

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

2010 – 2013

Contents

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

Appendix 1: Action Plan

1. Executive Summary

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

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

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

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

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

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

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

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

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

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

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

Strategic Commissioning Intentions

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

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

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

2. National Priorities and Local Implications

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

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

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

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

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

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

2.2 The “Disability Discrimination Act” (2005)

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

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

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

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

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

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

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

The key themes are:

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

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

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

Actions include:

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

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

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

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

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

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

2.7 Local Strategies:

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

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

2.8 Outcomes of Inspection

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

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

3. Strategic Needs Assessment

3.1 Local Evidence

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

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

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

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

3.2 Joint Strategic Needs Assessment

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

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

3.3 Black and Minority Ethnic Population Profile

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

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

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

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

3.4 Limiting Long Term Illness

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

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

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

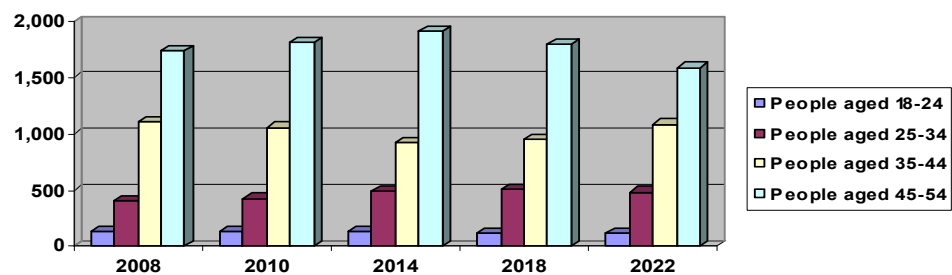
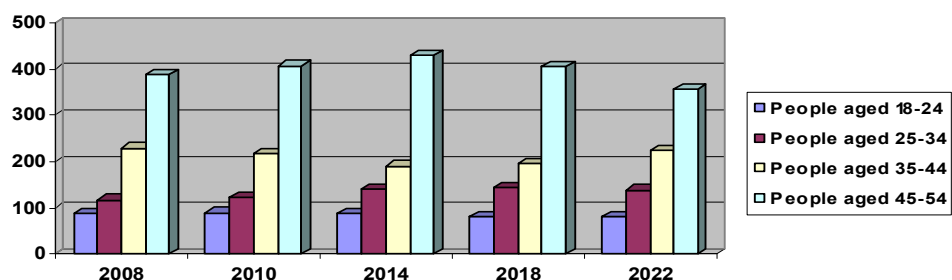


Figure 2.5: Adults predicted to have a serious personal care disability in Rotherham, projected to 2025



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

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

3.5 Informal Care Needs Analysis

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

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

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

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

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

3.6 Service User and Carer Feedback

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

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

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

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

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

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

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

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

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

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

4. Governance and User Involvement

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

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

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

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

4.4 **Consultation with customers:**

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

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

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

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

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

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

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

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

The headline results of this work are:

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

The learning from customers outcomes have been:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Joint Commissioning

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

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

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

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

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

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

6. Current Service Provision and Use of Resources

Access and Assessment

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

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

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

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

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

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

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

Additional Services linked to the teams

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

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

And by RNID:

- Communication Support Service

State of the Market

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

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

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

This was allocated as follows:

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

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

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

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

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

This brings significant challenges:

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

7. Commissioning for Outcomes

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

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

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

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

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

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

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

Councils will be expected to:

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

Appendix 1 PDSI Commissioning Plan – Action Plan

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

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

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

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

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

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