment because they did not know how much it would cost them until a financial assessment has been completed.

**We did.....** Looked at the quality of information we provide at assessment and the advice that is provided. We have improved the level of written advice that is available, effectively commencing the financial assessment process early. We have also clarified the advice workers provide to customers regarding the cost of care and the financial assessment process – so that customers have better information and are able to make more informed choices about their care.

**You said.....** It took too long to wait for a review of their services.

**We did.....** Increased the number of reviews undertaken in the last 12 months.

## 4.

## How we improve outcomes for the people of Rotherham

### Outcome 1: Enhancing Quality of Life for People with Care and Support Needs

- People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.
- Carers can balance their caring roles and maintain their desired quality of life.
- People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

### How are we meeting these outcomes?

- As at 31st March, 2011 there were 6,800 customers being supported by adult social services to live in the community, this is 1,100 more than last year.

### Customer Comment 1: Mrs F for RotherCare

Thank you for the wonderful care you gave my mum. When cut off by snow, some staff worked 3 consecutive shifts in order to ensure residents did not suffer. Now that is true dedication. I met one such carer at the end of her marathon shift. She still had a smile for everyone and went about her tasks with enthusiasm.

- 2,300 carers received an assessment of their needs during 2010/11 and were provided with a carer service or information and advice, this is 300 more than last year. Our performance for this is rated in the best 25% of councils in England.

### Customer Comment 2: Miss S for Learning Disability Service

*"You have helped us through our toughest times. Kept us strong as a family and helped our son develop into a happy more confident young man. Without you this would not have been possible."*

- By 31st March, 2011, 50% (4,061) of our customers received their care via a personal budget. This has exceeded the national target of 30% set by government for all councils in England and will place us in the best 25% of councils when national figures are available. This continues to improve and was 66% as at May 2011.





**Case Study 1:**

**Customers enhancing the quality of their life by developing and accessing community life and exercising choice of how and when support is provided.**



On the 24th March 2011 the first nightclub evening for customers with a learning disability was held at the Liquid Nightclub in Rotherham. The event was a tremendous success with 444 customers attending; the highest attendance outside of Sheffield. The night was organised and managed by a group of 8 volunteers all with learning disabilities from across Rotherham. 91 % of the people who attended the evening rated the night excellent or good.



*“Just what Rotherham needed, great to see so many people enjoying themselves!”*

*Prior to the nightclub evening workshops were held for customers with learning disabilities to enable them to learn new skills such as singing, dance, DJ skills and developing music videos. These customers were then supported to perform on the night.*

*“Coming to Under the Stars has opened so many doors for Joe, he is going on holiday with support staff for the first time at Easter.”*

**A customer’s support worker.**

*“This is busier than a Saturday night for us...I wish our club Dj’s showed the interest that your’s do in having new tracks and planning their sets. They were true professionals.”*

**A Liquid Nightclub worker.**

**Case Study 2: Supporting Mr A to continue to do the things he wants and have a full and active life.**

Mr A was one of the first customers to benefit from personalisation and his first case study showed he had:

**Aspiration :** to lead an active full life with plenty of friends and family.

**Achievement:** Personalised his services to include activities in his local community and people from his local community and people from his own age group. Making the choice to maintain a healthy and active life and continue in Education.

2010/11 Update = Mr A continues to have a full and active life. His Direct Payment is still in place. He continues to have the support of the same team of personal assistants. He attends a gym, is a member of Speak-up self advocacy group, he is an active member of his local community and accesses a range of community/leisure facilities. Since the last case study he has started a work placement, he currently works 1 day per week, with the support of his personal assistant on the gardens at Resource Centre. Over the last year he has co-ordinated a sponsored walk for funds for Speak-up and he has also had several weekend breaks, camping with the support of his personal assistants.



**Case Study 3: Supporting Mr H to continue to do the things he wants and allow him and his wife carer breaks/time on their own.**

Mr H was one of the first customers to benefit from personalisation and his first case study showed he had:

**Aspiration:** To maintain the life he had before becoming a wheelchair user.

**Achievement:** Personalised his services to enable him to continue his hobbies and to allow him and his wife time on their own through employing a Personal Assistant.

2010/11 Update = Mr H continues to access services via Direct Payments. During last year when his wife could not support him for 6 weeks due to having an operation, he was able to use a Direct Payment to buy additional support from an agency of his choice to meet his personal care needs. This worked well and he now can access this agency for up to 6 weeks annually to provide carer's breaks for his wife allowing her to visit friends and family who live away.

All our social care assessments are focused on improving outcomes. We have provided training for all assessment staff on the principles of personalisation and how to support the development of innovative and creative support plans with customers. We have also developed a new assessment format (the Individual Social Care Assessment), a Resource Allocation System and Support Plan in line with personalisation.



- We have reviewed 689 more customers' needs this year (7330) compared to last year. 87% of our customers received an annual review of services. Whilst this is in line with the best in the country this year our aim is to ensure that all customers are reviewed in the future.

**Customer Comment 3: Mr J for the reviewing team.**

*"Thank you for the physical, mental and emotional support I received in my after care. It made my rehabilitation pleasant and positive. God bless you all."*

**Customer Journey No. 1 Occupational Therapy Service - providing a quality service that enable people to achieve greater control, independence and an increase in their quality of life.**

Mrs C contacted RotherCare Direct to ask for help in her home as she has mobility issues. Mrs C was finding it hard some days to accept she cant do things she used to be able to at just 47. She also only has her son to help and did not want to burden him.

Following an occupational therapy assessment Mrs C now has equipment to help her stay in her own home and live independently.

*"The equipment has been a God send. I am more eager to do stuff now I have the hand rails and grab rails to help me get out of bed. Attention from the people I have spoken to has been 1st Class"*

- We are in the process of redesigning the Occupational Therapy (OT) service so that all new customers and those requiring a review are seen quickly. We recognise we need to improve, as 33% of recently upheld customer complaints were concerning the OT Service experience. The OT service has improved how quickly they see NEW customers. Although the overall year score was 62%; during January and March 2011 this improved to 95%.

We aim to continue this improvement and are developing a new proportionate and specialist assessment to enable OT's to deliver an efficient service to all their new and existing customers.

- We offer a range of services including home care, enabling, extra-care housing and assistive technology, all of which support people to live more independently at home and prevent or delay the need for 24 hour care support.
- We have merged the Sheltered Housing Warden and Home Enabling Services to improve what we offer to customers. This is designed to further increase the number of people regaining or maintaining their independence following support from services. The enabling service will compliment the national rehabilitation / intermediate care measure which improved last year to 85 %. This puts Rotherham in the top four of councils similar to Rotherham.
- We have started to recommission our home care service. We will use a framework agreement which promotes greater personalisation, prevention and enabling of customers. It supports a market which is more flexible, diverse, has a bigger range of providers and gives customer's greater choice and control.
- We have developed Community Cafes in Learning Disability Day services, feedback on the cafes are included below.



Service users attending services at Maple Avenue have opened a café which is self funding (with profits being re-invested).

All clients have some sort of input into the café, in all different ways from shopping, food preparation, chopping, cooking, and interpersonal skills, communication with customers. They have also been involved with the compilation of putting together a healthy eating plate which they now understand and follow.

All this has helped to improve each individual's confidence and self esteem as they get feedback not only from staff but from the general public. The cafe has also raised awareness within the local community of what someone with a disability can actually achieve.

"D" has become the resident chef at the cafe, this is the only thing he has ever shown any interest in and he has progressed considerably in such a short time.

The group are now trying out a new venture where they are inviting young people in with a parent to learn how to cook, learn more from the link below.

\*\*\*\*\*[\(link\)](#)

Addison community cafe/luncheon club started from the Jamie Oliver "pass it on Ministry of Food". A number of clients from Addison did a ten week course and weekly would pass it on to their peers, from this clients wanted to develop their catering skills and completed their basic food hygiene course. We then teamed up with the Salvation Army in Maltby and offered a Lunch club to the local older people community which has been very successful and clients have developed many other skills in the process. We recently met with Council repair contractors Willmott Dickson and Morrison and Addison were successful in securing a catering contract to deliver buffets for senior management meetings. Its still early days but all proceeds are reinvested back in to the community catering to purchase clothing etc.

The values of both projects are people have gained a qualification, built their confidence and can work in a team, to dead lines. All of these skills and knowledge support people to move on to other work experience. The social return is how people with disabilities can deliver good quality service and be seen for their ability not their disability.



- We have a team of Housing Support staff who are fully trained in the delivery of “Active in Age”. This has met customer’s needs and improved the quality of life. In addition this has created a positive link socially by engaging with the wider community.

#### Case Study 4: Active In Age

Active in Age gentle exercise classes are delivered to all tenants who wish to participate regardless of age or ability. The sessions within Extra Care are tailored to the participant’s needs and abilities. The sessions introduce tenants to a variety of music and are enjoyed by so many when encouraging them to create seated dance routines. This is where participants are supported to create a hand jive routine which encourages tenants to improve their mobility, dexterity and coordination. Active in age is enjoyed for much more than just its health benefits, one tenant’s family have commented on how it not only benefits her socially but motivationally, as on the days she attends Active in Age she would get out of bed much earlier than usual and without prompting and would be full of conversation and ‘bounce’ when she returned. They have also commented on how this interaction with its motivational, social and confidence building benefits has lifted some of the pressure from them as a family support network.

A 91 year old lady from Bakers Field Court quoted that “Active in Age is one of the activities I join in at Bakers Field Court which keeps me going for as long as I have!”.

- Bakers Field Court has gained digital region status.
- All Extra Care Housing Schemes have purchased plasma TV’s and a fully operational Nintendo Wii Machine, which has enabled customers to become actively involved in innovative ways of keeping fit and having fun. This outcome has met individual’s needs and improved their quality of life and health.
- We provided 2232 new pieces of Assistive Technology to people who live at home in 2010/2011, and delivered 1326 items of equipment to customers - an increase of 546 items from the previous year.

#### Case Study 5: Supporting Mr C to live at home through Telecare

Mr C’s life changed a year ago when his wife was diagnosed with Alzheimer’s. He was particularly worried about his wife’s safety during the night as she was prone to wandering and felt anxious that as she would get out of bed and fall down the stairs. This was affecting his sleep and therefore having a huge impact on his wellbeing.



*“Before Christmas we had a Telecare system fitted. Now as soon as my wife gets out of bed a vibrator under my pillow wakes me up or if I’m in another room a portable monitor rings and vibrates. Now I get a good nights sleep and I feel more secure about my own health. I would recommend Telecare support to anybody – it has literally given me back my sleep and I am much more alert during the day. I can care for my wife and have the security of knowing that I can care for myself*

*Unless people have been through this experience they do not know what we have gone through. We had fantastic support from Social Services right from the start”*

There is a 34% increased investment into the provision of Assistive Technology for 2011/2012. We will improve and develop further, via additional investment in Assistive Technology, particularly for people with a Physical Disability or undergoing discharge from hospital.

