

Rotherham Metropolitan
Borough Council

Local Account 2014

Introduction & Foreword

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Introduction

The Local Account is...

an opportunity for the customers and citizens of Rotherham to keep informed about how the Council has performed over the last year in delivering Adult Social Care Services. a way of the public holding the Council to account and being aware of our priorities and challenges.

Before 2010, Councils were judged via external inspection and an annual assessment of performance by Care Quality Commission (CQC). Each year we look to improve our Local Account, by providing relevant and transparent information with real life examples that show how we meet the needs of the public and work with our partners.

This year's account has been developed in conjunction with the Customer Inspectors Group and Health Watch, their feedback of suggested improvements have been included into this final version.

Foreword

This is our 4th Local Account to you the customers, carers and citizens with an interest in Rotherham and how we perform in delivering Adult Social Care. Meeting the needs of some of the most vulnerable adults remains one of our top priorities and we aim to deliver high quality, safe and value for money services despite these very challenging times.

- We will ensure that Social Care Services are safe, that we prevent and protect vulnerable people from exploitation, neglect and abuse.

- Our social work teams will assess people who may need social care and support, so they are able to exercise informed choices to meet their needs.
- We will directly provide a range of services for vulnerable people either because we can provide better value for money than other providers or because they are essential services that other sectors are unwilling or unable to safely provide.
- We will ensure that there are a range of affordable services, which meet essential standards available for all people who require care and support.

This report shows how we help support people to improve their health and wellbeing and maximise their independence. As a Council, and as Rotherham Adult Social Care we can again demonstrate that services are overall performing to high levels with continued improvement being recorded in many areas, that place Rotherham favourably when compared nationally, regionally or against similar 'nearest neighbours' type councils. Challenges do remain and we know we cannot 'take our eye off the ball' in relation to things we do well and we do need to improve other areas where we are not performing as well as others.

The report has been co-produced with input from partners and service users. We aim to be transparent and open about our performance and try to make it as accessible as possible by publishing the local account on our council website and making an easy read version (produced by SpeakUp) available. We will look to expand accessibility using an extended range of media channels as well as circulating to all councillors and current Rotherham MP's. We are proud of our

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achievements in Adult Social Care and our Local Account is favourably viewed regionally and nationally.

We invite you to read about Rotherham's last year's performance story and share with us any comments or suggestions you may have about how to improve future local accounts.

Rotherham has seen continued improvements across the range of 19 national Adult Social Care Outcomes Framework (ASCOF) measures reported in 2013/14. 14 out of 18 comparable measures (78%) recorded an improvement since 2012/13 and 16 measures (89%) showed improvement over last 2 year period since 2011/12.

These improvements have also been reflected in regional comparisons as Rotherham now has 7 measures in the regional top 3 and only 1 (percentage of people with mental health issues in employment) in bottom 3. A similar positive comparison is seen when judged against our 'nearest neighbours IPF' model with 5 measures in top 3 and only 1 (% of people offered re-ablement services on discharge from hospital) in the bottom 3.

Performance Highlights during 2013/14

- Customer satisfaction levels for adult social care in Rotherham are the best regionally and in the top 10 nationally.
- We have reviewed 6871 of our customers (93.2%) slightly improving on last year's performance of 93.1%, 59 more people reviewed and beating last year's 'best in the

country' score. We have maintained being able to do most reviews on a face-to-face basis and included almost everyone possible who was living in 24 hour residential type care services at the time.

- Of people receiving services from us last year, almost 5360 (up from 5,301) were able to do so having had the opportunity to access services of their choice via a personal budget. This increased the proportion to 80.3% and is ranked best in Y&H region. More of these customers are choosing to have their services via a Direct Payments, which has increased the four year trend to 16.3%.
- We have continued to support people wanting to remain at home in their community for as long as possible, reducing admissions of older people to 24 hour care to a total of 324. This is 21 fewer than last year and also 91 below the 415 admissions placed 2 years ago.
- The Council maintained its commitment to keeping people safe, achieving 100% performance in 2013/14 in acting quickly to reported safeguarding concerns. All alerts have been assessed within 24 hours.
- All our 8 registered Care Quality Commission (CQC) care provider services were 100% compliant as of year end 13/14.

Areas for Improvement

- We have seen a fall in the percentage of people supported in Mental Health

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Employment falling back from a 3 year high of 6.4% in 2012/13 to 4.9%. This has placed Rotherham in the bottom 3 within Yorkshire & Humber region.

- We are working with our partner (RDaSH) to evaluate the reasons and also to identify remedial actions that can ensure we maximise performance in 2014/15. It is worth noting that our falling trend is similar to the overall regional and national picture
- The 'offered' re-ablement service measure, although improved slightly from 1.65% to 1.68%, is in the bottom 3 of our IPF 'nearest neighbours'.
- We have plans through our Better Care Fund action plan to improve this service in 2014/15.

How our adult social services are viewed externally and locally.

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1a - Overview & Scrutiny Management Board

The challenge from Scrutiny

Services are held to account through scrutiny by the Overview and Scrutiny Management Board and Select Commissions, which are made up of Councillors. The Health Select Commission (chaired by Cllr Steele) has considered a number of issues and challenges being faced by the NHS and Adult Social Care over the last year. Improving Lives has focused on safeguarding, including scrutinising the Adult Safeguarding Plan.

Self Regulation Select Commission has the role to challenge and scrutinise quarterly the performance of Adult Social Care through the delivery of the Council's Corporate Plan.

There are a number of examples where they have effectively challenged performance and held services to account:

- Reducing Child Poverty
- Increasing activity to tackle childhood obesity
- Improving response to incidents of anti-social behaviour
- Increasing physical activity and promoting healthy lifestyles
- Improving Highway Maintenance and Street Cleansing

The Self Regulation Select Commission is finalising its review of commissioning, to establish that the commissioning and procurement functions have contributed to significant savings for the Council.

Work carried out in 2013/14 includes;

- A focused spotlight review on hospital discharges after anecdotal evidence raised concerns. The factual evidence did not support the perceived problems about discharges, as the number of failed/delayed discharges was less than 1%. Preparation for the review also resulted in a commitment by officers to carry out a business re-engineering review of the whole system.
- Ongoing monitoring of the delivery of the Joint Health and Wellbeing Strategy in order to reduce health inequalities in the borough.
- The Joint Health and Wellbeing Strategy 2012 – 2015 [[link to the strategy](#)] is a guide for all agencies in Rotherham in developing commissioning priorities and plans in tackling the major public health and wellbeing challenges. The document presents a shared commitment to ensure all Rotherham individuals and families are able to make positive choices to improve their physical, mental health and wellbeing, as well as helping to build strong communities. [{link}](#)
- Public Health became the responsibility of the Council in 2013. They have a range of performance measures that are reported as part of their Public Health Outcomes Framework (similar to Adult Services ASCOF measures). <http://www.phoutcomes.info/>
- Yearly performance updates are now included in the council's corporate reporting arrangements and future updates will be included within the 2014/15 local accounts

How our adult social services are viewed externally and locally.

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onwards. Details will include performance, value and impact this change has had on the services provided and the health and wellbeing benefits to Rotherham citizens.

- Carrying out a full joint scrutiny review of support for carers, featuring direct engagement with carers which linked in with the wider NAS carers review. It made a number of recommendations focused on increasing the number of people recognising themselves as carers, improving support for people in this vital role and increasing the number of carers receiving a Carers Assessment. It will be reviewed annually.
- A comprehensive review considered how well different agencies work together to support women and men and their families who have experienced domestic abuse. It established that agencies work well together to protect victims at risk of serious harm but that there were still opportunities to work better together, particularly at lower risk levels to stop further escalation. Since the review, funding for the Independent Domestic Violence Advocates, who provide a key role in supporting victims, has been mainstreamed.

targets and measures for the Corporate Plan and their suggestions have been incorporated, or have informed the refreshed Performance Management Framework which will be reported on this year.

- For 2014 a review of Mental Health services will be carried out and will be monitoring delivery of the Better Care Fund action plan. Improving Lives Select Commission will follow up its work on Domestic Violence and will be considering the issue of Forced Marriage.

- A Member working group looked at the

How our adult social services are viewed externally and locally.

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1b Health & Wellbeing Board

The Rotherham Health and Wellbeing Board took on its statutory responsibilities in April 2013. The responsibilities include:

- To enable, advise and support health and social care organisations to work together
- To understand the needs of the local community
- To publish a joint Rotherham Health and Wellbeing Strategy which sets the borough's key health priorities
- To hold relevant partners to account for the quality of health and social care services.

The Rotherham board brings together key partners who are able to make decisions which affect health and social care. The integration of Public Health services into the council is leading to more effective commissioning, improved local democratic accountability and better engagement from local people. The Health and Wellbeing Strategy is now two years into implementation and is due to be refreshed by the end of 2015.

What progress has been made in 2013/14?

