

Council Name: Rotherham

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

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

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

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

We also make a written assessment about

Leadership and

Commissioning and use of resources

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

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

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

Delivering Outcomes Assessment

Overall Rotherham MBC council is performing:

Excellently

Outcome 1:

[Improved health and well-being](#)

The council is performing:

Excellently

Outcome 2:

[Improved quality of life](#)

The council is performing:

Well

Outcome 3:

[Making a positive contribution](#)

The council is performing:

Excellently

Outcome 4:

[Increased choice and control](#)

The council is performing:

Well

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing:

Excellently

Outcome 6:

[Economic well-being](#)

The council is performing:

Excellent

Outcome 7:

[Maintaining personal dignity and respect](#)

The council is performing:

Well

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

Assessment of Leadership and Commissioning and use of resources

Leadership

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

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

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

Commissioning and use of resources

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

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

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

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

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

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

Summary of Performance

Improved health and well-being

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

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

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

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

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

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

Improved quality of life

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

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

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

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

Making a contribution

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

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

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

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

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

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

Increased choice and control

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

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

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

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

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

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

Freedom from discrimination and harassment

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

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

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

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

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

Economic well - being

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

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

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

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

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

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

Maintaining personal dignity and respect

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

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

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

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

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

Outcome 1: Improved health and well-being

The council is performing: **Excellently**

What the council does well.

- Working with partners the council can demonstrate improvement in the differences in how healthy people are.
- The council has a range of information on healthy living and the activities to promote health.
- The council can demonstrate positive end results for people who use intermediate care and reablement services.

What the council needs to improve.

- The council should continue to work with NHS Rotherham in sustaining improvements in the differences in how healthy people are and to ensure that the pace of improvement is in line with national comparators.

Outcome 2: Improved quality of life

The council is performing: **Well**

What the council does well.

- The council's provisions of assistive technology to promote the safety and well-being of people in their own homes.
- The council's work with other organisations in reducing crime and making people feel safer.

What the council needs to improve.

- Continue to review and implement the findings from the review of the use and availability of adaptations and equipment and the timeliness of care packages.
- Continue to work on developing the market management strategy in order to identify gaps in the market and further support work on its services that are tailored to meet people's own individual needs agenda.
- Continue to implement the recommendations from the CQC's Service Inspection in July 2009.

Outcome 3: Making a positive contribution

The council is performing: **Excellently**

What the council does well.

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

What the council needs to improve.

Outcome 4: Increased choice and control

The council is performing: **Well**

What the council does well.

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

What the council needs to improve.

- To increase the number of assessments completed within 4 weeks and the numbers of first contact assessments to ensure people receive packages of care in a timely manner.
- To ensure that people with a physical disability and/or sensory impairment can access and use an individual budget.
- To continue the council's work with the Young Adult Transitions team within the physical disability service, to ensure young adults from the age 14 years onwards receive the care in a safe and timely manner.
- Continue to implement the finding from the Service Inspection for the development of advocacy services for all groups of people
- Continue to invest in technology to support people feeling safe at home.

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Excellently**

What the council does well.

- The attainment of the Cabinet Office Customer Service Excellence and compliance with level 5 of the Local Government Equality Scheme.
- Implementing the neighbourhood 'no calling zones'.
- Improving access for older people from BME communities.

What the council needs to improve.

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

Outcome 6: Economic well - being

The council is performing: **Excellently**

What the council does well.

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

What the council needs to improve.

- To increase employment for people in vulnerable groups.

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Well**

What the council does well.

- The council has raised the profile of adults safeguarding and made good progress in raising awareness.
- The council can demonstrate that it manages incidents of institutional abuse and poor standards of care.
- The council can demonstrate that it is fulfilling its duties as a supervisory body in relation to the deprivation of liberty standards.

What the council needs to improve.

- To address all of the recommendations from the Service Inspection relating to safeguarding arrangements.
- To continue work to ensure the council fulfils its duties as a supervisory body in relation to the deprivation of liberty standards.