- An independent body of Customer Inspectors (made up from Rotherham customer volunteers) have rated our first point of contact services as “Excellent” across all access channels such as telephone, internet and face to face. Mystery Shopping continues on a regular basis to see the service through the eyes of the customer.
- Rotherham has been a leader in trying to promote employment opportunities for service users and although some areas have seen a fall this year due to tighter local economic circumstances last year. However, we are still investing in services and develop opportunities to assist people like Kelly to try and gain employment skills and opportunities, such as Mencap Pathways, Learning Disability ADpro and Access ALL Areas employment and training services.



**Case Study 6: Supporting Kelly in accessing a volunteer placement**

Doing this placement has allowed me to gain more confidence and build on my independence, also I have been able to meet new friends and this has led to me being invited out on social nights out. I am hoping to increase my days at Safe@Last.”



Kelly is part of a project led by Scope which aims to support people with physical disabilities to leave day centre services and access volunteering placements. Kelly has been working at Safe@Last for the last 2 months undertaking basic office duties. She has grown in confidence and independence, made new friends and now organises her own transport to and from the placement. This project has given Kelly increased choice and control in her life and enabled her to increase her independence.

**Case Study 7: Providing support to people who receive services from companies other than the Council**

Sue Watson has a physical disability and attends Scope day centre. Sue recently decided to take part in a scheme commissioned by Rotherham Council and managed by Scope where customers attending day services are supported to access volunteering placements. Sue is now volunteering at a children’s centre in Rawmarsh for two days a week. She enjoys the work she is given, has made a number of new friends and has been invited out on nights out with colleagues. As a result she has increased in confidence and now arranges her own transport.

“I have met some new people and they have invited me out on nights out. I have gained more confidence. I have become more independent by arranging my own transport. I am hoping to extend my placement for more days.”



**RotherCare Direct - When you need to reach out for help, we are always there**

**Don't let adult abuse go unnoticed**  
**Call 01709 822330**  
 (Monday to Friday 8.30 until 5.30)

**Out of Hours call 01709 336080**  
**Or contact us with your concerns on our new Confidential Text to Tell Service 07748 142816**  
**South Yorkshire Police 101**

**SAFEGUARDING ADULTS**

Neighbourhoods and Adult Services is committed to stopping all forms of financial, emotional, physical, sexual abuse or neglect in its aim to safeguard and protect all adults living in the Borough. Along with the Council, the Directorate and all staff feel that:

- Mistreatment of any adult is not acceptable •Your actions can make a difference
- Safeguarding vulnerable adults is everyone’s responsibility
- Doing nothing is not an option

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

**Website: [www.rotherham.gov.uk/safeguardingadults](http://www.rotherham.gov.uk/safeguardingadults)**  
**Email: [rothercaredirect@rotherham.gov.uk](mailto:rothercaredirect@rotherham.gov.uk)**

### Outcome 2: Delaying and reducing the need for care and Support

- Everybody has the opportunity to have the best health and wellbeing throughout their life and can access support and information to help them manage their care needs.
- Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.

### How are we meeting these outcomes?

- During last year we received 7755 requests for help (1497 or nearly 24 % more than previous year) and nearly half (3486) of these were able to be assisted quickly at or near the first point of contact with the service, without an assessment being required. Those remaining became new customers who needed an assessment.
- 82 % of our new customers received a social care assessment within 28 days of contacting us (improved from 81 % last year)
- 95 % of our new customers went on to receive their package of care within 28 days following the completion of their assessment (improved from 94 % last year) and our performance for this is rated in the top 25 % of councils in England.



### Case Study 8: Case Study Helping Mrs T back into the community

Mrs T was recently discharged from a residential home and is enjoying an improved quality of life by being supported to live in her local community and cared for by family. This was made possible by everyone concerned with the provision of her care needs working together (Dietician, Community Matron & District nurses, Occupational Therapist, Tissue Viability Nurse and Speech and Language Therapist) to make this possible. She is nursed from bed and on a PEG feed, we arranged moving and handling training for family and secured the discharge with two Best interests meetings with family and all professionals involved in her care.

- 85 % of customers who received our Intermediate Care service following hospital discharge were living at home when surveyed three months later (improved from 84 % last year). Our performance for this is rated in the top 25 % of comparable councils and in the top 50 % of all councils in England.

### Case Study 9: Supporting Mrs W through intermediate Care at Netherfield Court

Mrs. W, (93 years old), was admitted to Netherfield Court from RDGH Stroke Unit following a stroke on 9.11.10. She presented with right sided weakness and dysphasia. Previous to this episode she was totally independent in all daily living activities, and had no home care services.

During her time at Netherfield Court Mrs. W had a full multi-disciplinary assessment with the Occupational Therapist, Physiotherapist, Social Worker and the care team. From this Mrs. W was given goals and targets to achieve within a set exercise programme. She attended various group therapy activities as well as participating in an individual plan to meet her needs.

This lady was discharged home well within the 6 week intermediate care programme.

She achieved her goal of independence and went home with no home care package but was referred to the Millennium Day Centre to maintain her independence.

At Netherfield Court we always ask clients to complete a questionnaire on the service they have received from us – this can be anonymous but this lady chose to give her name and address and sent it direct to the Head of Service – she had commented that the programme was conducted to a high standard and was professionally carried out and that the accommodation offered aided her recovery.

- Customer to customer satisfaction surveys were carried out which led to 100% satisfaction with the service they receive at Netherfield Court Intermediate Care. Customer comment: "They look after us very well. This is a five star home. I love it to bits". Netherfield Court is now able to accept hospital admissions on a 24/7 basis which has made the hospital discharge process faster.
- Our performance in preventing hospital admissions has improved since last year for both people living in the community 149 up from 113 last year and residential settings 81 compared to 64 last year. Similarly our performance in facilitating hospital discharge and/or effective rehabilitation has improved since last year for people living in the community. We have helped 119 which is up from 100 last year and in residential settings, 203 compared to 201 last year.

#### Case Study 10: Supporting Mr B back in the community through the new enablement service

Success with an Enablement Customer who is 100 years old !!! He commenced service 21.4.11, aged 99 years old, his birthday was the following week 29.4.11

Mr B was referred to the Enabling service having been admitted to hospital following a fall at home. Mr B has a lot of support from his family, but his 2 daughters who are both in their 70's were finding it difficult to be there early in the morning and late at night.

The request from enabling services was for 30 mins to cover personal care / breakfast in the morning and personal care undress in the evening. Following enablement both calls have been reduced to 15 mins.

At his review his daughter commented on how good the service is she and her family had said that they were very surprised at how much their father had come on with the enablers. Her father was now managing to get himself up, wash and dress himself in the morning and undress himself in the evening. The enablers currently cover his breakfast, check that he is okay and secure property.

#### Customer Journey No. 2

#### Day Services

**- personalising care support packages that provide outcomes that increase peoples ability to increase their independence**



Miss Globe lives in extra-care housing. She had a blackout and fell in her flat. with the help of the Occupational Therapy service she got back on her feet.

When that service came to an end they suggested that the Millennium Day Centre would benefit her greatly and help her to rebuild her confidence

Miss Globe attended the day centre for 8 weeks, made many friends and learnt lots of new skills in her time there. Miss Globe now feels more independent in her own home and feels that the Millennium benefited her in every way possible.

"The Staff are wonderful. I really have enjoyed every minute. They have taught me how to cope in the home and I can't praise them enough. I have learnt so many things there such as cookery and safety in the home. It has helped my confidence and changed things for the better. The meals were very good there, 3 courses! And I made quite a lot of friends. 10 out of 10. I will really miss going."

#### Customer Comment 4: Mrs S for the Enabling Service

*"Many thanks for a very thoughtful and comprehensive review. The assessment was caring, insightful and most professional."*

- Age UK Contact and Signposting Service started in January, 2011 – People with low level support needs are supported to remain independent by being put in touch with community facilities and activities. Age Concern make sure this has worked for people by following them up and offering further advice if needed.



- Our Joint NHS Rotherham and Rotherham MBC Learning Disabilities Service joint work has meant a further:
  - 88 people took up the option of a personalised Health Action Plans this year reflect people with Learning Disabilities' health needs and how they wish or need these to be treated. A total of 421 people have now been supported to have their own plans.
  - 510 Learning Disabilities' service users (246 more than last year) have now received an annual health check with their GP (doctor).
  - As a Joint service it ensures early access to Health services – including assessment and treatment unit and nursing staff, psychologists and psychiatrists.

### Case Study 11: Improving access to support and information by reducing barriers between older and younger generations in Rotherham

In 2010/11 Rotherham Council funded "Neighbours Can Help" to deliver



the project; Young to old, Old to bold. This project supported young people aged 11-15 years at Maltby Academy to transfer their computer skills to older people aged over 65 years in the local community. The project aimed to reduce barriers and misconceptions between older and younger generations whilst encouraging older people to use technology in their own home; reducing their social isolation, helping them to find information, get advice and purchase items and services on line.

To date the scheme has supported 15 young people to become trainers and helped 36 older people gain basic computer skills. Following the course 89% of the older people said they were likely to increase contact with their family as a result, 57% of older people have used their new skills to find information about social and leisure interests, 29% purchasing items and household shopping and 14% statutory services. 80% of older people felt less socially isolated as a result and 60% more confident.

### Case Study 12: Improving access to services for customers in the Black and Minority Ethnic (BME) community of Rotherham

The consortium 'You Asked We Responded' (YAWR) was set up in 2010/11 following the allocation of funding by Rotherham Council. The consortium, made up of three BME support services, received comprehensive training around the personalisation agenda including direct payments, Fairer Access to Care (FACS), the principles of personalisation and marketing and promotion. YAWR now support customers in the BME community with social care needs to access services for statutory, private and voluntary and community sector organisations. The group is working with GP's and has presented at their recent Magna event for GP and care providers, they sit on the McMillan Palliative care steering group and are working in partnership with the Hospice.

To date the YAWR consortium have issued 110 customers with information and advice and signposted 22 customers to local services.