- **Integration** – There has been positive progress on developing a more integrated health and social care system, with Rotherham's initial "Better Care Fund" submission, identified as one of the best nationally.
- **Health improvements** – Encouraging progress being made on some health indicators, including male life expectancy, excess winter deaths and teenage pregnancy.
- **Smoking** – The development and launch of a smokefree charter for Rotherham has been established. Encouraging local businesses, voluntary and community organisations, schools and colleges to demonstrate their commitment to reducing the harm from tobacco.
- **NEETs** - Funding has been secured through the Ambition Sheffield City Region project to increase the number of 18-24 year olds in work. The programme will include employability activities, work experience and 1:1 key worker support

1c The Care Quality Commission

The Care Quality Commission (CQC) has inspected a number of Council run residential and nursing homes and the registered care at home provider services over the last twelve months. All 8 of Rotherham's registered services are compliant. ([link to more details](#)). Reports on the inspections are available from the CQC website [[link](#)]

From October 2014 all CQC regulated services will be reviewed in a new way and on completion will show an overall rating plus, a rating for each of the five themed areas. Lord Hardy Residential Home was inspected in August 2014 under the new way as a pilot. The verbal feedback received was positive and the draft report rated Lord Hardy "Good" overall and "Good" in each of the 5 areas.

Case study 1

Treefields Respite Service (page [tbc](#))

"Lynn enjoys being able to prepare her own meals with support from staff"

Case Study 2

Lord Hardy Court (page [tbc](#))

"Douglas' mobility has greatly improved and he is much happier"

Case Study 3

Enabling Service (page [tbc](#))

"The support has helped me to feel much better and safer at home - Maureen"

Case Study 4

Enabling Service (page [tbc](#))

"The support Mr Frost received to become independent contributed to his growing confidence and the real prospect of his returning to his job"

How our adult social services are viewed externally and locally.

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1d Yorkshire & Humber ADASS Performance & Standards Group

An Independent Performance Assessment ([link to Rotherham IPA](#)) undertaken through the Yorkshire and Humber regional ADASS Performance and Standards group was carried out to help drive performance across the region as part of Sector Led Improvement.

The review has been undertaken by way of analysis of the Health and Social Care Information Centre's (HSCIC) nationally published NASCIS Standard Report 8 ASCOF document by a team of professionals from across the region. The analysis formed the first part of three regional assessments. This is a supportive assessment to help councils develop their final versions prior to full publication, which looked at

- Performance headlines and observations against the 4 ASCOF domains including areas noted as good practice.
- Feedback from a regional mystery shopping exercise on access to services
- Observations of the Local Account against the expected content, professional observations from an independent Review Team and a report from a customer's perspective of the account.

Summary of the assessment findings from the region's 15 councils

Including the top 3 for the specific ASCOF measures

- [Social Care Quality of life \(1A\)](#) – East Riding, Rotherham, Hull
- [Control over daily life \(1B\)](#) – Leeds, Rotherham, North Lincs
- [Self Directed Support \(1Ci\)](#) – Rotherham, North East Lincs, Bradford, Hull
- [Receive Direct Payments \(1Cii\)](#) – Sheffield, North East Lincs, East Riding
- [LD Employment \(1E\)](#) – North East Lincs, Kirklees, York, Calderdale
- [Mental health employment \(1F\)](#) – East Riding, North Yorks, York
- [LD Independence \(1G\)](#) – Barnsley, Calderdale, Sheffield
- [MH Independence \(1H\)](#) – Doncaster, Rotherham, Sheffield, NE Lincs
- [Social Contact \(1I\)](#) – Bradford, East Riding, NE Lincs
- [Admissions younger adults \(2Ai\)](#) – Bradford, Calderdale, North Yorks
- [Admissions older adults \(2Aii\)](#) – North Yorks, Kirklees, Leeds
- [Re-ablement effectiveness from hospital – at home after 91 days \(2Bi\)](#) – North East Lincs, Bradford, North Lincs, Leeds
- [Reablement service offered following hospital discharge \(2Bii\)](#) – Sheffield, Hull, North Yorks
- [Delayed Transfers \(2Ci\)](#) – Barnsley, North Lincs, Bradford
- [Delayed Transfers Social Care \(2Cii\)](#) – Barnsley, Hull, Rotherham
- [Satisfaction \(3A\)](#) – East Riding, Rotherham, Hull
- [Information and advice \(3D\)](#) – NE Lincs, \ Rotherham, East Riding
- [Feel Safe \(4A\)](#) – Bradford, East Riding, North Lincs
- [Feel Safe as a result of services \(4B\)](#) – East Riding, NE Lincs, North Lincs

How our adult social services are viewed externally and locally.

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Rotherham's direction of travel

- 14 out of 18 measures have improved since 2012/13
- 17 measures have improved since 2011/12
- 1 measure has declined over the last 2 years

Rotherham's regional position

- 7 measures are in the top 3 and 2 are best in region (Quality of life and Self Directed Support)
- 1 measure is in the bottom 3

Rotherham's position compared to IPF similar Council group

- 5 measures are in the top 3
- 1 measure is in the bottom 3

You can view more nationally published detail on each measure via the HSCIC website. [\[link\]](#)

How our adult social services are viewed externally and locally.

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1e Customer Service Excellence

The Performance and Quality Team have created a [Rotherham Customer Service Excellence](#) standard which continues to test and embed the principles of the Customer Service Excellence Standard, giving power to the local people of Rotherham to assess the services and provide a rating.

Rotherham's Customer Service Excellence Standard covers the following principles:

- Getting it right first time
- Customers receiving a positive experience
- Protecting vulnerable people
- Giving value for money
- Measuring outcomes

The Customer Inspection Service and Learning from Customers Forum have provided information about the services and how they can be tested and improved. The Customer Inspection Service are our core inspectors. They focus on mystery shopping and assessment activities, assessing compliance against our service standards.

During 2014 the Customer Inspection Service and Learning from Customers Forum have:

- Carried out over 100 telephone mystery shops to social care services testing and rating the services and identifying issues and improvements

- Carried out various internet checks ensuring that the service website is up-to-date
- Carried out face-to-face mystery shops testing the first point of contact and the information on offer to customers
- Reviewed and customer approved a range of letters and customer information such as the Assistive Technology booklet and RotherCare alarm leaflet
- Carried out telephone satisfaction surveys to a selection of independent care providers to ensure customers are happy with the care they receive in their own home.
- Carried out face-to-face surveys with customers who are in residential care and who attend day care services. This was to ensure they are happy with the service they receive and help to prepare for external inspections

Mystery shopping throughout the region

Since November 2012 Customer Inspectors have worked in partnership with the Council to mystery shop 15 local authorities in the Yorkshire and Humber region as part of the Government's Sector Led Improvement Agenda.

In total, staff and customers mystery shopped over 30 customer access points across 15 local authorities in Yorkshire and Humber. This work has provided not just Rotherham but local authorities across the region with an invaluable insight into their business through the eyes of the customer. For this reason the customer

How our adult social services are viewed externally and locally.

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Inspectors have been asked to repeat the exercise and have done so in 2013 and 2014. These results formed part of the SLI assessment for the council's in the region.

The Council are now working in partnership with local college students. Thomas Rotherham College students are recruited, trained and then used to mystery shop Council services. The activity will contribute to their qualification in Customer Care or Adult Social Care and provides invaluable feedback. The service also work with the voluntary organisation, Speak Up. Speak up is made up of volunteers with learning disabilities and some with physical disabilities and sensory impairments.

How our adult social services are viewed externally and locally.

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1f Healthwatch

Feedback on the Local Account document

When compiling the Local Account, Rotherham residents are invited to send in their comments on how the document could be improved. One of the aims of the service is to develop a 'top ten tips' to improve the use customer experience of using this document.

As the consumer champion for health and social care in Rotherham, Healthwatch Rotherham was asked by the Council to feedback it's view on the 2011/12 Local Account. The suggestions for improvement were for more case studies and inclusion of the CQC reports on the inspection of 3 Council run homes for the elderly. With the support of Healthwatch Rotherham the Council improved their engagement with the home resident's family and friends.

Healthwatch were pleased to note that the suggestions made had also been included in the 2012/13 Local Account.

Developing the 2013/14 Local Account

This year on 19 August 2014, seven volunteers agreed to read the local account and to pass their views of the document to Healthwatch. The volunteers involved this time were not involved last year. The volunteers were asked to comment on:

1) What information items in the 2012/13 Rotherham Local Account were most useful?

2) What information items in the 2012/13 Rotherham Local Account were least useful?

3) How can we improve the next Rotherham Local Account?

Numerous comments were shared and the 2013/14 Local Account has tried to address the improvements suggested, keeping what was deemed useful, whilst removing areas that were least useful as part of the co-production work.

Healthwatch work programme 2013/14

Healthwatch Rotherham has been working with the Council to help improve services. This includes services provided in-house and with the providers commissioned

The great work that Lord Hardy and Davies Court have done to work with their resident's friends and families has been acknowledged.

The Council and Healthcheck Rotherham have worked together to save the Action on Hearing Loss service, Hear to Help, from closing. It was found that the public highly value and need the hearing aid service to reduce social isolation and enable them to carry on their daily lives.

Healthwatch Rotherham worked with a residential care home to improve their inventory system. They now highlight to families that the home needs to know what personal belongings are brought in. This helps families who suffer a bereavement to collect their loved ones items at the end of their life.

How our adult social services are viewed externally and locally.

