Adult Social Care Vision
2017–2020

Every adult secure, responsible and empowered

Rotherham
Metropolitan
Borough Council

Contents

1 Foreword

As Lead Member for adult social care in Rotherham Council I am pleased to introduce our approach to independent living, which underpins the adult social care Vision for Rotherham. It provides a vision for adult social care based on three key themes:

THEME 1	**Act to help yourself**
THEME 2	**Act when you need it**
THEME 3	**Act to live your life**

By focussing our actions and efforts on these three key themes I believe will allow us over the next three years to strengthen and support the care and support that we provide to residents and their carers in Rotherham.

We believe that the best social care can only become a reality if we further support the residents of Rotherham to have control over how they manage their social care needs, with a strong emphasis on the use of personal and community assets and working in partnership in a way that is financially sustainable in the medium and long term. Strong partnerships will be the best way to deliver support which allows our residents to have full and valued lives.

Our approach demands that we make the best use of our collective resources, as all of our residents expect us to provide fair, safe and affordable care which represents good value for the Rotherham pound. Linked to this vision we will develop an outcomes framework to check out our performance so that we are all confident that both the quality and supply of our support and care is right.

All of this will be secured by a commitment to safeguard anyone who needs specialist support and at all times to show respect and dignity for those we work with.

I hope that you will step up to make our vision and approach a reality so that we can all celebrate and enjoy an independent life in Rotherham.

Councillor David Roche
Cabinet Member for Adult Social Care and Health

2 Our Vision for Active Independence

Our vision for adult social care in Rotherham is:

'We will act together to support the residents of Rotherham to live full active lives; to live independently and to play an active part in their local communities'.

Rotherham Council works closely with partners across health services, including public health, and within the community and voluntary sector to ensure that we deliver the best possible outcomes for our residents. Our vision for adult social care supports the delivery of Council Plan priorities, in particular, 'Every adult secure, responsible and empowered'.

Our Values for 'Active Independence' are:

Focus on the Person	We will encourage people to recognise their strengths in a way that supports choice and control and ensures a personalised approach to safeguarding
Best Value	We will make the best use of our collective resources to get maximum value for the residents of Rotherham at a sustainable cost
Quality	We will make sure that people receive good quality support, which meets their needs in a way that it is timely and safe
Working Together	We will work creatively with partners and communities, empowering them to deliver the best possible outcomes so that people can live well

3 Why we need to change

Adult social care makes a unique and distinctive contribution to society in Rotherham by ensuring that vulnerable adults are protected and those with support needs are able to live full, active and independent lives in their local communities. However, adult social care services across the country face unprecedented challenges caused by a rapidly increasing population, increasing costs and demand, and the requirements of the Care Act, 2014.

In 2016 there were approximately 262,000 people in Rotherham (National Statistics), with 205,300 people aged over 18. The majority of the population (91.9%) in Rotherham were of White British ethnicity (source 2011 Census), with the largest minority ethnic group being Pakistani and Kashmiri. Both male and female life expectancy in Rotherham are below the England average and life expectancy is 9.5 years lower in the most deprived areas compared with those least deprived.

Projections from 2016 to 2020 suggest that the number of people aged 65 and over will increase by 6% to 53,540 and the number of people over 85 will grow by 10.6% to 6,556.

Based on projected population growth, spend will increase by about £2.5 million between 2016 and 2020 if current demand for care stays the same. Adult social care in Rotherham will need to continue to build and strengthen its operating model and offer to reconfirm its commitment to supporting adults and carers in a person-centred way and within a shrinking financial envelope.

A large proportion of the challenge relates to increasing numbers of older people, which means there will be more people developing long term conditions which need more complex support. This increase means there will be a substantial spike in costs and we will need to strengthen how we operate to manage the increased demand. This will continue to be based on a shared responsibility between the Council, the community and the resident. The three themes we have adopted are key to the delivery and measurement of the success of our approach.

In 2016/17 around 6,250 people received care and support provided by Rotherham Council. The Council spent approximately £105 million on adult social care services, with around 1,550 people receiving care in residential accommodation during the year. At national level, social care budgets have reduced by 8% in real terms over the last 4 years. To continue to deliver support and manage demand, we have to strengthen our operating model and our offer in Rotherham.

The Care Act, 2014, represents the single biggest change to social care legislation in decades. Rotherham adult social care is working to promote more responsible choice and control to support a way that enhances active and independent communities.

The purpose of this Vision is to acknowledge the national and local context of shrinking resources and increasing demand, which are some of the factors that have shaped this Vision, and the framing of a strengthened adult social care operating model and offer.