### **Outcome 3: Ensuring that people have a Positive Experience of Care and Support**

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

### **How are we meeting these outcomes?**

Customers have also told us through our own surveys last year that:-

- 98 % of our customers are satisfied that they get the service that they were promised. This has increased from 96 % in 2009/10.
- 93 % of our customers are satisfied with the time taken from first contacting us to receiving the service that they wanted. This has increased from 92 % in 2009/10.
- 99 % of our customers are satisfied that they were treated fairly by us. This has increased from 98 % in 2009/10.
- 97 % of customers are satisfied that the information they received was easy to understand. This has remained unchanged.
- 99 % of customers are satisfied that our staff were polite, friendly and sympathetic to their needs. This has remained unchanged.

### **Customer Comment 5: Mr D for Norfolk House Reception**

I spoke to a lady on reception. I would like to say this lady was very polite and understanding. She spent time ringing round to find someone who could help me with my problem. The lady was most certainly organised. She is a credit to herself and also the Council.

### **Case Study 13: Case Study 17: The impact of the work undertaken by the "Customer Inspection Service" across the range of services and using a variety of testing methods can be seen from the following feedback:**

**Customer Inspectors told us...**access to the property shop was difficult for people with disabilities

**We have...**installed a new push pad button for disabled access

**Customer Inspectors told us...**they were not provided with any timescales from our first point of contact service

**We have...**updated telephone scripts for staff to inform customers and provided refresher customer care training

**Customer Inspectors told us...**information was not simple and easy to understand about Respite

**We have...**updated the guide to residential and nursing care booklet to include simple information (including costs) and developed a training session with a cross section of staff

**Customer Inspectors told us...**some of the information on our website was hard to access using the Google search facility

**We have...**worked with the customer inspectors to widen the search words to improve access to information using the words that people most often use in searches

**Customer Inspectors told us...**staff were unable to tell them information about activities available at an Extra Care Housing scheme

**We have...**introduced and shared an activities timetable

Reception points have up-to-date information available for new and existing customers

A range of leaflets and posters have been approved by our customers as 'easy read'

Customer Inspectors have contributed to the refreshed service standards review by canvassing the opinions of citizens in respect of expectations and outcomes

### **Customer Comment 5: Mrs H for Wentworth North Social Work Team**

*"This team is truly professional, but has a heart, sense of humour and mostly their client comes first and foremost. I know you can only work within the limits you are given, but I think this hurts you as much as it does me and this is not the fault of your marvellous team. I could go on forever once I start, so once again thank you all for your first class help and support."*

### **Case Study 14: Supporting Mr W to do the things he wants and enable his wife to have a break from her 24/7 caring role.**

Mr W uses his Direct Payment to pay for a personal assistant to take him out and about, as he is unable to do this alone at the moment. This gives Mr W independence, instead of always relying on his wife and young daughter. This gives his wife a bit of free time to enjoy things she wants, without feeling guilty.

### **Case Study 15: Supporting Mr H to get back on his feet.**

A gentleman living in squalid conditions, who had poor nutritional intake, and was targeted by local youths who abused him and his property. He was experiencing significant bereavement issues, his health had deteriorated, he was isolated, alcohol dependent and had no family support. Following intervention from the Safeguarding Team, the gentleman accessed a period of respite to recuperate, his GP (doctor) was involved and prescribed alcohol medication to assist his withdrawal symptoms and medication for his other health issues.

### **Case Study 16: Mr H shares how he receives services that respect his dignity and ensures his support is sensitive to his personal circumstances.**

Park View Day Centre and Community Support Services are specialist services available to frail older people from BME (Black and Minority Ethnic) communities. Eighty-two-year-old Walyat Hussain is a regular visitor to the day centre who looks forward to his weekly outing.

*"Mr Hussain has substantial health and social care needs. He lives with his son and daughter in law. His son works fulltime and daughter in law is unable to assist with personal care. Mr Hussain has been attending the Day Centre for a long time and he also receives community support to assist him with his activities of daily living. A Support Worker assists Mr Hussain with communication problems and they also accompany him with his appointments to Hospital, GP and other groups as he does not speak any English.*

*Mr Hussain and his family are very happy with the services they receive from Social Services. They said that with out Social Services support Mr Hussain will not be able to manage at home. Services meet his cultural/religious, social interaction and communications' requirements. Carers also get a well deserved break."*

*Mr Hussain says "I've made a lot of new friends here and we can share common problems between us and find a solution," and "I really look forward to coming here every Thursday because the other six days of the week I can't really go anywhere."*

- Carers Corner officially opened its doors to Carers 11th May 2010 and by July 2010 the 1,000 person had been supported at Carers Corner. Carers Corner celebrated the first year of being open in May 2011 and it has seen over 4,000 people come through the door to be supported with advice and information, access to services such as Welfare Benefits, Legal Support, Alzheimer's Society, Crossroads Emergency Scheme and Breakaway Scheme.
- Services have been jointly delivered through Carers Corner with an example from Tassibee - Carers from BME Community learning new skills - cooking, gardening and attending weekly healthy eating and walking group from Carers Corner.



### Case Study 17: Improving the customer experience of the adaptations service.

**Customers told us..** After being assessed for by the occupational therapist for a level access shower, they were unsure how long they would have to wait for the work to begin and didn't know who to contact. **We have...** The Adaptations Team now send out a letter to the customer telling them their application has been successful and the work has been given to a named contractor who should contact them with in a specific time. The letter also includes a telephone number the customer can ring to ask about the planned work. **So What?** Customers have a key contact officer they can speak to directly and are given a realistic timescale of when there work will be started.

### Customer Comment 6: Mrs J for Community Occupational Therapy

*"I am so pleased for the help you have done for me making my life easy to live. Thank you for all your help in making me safe in my own home. You change so many people's lives with all the care you give them, thank you for your time."*

### Case Study 18: Providing support to people who receive services from companies other than the Council

**Customers told us....** They are unsure who to contact when they have a query regarding the care they receive, should they contact the council or should they go straight to the care provider?

**We have.....** Provided customers with the facility to call Rothercare Direct/Assessment Direct on 01709 822330, who will be the contact point for all enquiries and guidance relating to social care. The team will be able to answer questions or assist the customer in finding out an answer.

**So What?.....** We have implemented an adult social care customer's one point of contact and will assist them to sort any problems they have with their care providers.

- The Customer Inspection Service carried out mystery shops at the Carers Corner, testing access to our services via telephone, website and face to face. The overall service was scored as "Excellent"
- A mystery shop was carried out at Carers Corner around information on the carer's emergency scheme. Customer comment: "The staff were very professional and they explained how the carer's emergency scheme worked"



- Carers Corner have continued with their consultation with carers on the types of services, that should be delivered to support carers and have used innovative opportunities to increase the volume of outreach work that is done to support carers and identify hard to reach carers. This has included having a physical presence in places where carers can be found, for example within Rotherham hospital's – roof top restaurant, Area Assembly meetings, and targeted carer events. All of this has seen the number of carers who have chosen to join the Carers Forum to grow from 597 in April 2010 to 1046 in just over a year (June 2011). Activity figures have shown outreach contacts of approximately 1500 and approximately 2000 responses to carer contacts were undertaken; where advice, information or signposting carer support to relevant services was provided. A training programme was developed jointly with Carers which has seen over 70 carers go on practical courses such as First Aid Training, Handling and Lifting, Stress Management and Computer Courses.

### Case Study 19: Supporting Glynn, a carer in Rotherham, through Carers Corner

*"Carers need hope, and one of the things the centre does is give people hope. A lot of our loved ones will never recover, which means we are always going to be carers. Carers Corner – our dedicated centre – is a lifeline for us. I care for two people with schizophrenia, but I sometimes have mental health problems too. If it was not for the centre, there would be three ill people in my life. Would like to ask all hidden carers to come forward to attend the carers centre to get an assessment of their own needs and get some help and support with their loved ones."*



Glynn is a member of Rotherham Carers Forum. He has been a carer for his mother and partner for many years and has had mental health issues in the past. Glynn regularly visits Rotherham Carers' Corner for support and advice which enables him to continue in his caring role.

### Customer Journey No. 3 Carers

**Service, assisting Carers with their caring role and providing them with support and breaks.**

Mrs F visited the carers corner to request an assessment as she cares for her Mother. She wanted to know what help and support was available.

A variety of information was provided at the first point of contact and a carer's assessment was carried out the following week, where Mrs F's needs as a carer were discussed. She was supported to access a range of services and signposted to other agencies to help her care for her Mother. Mrs F was also provided with opportunities to attend stress courses to help her balance her caring role.

*"The assessment officer was very nice, introduced herself, explained everything to us and much more than we thought she would do. We were put onto different associations, booked an appointment with benefits and welfare...all been brilliant. She also explained exactly what my mother's entitlements are. You have done brilliant for us, without your help we wouldn't have been able to cope"*

- In Sept 2010 The Young Parent Carers Forum based themselves from the carers corner since this date the numbers have increased from 6 to 25
- In acknowledgement of the need to ensure we support carers appropriately additional training is to be provided for all assessment staff to ensure we complete even more than last years 2,300 carers assessments in 2011/12 and provide carers with the most appropriate support to improve the outcomes for carers
- We are planning a further consultation event with carers to determine what training/support needs they have.

### Case Study 20: Providing training to support carers

**Customers told us....** that we should offer more training to Carers make their lives and caring for their loved ones a little easier. **We have.....** Consulted with Carers at Carers Corner centre and we have put together a training programme that will help them with all aspects of caring from lifting and handling to handling stress and relaxation. **So What?....** Carers have been given a programme of training that aims to meet the learning and development support needs that carers informed us they would like.

- Extra Care Housing service will be further personalised to improve customer experience throughout the allocation procedure, support planning and housing support processes.

### Improvements underway:

- A 3 month follow up will be undertaken by carers corner after a carer has been in contact with the centre to determine what real difference we made to their lives in regards of the support/information/advice we offered
- A carer's questionnaire has been developed which enables staff at the centre to log all the outcomes for carers and customer satisfaction with our service to help future planning.
- In 2010/11 we achieved a 100% response rate for all complaints received by the service. We have improved the way that we learn from complaints, we aim to learn from all complaints and put things right at the earliest opportunity.



We have put in a place a process that ensures that anyone making a complaint is asked about what they would like to be changed and improved. These suggestions are given our full consideration and then wherever possible implemented as quickly as possible. We then let the customer know that their suggestions have led to an improvement in service.

- Rotherham council are working with regional partners to develop an eMarketplace. The eMarketplace will help shape future services to meet everyone's needs.

The eMarketplace enables those eligible for Social Care funding and self funders alike to buy services that meet their needs. This includes information about Universal Services for example Housing and Transport.

Delivering choice and flexibility to citizens, through an online catalogue of adult social care services. A place where people who need support to continue to lead independent lives can find out about all the options that are available in their locality in order for their need to be met, right across the spectrum of need.

Users are empowered to take control of their own support arrangements. The eMarketplace can be used to buy services that suit the individual's own circumstances best, and deliver the outcomes they want to achieve.