1f

Healthcheck Rotherham highlighted problems with the Council's process of receiving replacement roller balls (for the end of white sticks). The Council have now changed the way people receive the rollerballs making it easier for blind or people with a visual impairment.

Healthcheck Rotherham highlighted a block in the Learning Disability Service. When people were in the Assessment and Treatment Centre there were delays in people returning to have support in the community. The Council and Rotherham Clinical Commissioning Group (health) are working together to speed up the process for people to get back into the community.

Key facts about how we spend your money.

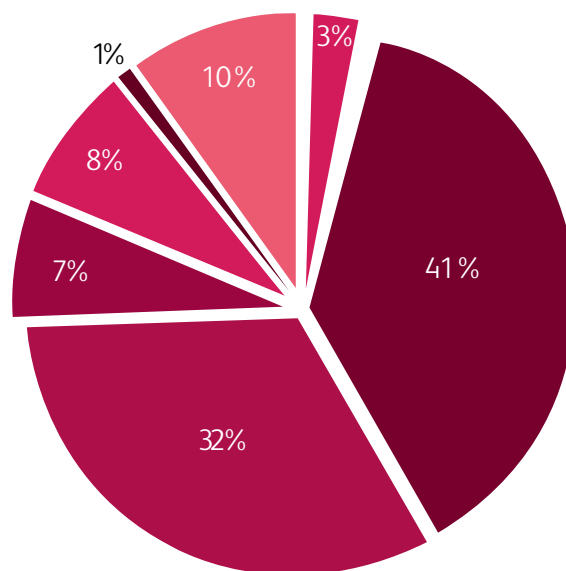
2

How your money is spent

Over the last 4 years Rotherham Adult Services have saved £23m by:

- Additional Continuing Healthcare contributions (£4.5m)
- More effective use of Personal Budgets (£750k)
- Merger of Enabling and Warden services (£2.5m)
- Reduction in provision of OP residential care (£1m)
- Review of Community Support Services (£400k)
- Integration of Assessment & Care Management (£400k)
- Review of Day Care services incl. provision of transport (£300k)
- Increase in fees and charges (£620k)
- Contract efficiency savings including Supporting People and VS contracts (£630k)
- Contract efficiency savings on LD residential and nursing, supported living contracts (£1m)

Where is the money spent?



41% Older People - £28,372,090
32% Learning Disabilities - £22,149,903
7% Adults Mental Health - £4,758,993
8% Physical Disabilities - £5,400,831
1% Adult Safeguarding - £548,783
10% Supporting People - £6,666,371
3% Management, Support Services & Training - £1,809,471

How the spending compare to other councils

The council spends 33% of its budget on adult social care which is just above average compared with similar sized councils and the proportion of the budget spent on different client groups is the same as other similar councils. Rotherham spends £272 per head of population on adult social care. This is in the 4th highest compared to councils of a similar size.

Key facts about how we spend your money.

2

Adapting to budget cuts

In 2014/15 cuts in funding required saving of £4.314m. The majority of these savings were made through efficiencies meaning the same level of care was provided at a lower cost.

Planned savings for 2014/15.

- £2.389m Value for Money savings by reviewing high cost areas same service at a lower cost
- £0.489m recommissioned services
- £0.355m Personalising services, transforming services
- £0.186m by delaying improvement investments
- £0.820m identified alternative funding
- £0.075m additional income from fees and charges

What customers think about the services we deliver.

3

What do customers think about the service?

When it goes wrong – complaints

In Adult Social Services, 76 complaints were received in 2013/14, a reduction from 88 from the previous year, underlining the progress made in responding to customers concerns before they become formal complaints.

Trends in complaints were regarding delays to services and information provided, waiting times for COT assessments and delays processing some Social Care assessments. Customers also made complaints about an absence of information or advice, particularly around the financial assessment process. Learning actions have been taken to address all issues and procedures updated and staff informed.

The number of complaints in terms of the type of service areas, related to:

- The size of the service and the number of customers they are dealing with, as in previous years this was Adult Care Management.
- If the complainant wanted to challenge the outcome of the assessment, usually relating to the level of care to be provided.
- Learning Disabilities – complaints were received about the transportation review
- Direct Payments – regarding audits completed

- Rothercare – regarding the provision of assistive technology equipment.
- Overall 100% of all complaints were responded to within the statutory timescales. This performance benchmarks the best against the regional Yorkshire and Humberside Local Authority complaints group based on numbers received (15 Local Authority areas).

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








Headline Adult Services complaint results

Adult Services Complaints are dealt with under a separate complaint procedure, the complaints and representations procedures established through the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Making Experiences Count).

What customers think about the services we deliver.

3

Headline Results 2013/14

	Number of complaints, 76, decrease from 88 received 2012/13.
	The proportion of complaints (at all stages) upheld, 24, increase from 16 upheld in 2012/13.
	The number of complaints escalating, 11%, 8 Stage 1 complaints escalating to Stage 2, from 67 Stage 1 complaints. Decrease from 12% in 2011/12. (9 Stage 2 complaints and 75 Stage 1 complaints)
	Complaints about quality of service, 30, decrease from 52 received in 2012/13.
	Complaints about actions of staff 20, decrease from 23 in 2012/13.
	1 Upheld Ombudsman complaint from 6 decisions
	Total compensation awards made £0, £0 in 2012/13.
	External complaint investigation costs, £0
	Number of Councillor Surgery's received was 16, increase from 15 in 2012/13.
	Number of Compliments received was 118, decrease from 147 in 2012/13.
	Number of informal complaints received, 38, decrease from 40 received in 2012/13.

Learning from complaints

– You Said We Did

1. You said...

A customer complained that their family member could not use the Memory Café service, as she was in residential care.

We did...

Changed the eligibility criteria to access the service, there is now flexibility based on capacity and the cafe is open to all on request subject to review every 6 months.

2. You said...

A customer was not given any information regarding the financial assessment process and possible charges for care following the end of the 6 week enablement period.

We did...

All staff were briefed, including those working out of hours and reminded to provide information and advice about the financial assessment process. A review of written information is available to customers; including online information was also carried out.

3. You said...

A customer complained that they were not informed that their family member was due to undergo an assessment and they were denied the opportunity of attending.

We did...

A refresher of staff awareness was carried out highlighting the importance of ensuring family inclusion in any reviews where possible and the importance of recording any notification and contact with families.

4. You said...

A customer felt that they had been in respite care for too long and they and their family had not been given enough information and advice family during her stay.

We did...

It was agreed that it was not clear how long the placement was for and when it would end. It was agreed that that customer must be kept informed and provided better information during their stay. All staff have been informed and checks are in place to make sure that customers are given as much information as possible.

How we improve outcomes for the people of Rotherham. An assessment of how we meet the national Adult Social Care Outcomes Framework.

4a

4a - Outcome 1.

Enhancing the quality of life for people with care and support needs

Rotherham Adult Social Care has assisted nearly 7400 service users and almost 2400 carers during the last financial year 2012/13, supporting them to increase the quality of their lives.

Customers responding to the National User Survey in 2013/14 perceived their quality of life had improved and that they felt that they had more control of their daily life. These results have improved and are the best in region.

Similarly, over 80% of customers continued to have a personal budget to pay for their care and support, again being the best of all 15 councils in the Yorkshire and Humber region.

More customers (1 in 6) chose to receive a direct payment in 2013/14, so they can choose the type of support to meet their needs.

It has been another difficult year economically and supporting people with a learning disability or mental health issues to maintain or find employment has been challenging. The proportion in work rose slightly for those with a learning disability (+0.1%, ranked 8th). This reduced by -1.6% in mental health, placing Rotherham in the bottom 3 of council's regionally. Employment remains an improvement area for 2014/15 and the service will continue to try and maximise employment opportunities for service users and assist them to achieve their goals.

Case Study 5

Employment Opportunities (page tbc)

"Michael is a lovely man. He loves coming to work with us at the Co-op. He's very polite with the customers and very helpful."

An additional 42 people with learning disabilities have been supported to live independently in their own homes. Although there was a reduced proportion of people with mental health issues living independently last year, 75.5% still ranks 2nd best in the region.

Case Study 6

Community Occupational Therapy Service (Aids & Adaptations) (page tbc)

The Community Occupational Therapy Team decided that a stairlift would benefit Mrs Cook immensely, as would a level access shower.

"They let me know before hand when they were coming out to my home. All the work was done really quickly and they kept me informed. I am happy with the workmen and the job". Mrs Cook

Case Study 7

Supporting people with mental health issues Park Hill (page tbc)

Park Hill offers a highly individualised service and is able to ensure specific needs are accommodated.

"I really like it here and don't want to live anywhere else - I feel safe here" Miss Watts

Dementia

Dementia is a common condition that affects about 800,000 people in the UK. The risk of developing dementia increases as you get older

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4a

(usually occurs over the age of 65) but younger people can be affected, this is known as early onset dementia.

Rotherham has a contract with The Alzheimer's Society to provide a Dementia Support Worker and hold weekly Dementia Cafes around the borough. 25 - 50 people with a diagnosis of dementia and their carers meet to take part in activities and learn how to manage their condition. To meet local need a specific BME dementia café has been introduced which has led to more BME people with dementia being supported.