The Vision sets out the Council's three key themes, identifies the improved outcomes we want to see and looks at how we will measure success. It provides the road-map for continued adult social care over the next three years. This will ensure that all residents are encouraged to recognise their strengths, build their independence and identify the support that their family, friends and local community can give them, based on three key themes:

THEME 1	**Act to help yourself**
THEME 2	**Act when you need it**
THEME 3	**Act to live your life**

The Vision fits with the common vision and ambitions in the Rotherham's Health and Social Care Place Plan, which sets out 5 key joint initiatives with partners to champion prevention, independence and place people at the centre of their own care and support. In doing so both visions aim to first improve and then transform the care system, reducing demand and achieving financial sustainability, whilst providing Rotherham people with better services and a better quality of life. Local Government has a place shaping role and we must use this mandate to have new and different conversations with our residents and our communities to ensure that Rotherham can continue to thrive.

4 Our Approach and Offer

Our approach is based on early intervention and self-management, delaying the need for formal care and reducing the demand for adult social care input - and not just waiting for people to reach crisis.

Our offer is based on fundamental principles of:

- **Self-determination:** each person should be in control of their own life
- **Direction:** each person should have their own path and purpose to give their life meaning
- **Money:** each person should have enough money to live an independent life
- **Home:** each person should have their own home, living with people they choose
- **Support:** each person should get the right support that helps them to live their own life
- **Independence:** each person should have the opportunity to learn or regain their skills
- **Community Life:** each person should be able to participate fully in their community
- **Rights:** each person should have their legal and civil rights respected
- **Responsibilities:** each person should take responsibility in their own lives and contribute to their community
- **Assurance:** each person should have confidence in the quality of services the Council commissions or provides itself

Our offer has a number of key commitments which we will make to adults and carers in Rotherham.

We will:

- Listen carefully to understand what makes a good life for you
- Communicate clearly and in a way that is best for you
- Listen to and value what you, family, friends and your community say
- Intervene to facilitate solutions
- Work with you at a pace that is right for you
- Actively engage with our local communities and partners to develop alternative solutions for you
- Work with you to manage risk in a positive way and keep you safe
- Work with you in a fair way with the resources we have.

THEME 1	**Act to help yourself**

We want to promote personal responsibility and for people to have opportunities to become a greater part of their community through increased opportunities for socialising, gaining personal recognition and building relationships, whilst remaining in their own homes and communities for as long as possible.

We will:

- Improve access to information and advice about care and support
- Promote access to 'universal services' which are available to all residents
- Provide support in the community to help people to live active and independent lives, including shaping the quality and capacity of the care market and the voluntary and community sector
- Work with our health partners to identify people most at risk of needing support from adult social care in the future and intervene as early as possible, to help them stay healthy and prevent the need for future support. Our work will strengthen the use of information and advice and technology enabled care.
- Work in partnership to develop interventions that reduce the need for support such as personalised advice, advocacy, peer networks and intergenerational opportunities
- Support carers to maintain their caring role and stay well. We will review our support for carers, especially those providing significant unpaid care or those caring for people with dementia and commission support that is appropriate for their needs

This means:

- I know where to find information about social care services and how to get advice and support when required
- I am helped to remain as independent as possible in my own home for as long as possible
- I am supported as a carer to maintain my caring role and look after my own health.

The delay of the development of long term care needs by targeting support at those who have experienced a recent crisis or acquired an illness or disability is theme 2 of our operating model.

THEME 2	**Act when you need it**

The delay of the development of long term care needs by targeting our support at those who have experienced a recent crisis or acquired an illness or disability is theme 2 of our operating model.

We will:

- Target intensive support through our Assessment and Reablement Service to assist people to recover quickly, regain and retain their independence.
- Work with partners in health and the voluntary and community sector to provide short term support with no assumption of long term support to people who are at risk of losing their independence
- Help people living with health conditions to plan for their future
- Use personal aids such as equipment and assisted technology to regain or maintain a person's independence

This means:

- I will only receive support for the time I need it to regain my independence
- I will recover quickly and regain my social life with family and friends within my own community
- I will be able to plan my future.

THEME 3	Act to live your life

This means looking at what an individual can do for themselves with the support of their existing family networks or community and what they might need help with. This is theme three.

We will:

- Provide a personal budget for those who are eligible for Council support.
- Help people to identify and develop their strengths and increase independence by working with their family and community networks, where possible
- Be responsible with public money and ensure best value when we purchase or commission services
- Support our staff to develop the right skills and knowledge to enable them to be innovative and creative when helping someone
- Develop support plans that build on a person's strengths and the goals they want to achieve rather than creating dependency

This means:

- I manage my own care and support via a personal budget that provides the right amount to meet my needs
- I receive flexible support
- I am helped to remain as independent as possible in my own home for as long as possible.