### Case Study 21: Improving services and local understanding for profoundly deaf in Rotherham

In 2010/11 Rotherfed received funding to support the development of a profoundly deaf user led group; Rotherham Deaf Futures. Rotherham Deaf Futures work with local agencies, businesses and statutory services to improve the quality of services for the profoundly deaf in Rotherham and increase their understanding of the needs of the profoundly deaf community. The group has 12 members who are all profoundly deaf. They are working closely with Rotherfed to learn skills such as accounting, minute taking, communication and computer skills. This has been particularly hard as the majority of the group do not use English as a first language and struggle to read English.

The group have adopted 6 objectives for 2011/12 which focus on improving services for profoundly deaf people in Rotherham. They are working closely with MacMillan nurses, Rotherham LINKs and Council repair contractors Willmott Dickson and Morrison. The group have now produced their 10 tips for providers to advise them of how to communicate with the profoundly deaf. (Have we got this – Yes - create a web link)



**Case Study 22:** Extracts from NAS – Equality Monitoring Overview Report 2010-11, demonstrate that our services are accessible to all and are being improved.

Below is an overview of some of the information collected by services in NAS, followed by examples from some sections.

- **Adult Services use by clients**
  - **Adult Services Equalities and Performance**
  - **Reporting of Hate incidents**
  - **NAS Interpretation and Translation Service - Usage**
  - **Applicants Participating/ Not Participating in Key Choices**
  - **Furnished Homes customers**
  - **Adaptations customers**
  - **NAS Workforce Profile**
- There has been an increase in service uptake across all BME communities except mixed which has reduced by 0.04 %
  - The Asian or Asian British continue to form the largest ethnic group after White
  - The performance score for E47 suggests more access for older people from BME communities receiving assessments when compared with the general White population.
  - The performance score for E48 suggests less access for older people from BME communities receiving Adult Social Care services when compared with the general White population.

- The Hate Crime policy has been adopted borough wide focusing on hate crime targeted across more diversity strands including age, disability, gender including transgender, sexual orientation, race, religion and belief along with a programme of hate crime awareness training.
- The Interpretation and Translation Service (ITS) helps co-ordinate and facilitate provision of Interpreters and Translators. It provides equal access to information and services for clients whose first language is not English.
  - **The 5 most popular translation requests (by word count) in 2010/11 were:**  
Urdu; Slovak; Chinese; Arabic; Czech
  - **The 5 most popular interpretation requests (by hours) in 2010/11 were:**  
Mirpuri; Urdu; Slovak; Farsi; Chinese
- There has been an overall increase in the number of people registered on the 'Housing Register' by 4140 or 15 %.
- The number of BME clients using the Furnished Homes scheme has increased from 22 to 64 an increase of almost 200 %
- The percentage of BME people using the Adaptation services tells us that although usage by all categories of people has gone down by 47 people, BME people usage increased by 1.03 %

Performance Indicator	Performance 2010/11	Performance 2009/10	Comment
<b>E47</b> - Older service users receiving an assessment from ethnicity minority groups	2.04	1.43	Increased
<b>E48</b> - Ethnicity of older people receiving services following an assessment	0.86*	0.93*	Reduced

**A message from the Cabinet Member Safeguarding Children and Adults – Councillor Paul Lakin and from the Safeguarding Adults Champion – Councillor Pat Russell**

*“Safeguarding Adults remains our number one priority. The Council, the Rotherham Safeguarding Adults Board, Safer Rotherham Partnership and Local Strategic Partnership have a continued commitment for Rotherham to be one of the safest places in the country. We share with you below, our achievements and this year’s plans to continue to help keep people safe from all types of abuse and protected as far as possible from avoidable harm. Safety from harm and exploitation is one of our most basic needs. Councils have a responsibility in relation to Safeguarding Adults who are defined as vulnerable. Safeguarding Adults is everybody’s business. In order for the Council to fulfil these responsibilities there is a need for strong leadership, to show we have a zero tolerance to adult abuse. As Cabinet Member for Safeguarding Children and Adults and Safeguarding Adults Champion, we will continue to contribute to ensuring Safeguarding Adults is given sufficient priority to improve outcomes for vulnerable adults in Rotherham.”*

**The quotes below are from Professor Pat Cantrill Independent Chair of Rotherham Safeguarding Adults Board stated in the Annual Safeguarding Report 2010/11**



*“Recent media interest in the abuse of vulnerable adults in residential care serves as a stark reminder of what can happen to vulnerable people and how we all must play a part in safeguarding them. Whether at home, in hospital, in a residential or nursing home or any unit that provides care we must ensure that vulnerable people receive the support they need to keep them safe from harm. To do this we need everyone whether relatives, friends, neighbours or professionals providing services to be the eyes and ears for the Adult Safeguarding Service to alert us when things may or are going wrong”.....“In Rotherham the partnership organisations have a strong commitment to work together to safeguard vulnerable people. This report identifies the developments that have taken place during the last year and there is much for us to be proud of”.....“The increased incidence of all referrals reflects positively on training and awareness improvements rather than necessarily being to do with wider societal changes. We do not believe that more adults are being harmed or at risk of being harmed. We do believe that professionals and the public are better equipped to recognise, understand and take appropriate action to address safeguarding issues”“ The full report can be seen by following this link {embed link}*

**Outcome 4: Safeguarding Adults Whose Circumstances make them vulnerable and protecting from avoidable harm**

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.



*Cabinet Member Cllr. Paul Lakin & Safeguarding and Learning Disability Champion Cllr. Pat Russell*

**How are we meeting these outcomes?**

**Customer Journey No. 4 RotherCare Community Alarm Service, supporting people to feel safer and increasing their independence.**

Mrs M was worried about her Mother who lives alone and was anxious about sounds outside her house at night and worried about bogus callers. Mrs M contacted RotherCare Direct and an alarm was fitted within 48 hours of the first contact to the 24 hour access service. An information pack was also provided explaining the equipment and charges. The instant support and advice has put Mrs M and her Mothers mind at rest.

*“RotherCare came and fitted a compact unit and a neck alarm and key safe. Mum is pleased with the buzzer and she likes having someone to talk to. Everything just seemed to happen quickly. They have really boosted everything up”*

- Our latest figures show that from the “Your Voice Counts” survey that 57 % of people said they worried about being a victim of crime in general. As changes to the questions asked and frequency of conducting the survey, it is difficult to give a direct comparison, but the general trend over time of similar information indicates that people’s fears are reducing as this was around 64 % when asked during 2009/10.
- There has been a 10.6 % reduction in crime in Rotherham, which means there were 2,048 fewer victims last year.



- The number of people who have been supported to plan ahead and have the freedom to manage risks the way that they wish, has increased last year to be over half the people we support. We call this self directed support. The majority, currently are choosing to stay with the services they have been receiving, but more are choosing to take direct control of their service planning including managing risks by having services using direct payments. This was 702 people last year which increased from 626 last year.

**Customer Comment 7: Mrs F for Safeguarding**

*“I travelled round Rotherham trying to speak to someone concerning my sister in law to no avail. Receptionist at Norfolk House found 2 people from Safeguarding. They most certainly knew their job inside out and they were very organised“.*

- Due to the widespread promotion of safeguarding and an ongoing campaign to ensure that safeguarding remains everyone’s business, alerts have increased by 51 % from 689 last year to 1,041 during 2010/11. We have held 292 strategy meetings which is 13 more than the 279 held last year. Case conferences are held when the identified facts strongly support the probability that ‘abuse’ has taken place; 95 % of conferences were substantiated (proven) last year from a total of 60 held, this compares to 75 % substantiated from a total of 61 case conferences held last year. These figures overall show us that although we are encouraging more people to alert us of possible safeguarding concerns we are not seeing a significant rise in the number of concerns referred for further investigation. What is evident however is that we have been more successful during the last year in substantiating allegations of abuse at case conference.

**Case Study 22: Protecting vulnerable people from abuse in care homes**

Where we find safeguarding or contract concerns – we will act

There were 5 serious cases investigated in care homes in Rotherham during 2010-11. We responded by suspending placements when necessary, requiring providers to take actions to make improvements and continued monitoring and checking progress, with council staff visits

This has resulted in homes improving their rating, having a change in management or making dismissals of poor performing staff and having no further safeguarding being reported

- Safeguarding is everyone business and example case studies below from Social Care and Neighbourhood Housing Services show how this works in Rotherham. We have run successful campaigns for the last three years which has increased awareness and alerts year on year.

**Customer Comment 8:** One victim of abuse stated to the workers *“you are the only people that have ever listened and you should be promoted for what you have done.”*

**Customer Comment 9:** We have also had a daughter comment to me *“thank you for all your team have done to protect my father”*

**Case Study 23: Protecting vulnerable people from abuse in care homes, working in partnership with care providers**

Rotherham council has put in place a scheme which aims to drive up standards of care in elderly residential and nursing homes. The ‘Home from Home’ scheme assesses each home against the essential standards set out by the Care Quality Commission and in partnership with Age UK, captures the experience of residents of the home and the views family and friends visiting the home. Based on this information the council and Age UK give each home a rating – Bronze, Silver or Gold. This local scheme has resulted in 95 % of homes in Rotherham being assessed by the CQC as being Good or Excellent – we have no homes rated Poor in Rotherham.

Our local scheme Home from Home latest assessment has shown that:

- 1 home is rated Gold – providing exceptional services for its residents, over and above the national essential standards
- 18 Homes rated as Silver – providing services over and above the national essential standards
- 15 Homes rated as Bronze – providing services which meet the national essential standards

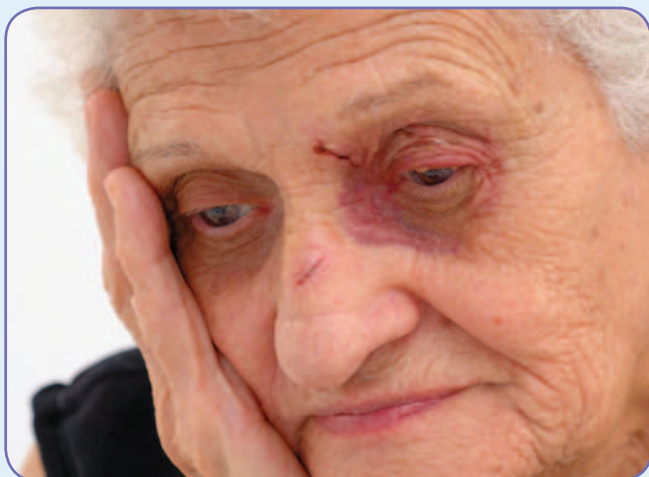
Each home, regardless of its rating, has an action plan in place to improve its services and the council works closely with the homes to carry out improvements and recommendations identified.