Case Study 8 Supporting people with dementia (Assistive Technology)

After a full social care assessment Mrs Green now receives home care four times (a week / day??) to assist her with washing and dressing. They also receive a sitting service so Mr Green can go and do every day chores like shopping.

Making it real - How the service has progressed against the top 3 priorities set last year

Priority 1 (what is the priority?)

"I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date"

Priority 2 (what is the priority?)

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers"

Priority 3 (what is the priority?)

"My support is co-ordinated, co-operative and works well together and I know who to contact to get things changed"

Independent Personalisation Survey (POET) feedback

Rotherham reports shared the views of carers and service users and how they compared to the national picture. The carer's report told us that in Rotherham a majority of carers reported personal budgets had made a positive difference to seven out of the eight aspects of carers' lives which were included in the survey.

The service user report told us that 78% of personal budget holders reported that the council had made the process of choosing support easy, compared to other parts of England (52%). At least two thirds (66%) of personal budget holders in Rotherham reported that their personal budget had made a positive difference to them in all of the four outcome areas. The service will look to do more with all the survey information to inform areas for improvement and to help decide how best to share outcomes of the survey with the public.

Case Study 9 Intermediate Care Service (RICC)

"Eric is no longer socially isolated due to making friends within the exercise group."

How we improve outcomes for the people of Rotherham. An assessment of how we meet the national Adult Social Care Outcomes Framework.

4b

4b - Outcome 2. Delaying and reducing the need for care and support

In 2013/14 Rotherham Adult and Social Care Service reviewed 59 more people than last year totalling 6871. This is the best ever score and exceeds the 2012/13 performance which was 'best in country'. Over 97% of the almost 1200 people who were assessed received their care packages within 28 days of their assessment being completed.

Rotherham continues to be one of the best councils in the region (ranked 4th overall) at keeping the number of average delayed transfer of care to low levels, especially where any delays are due to Adult Social Care or health partners actions. This means that when people are medically 'fit' enough to be discharged then timely assessments and packages of care are put in place so as to support the customers discharge from hospital. Rotherham's ASC performance ranks at 3rd best and at less than 1 average delay per 100,000, is well below regional average of 2.5.

The service have continued to support people wanting to remain at home in their community for as long as possible, reducing the number of admissions to 24 hour care for both younger adults aged 18-64 from 31 last year to 19 in 2013/14 and older people over 65 last year to 324, this is 21 less than last year.

The Enabling and Intermediate Care Services have supported people to regain their independence and reduce the need for on-going social care support. The service improved the number of people still at home after 91 days following hospital discharge to 87.7% which is

well above the regional and national average of around 82%.

Case Study 10 Enabling Service

"Those girls were lovely, it was like they were hand-picked just for me" Mrs Borthwick

The service needs to continue to deliver good outcomes for customers in 14/15 but also make progress spreading the benefits of the service more widely. It is recognised that regionally the service is not offered as much as others (1.7% compared to regional average of 2.1%). The service forms part of the preventative work and compliments the work that the Extra Care and Home Care services provide to support people to be as independent as possible. There are plans with health partners to improve this performance by making changes to how we use money from the Better Care Fund.

Case Study 11 Community Occupational Therapy Service (aids & adaptations)

"The Occupation Therapist came out and recommended that Mrs Ablewhite's property could be adapted to accommodate her wheelchair. Three doors were widened, a kitchen cupboard was removed and equipment were added to her bathroom."

Rothercare Community Alarm Service

The provision of assistive technology equipment continues to deliver support to enable people to remain living independently in their own home. In addition the equipment can help to reduce the risks of everyday living. Assistive technology is tailored to meet individual needs to ensure a

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4b

personalised service.

Assistive technology can help to support:

- carers to undertake their caring role
- The Dementia Strategy for people in Rotherham
- prevention or delay residential care
- reduction hospital admissions, particularly around falls prevention and medication management
- reduction traditional care packages
- people with a learning disability live more independently

During 2013/2014 (April - March) 3,162 pieces of assistive technology were issued to 1,883 customers. The assistive technology funding also provides equipment for customers who have a visual or hearing impairment (these customers are not included in these figures).

Headlines

Supporting Asian elders in Rotherham

In November 2013 the service attended the Asian Elders Group. Assistive technology equipment was demonstrated to the group and advice was given on how this can assist people within their community. Following on from this event 70 requests for assistive technology equipment was received.

Residential homes support

Lord Hardy and Davies Court are both fully supported by assistive technology. This has helped to reduce the risk from falls by promptly alerting staff the person is getting out of bed or armchair.

Respite care

10 Epilepsy sensors were provided to Treefields Respite Centre for people with a learning disability to replicate the provision individuals have at home and to ensure that they are supported quickly in the event of a seizure

Falls prevention

Over 400 fall detectors have been issued in the past year. 207 of these customers have also been provided with a bed sensor for during the night time

Medication management

188 people were issued with automated medication dispensers. This enables them to independently manage their own medication, reducing the risk from medication mismanagement which may also reduce the number of hospital admissions.

Orientation clocks

The assistive technology service have provided 190 specialist orientation clocks during which can help reduce anxiety for those with dementia.

What next?

The service will increase provision of equipment to supported living and sheltered housing schemes to enable residents to live as independently as possible whilst reducing the risks.

The service will further strengthen the work with health partners to integrate health and social care around telehealthcare and technology enabled services. This will enable more people to live at home and manage long term conditions. The service will identify potential customer's

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to take part in a Medication Management Programme pilot in conjunction with a local Pharmacy.

Case Study 12

Assistive technology

"Harry was always getting up at night and going outside so the door sensor alerts me via a carer's pager. Helen our social worker was really good, it was all done really quickly. Everyone was so helpful."

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4c

4c - Outcome 3

Ensuring people have a positive experience of care and support

Connect to Support

Rotherham CTS is an online web-based resource that provides information, advice, signposting and an e-marketplace for goods and services that help people live healthy and independent lives. It providing a dynamic mechanism that supports Social Workers, commissioning, individual customers and self-funders as purchasers. It facilitates the reshaping of the local market for personalisation, matching needs with what local providers are able to deliver.

Since the site went live in January 2013 it has received 8613 visits from 5440 visitors. There are currently 145 providers with live stores selling 2213 products and 374 services and 109 local groups with a directory entry on the site.

Rotherham CTS has now evolved to provide the web-based solution for Rotherham’s SEND Local Offer, providing information on services in the borough for children and Young People with special educational needs and disabilities. The SEND site went live in September.

How satisfied are our customers

Last a total of 118 customer compliments in Adult Social Care services we received. Customer satisfaction testing was also carried out to understand how customers feel about the service. The result of the surveys indicates that high satisfaction levels have been maintained. Only the Care Enabling service showed a very small decrease. This decrease has been considered and the service will work with their customers to improve next year.

Adult Social Care user survey

The Adult Social Care User Survey asks service users about their quality of life and their experiences of the services they received. This is the fourth year this survey has been completed. A total of 1221 received a survey and 426 returned the survey, 35% response rate.

When asked how satisfied people are with the care and support services they receive 74.6% users are fully satisfied. This has improved from 73.3% last year, again comparing best out of similar authorities.

We have continued to work with customer groups to improve how safe they feel as a result of care

Adult Social Care	Satisfaction in 2012-13	Satisfaction in 2013-14	Direction of travel
Care Enabling	99%	98%	
Community OT (Applying for equipment)	98%	98%	
Assessment Direct (Access)	97%	97%	
Managing own care (Direct Payments)	100%	100%	
Respite care provision	100%	100%	

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4c

services being provided to them. 82.1% of users have said care services make them feel safe and secure compared to 81.8% in 2012/13.

The service will continue to seek positive changes to services based on customer feedback. These results will inform improvement plans and provide the basis for work with the Learning from Customers group.

Case Study 13 Community Occupational Therapy Service (aids & adaptations)

Thanks to the support that Mr Hannon has received from the Council, he is well on the road to recovery and states "I wouldn't have got this far with the council's help."

Support for Carers

The theme of Carers Week 2013 was 'Prepared to Care'. 2,600 organisations registered nationally that they were holding an event to support and prepare carers to care. Nationally there are 6.5 million people who are unpaid carers, in Rotherham there are 31,384 people registered as a carer.

Rotherham Carers Corner held their annual carers 'Market Day' in June 2013. This event was supported with their attendance from:

- The Mayor and Mayoress of Rotherham
- John Healey MP
- Sarah Champion MP
- Kevin Barron MP
- Carers Champion, Councillor Richard Russell
- Older Peoples Champion, Councillor Pat Russell

- Cabinet Member for Health and Well Being, Councillor John Doyle

16 Organisations joined Carers Corner

- Learning Direct
- Connect to Support
- Assistive Technology and Rothercare
- Care4Carers
- Victim Support
- Headway
- Yorkshire Housing – Rotherham Staying Put
- Crossroads
- Learning Disability – Safe in Rotherham
- Benefits – Advocacy and Appeal
- MacMillan
- Parent Carers Forum
- Health Watch
- Alzheimer's Society
- Community Service for BME
- Tassibee

Over 800 people visited the Market Day and carers were referred to services, received equipment, registered on training courses, received warm packs, received benefits advice as well as general information and guidance to help carers to be 'prepared to care'.