BREAKFAST

Case Study – **Mandy**	Theme 1 Act to help yourself	Theme 2 Act when you need it	Theme 3 Act to live your life
Mandy is a 23 year old woman with a diagnosis of Autism and Anxiety, who lives at home with her mum and dad. She attends the local college 2 days a week and has just started attending ADPRO Employment Service. Mandy's mum meets all her care and support needs and they are both happy with this arrangement. During the Care Act assessment, Mandy said she wanted more access to the wider community and to 'make new friends' outside of the family home and education. Mandy was also keen to become more independent. **What came out of the different conversation?** Spending time and getting to know Mandy meant a better picture of her skills, capabilities and interests was gained. She was linked in with a local service provision for people with Autism. Mandy is happy with this service and is able to access a wide range of activities and events alongside her peers. Mandy found that some of her friends from college already attended the group and this has given her the confidence and self-esteem to make new friends. Mandy's mum said "they wished they had found this service years ago". Mandy will be able to slowly develop her confidence travelling. She will link in with the travel buddies in time to develop her independence in this area. **Benefits and Savings** o Development of a more varied routine, led by Mandy's interests. o Access to a community asset. o Increased social network with peers. o Increased confidence in accessing new things o Opportunities to develop independence outside of the home environment.	✓		✓

Case Study – **Aazar**	Theme 1 Act to help yourself	Theme 2 Act when you need it	Theme 3 Act to live your life
Aazar is a 52 year old man from Afghanistan, who has been granted Asylum status in the UK. Aazar is disabled, suffers from depression and anxiety, and is going through the emotional trauma of being separated from his wife and children, who are still in Afghanistan. **What came out of the different conversation?** Aazar is a very articulate gentleman who enjoyed talking about his personal interests. Aazar explained he wanted to engage in more activities in order to boost his self-esteem. During the Care Act Assessment, Aazar spoke about wanting to improve his health due to high cholesterol, however, he could not find a reasonably priced or disabled access gym. A search on the Connect to Support website identified Jason at Active Regen, who runs fitness sessions aimed at those with physical disabilities. Jason has since met with Aazar and is providing fitness sessions in his home every week. This is having a positive impact on both Aazar's physical and emotional wellbeing. **Benefits and Savings** With the community support in place for Aazar, he will not require an increase in his service provision. It is hoped that these community assets will give Aazar a greater connection with the local community in Rotherham and therefore have a significant impact on his wellbeing.	✓	✓	✓

Case Study – **John**	Theme 1 Act to help yourself	Theme 2 Act when you need it	Theme 3 Act to live your life
John is an 84 year old man, living in supported housing. John had been a professional footballer and had been very active for his age until, unfortunately, his cognition deteriorated following a diagnosis of dementia. His family requested a social care assessment as they lived away and were concerned about how he was coping at home alone. **What came out of the different conversation?** The Care Act assessment identified that through meals delivery and spending time with his sister, John was able to continue to live an independent life. John shared that he previously enjoyed attending memory clinics in the local community and felt this would be something he would like to do again. Through utilising local community assets, a sporting memories group was found at the local football stadium. John was pleased about this and felt this was something he would like to try as he could share his lived experiences playing professional football. John attended the group and thoroughly enjoyed it. **Benefits and Savings** With the community support in place for John, he will not require an increase in his service provision. It is hoped that these community assets will give John a greater connection with the local community in Rotherham, and therefore have a significant impact on his wellbeing.	✓	✓	✓

5 Making Change Happen

Strengthening the way adult social care operates in Rotherham will require committed and enthusiastic leadership within the Council to strive for the successful delivery of excellent adult social care:

A focus on community, early help and prevention

We are fundamentally changing the way we work across the whole system. This requires a strong partnership approach and significant joint effort in empowering resilient communities to develop and release their resources to support and include vulnerable people in community life. At the core we will be taking a strengths-based approach, helping more people to help each other and themselves.

A focus on the Customer Journey

The Customer Journey will change as a result of the three theme approach to independence. The current Customer Journey is fragmented and involves multiple contact points which can be confusing and can take time to navigate. The strengthened Operating Model will improve the experience for residents and partners. A quick response and reduced contact points means that the Customer Journey will be streamlined and efficient, offering support in the right way.

A focus on innovative commissioning

The Vision requires a different approach to commissioning. An approach that utilises intelligence, works closely with operational adult social care, partners, providers, community and service users to understand demand, to stimulate and co-design the market to provide services that best meet these needs and maximise independence and wellbeing.

Leadership and Governance:

In order to deliver the Vision and the underpinning Operating Model, it will be essential that there is strong political and officer leadership and effective executive and officer support to ensure the operational model becomes a reality in Rotherham. The Adult Social Care Improvement Board will provide strategic leadership and oversight.