Home from Home was shortlisted for a national Municipal Journal Award in 2011 for working to improve Public Protection and has been shortlisted for the national Association for Public Service Excellence Award, the winner will be announced in September 2011.

### Case Study 24: Protecting Mr L from further abuse

*“Alan and Helen were brilliant. They got an injunction against the perpetrator. I am now able to live my life and do the things I used to do before all this happened. I have put the experience behind me and do not live in fear. I know if anything else happened I could ring Alan or Helen and they would help me straight away.”*

Mr T is 76 years old. He lives with his wife in a sheltered bungalow. Last year he was assaulted by a neighbour’s relative which left him shaken and scared to tell his family. Mr T reported this incident to the Council who took immediate action against the perpetrator, obtaining an injunction against him. Mr T now feels safe in his home and does not live in fear of further incidents.



### Case Study 25: Effectively dealing with Mrs D’s financial abuse

A customer visited Norfolk House regarding concerns over the mismanagement of a family member’s finances. The issue came to light when the tax office refunded a large sum of money to the lady concerned. The Safeguarding Team became involved during a difficult and sensitive time and investigated the circumstances.

*“The 2 people listened to what I had to say. They most certainly knew their job inside out.”*

The team supported the customer to take over power of attorney which enabled them to manage her finances legally and maintain her financial security.

**Customer Comment 10:** In respect of a Financial abuse case where we were able to retrieve a gentleman’s lost finances, he thanked the worker for all her “support” and “getting my money back”.

- Rotherham has a dedicated safeguarding adults team operating Mon-Fri 9-5 and an Out Of Hours service to ensure all safeguarding alerts are dealt with within 24 hours.
- We ensure that all citizens know how to raise issues of potential abuse and broader safety, plus make sure safeguarding information is available and accessible to all adult citizens by for example:
  - Developed a single point of contact, txt to tell, on-line reporting, out of hours services.
  - Developed a safeguarding website.
  - Implemented a new poster campaign across all Local Authority and partner organisation reception areas.
  - Information/aftercare pack.
  - Advertised in public places e.g. this year RUFC calendar and Diary.
  - Presence at major events e.g. Older Peoples Day, Hate Crime – “let’s talk” event and Rotherham Show.
  - Information is produced in 5 languages and new material on CD (Compact Disc) and in Braille.



*Councillor Doyle and Tom Cray Strategic Director Neighbourhoods and Adult Services meet local bank representatives*

- Financial abuse is a growing national concern and alerts have increased in Rotherham (47% increase). To ensure that people who receive services are safeguarded against financial abuse we have introduced a process in respect of immediate alerts into safeguarding when any service user triggers the agreed threshold.
- Rotherham's Adults Safeguarding Week theme this year (18th-22nd July 2011) focused around financial abuse. We are working in partnership with local banks and building societies to better protect customers new ways from financial abuse. A range of publicity material and events took place. More information can be found on the Council's website at [Click] [http://www.rotherham.gov.uk/info/200036/domestic\\_violence/1582/safeguarding\\_adults\\_awareness\\_week](http://www.rotherham.gov.uk/info/200036/domestic_violence/1582/safeguarding_adults_awareness_week)



### Case Study 26: Supporting Mr C following financial abuse

Following an alert regarding financial abuse where a vulnerable adult had given a female friend access to his money and he felt threatened by her and was unclear what to do. The Safeguarding Team became involved and referred to the police. Safeguarding social workers visited and as a result of this intervention Mr C stated that he felt empowered. During the initial visit it came to light that he had been struggling with his finances for some time. As a result of this a full review of care needs was undertaken which has resulted in an increase in services and a possibility of more appropriate accommodation. Additionally when the female friend returned to his home several weeks later he felt strong enough to refuse to let the female perpetrator into the property

### Case Study 27: Supporting Mrs T following domestic abuse

A woman had experienced a long history of domestic abuse. Safeguarding was able to offer immediate support signposting to agencies offering legal advice and referring to domestic violence service. The client was given a range of choices and options to enable them to make a decision ultimately to leave the abusive situation when a place of safety was facilitated.

**Customer Comment 11:** In respect of a very complex Domestic Abuse situation the 2 workers were thanked, the victim stated "thank you, you have given me my life back"

- NHS Rotherham have held protective learning time events for GP's on safeguarding adults and Mental Capacity Act/Deprivation of Liberty (MCA/Dols).
- The Public Protection Unit has a dedicated Safeguarding Adult contact and lead for sexual exploitation and has put safeguarding adults on the same footing as Safeguarding Children.
- All staff in the Fire Stations across Rotherham are trained in safeguarding adults.
- Staff act as "Adult Safeguarding Leads" for partner organisations in NHS Rotherham, Police and the Fire and Rescue Services.
- Safe in Rotherham (SiR) initiative developed during 2010/11 with carer's initially in the Learning Disability Service. Subsequent further support (including by members) has now promoted SiR to be a borough wide all Rotherham citizen's scheme and formally launched in May 2011.





### Case Study 28: Supporting people to plan ahead and have the freedom to manage risks the way that they wish



The Safe In Rotherham scheme, an initiative of Rotherham Metropolitan Borough Council in partnership with the Police, Fire Service and Chamber of Commerce, has developed a safety scheme to help vulnerable adults feel safe when they are out and about in their area; S.I.R (Safe in Rotherham).

Rotherham Council is keen to develop the scheme for vulnerable adults in all areas of Rotherham Borough. We will be asking shops, offices, cafes, restaurants, pubs, to permanently display a S.I.R sign in their window.

#### How does S.I.R work?

A vulnerable adult who may feel threatened or unsafe, who may feel ill or need help can approach a building that is displaying the logo. They show the business the card that they carry and on the card there are up to 3 contact telephone numbers.

Local businesses, offices, shops, etc, will be asked to sign up to the scheme and display the Safe in Rotherham log in a prominent position in their premises.

Staff in the shop or business will contact one of the numbers on the person's card and advise the carer, family member or support worker what has happened. They then support and reassure the vulnerable person until help and support arrives.

The Safe In Rotherham scheme, will help people who may feel vulnerable to identify a place where help can be found.

The person may

- be lost
- may not feel well
- being followed
- may not feel safe
- have been harassed/threatened by others

### Case Study 29 Supporting families to prevent potential abuse

Following a safeguarding alert accusing a daughter of omission of care, safeguarding identified a carer under extreme pressure safeguarding supported both the alleged victim in getting her settled and safe in a care home close to family, where her needs could be fully met also giving support to a carer to over come her feelings of anger and frustration towards herself as she had "*let her mother down*", enabling her to seek the medical support she herself required and enjoy the time she has with her mother and other family members.

### Case Study 30: Tackling abuse in care homes

Allegations of omission of care by a care home causing a fractured neck of femur injury. Following a multi disciplinary investigation it was established that the woman has severe osteoporosis which meant her bones could snap at any time, this was a positive outcome for the care home who were able to care for this woman more appropriately, the family who feared abuse was taking place and the woman her self who was able to now receive pain free and appropriate care. The Investigation also highlighted risk to other female residents over 75 and the need for health referral osteoporosis and implications for risk assessment for other female residents.

### Case Study 31 Supporting people without mental capacity to have their needs met more appropriately

Following an initial Deprivation of Liberty (DoL) authorisation of a gentleman the person was moved to a specialist unit that could meet his needs more appropriately, whilst still on a DoL the gentleman made significant progress and has now been able to leave the care facility and is living at home with his family.

## 5.

### Our plans for improving services

I am really pleased that we get good feedback and information from our customers about the improvements that need to be made to serve people better. There are many examples in this document of the things that we have done well, things that we are improving and improvements that we have planned in response to your feedback.

We have set out below some of the actions that are needed to bring about improvement across the full range of our services. We will continue to deliver all of these actions during the year and we report our progress on a regular basis.

We have grouped the actions under four Service User and Carer themes. We have cross referenced and colour coded them to the most relevant outcomes to show how the improvement actions link to them.

We are committed to delivering the best standards of service that we can within the money available. We are only able to do this by listening to you and in many areas changing the way we do things during the year.

The following actions have already commenced and all will be fully complete by March 2012.



**Tom Cray**

Strategic Director  
Neighbourhood and Adult Services

#### 1. **Vulnerable People are protected from Abuse** by ensuring the delivery of the following actions where:

<ul style="list-style-type: none"> <li>• We will respond to every safeguarding concern within 24 hours.</li> </ul>	<ul style="list-style-type: none"> <li>• We will ensure all care home providers raise standards so no home is rated poor</li> </ul>
<ul style="list-style-type: none"> <li>• We will improve the way we share real time information with Care Quality Commission (CQC) to tackle adult abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• We will put in place new local safeguarding procedures to improve customer experience</li> </ul>
<ul style="list-style-type: none"> <li>• We will increase the number of people who feel safe as a result of the services they receive.</li> </ul>	<ul style="list-style-type: none"> <li>• We will refresh and fully implement an effective quality assurance system (i.e. Home from Home) across all residential and community services to improve quality of services, raise standards and safeguard vulnerable adults.</li> </ul>



## 2. People in need of support and care have more choice and control to help them live at home by ensuring the delivery of the following actions where:

<ul style="list-style-type: none"> <li>We will help more people live at home through increased use of assistive technology and equipment</li> </ul>	<ul style="list-style-type: none"> <li>We will increase the number of people who have access to a personal budget to 100%</li> </ul>
<ul style="list-style-type: none"> <li>We will ensure that every customer is reviewed annually</li> </ul>	<ul style="list-style-type: none"> <li>We will put in place the new HealthWatch body so that customers can hold us to account.</li> </ul>
<ul style="list-style-type: none"> <li>We will facilitate the market to make available a wider range of personalised community support and supported living services to help more people with a physical disability or sensory impairment return or continue to live independently in Rotherham</li> </ul>	

## 3. People in need get help earlier, before reaching crisis by ensuring the delivery of the following actions where:

<ul style="list-style-type: none"> <li>We will improve, and expand the range of information and advice which is available 24/7</li> </ul>	<ul style="list-style-type: none"> <li>We will put in place a service that ensures all customers who require a social care assessment in hospital will be seen within 24 hours.</li> </ul>
<ul style="list-style-type: none"> <li>We will put in place a service for people eligible for enablement to receive a service within 48 hours of contact.</li> </ul>	<ul style="list-style-type: none"> <li>We will put in place a service that ensures that people whose needs have changed are re-assessed within 48 hours</li> </ul>
<ul style="list-style-type: none"> <li>We will put in place a service where people who need an assessment receive an assessment within 28 days.</li> </ul>	<ul style="list-style-type: none"> <li>We will put in place a faster service for Occupational Therapy</li> </ul>
<ul style="list-style-type: none"> <li>We will put in place a service where people assessed and eligible for a service receive it within 28 days.</li> </ul>	<ul style="list-style-type: none"> <li>We will undertake a strategic joint commissioning review of dementia services to identify future investment and disinvestment requirements and to inform future commissioning / decommissioning opportunities</li> </ul>

## 4. Carers get the help and support they need by ensuring the delivery of the following actions where:

<ul style="list-style-type: none"> <li>We will strengthen links between children's service and adult's services in order to provide more support to younger carers</li> </ul>	<ul style="list-style-type: none"> <li>We will increase the number of Shared Lives carers by 50%</li> </ul>
<ul style="list-style-type: none"> <li>We will increase advice and guidance to meet all carers needs through the Carer's Centre</li> </ul>	<ul style="list-style-type: none"> <li>We will improve the satisfaction and the quality of life for carers</li> </ul>

## 5. Transforming the customer access, journey and experience for adult social care in Rotherham

Customers have told us that the most important thing for them when accessing our services is 'Help...Now'. We have used customer experience gathered throughout the year to review the process for accessing and receiving services from Assessment & Care Management in Rotherham. In Autumn 2011, customers in Rotherham will receive simple services which are easy to use, understand, that meet their needs and improves the choice and control of their lives. The review outcome will significantly change how we operate – more customer focused, delivering faster services and achieving better outcomes.