Carers were also given opportunity to give feedback about how they would feel being a carer.

Comments received included:

"I want it to be somewhere I can go where I can feel safe and can talk to other carers and feel relaxed"

Carers Corner offers information and advice to link people into the carers group that best meets their needs a range of carers groups supporting carers of disabled children, Carers4Carers and Dementia café.

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“Respite is not always available and it is vital to have time to switch off”

Advice and information on referral via Assessment Direct for carers assessment.

“I would like holiday information to take a break with the cared for person in a suitable environment”

Information is available from <http://www.disability-grants.org/holiday-grants.html> enquirers are supported at Carer’s Corner to access this information and to find a resource that suits their needs.

“GP’s should help more with information on caring as this is often the first contact for carers and they person they care for”

Social prescribing service support carers and make referrals to appropriate services.

“I would like information on benefits and support on how to claim”

South Yorkshire Centre for Inclusive Living provide sessions at Carers Corner by appointment on Tuesday mornings each week a service which callers at Carers corner are referred to for benefits advice.

Lost in Transition Voluntary Group.

Carers Corner held a launch day for Lost in Transition Voluntary Group. This is new voluntary support group which work with and support carers and young people going through the transition from children and young people’s services to adult services.

This group supports carers ‘prepare them for change’ learning from experience and providing peer support. To endorse the work of this new voluntary group and show their support with their attendance were.

- The Mayor and Mayoress of Rotherham
 - John Healey MP
 - Sarah Champion MP
 - Carers Champion Councillor Richard Russell
- Information about this support group can be found on www.rotherham.gov.uk or join their Facebook page www.facebook.com/pages/Lost-in-Transition

Patient Participation Group

Carers Corner also supported a Patient Participation Group at a Stag Medical Centre and Rose Court Surgery, Wickersley to set up their own ‘Carers Corner’ in each of the GP surgeries and these will be run by patient participation group.

They will help direct patients where they can get help and further information. They aim to assist GP’s in identifying who is a carer and who is being cared for and what can we do to make their life better.

For more information please contact Jenny Drew via email to ppg.stagmedical@gmail.com or by calling 01709 364990.

Case Study 14 Davies Court

“Mr and Mrs Morris are delighted with the support they are receiving. They particularly welcome the fact that there are staff available 24 hours a day.”

Equalities and Diversity

Equalities and diversity is embedded services are operated at the Council. This approach is captured in the ‘Way we Do business’ Values

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- Treat everyone fairly and with respect
- Dignity and Respect competency.

The 2011 census showed that Rotherham's population is becoming more diverse, the BME population had doubled in ten years from 4.1% to 8.1% (almost 21,000 people), but is below the national average of 20.2%.

The Single Equality Scheme outlines how the Council will meet its legislative requirements and the ongoing commitment to meeting the needs of all people in Rotherham.

When introducing or considering changes to services an Equality Impact Assessment is carried out to check what it would mean for the people of Rotherham and take account in our proposals.

Fair's Fayre 2014

The 7th Fair's Fayre returned to Magna in October 2014. It was a day full of information and entertainment and provided a fantastic day out for the whole family. Free Community Transport made it accessible for all visitors.

Fair's Fayre represents a great cross-section of Council services, voluntary organisations, charities, services and businesses that showcase the very best of what is available in Rotherham for disabled people and carers. Organisations including, Rotherham Heart Support Group, Mencap, Bluebell Wood Children's Hospice and RotherFed were in attendance.

Events Manager, Marie Hayes, said:

"Right from the start this day was all about disability awareness and information while presenting it in a fun and imaginative way to engage as many members of the public as possible, and it's been one of Rotherham's most popular events because of it."

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4d

4d Outcome 4

Safeguarding adults

Safeguarding those whose circumstances make them vulnerable and protecting them from avoidable harm.

Professor Pat Cantrill

Rotherham Safeguarding Adults Board (RSAB) exists to serve the population of Rotherham who because they are older people, or have mental health problems or learning disabilities have difficulty protecting themselves from people who might abuse them physically, emotionally, mentally, sexually or financially.

The Safeguarding Adults Board brings together representatives of all the key statutory agencies whose expertise may be needed to put things right when they have gone wrong. The Safeguarding Adults Annual Report confirms the fact that Rotherham Borough Council and partner agencies take abuse and neglect seriously and follow up cases rigorously – a Zero Tolerance!

RSAB's vision is that "Every vulnerable adult in Rotherham will live a full life as safely and independently as possible and live a life free from abuse and neglect. The Board is fully committed to ensuring Rotherham will be one of the safest places in the country.

'Fit for purpose' safeguarding arrangements are in place in Rotherham to promptly and effectively react to protect individuals where allegations are made. The Safeguarding Adults Investigation Teams remain focused on ensuring perpetrators of abuse are held to account and brought to justice. We have reviewed and strengthened our

approach to support and improve outcomes for individuals. Further details of the work completed this year and new developments can be found in the Rotherham Safeguarding Adults Annual Report ([link through to report](#)) and below is more details of the activity of these teams.

What does Zero Tolerance mean in Rotherham

Since 2007 the service have worked hard to raise awareness of adult abuse in Rotherham and all safeguarding alerts made were responded to and the people involved made safe within 24 hours of contact.

After people were made safe the 314 referrals were fully investigated. All the cases had a protection plan in place to protect them, to prevent further abuse and ensure that the outcomes desired by the individual were met. 166 case conferences were held and abuse was substantiated in 51% of these cases. These 85 people were found to have suffered some form of abuse. These can be broken down into the categories of abuse as:

- 46 as a result of neglect or acts of omission
- 14 as a result of physical abuse
- 13 as a result of institutional abuse
- 5 as a result of psychological abuse
- 4 as a result of financial abuse
- 3 as a result of sexual abuse.

Ongoing support was put in place for these people to protect them from further abuse and to help them to achieve their outcomes. The action taken when abuse has taken place is:

1. Staff are suspended by their employers (only

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4d

when staff across any agency are involved).

2. Police are called in to investigate to see if a crime has taken place and followed up where criminal activity is evidenced.
3. Work with the victim to meet their outcomes i.e. services are put in place to provide additional support.
4. When abuse is substantiated ensure that victims are safe and the perpetrators are dealt with. In substantiated cases this results in strong recommendations that the perpetrator of abuse is reported to the appropriate/regulatory professional body.
5. The service have clear expectations that providers suspend, investigate and take appropriate disciplinary action against any staff members alleged or proven to have abused someone.

All perpetrators are reported to the Police for consideration of criminal prosecution. When abuse or poor standards were evident in residential homes or through care being provided in people's own homes swift action is taken.

Of the 84 contracted care homes in Rotherham, 10 care homes were failing to provide good care. Deadlines were set for improvements through Special Measures Improvement Plans, monitored and held providers to account for their care practice in order to improve standards. These interventions helped keep around 1600 residents in those homes safer.

All new placements to 7 care homes were suspended due to standards not being met. The service worked with the homes until satisfaction increased allowing new placements to be made again.

Council staff were sent into 2 homes to ensure that people were safe while the homes were under scrutiny and while improvements were being made. The on-site presence in both care homes supported 55 people to be safe and get the standard of service they needed. Unfortunately 1 of these care homes failed to improve and deliver safe care and the Council took the necessary action to transfer the residents to alternative care homes, in order to maintain their safety and welfare.

The service carried out quality assurance visits on all 158 regulated homes and services. This report sets out the extensive partnership work undertaken in the last 12 months to ensure that Rotherham people are safe and when abuse happens action is taken.

Safeguarding Adults Champion, Councillor John Doyle

Safeguarding Adults remains our number one priority and is a crucial aspect of Local Authority work. The Council, and the Rotherham Safeguarding Adults Board, has a continued commitment for Rotherham to be one of the safest places in the country.

Safeguarding adults is everybody's business, as Safeguarding Adults Champion I sit on the Safeguarding Adults Board and continue to be committed to preventing harm and promoting dignity and to ensure empowerment and choice are taken seriously.

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Contributing to the work of the Board enables me to hold to account those responsible for adult safeguarding and to ensure safeguarding adults is given sufficient priority to improve outcomes for vulnerable adults in Rotherham.

Case Study 15 Safeguarding

Following the investigation, benefits were eventually secured for Mr R and Mrs G. The RMBC financial appointee now assists Mr R and Mrs G manages her own affairs with support from her key worker in the residential home.

Case Study 16 Safeguarding

“For Debbie, the fear she was felt was removed and she was able to make a difference to her own life and stop it happening to anyone else.”

Quality Assurance Schemes

Home from Home, in partnership with Age UK Rotherham and Speak Up Rotherham, and Home Matters are established high profile programmes to assure quality in provision of care and support by registered Rotherham providers. These programmes allow people who are seeking to use services, and their families, the opportunity to access comparative information about services.

The last fully completed round of Home from Home reviews in older peoples' homes resulted in 8 homes receiving a rating of excellent, 19 were rated good, 5 were rated adequate. A premium payment is paid to homes in the older people's sector that receive a rating of good or excellent.

2014-2015 will see the introduction of a new customer rating that will rate the home on customer satisfaction as either Bronze, Silver or Gold.