The delivery of the Vision will require:

- strong performance management to promote improved outcomes for residents and their carers;
- a clear focus on strengthened commissioning to support improved quality;
- to ensure effective resource management and to develop an effective communication and engagement Vision so that all key partners remain involved and fully contribute.

The Vision and its implementation will be supported through the established project management process. Robust governance, scrutiny and accountability processes are in place. The Health and Wellbeing Board will be key sponsors of this Vision and the Joint Strategic Needs Analysis will be used to refresh and update the Vision on an annual basis.

Local people who access services, based on their experience, working with commissioners will ensure that the key performance indicators measuring success are both reported on and delivered against. These measures will be linked to the adult social care Outcomes Framework.

In addition to this strategic drive we will develop leadership at all levels and especially in the front line where our managers will support staff to deliver the highest quality of support planning and care

Strong partnerships:

Continued and improved joint working between the full range of statutory, voluntary and community sector partners that make a significant contribution to improving the health and wellbeing of residents in Rotherham. Five key joint initiatives in the Health and Social Care Place Plan are championing the change required, promoting prevention, independence and placing people at the centre of their own care and support.

We will work closely with GPs and primary care colleagues, secondary care providers both in community and hospital based settings and specialist providers of health care in areas such as mental health and learning disability. There is a clear requirement for care to be well 'joined up' so that an individual has a clear support plan supported by all the partners working together.

We will include Housing within our collaborative working and develop an Accommodation and Support Vision with commissioners.

This will:

- ensure more people remain at home and within their own community, if that is their choice; and
- enable more people to have an early transfer from hospital through the availability of more flexible specialist housing;
- harness the full potential of assisted technology to enable people with care and support needs to remain living safely in their own homes.

We will make our approach happen by working at 4 levels:

- Individual Practice Level: working in a different way to help individuals and their families to find solutions that build on their strengths and assets
- Solution Level: shaping flexible responsive solutions which empower and are delivered in new and innovative ways
- Community Level: harnessing the strength of resilient individuals, families and communities
- Whole: celebrating that the solution design will be working collaboratively with colleagues in the wider public, voluntary and community and private sectors. We need to harness and lead a win-win solution across health and social care to manage demand and keep people safe and well.

Glossary

Assisted Technology	Is equipment that helps people to do what they need or want to do more easily, independently and better.
Care Act 2014	The Care Act 2014 came into effect in April 2015 and replaced most previous law regarding carers and people being cared for.
Care Market	The Care Act 2014 sets out duties on local authorities to facilitate a diverse, sustainable, high quality market for their whole local population, including those who pay for their own care, and to promote efficient and effective operation of the adult care and support market as a whole.
Census	Is a way to find and record information about every member of a population.
Commissioning	Is when the Council purchases (buys) goods or services from other organisations.
Community/Voluntary Sector	Play an important role in providing services in the community. They are non-profit-making.
Health & Social Care Place Plan	Rotherham's Health and Social Care Community has been working in a collaborative way for the past several years to transform the way it cares for its population, to provide the best possible services and outcomes for our population. The Plan details a joined up approach to delivering five key initiatives that will help us achieve our Health and Wellbeing Strategic Aims and meet the South Yorkshire and Bassetlaw's Integrated Care System (ICS) objectives.
Health & Well Being Board	Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.
Joint Strategic Needs Analysis (JSNA)	Looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

Office for National Statistics	Is the UK's largest independent producer of official statistics and the recognised national statistical institute of the UK. It is responsible for collecting and publishing statistics related to the economy, population and society at national, regional and local levels. It plays a leading role in national and international good practice in the production of official statistics.
Operating Model	Is how an organization delivers value to its customers, as well as how an organisation actually runs itself.
Performance Management	Includes activities which ensure that goals are consistently being met in an effective and efficient manner. Performance management can focus on the performance of an organization, a department, employee, or even the processes to build a product or service, as well as other areas.
Personal Budget	Is money from adult social services to pay for the services people need. This gives better choice and control to people about their care.
Primary Care	Is the first place people go to when they have a health problem and includes a wide range of professionals, eg GPs, dentists, pharmacists and opticians.
Reablement	The active process of regaining skills, confidence and independence after injury or illness
Secondary Care	Means being taken care of by someone who has particular expertise in whatever problem a patient is having. It's where most people go when they have a health problem that can't be dealt with in primary care because it needs more specialised knowledge, skill or equipment than the GP has. It's often provided in a hospital. The GP will decide what kind of specialist the patient needs to see and contact them on the patient's behalf to get them an appointment – this is called a 'referral'.