The implementation of the project has commenced. The main targets for delivery within the project will result in the delivery of the following standards:

- All calls answered 24/7
- If help needed ensure a visit/appropriate response within 24 hours.
- Social Care Assessment is undertaken within 24 hours of contact from Care Enabler where needed.

- All customers are offered a personal budget, where appropriate.
- Packages of Care are in place within 28 days of completing an assessment.
- Everyone will receive their statement of need by post within 14 days of completion.
- All reviews completed face to face at least once annually by appointment.
- All unplanned reviews will be allocated and started in 48 hours
- All safeguarding alerts are assessed within 24 hours.
- All safeguarding strategy meetings are undertaken within 10 working days.
- All safeguarding investigations are completed within 12 weeks and where necessary hold a case conference within 6 months.

These standards are our commitments to our customers and will deliver a better, faster and streamlined service.



**Have your say – we would like to encourage you to contact us about our performance and plans and you can do this in any of the following ways:**

- Web/internet feedback form link “embed link as it stands as a prompt to add link in final version – no action needed ”
- email [ServiceQuality@rotherham.gov.uk](mailto:ServiceQuality@rotherham.gov.uk)
- telephone contact Performance & Quality Team 01709 822661/822328
- letter Performance & Quality Team, 2nd floor Norfolk House, Walker Place, Rotherham S65 1 HX

**Other useful contact links and telephone numbers, if you wish to contact the council regarding either Adult Social Care services or council services:**

List:

- Web link “contacting the council page on internet”
- General Enquiries 01709 382121 minicom 01709 823256
- Adult Social Services 01709 822330 (RotherCare Direct)
- Childrens Social Care 01709 823987
- Council Housing (general enquiries) 0300 100 2010
- Council Housing Repairs 01709 336009
- Key Choices 01709 336005
- Council Tax and Benefits 01709 336006
- Streetpride 01709 336003

**Single black and white printed copies of the full local account or Snapshot may be collected or posted on request.**





## Neighbourhoods & Adult Services

# Rotherham People Calling the Shots Have Your Say....

On how the council's adult social care service performed

**Did you know** Did you know that we supported 6,800 people to live in the community and supported 2,300 carers last year, 1,400 more than the previous year?

**Did you know** Did you know that 97% of our customers are satisfied with the care and support services they receive.

**Did you know** Did you know that because 1 in 10 people did not receive an annual review last year and we feel that we need to improve the way we organise and respond to people when their needs change?

**Did you know** 85% of customers who received our Intermediate Care Service following hospital discharge, were still living at home when surveyed 3 months later. Which is rated in best 25% of comparable councils.

**Did you know** financial abuse is a growing national concern, alerts in Rotherham increased by 47% last year. We have improved our service to send immediate alerts to the safeguarding team, when any service user triggers the agreed threshold.

**Want to know more? Pick up a copy of our Annual Local Account or visit [\(add web link\)](#)**

**Tell us your experience of our service by contacting us, using any of the following ways**

- Web/internet feedback form link "embed link as it stands as a prompt to add link in final version – no action needed "
- email [ServiceQuality@rotherham.gov.uk](mailto:ServiceQuality@rotherham.gov.uk)
- telephone contact Performance & Quality Team 01709 822661/822328
- letter Performance & Quality Team, 2nd floor Norfolk House, Walker Place, Rotherham S65 1HX

Dear Colleague,

**Promoting Excellence in Councils' Adult Social Care – Producing 'Local accounts'**

**Background to Promoting Excellence in Councils' Adult Social Care Programme Board**

With Councils now responsible for their own improvement, we have a collective responsibility for the performance of the sector as a whole. A 'Promoting Excellence in Councils' Adult Social Care Programme Board' has been set up by key representatives from the sector to assist with this. The Programme Board met for the first time in May and is chaired by Richard Jones (ADASS), with a membership that includes the Local Government Group, the Care Quality Commission and the Department of Health (DH).

The Programme Board has also obtained approval from the Department of Health to negotiate a Memorandum of Understanding that could lead to the provision of £550,000 towards sector led improvement. This will be both be used to fund key national posts developed to support this work and distributed to regional ADASS regions so that the model of sector led development then can be developed with and through ADASS regions.

As part of its initial work, the Board wishes to promote the use of 'Local Accounts' as a way of demonstrating and describing performance in adult social care to local people.

Although this would be subject to local discretion, the Board would like to suggest that all councils with social care responsibilities consider producing a short, accessible local account during 2011/12 and preferably by December 2011.

**Background to local accounts**

With the abolition of the Annual Performance Assessment, the publication of a single data set for local government and the development of outcomes frameworks for adult social care and separately for the NHS and public health, the Board believes that it is important that councils find a meaningful way of reporting back to citizens and consumers about performance. It is suggested that the publication of an annual local account is one means of achieving this.

The concept of producing a local account is not a new idea but builds on work that councils are already doing on local quality assurance frameworks and safeguarding annual reports. It is also aligned with developments taking place around sector led improvement in children's services. Local accounts were mentioned in the Department of Health's 'Transparency in outcomes: a framework for adult social care' consultation paper (November 2010, section 4) in the context of localism and transparency, and in the subsequent 2011/12 outcomes framework published in March 2011. Responses from the sector to the Local Government Group consultation on 'Taking the Lead: Self Regulation and Improvement in Local Government' also included many positive responses to the wider use of self assessment as a tool for improvement and local accountability. The distribution of this letter to Directors has been brought to the attention of Chief Executives via the Local Government Group's communication channels.

Local accounts are a potentially very useful means of councils with adult social care responsibilities reporting back to citizens and consumers on performance in adult social care. Local accounts can be used to engage with citizens and consumers around priorities and outcomes. They could become a key accountability mechanism to the public and a useful way of informing self-improvement activity locally. They also are a practical expression of sector self-regulation and improvement.

### **Suggestions around developing local accounts**

The Board does not want to be prescriptive about the format, structure and content of local accounts because these are matters for local discretion. However, if local accounts are produced, it is recommended that they be customer-centric and be aimed at the whole community. At a minimum, this could mean that councils demonstrate how consumer feedback has fed into the local account. At the other end of the spectrum, this could mean that the local account is actually driven forward by consumers.

Councils also need to consider how they will secure appropriate independent and professional challenge and scrutiny of the quality of the outcomes achieved, for example, via external review of safeguarding practice, user feedback, overview and scrutiny, LINKs/Healthwatch, use of complaints, case file audits and monitoring of external services.

In addition, it is recommended that the local account produced in 2011/12 cover the period 2010/11 as a minimum but that it could include a period of time beyond this. It is suggested that councils report their Account to local people by placing it on their websites and that they consider it being published by the Lead Member. Additionally, councils might consider how to ensure that information is readily available to people who may not readily access websites.

The core requirement for a local account is to report on the quality of adult social care in the area, but in developing local accounts in adult social care, it could be useful for councils to be thinking through the following issues:

- How is the local account citizen/consumer driven?
- How might external challenge of the local account be undertaken in a way which allows an objective perspective?
- How does the local account relate to reporting on health outcomes?
- How does the local account fit with corporate reporting?
- What is the role of the LSP and other Boards, including the Adult Safeguarding Board, in feeding into the local account?
- What will be the role of the Health and Well-being Board (HWB Board) in feeding into the local account?

### **The suggested content of a Local Account**

It is further suggested that the local account be a short document that is readily accessible, perhaps being made available in an easy read format.

In terms of content, it is suggested that councils consider the inclusion of the following:

- outcomes achieved for citizens and consumers (taking into account the national outcomes frameworks)
- adult safeguarding
- Think Local Act Personal
- equalities and diversity considerations
- productivity issues
- the quality of the local market
- complaints information and action taken as a result
- consumer feedback data
- feedback from relevant scrutiny reviews
- progress against local political priorities
- improvement priorities.

If key issues of concern are highlighted as part of the process of developing the local account, then these could be addressed within the council's own improvement planning. In addition, if citizens and consumers want further information, this should be made available to them.

More information, including examples of current practice, can be found on the Local Government Group Community of Practice at [www.local.gov.uk](http://www.local.gov.uk)

### **Next steps for the Board**

We all need to learn from practice and experience in 2011/12 before any further information is provided on local accounts for 2012/13. Placing local accounts on local websites would enable the accounts to be gathered nationally so that good/innovative practice can be identified and shared with the sector. The developing practice in 2011/12 would feed into any further support the Board provides in 2012/13.

If you have any queries about the work of the Programme Board or local accounts, please contact Paul Najsarek, Joint Chair of the Standards and Performance policy network, via [paul.najsarek@harrow.gov.uk](mailto:paul.najsarek@harrow.gov.uk) or via 020 8424 1981, ext 2981.

Yours sincerely,

Peter Hay,  
ADASS President

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member Adult Social Care</b>
<b>2.</b>	<b>Date:</b>	<b>5<sup>th</sup> December 2011</b>
<b>3.</b>	<b>Title:</b>	<b>Caring for the Future consultation response</b>
<b>4.</b>	<b>Directorate:</b>	<b>Resources and Neighbourhoods and Adult Services</b>

### **5. Summary**

The report provides contains a draft response to the national consultation exercise on the future of Adult Social Care – Caring for the Future – and requests Cabinet Member approval of this response.