Home from Home [\[Add logo\]](#)

Inspections are carried out in older peoples residential care homes in Rotherham. The inspection team talk to residents and relatives as well as taking time to walk around the home looking at things such as décor and cleanliness.

Postal surveys are sent out to resident's family members to gain their views on issues such as the quality of care within the home as well as the standard of the food served and the interaction between residents and staff. Relatives are invited to come to a meeting on the day of the inspection where they can praise the home or raise areas of concern in confidence.

Staff also receive a survey which asks them about working conditions within the home, they can return their views anonymously direct to the Performance and Quality team.

Community and Home Care Service Providers are rated as outcomes met or outcomes exceeded. The Home Matters review resulted in 4 providers being rated as outcomes exceeded and 10 rated as outcomes met. This ensures that all commissioned services maintain a focus on customer outcomes.

Action taken when things go wrong

A default notice is served if the provider fails to fulfil their contract requirements. Should the provider fail to remedy the breach(es) within a reasonable time, the contract can be terminated in accordance with the terms and conditions.

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- 10 contracting default notices were applied in 2013/14
- 7 of which involved an imposed temporary suspension of placements ensuring that nobody was placed in a service that failed to meet acceptable standards.
- Suspensions of placements are either voluntary or mandatory and can be made by the Safeguarding Team or as a result of a breach of contract resulting in a default.
- Suspensions may be in place whilst a safeguarding investigation takes place or whilst the provider is in default.
- Last year (2013/14) 3 of the 7 suspensions of placements were due to alleged abuse/neglect.

Getting things right

The council holds Older Peoples and Learning Disability Residential Care Forums and Community and Home Care Services Forum quarterly meetings between contracted providers and the Contracts/Commissioning Team. The meetings are used to discuss problems emerging in the sector which are common to the local domiciliary care market and residential care market.

These meetings give the Commissioner the opportunity to consult, inform, update and converse with the independent sector. Outcomes of the meetings have led to; a review of how hospital discharges are undertaken by supporting the sector to influence change to a more streamlined and safe hospital discharge. The approach as a collective with Rotherham MBC support ensured a positive outcome. Extra ordinary meetings are also arranged where necessary when issues emerge which are

impacting on providers negatively for example with information transfer from Rotherham MBC to the provider.

Annual meetings between Commissioning and Contracts Team and individual contracted Older Peoples Residential Care Providers are undertaken to identify emerging challenges experienced by providers and offer the Council an opportunity to assess market stability. These meetings also enable conversation about Rotherham MBC's strategic direction. These meetings are held in private to offer opportunities to this sector to be open about their position in this competitive market.

Consultations also take place on an ad-hoc basis with the contracted care market, which brings together key stakeholders such as social workers to for example, design service specifications.

Looking forward

Rotherham Safeguarding Adults Board's priorities for the coming year are:

- Hold a board away-day to refresh the governance, objectives and quality assurance framework
- Develop a Safeguarding Communication strategy and action plan
- Take part in a 360 degree web based assessment to identify individual development needs of those undertaking their role as a member of the RSAB
- Undertake The Yorkshire & Humber Safeguarding Adults Board Self-Assessment. This is a self-assessment of each agency's internal roles and responsibilities in relation to safeguarding adults at risk.

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- Deliver on the actions required from the Care Act 2015 in respect of “Safeguarding Adults at risk of abuse and neglect” and to make sure the Council delivers against any new duties or responsibilities.
- Review Serious Case Reviews (SCR) nationally to provide information on how we can consider how to use these SCRs as a learning opportunity. Development Day.
- Consider wider implications for the Rotherham Safeguarding Adults Board from the Jay Report.

What Safer Rotherham Partnership has achieved

Throughout 2013/14, the Safer Rotherham Partnership made considerable progress in tackling Crime and Anti-social Behaviour across the borough. During that period South Yorkshire Police recorded 16,957 crimes in the borough of Rotherham, which was a 1.2% reduction on the previous year, despite the difficult economic conditions. Additionally 1,534 fewer Anti-Social Behaviour incidents were recorded by South Yorkshire Police in Rotherham compared to the previous year, a reduction of 9%.

Key Indicators:

- Recorded Crime fell by 1.2%
- Domestic Burglary fell by 4.7%
- Theft of motor vehicles fell by 0.1%
- Theft from motor vehicles fell by 9.3%
- Criminal Damage fell by 0.2%
- Violence against the Person fell by 6.3%
- Public Order offences fell by 18.2%
- Drug Offences fell by 0.8%

Dealing with Domestic Abuse

Since 2011/12, the Safer Rotherham Partnership’s Independent Domestic Violence and Advocacy Service (IDVAS) and Domestic Abuse Coordination have been integrated within Safeguarding Adults, and this has ensured that domestic abuse in Rotherham is seen as a local safeguarding priority throughout 2013-2014. The service is supporting more Rotherham victims of domestic abuse and further improving the service.

- 570 referrals received this was a 34% increase from 2012/13
- 455 Multi Agency Risk Assessment Conference cases (MARAC) supported this was a 32% increase from 2012/13
- With support from the Safer Rotherham Partnership Domestic Abuse Priority Group (DAPG), future funding of the Rotherham IDVAS was sustained.
- The Safer Rotherham Partnership (SRP) has adopted the national Young Person’s Advocacy Programme alongside the 3 other Community Safety Partnerships in South Yorkshire. This Programme ensures the support of 16 – 18 year olds of victims who are direct victims of Domestic Abuse.
- The Domestic Abuse Coordinator commenced 2 Domestic Homicide Review’s, on behalf of the Safer Rotherham Partnership.
- 12 Multi Agency Domestic Abuse training events were delivered.

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Case Study 17 Safeguarding

Claire rang the Independent Sexual Violence Advocate (ISVA) based at the Hospital and said she wanted to leave her abusive relationship. "Your support empowered me to go to court to give evidence and I felt amazing when I had done it" - Claire

Do people in Rotherham feel safe

Rotherham residents told us they feel safer than 12 months ago (up approx. 1%) and that the services provided have helped them feel more safe and secure. Customers' satisfaction levels are better than the national average and we are ranked 4th and 5th when compared to 16 most similar councils.

People who said they did not feel safe were contacted and the service tried to do more to help and reassure them. The biggest issues of why people feel unsafe were relating to their environment, home security issues and feeling at risk from falls. Other responses related to feeling at risk from other residents. Some responses when checked revealed that the question had been misunderstood.

Winterbourne View update

The Council and health partners in the Clinical Commissioning Group (CCG) completed the Annual Report of the Joint Health and Social Care Self-Assessment Framework (SAF) which concluded that Rotherham was performing well in 16 of the 26 outcomes and reasonably well in the remaining 10. Rotherham was one of only 2 Authorities in the Yorkshire and Humber region

who did not have any red graded or poor scores. This builds on how the service continues to assess and review placements of vulnerable adults post 'Winterbourne 2011' findings to make sure they are being treated well.

Following a review of their commissioning arrangements, the CCG have made some changes to the way in which they work with the council. They also reviewed work carried out to reduce the level of inpatient provision (beds) in the Assessment and Treatment unit, instead looking to switch investment into more community services. The council and the CCG maintain effective working relationships and are in the process of developing a new partnership to better reflect the new working arrangements.

[Advert style poster with link to AgeUK website](#)

Warning over bogus callers

Age UK Rotherham is warning older people and their relatives to be aware that there may be people in the Rotherham area who are calling at older people's homes claiming to be from Age UK Rotherham and offering to check that older people are getting all their benefit and other entitlements.

Find out more from Age UK website
<http://www.ageuk.org.uk/rotherham/>

Our plans for improving services in the next 12 month

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Plans for the improving service - The next 12 months

Priority 1

The service will intervene early to prevent problems developing and protect children, young people, families and vulnerable adults from all forms of abuse, violence and neglect (CP2)

- We will implement a revised quality and assurance regime to meet the new CQC standards (Adults Residential Services, Service Manager)
- We will establish an effective Safeguarding Adults Board to meet new statutory requirements and hold partners to account (Sam Newton)
- We will align quality assurance and contract management to meet new requirements and legislation to support commissioning good quality, safe, best value and sustainable services (Janine Parkin)
- We will strengthen our approach to driving up standards for residential care services through the revised 'Home from Home' customer insight accreditation and use of 'experts by experience' to improve customer experience (Dave Roddis)

Priority 2

The service will ensure that all adults in need of support and care get help early and have more choice and control to help them live at home (CP2)

- We will increase the use of assistive technology and equipment to enable people to live independently (Janine Moorcroft)
- We will personalise all services to meet individual needs through the increased use of direct payments (Michaela Cox)
- Through the Better Care Fund plan we will promote and maintain independence, increasing the effectiveness of re-ablement (Sarah Farragher) and reducing residential admissions (Michaela Cox)
- We will conduct an end to end review of LD assessment and care management services to ensure that they are continually providing value for money and meeting customer outcomes (John Williams)
- We will ensure that eligible customers receive continuing health care (Michaela Cox/John Williams)
- We will help customers to seek and obtain employment (John Williams/Jenny Greaves)
- We will implement the carer's charter and action plan to improve services and outcomes for carers (Sarah Farragher)

Our plans for improving services in the next 12 month

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- We will ensure that assessments and re-assessments are conducted in a timely manner and hold face to face meetings with customers in the year to ensure that they are safe and they are meeting their chosen outcomes (Michaela Cox)
 - We will implement the agreed outcomes of the end to end Assessment and Care Management Review to ensure that services are delivered in the most effective and efficient way (Michaela Cox)
 - We will ensure that adult social care services are fit for purpose to meet the implications of the new Care Act including; increased assessments, carers assessment and support, information advice and support, regulations on eligibility, revised safeguarding procedures, carers transitions from children's to adults and market shaping (Shona McFarlane)
 - We will deliver the Better Care Fund action plan to improve health and reduce health inequalities by shifting resources from acute services into community and preventative settings (Shona McFarlane)
 - We will improve Adult Social Care online access channels and to promote channel shift encourage individuals to 'self-serve' rather than accessing council services (Dave Roddis)
 - We will develop and support a local care market providing a wide range of diverse of affordable care and support providers that deliver choice and quality services for customers and their families (Janine Parkin)
 - We will re-commission the in house Community Support Service to increase choice and reduce costs (Adults Residential Services, Service Manager)
 - We will review commissioned Supported Living provision to ensure the service delivers value for money and better outcomes for customers (John Williams/Janine Parkin)
 - We will review and improve the enabling service to provide better outcomes for customers (Adults Residential Services, Service Manager)
- Priority 3** – The service will help people to improve their health and wellbeing and reduce inequalities within the Borough (CP4)
We will improve on-line access channels and promote channel shift by encouraging customers to self-help (Performance and Quality Manager)

Our plans for improving services in the next 12 month

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Were 2013 priorities met?

	YES (TBC)	NO
Review the safeguarding adults board in line with new statutory requirements		
Strengthen safeguarding arrangements		
Ensure all services provided or commissioned meet essential standards		
Increase the use of telecare/assistive technology		
Increase further take up of direct payments		
Increase access to continuing health care		
Support more people with learning disabilities into employment		
Support more people with mental health issues and learning disabilities into employment		X
Increase number of people who are supported to live in the community		
Increase services for carers		X
Increase and make easier the opportunities for customers to access services and to self-serve including the implementation of 'Connect to Support'		
Deliver improvements through the Health and Wellbeing Strategy		

Case study 1 Treefields Respite Service



Lynn is a 22 year old lady with learning disabilities. When at home she tends to stay in and occasionally goes to MENCAP's Speak Up service.

Lynn enjoys the break she gets at Treefields and particularly enjoys going out on social events as this is something she does not have a great deal of opportunity to do when at home. Lynn also says she enjoys the food and being able to prepare her own meals with support from staff.

Lynn states that she is always able to do the things she wants when staying at Treefields and that the support she gets is always arranged with her and meets her preferences. "I get to go out more than I do when I am at home"

Case Study 2 Lord Hardy Court



Mr. Cresswell came to reside in Lord Hardy after a short stay in hospital for rehab in the hope he would then be fit enough to go home. Whilst Mr. Cresswell has been at Lord Hardy he has been seen by Dr Owen , the District Nurses, Occupational Therapists (OT's) and Physios to resolve his health and mobility problems.

Douglas can now shower himself, walk with the aid of a stick and is looking forward to going home to be with his wife. Douglas' mobility has greatly improved and he is much happier.

Case Study 3 Enabling Service



In January 2014 Maureen Turner was struggling to cope at home, due to a recent decline in her memory. Although Maureen attends the Memory Clinic and receives support from her family and friends, it was felt that an assessment was needed to highlight how Maureen could remain at home and feel safe.

Within a week of the assessment being completed several services were requested including home care, assistive technology and aids & adaptations. Maureen now receives home care visits, has various pieces of assistive technology and has hand rails fitted around the home. Maureen also receives support from Age UK to maintain her garden.

Maureen's daughter and carer Julie said "The service received was a 10/10 first class service. Claire, the Social Services Officer, was brilliant and did everything she could do. I cannot fault anything". Maureen commented "The support has helped me to feel much better and safer at home".

Case Study 4 Enabling Service



Mr Frost spent five weeks in hospital with a spinal injury that severely limited his mobility. Mr Frost was discharged home and told he would have an Enabling Package. He was initially concerned because hospital staff did not explain what this meant. He had been given conflicting reports; one suggesting everything would be done for him on his return home, the other properly explaining how the service would help him regain as much independence as possible.

Mr Frost explained that once he returned to his home the service was well explained and he could not fault it. Mr Frost was very keen to get back to work and he has now been given a date when he can return to light duties. Mr Frost says that the support he has had to become independent while at home has contributed to his growing confidence and the real prospect of his returning to his job.

Case Study 5 Employment Opportunities



“My name is Michael and I am on a work placement at Swinton Co-op. I like my job and enjoy pricing stock and putting out the milk and bread. I like my new boss Daniel and the other staff that work there, especially Donna and Anthony. I am learning quite a lot and think I’m doing a good job and I’m very keen to work.”

Donna comments “Michael is a lovely man. He loves coming to work with us and is polite with the customers and very helpful.”

Case Study 6 Community Occupational Therapy Service (aids & adaptations)

Mrs Cook lives on herself but was experiencing difficulty managing the stairs independently and had been sleeping downstairs on her sofa for some time. Mrs Cook suffers from panic attacks and was having trouble getting in and out the bath. Mrs Cook receives home care daily and has

a RotherCare pendant in case she falls as she is unsteady on her feet.

Mrs Cook’s son contacted Assessment Direct as he felt his mum was not coping and would benefit from a stairlift and other adaptations to the property.

The Community Occupational Therapy Team decided that a stairlift would benefit Mrs Cook immensely as would a level access shower. Mrs Cook also received a hand rail and shower seat to compliment her new shower.

Mrs Cook was delighted with the work carried out and even more impressed that she can enjoy her own home again. She states “They let me know before hand when they were coming out to my home. All the work was done really quickly and they kept me informed. I am happy with the workmen and the job’. Mrs Cook is now able to get up and down stairs, sleep in her own bed again and get a shower with ease without feeling panicked.



Case Study 7 Supporting people with mental health issues



Miss Watts had lived independently in the community for a number of years with the support of RDASH. However, following a burglary, she became very anxious and stopped eating. A referral was made for an assessment and it was concluded that Miss Watts would be happier living with other people. She was initially referred to Park Hill as a temporary measure, but settled in well and this is now her long term placement.

Miss Watts is a very able woman but does suffer from anxiety. The trauma of being burgled left her unable to cope and at risk of harm through self-neglect. Park Hill offers a highly individualised service and is able to ensure that Miss Watt's needs are accommodated in spite of many of their other service users needing more support with day-to-day tasks. Miss Watts has a work placement 2 days a week at the Elliott Centre.

Miss Watts says, "I really like it here and don't want to live anywhere else - I feel safe here."

Case Study 8 Assistive Technology



7 years ago Mrs Green was diagnosed with Alzheimers and Mr Green was concerned as to how he was going to cope with the pressure of supporting his wife's needs at home.

After a full social care assessment Mrs Green now receives home care four times (a week / day??) to assist her with washing and dressing. They also receive a sitting service so Mr Green can go and do every day chores like shopping.

More recently Mr Green was finding it increasingly difficult to look after his wife after she started to wander the streets and contacted the Council to request a carers package. Thanks to the assistive technology package put in place, which includes bed sensors and a tracker buddi, the family have given peace of mind she is safe.

Case Study 9 Intermediate Care Service (RICC)



Eric was socially isolated and had lost his confidence. He was discharged from hospital after following a rehab programme. He attended an exercise class in the community with support from Dawn until he was confident to attend this alone. He is no longer socially isolated due to making friends within the exercise group.

Eric commented, "Attending RICC helped me to keep going and mixing with other people. Attending the exercise group helps me to concentrate and keep my mobility good."

Case Study 10 Enabling Service



Mrs Borthwick is 90 years old and lives alone in her own home. Mrs. Borthwick experienced a fall at home, which resulted in an overnight stay in hospital. Mrs Borthwick was assessed by the Enabling Service who identified she would require twice daily visits to help her regain her independence.

Home Enablers supported Mrs Borthwick to dress and to cook. Being a private lady, Mrs Borthwick wanted reassurance that when attending to her personal care someone was there to support her if she needed it. After 3 weeks of receiving support, Mrs Borthwick had made significant progress and was able to reduce her support package to just one call a day. Following the Home Enabling Service, Mrs Borthwick was referred to RICC and she is currently receiving support to mobilise safely and regain her confidence to go out and about. She now also has a Rothercare pendant which provides reassurance in the home and garden. "Those girls were lovely, it was like they were hand-picked just for me" – Mrs Borthwick

Case Study 11 Community Occupational Therapy Service (aids & adaptations)



Mrs Ablewhite lives alone and suffers from diabetic neuropathy in her hands, feet and legs which makes it difficult for her to get about and she has to use her electric power chair. The Occupation Therapist came out and recommended that Mrs Ablewhite's property could be adapted to accommodate her wheelchair. The contractors carried out all of the work whilst Mrs Ablewhite went on holiday. Three doors were widened, a kitchen cupboard was removed and equipment were added to her bathroom.