### **6. Recommendations**

**That Cabinet Member:**

- 1. Notes the background to the national consultation exercise**
- 2. Approves the Rotherham Council response, to be submitted.**



## 7. Proposals and Details

### Background

On 15 September, the Government launched *Caring for our future: shared ambitions for care and support* – an engagement with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.

*Caring for our future* is an opportunity to bring together the recommendations from the Law Commission and the Commission on Funding of Care and Support with the Government's *Vision for Adult Social Care*, and to discuss with stakeholders what the priorities for reform should be.

Within 20 years, the number of over 85s will double, and the number of people living with lifelong disabilities is likely to grow too. At the same time, though, there will be relatively fewer people working and paying taxes to help pay for the support the Government provides. As a society, we should celebrate the fact that people are living longer. However, it means that if we don't spend more on care and support, fewer people will have financial help from the Government. More people, and their families, will struggle on their own to meet the costs of care. The engagement exercise is aimed at getting people's views on this agenda, whilst taking on board the following key issues:

- People want greater choice and control over their care and support.
- People's expectations are rising
- Care is expensive, and people often face very high care costs without being able to protect themselves.

Last November the Government published its *Vision for Adult Social Care*. The vision set out the principles for a modern system of care and support. It said that they want to see a care and support system where care is personalised, people have choice in how their needs and ambitions are met, and carers are supported. Active, strong communities should help people maintain their independence and high quality care should be delivered by a diverse range of providers and a skilled workforce that can provide care and support with compassion and imagination. People must be confident that they are protected against poor standards and abuse.

The Law Commission report said that adult social care law is outdated and confusing, making it difficult for people who need care and support, their carers and local authorities to know what they are entitled to. It recommended bringing together all the different elements of social care law into a single, modern, adult social care statute.

The Commission on the Funding of Care and Support which was led by Andrew Dilnot recommended that the amount that people have to spend on care over their lifetimes should be capped, although people in care homes should continue to pay a contribution towards their living costs, sometimes known as 'hotel' costs such as food, and building based costs. The Commission also recommended that the current

system of means-tested support should be extended, so that more people can get additional help in paying for care.

These reports contain some proposals to help the Government decide their approach to changing the care and support system. They have therefore launched this engagement exercise to generate a wider discussion about every aspect of the system. There are 6 key themes, each of which is being led nationally by a publically known figure. At the end of the engagement, the discussion leaders will bring together views about the priorities for change. This will help the Government decide what to do.

The Government will publish a White Paper in spring 2012, alongside a progress report on funding reform. The White Paper will set out the approach to reform, to start the process of transforming our care and support system. It is clearly important that the Council responds to this engagement process, which is broken down into the following discussion areas.

- Improving quality and developing the workforce
- Increased personalisation and choice
- Ensuring services are better integrated around people's needs
- Supporting greater prevention and early intervention
- Creating a more diverse and responsive care market
- The role of the financial services sector in supporting users, carers and their families

### **8. Finance**

The financial implications of this paper are non-specific at this stage, as it is a policy and consultation related report. The potential reform of the Social Care system, however, into the future will have significant implications for the Council.

### **9. Risks and Uncertainties**

Given that this is an early policy and consultation document uncertainties about future policy direction and future funding implications are high. The risk associated with this relates to impact of the White Paper and future legislation on social care funding and costs.

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

Future implications for the Council's Corporate Plan and in particular its priority entitled - Ensuring care and protection are available for those people who need it most.

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

Vision for Adult Social Care

Law Commission Report

The Commission on the Funding of Care and Support

The consultation has been considered by both the Health and Improving Lives Select Commissions.

**Contact Name(s):**

Deborah Fellowes, Policy and Scrutiny Manager, x22769

Shona McFarlane, Director Health and Well Being x 22397

**Draft Response dated 28<sup>th</sup> November 2011**

**1. Improving quality and developing the workforce**

The quality of care people receive is a major concern for users, their families and the public more widely.

a. Should there be a standard definition of quality in adult social care as quality can often be interpreted differently? What do we mean by it and how should it be defined? How could we use this definition to drive improvements in quality?

**We would not support a standard definition of quality in social care - quality standards should be set with, agreed and monitored by customers as an individual and person centred concept. The CQC essential standards framework already exists and is used to define the essential standards of care that should be provided by social care services, above which a personal definition of quality should be defined through the consistent use of person centred care plans .**

b. How could the approach to quality need to change as individuals increasingly fund or take responsibility for commissioning their own care? How could users themselves play a stronger role in determining the results that they experience and designing quality services that are integrated around their personal preferences?

**If customer defined standards are applied then the approach would not need to change but would be consistent with the principles of personalisation. Customers need to be able to rate services and make their choices of which service to use based on their own experience of services feedback from other users. In Rotherham we are developing an emarketplace which will provide customers with this facility . In addition, we have a scheme called Home from Home which provides customer based information about the quality and experience of homes. The Home from Home scheme produces a report based on the contracting process and also personal experience and provides homes with an individual rating, bronze, silver or gold. This information is placed on the council's website to give prospective customers an insight into the quality of the service Having developed this scheme successfully within care homes, we are now extending it to domiciliary care services.**

**Customers are able to play a stronger role in determining the results that they receive by participating in assessment processes (through the local Self Assessment Questionnaire), ensuring that their needs have**



**been correctly identified and then working to develop effective and person centred support plans which are outcome focussed.**

c. How could we make quality the guiding principle for adult social care? Who is responsible and accountable for driving continuous quality improvement within a more integrated health and care system?

**The quality of services is a shared responsibility – commissioners, providers, and other stakeholders such as the CQC have a key role to play in determining and defining quality. Customers should be involved in evaluating quality and providing feedback to services, through customer inspector roles, service user meetings, complaints, quality assurance checklists and questionnaires etc The CQC portal in development currently, will be a useful development so that information on quality can be shared.**

d. What is the right balance between a national and local approach to improving quality and developing the workforce? Which areas are best delivered at a national level?

**(see below)**

e. How could we equip the workforce, volunteers and carers to respond to the challenges of improving quality and responding to growth in demand? How could we develop social care leadership capable of steering and delivering this?

**(see below)**

f. How could we improve the mechanisms for users, carers and staff to raise concerns about the quality of care? How could we ensure that these concerns are addressed appropriately?

**(see below)**

(d, e , f) To achieve a workforce with the right skills to provide care and support with compassion and imagination requires **strategy to be developed at a national level** (to give effective leadership of the social care sector and steer the targeting of local resources linked to Government Policy) aligned with a **local workforce plan** (based on InLAWS) that accounts for the local region/area policy and procedures and, in particular, the available local labour market (including paid workforce, communities, friends, family members, volunteers).

Setting standards for the workforce at a national level helps:

- ❖ To improve the calibre of those entering the social care workforce and their regulation by having clear national recruitment, induction and training requirements to be met irrespective of geography

- ❖ To regulate registration and re-registration of the workforce linked to continuing professional development requirements of professional or regulatory bodies
- ❖ To develop qualifications (awards / units) to meet customer needs around Government Policy such as Dementia, Carers, and End of Life.
- ❖ To best target research around return on investment/expectations of learning and development linked to social care outcomes
- ❖ To consult and engage with a work sector more proficiently and cost-effectively
- ❖ With developing national competency (behavioural) frameworks for key areas such as Dementia, Safeguarding, End of Life, etc
- ❖ With workforce intelligence collation and analysis to assist benchmarking and strategic planning of funding for workforce development to meet skill shortages such as numbers of social workers or personal assistants
- ❖ To develop national toolkits to help employers (local authority, independent sector, service user employers alike) with key workforce tasks such as workforce planning, recruitment, and workforce development plans
- ❖ To set national expectations or requirements around the amount of money and time that must be invested in developing the workforce, for example, 3% of salary costs or monies that must be 'ring-fenced' for investment on targeted themes such as dementia.

At a local level, the above may then help with:

- ❖ Service commissioning - Shape workforce requirements into tenders/contracts to improve standards for customers
- ❖ Workforce development - Prioritise investment locally in learning and development so that the workforce has relevant qualifications and access to training courses
- ❖ Recruitment and selection - Provide materials for recruitment campaigns and selection activities

- ❖ Retention – Take targeted action to address high staff turnover levels and limit number of vacancies and hard to fill posts
- ❖ Resources - Develop new types of worker
- ❖ Intelligence - Use workforce data to set wage/salary reward packages and provide a 'level playing field' for tendering
- ❖ Performance – Set local indicators to track progress against national priorities and policy.

Equipping the workforce, volunteers and carers could be achieved by the following:

### Employability

Set up a national volunteer register / academy.

Make careers in social care attractive to young people or those seeking second careers.

Make preparing to care courses accessible to all people and those on benefits are not penalized or restricted with ability to access.

### Rewards

Set minimum wage requirements for those working in social care that is above the national minimum wage.

### Skills

Develop mandatory 'M' level qualification and put requirements in place for senior managers to achieve it.

Devise and share case studies of what works in leadership.

Set up a national coaching and mentoring scheme for leaders to support development of both mentee/mentor and coach/coachee.

Set up a national 'job swap' secondment scheme/programme for senior managers between local authorities and independent sector.

Set up national e-learning platform for accredited e-learning modules for personal assistants and carers with access to wider workforce to access free of charge.

## Resources

To locally actively engage in community skills development to develop market capacity across neighbourhoods.

### **2. Increased personalisation and choice**

The needs and circumstances of every person receiving care and support are unique to them. Whether a person funds their own care or receives a personal budget we want people to have genuine choice and control over the services they buy and receive.

a. How could we change cultures, attitudes and behaviour among the social care workforce to ensure the benefits of personal budgets, including direct payments, are made available to everyone in receipt of community based social care? Are there particular client groups missing out on opportunities at the moment?

**Through taking a proactive and creative approach to personalisation, Rotherham has an excellent track record in delivering choice and control to customers. Over 60% of people have been allocated a personal budget and we have a high level of take up of direct payments, including among those groups , such as people with mental health needs, where the roll out of direct payments has proved challenging elsewhere. We have used inspiring case studies and creative staff development techniques to inform and enthuse the workforce.**

**Learning Disability services in Rotherham work on the basis of person centred planning for people - we have a full time co-ordinator for this who is/has extended this concept into working with our private/independent providers.**

**Work has also been done with the VCS and provider market to ensure that transition plans are in place for future under personalisation.**

b. What support or information do people need to become informed users and consumers of care, including brokerage services? How could people be helped to choose the service they want, which meets their needs and is safe too? How could better information be made available for people supported by public funds as well as those funding their own care?

**Effective information , using a range of channels , which promote the services available, in an integrated way, working with colleagues**



**from health services and the voluntary sector to ensure that people are effectively sign posted. In Rotherham, we follow people up once they have been signposted to other services, to ensure that the service they received has been effective and has met their needs.**

c. How could the principles of greater personalisation be applied to people in residential care? Should this include, as the Law Commission recommends, direct payments being extended to people (supported by the state) living in residential accommodation? What are the opportunities, challenges and risks around this?

**Given that there is a choice directive supporting individual's choice of residential care, providing a direct payment would not make a great contribution to the principles of personalisation. Effective person centred care planning, taking and using 'life stories; engaging residents and their families in the running of the home and ensuring that choice and control are embedded in the way that staff are trained, and the service is operated is essential. It is possible that a menu of services could be developed in residential care as opposed to "all or nothing" scenario.**

d. How could better progress be made in achieving a truly personalised approach which places outcomes that matter to people, their families and carers at its heart? What are the barriers? Who has responsibility and what needs to change, including on the legislative front?

**There is potential for the development of current users as champions or mentors of the approach and as successful case studies. Input from users is key as it highlights issues from their perspective. Provision of independent support and advice may also assist. Sharing of successful service stories, and developing a bank of evidence based practice . Outcome based assessments and reviews.**

### **3. Ensuring services are better integrated around people's needs**

People's lives rarely fit into neat compartments. Getting the care we need may involve several different services and agencies. We want to discuss how local services can work better together to meet people's needs.

a. What does 'good' look like? Where are there good practice-based examples of integrated services that support and enable better outcomes?

**'Good' should be defined by the customer and be based on meeting needs and outcomes. There are many examples of integrated services that support better outcomes – Intermediate Care in**

Rotherham is a good example of where services are provided in an integrated way to support people's choice and independence.

**Rotherham also has a joint health and social care service for people with a learning disability. This means that funding is pooled and staff are both co located but also jointly managed.**

**This has increased situations where health and social care can genuinely work together in securing the best outcomes for people. It prevents sterile funding discussions as most people who receive a service will be from the joint funding arrangements. We have a 3 year partnership agreement with health to continue these arrangements. We have a joint point of access where all contacts into the service can be filtered and directed to the appropriate source - thus avoiding unnecessary passing of people between health and social care professions. There is therefore much joint working between health and social care professions - for example the joint service is also responsible for an integrated response to safeguarding matters - again co working ensures the best possible outcomes for people through a multi- disciplined skilled response.**

b. Where should services be better integrated around patients, service users and carers – both within the NHS, and between the NHS and local government services, in particular social care (for example, better management of long term conditions, better care of older people, more effective handover of a person's care from one part of the system to another, etc)?

**Integration of services should be a key and basic principle of all service delivery, to ensure quality of service and a more efficient response.**

c. How can integrated services achieve better health, better care and better value for money?

**Integrated services can reduce bureaucracy, reduce unnecessary processes and time spent on managing systems, and can provide the right care at the right time to the right people. Integration on its own may not achieve this, services should be designed and delivered in line with best practice and best value principles, learning from others and retaining the customer at the centre, using lean principles.**

d. What, if any, barriers to integration should be removed, and how can we incentivise better integration of services at all levels?

**The new Health and Wellbeing Boards should ensure better integration, information sharing, systems and process integration.**

e. Who needs to do what next to enable integration to be progressed in a pragmatic and achievable way?

f. How can innovation in integrated care be identified and nurture

**We have been working towards closer working relationships across different health and care professionals for years. Different structures within organizations (that are constantly changing), different funding regimes and eligibility criteria all act as barriers to doing this successfully. Teams and funding need to be integrated with a responsibility for all of the local client group, regardless of their support package and their place of care.**

#### **4. Supporting greater prevention and early intervention**

Across health, social care and public health, we want to focus on prevention and early intervention to help people maintain their independence and improve their health and well-being.

a. What do good outcomes look like? Where is there practice-based evidence of interventions that support/enable these outcomes?

**Good outcomes are customer defined and will be unique to each individual.**

b. How could organisations across the NHS and local government, communities, social enterprises and other providers be encouraged and incentivised to work together and invest in prevention and early intervention including promoting health and wellbeing?

c. How could we change cultures and behaviour so that investment in prevention and early intervention is mainstream practice rather than relying on intervention at the point of crisis? How could we create mechanisms that pay by results/outcomes?

d. How could individuals, families and communities be encouraged to take more responsibility for their health and wellbeing and to take action earlier in their lives to prevent or delay illness and loss of independence? How could we promote better health and wellbeing in society?

e. How could innovation in prevention be encouraged, identified and nurtured?

Supporting People has developed an effective outcomes framework which supports providers to demonstrate how they are achieving outcomes for customers. We need to build on good practice across Local Authorities, many of whom have been working on these approaches already, to develop a common outcomes framework. Providing advice, support and guidance to people who are not yet in the system, well before they enter it for example looking at employment issues, health problems and housing conditions and availability. Innovation in service delivery can be encouraged through focusing on the needs and changing needs of the customer.

It is the opinion of the Authority that early diagnosis is key to achieving positive outcomes within the social care systems.

### **5. Creating a more diverse and responsive care market**

People want choice and control over their care and support, so they can receive the services which best meet their needs. In the future, individuals will increasingly be purchasing their own services. Those funding their own care will continue to seek a range of services.

a. How would you define the social care market? What are the different dimensions we need to consider when assessing the market (eg type of provision, client group, size of provider, market share)?

**We would define the market as providing services for:**

- **Older people**
- **Adults with learning disabilities**
- **Adults with mental health issues**
- **Adults with physical disabilities and sensory impairment**
- **Supporting People – including vulnerable adults and young people over the age of 15 years**

**It would not cover the provision of services to children except where these interface with child to adult transition services.**

**These markets will encompass:**

- **In-house Council provided services**
- **Independent sector services - including the voluntary and community sector and private sector**
- **Self-funded – non-Council funded**

**With the wider development of personalisation, in particular Direct Payments, the market will need to respond to individual need, and**



**the social care market will become those services which people choose to meet their needs.**

b. How could we make the market work more effectively including promoting growth, better information for commissioners (local authorities and individuals), improved quality and choice and innovation?

**The previously mentioned e-market place initiative will help with this. An effective market relies on:**

- Signposting
- Regular contact
- Feedback from customers and families
- A Market Position Statement
- Provider forums
- Good contracting and service agreements
- Bulletins
- Newsletters
- Mandatory training opportunities

c. Does there need to be further oversight of the care market, including measures to address provider failure? If so, what elements should this approach include, and who should do it?

**This will vary by Local Authority. Rotherham already has comprehensive arrangements in place for this, via a database and “eyes and ears” initiative. There are also very good links between the Safeguarding and the Commissioning teams.**

**There is a need to be more robust, however, around identifying defaults, penalties and incentives. This can be managed by the Local Authorities where it is via their own contracting arrangements.**

d. Looking to the future, what could be the impacts of wider reforms on the market? What possible effects would the following have on the market: the recommendations of the Dilnot Commission’s report, the roll out of personal budgets and direct payments, and the drive to improve quality and the workforce?

**There is an issue around Continuing Health Care funding – Health drivers are to release from hospital as soon as possible, and this can result in an increased use of services such as 24 hour care placements. This increases the dependency of customers. CHC funding should follow customers to their homes to allow more**

independent living. The Personal Health Budget initiatives are welcomed, and there would be significant benefit to increasing the pace of development in this area. In addition, promoting the benefits of a jointly commissioned approach to placements, and services received by people who are eligible for CHC would increase efficiencies, improve services for customers and promote integration.

Public Health reform may assist in that when the function moves into Local Authorities there may be a more holistic approach in the future. GP commissioning should also present a positive opportunity as they tend to be focused on small communities and neighbourhoods in a similar way to elected members in Local Authorities.

The funding model definitely needs to be sustainable as ever increasing costs may become a driver away from community based care towards residential as this is relatively cheap. If this isn't addressed we could end up with graded social care based on ability to pay and therefore reinforcing social inequalities.

#### **6. The role of the financial services sector in supporting users, carers and their families**

The financial services industry believes it can play a more important role to help people plan and prepare for the costs they will face in older age. The choice and range of financial products, such as insurance, to help people pay for care is currently very limited.

a. In the current system, what are the main barriers to the development of financial products that help people to plan for and meet the costs of social care?

- **Complexity of the current charging systems and lack of clarity on who pays what/ how much the Government will contribute and variations on how much you pay based on where you live**
- **Too much risk**
- **Lack of a cap on funding makes the premium too high**
- **Low take up because there is no real incentive for people to purchase insurance products if the state meets the burden of last resort**
- **Low take up due to the lack of awareness of the products available. Most people contribute far more than they will ever receive back. While this is beneficial to the insurance company, it might not be for the client?**

b. To what extent would the reforms recommended by the Commission on

Funding of Care and Support overcome these barriers? What kinds of products could we see under such a system that would be attractive to individuals and the industry?

- **Capping care contributions will provide more stability/ less risk and is likely to result in more varied products being made available**
- **Products which are more affordable will obviously stimulate interest**
- **Equity release schemes, Immediate Needs annuities**
- **Pre funded insurance products**
- **Critical illness products**

c. What else could the Government do to make it easier for people to plan financially for social care costs?

- **Provide more clarity and simplify the funding arrangements**
- **Remove the post code lottery affect by being more prescriptive and allowing less discretion**
- **Ensure that new insurance products are regulated effectively and minimise the 'small print' to give customers more confidence**

d. Would a more consistent system with nationally consistent eligibility criteria, portability of assessments and a more objective assessment process support the development of financial products? If so, how?

- **Yes**
- **By being more prescriptive and giving less discretion**

e. Would the reforms recommended by the Commission on Funding of Care and Support lead to an overall expansion of the financial services market in this area? How would this affect the wider economy?

- **With simplicity, less risk and effective regulation then yes it's likely to have a significant impact.**
- **The resultant reliance on the state will reduce the number of self funders.. Predominantly providers fees for self funders are higher than those funded by the state. This could put providers viability at risk, particularly in some localities.**

f. What wider roles could the financial services industry play? For example, in:

raising awareness of the care and support system?  
providing information and advice around social care and financial planning?

encouraging prevention and early intervention?  
helping people to purchase care, or purchasing it on their behalf?  
helping to increase the liquidity of personal assets?

**Providing investment into the care sector**

**As a Local Authority, we have significant concerns about this approach. It is felt that adult social care should be state funded through a progressive tax system. In particular, the concern about reliance on the financial services sector could create problems of affordability, thus impacting disproportionately on the most vulnerable and deprived.**