Mrs Ablewhite says, "I came back all the work was done and they had cleaned up all the mess, I was flabbergasted. I sent them a thank you card I was so pleased with the work. I couldn't believe it was my house. I couldn't get through the doors before they came and helped me"

Case Study 12 Assistive technology

Mr and Mrs Vardy were both struggling to live independently in their home due to their arthritis and Mr Hardy's Alzheimer's. Mrs Hardy was waiting for a hip operation and was finding it increasingly difficult to look after her husband.

Mrs Vardy said, "The social worker came out see me because I had been ill and I was waiting for an operation. I couldn't get downstairs and I was upstairs for 6 weeks. This set the ball rolling for the equipment we received"



Whilst awaiting her operation, Mrs Vardy received a social work assessment for both herself and Mr Vardy. A Rothercare alarm was installed to give peace of mind to their family, in particular their daughter who is a carer for Mr and Mrs Vardy. Grab rails were also installed outside the property and a step to assist Mrs Vardy getting out of the property. Assistive technology was also installed including including a flood detector, CO detector, heat sensor, bogus caller alert, Magi plug, gas detector, and a door exit sensor.

"Harry was always getting up at night and going outside so the door sensor alerts me via a carer's pager. Helen our social worker was really good, it was all done really quickly. Everyone was so helpful."

Case Study 13 Community Occupational Therapy Service (aids & adaptations)



Mr Hannon he has suffered with an arthritic knee for over 10 years. Mr Hannon was finding it particularly difficult to access the bath and use the stairs. After he had a fall in the bath and his son contacted Assessment Direct for advice about the support available. Assessment Direct referred Mr Hannon on to the Occupational Therapy team who assessed his needs. As a result Mr Hannon was provided with some assistive equipment and a level access shower to support him to stay safe and continue to live independently.

Mr Hannon also had access to Rothercare Community Alarm Service and he now wears a pendant at home. Thanks to the support that Mr Hannon has received from the Council, he is well on the road to recovery. He has progressed from walking with a frame to using a walking stick and states "I wouldn't have got this far with the council's help." He looks forward to driving again and gardening in the spring.

Case Study 14 Davies Court

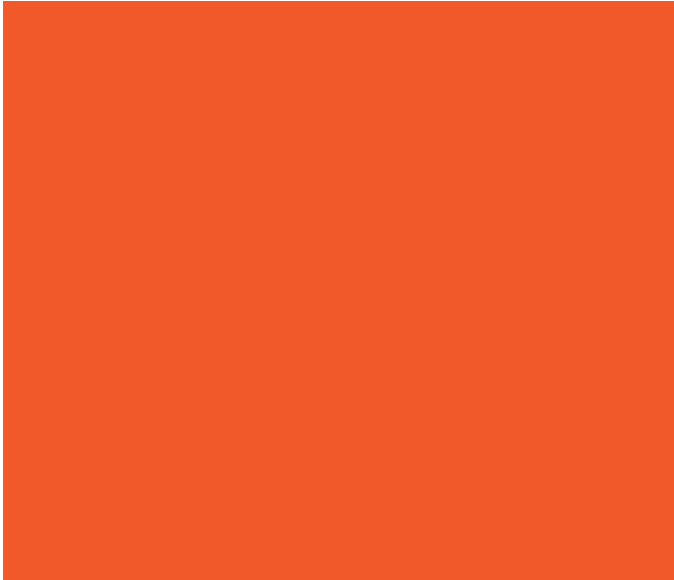


Mr and Mrs Morris were living in a supported scheme at Grafton House. This service was recently decommissioned and transferred to the Private Sector.

As part of the reviewing process to facilitate this transfer it became apparent that Mr and Mrs Morris needed more support than could be provided in a supported living environment and it was agreed that they should move into residential care at Davies Court.

Because Mr and Mrs Morris are married they have been allocated two rooms at Davies Court. One is used as a living room while they share a bedroom. The handyman was able to make the required changes to ensure there was no delay with Mr and Mrs Morris's transfer. Mr and Mrs Morris are delighted with the support they are receiving. They particularly welcome the fact that there are staff available 24 hours a day.

Case Study 15 Safeguarding

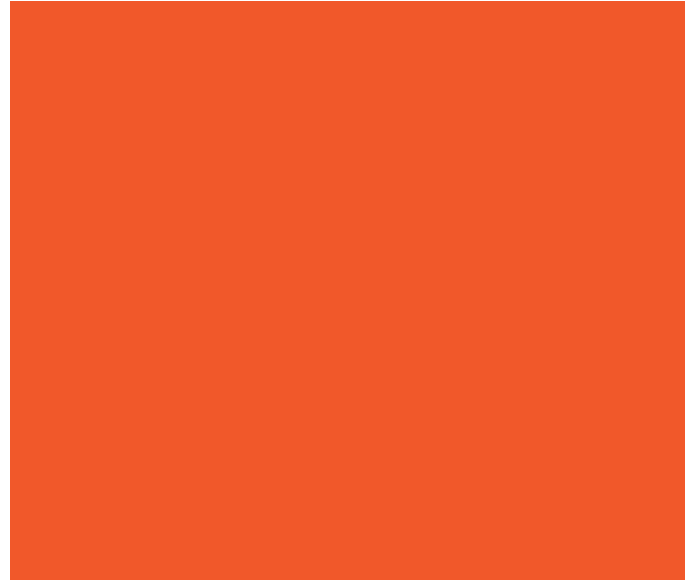


After living in squalid conditions together for several years Mr R and his daughter Mrs G reached crisis point. Their health was severely affected, food provision was limited, they had mounting debts and were at risk of eviction. Two family members had responsibility for financial management.

The two service users were placed in emergency respite care and the case was reported to Safeguarding. It became evident that Mr R and Mrs G had had their benefits misappropriated by their family members but refused any Police intervention preferring support via a Safeguarding.

Following the investigation, benefits were eventually secured for Mr R and Mrs G. The RMBC financial appointee now assists Mr R and Mrs G manages her own affairs with support from her key worker in the residential home.

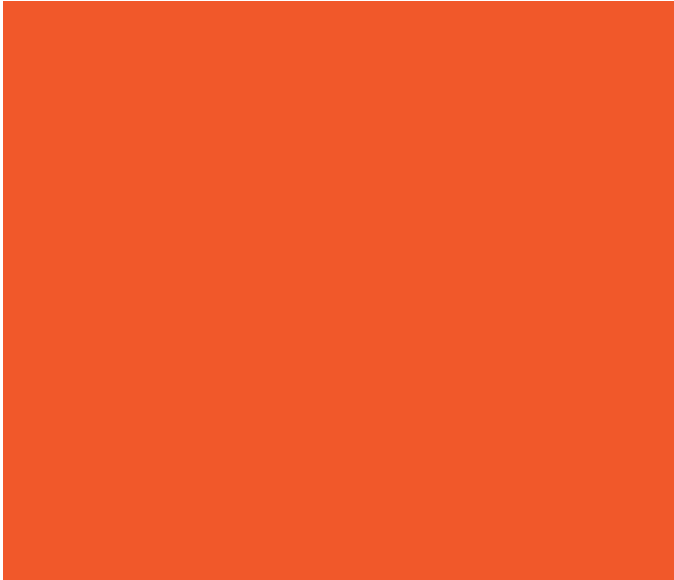
Case Study 16 Safeguarding



Debbie is a 28 and lives in 24 hour care. She raised concerns with her independent advocate, about the fact that she thought she was being bullied and was very unhappy in her home. The worker who was accused of this was suspended and the allegations were investigated.

The outcome was that abuse was substantiated in the category of psychological abuse. For Debbie, the fear she was felt was removed and she was able to make a difference to her own life and stop it happening to anyone else. The worker lost their job and was referred to the Disclosure and Barring Service

Case Study 17 Safeguarding



Claire had been subject to sexual abuse from her partner over a number of years. Her case had been heard at the Multi Agency Risk Assessment Conference on several occasions. Her partner was never prosecuted as Claire felt unable to report the incidents to the police.

Throughout this time Claire had become an alcoholic and struggled to find clarity in any of her life. Claire rang the Independent Sexual Violence Advocate (ISVA) based at the Hospital and said she wanted to leave the relationship. The IDVA discussed her options in regards to leaving in a planned way. Claire worked full time and seeking a refuge place would come at a huge cost to her. Her employer had agreed to re-locate

her to another town to enable her to keep her job and the IDVA looked at all options and funding was secured for accommodation for Claire in the short term. The IDVA also supported a housing application for Claire, everything was put in place and Claire found herself a property of her own.

After seven months of being away from the area Claire contacted the Rotherham IDVA because her support workers where she lived were on leave and Claire knew if she rang Rotherham IDVA the situation would be sorted. Rotherham IDVA continued to keep in contact with Claire until local IDVAs were able to offer support.

Claire stated she had come a long way in the time that we have known her and there is a possibility that she may take her complaints regarding the abuse further. Claire has all the support in place to enable her to make a decision in regards to this.

‘Your support empowered me to go to court to give evidence and I felt amazing when I had done it’ - Claire

