

Rotherham Council Market Position Statement 2017/18 Adults and Older People



Enable Adults and Older People to have real choice and control to live independently, as valued members of our community.

Big Hearts Big Changes

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1. Introduction

We are pleased to present our Adults and Older People’s Market Position Statement (MPS). This MPS serves to inform Care and Support Providers of the present and predicted service demand in Rotherham. It sets out our vision for care and support services and strategic commissioning intentions. Its purpose is to provide the market with intelligence to enable consideration of future investment opportunities, develop business plans, understand return on investment and plan an effective response to meeting the care and support needs of Rotherham’s population.

This MPS pulls together data and information from internal sources such as our care management recording system, external statistical sources detailing Rotherham’s demographic make-up and projection of population and analytical detail of Rotherham’s market. It provides data on adult customer groups including, older people, people with learning disabilities, autism, mental ill-health, physical and sensory disabilities and unpaid carers.

Our overall ambition is to:

- Create individually tailored opportunities for people to have fulfilling lives in ordinary settings, enabling people to live in their own homes, accessing community services, and engaged in meaningful activities in their community.
- Promote early intervention and prevention, increase independence and partnership working and deliver integrated care solutions and pathways.
- Support unpaid informal carers to continue in their caring role and avoid and prevent carer breakdown.

We want to develop a diverse quality market place in Rotherham to assist in delivering our vision to:

“Enable Adults and Older People to have real choice and control to live independently, as valued members of our community”

The Care Act 2014 places statutory responsibilities on local authorities to ensure a market oversight regime is in place, to enable a better understanding and ability to support and sustain a diverse market place. This MPS is instrumental in offering an opportunity to providers to shape the market and ensure information is shared.

In order to meet the many challenges that lie ahead we will need to change our methods of commissioning, procurement and service delivery.

We will:

- Actively engage and work with **independent and voluntary and community sector providers** to develop service offers.
- Take every opportunity to achieve our long term goal through full engagement with **care and support providers** as partners on issues such as workforce and market shaping.
- Pool our vital resources through the **Better Care Fund Programme** focusing on strategic imperatives.
- Adopt a **co-production** approach with residents, professionals and the health and social care market so that services are fit for purpose and meet people's aspirations.
- Increase collaboration the Rotherham Clinical Commissioning Group (Rotherham CCG). Through **integration** we will remove costly duplication and enable a well-connected health and social care system in Rotherham to ensure that people are well supported in a planned and effective way.
- Invest in initiatives that deliver long term savings and improve social care outcomes and **re-able** people in order to delay or prevent dependency on high cost care and support options.
- Increase **self-directed support** opportunities for people through incentivising a diverse market of care and support options and to empower people to make important decisions which affect their lives.
- Exploit **community assets** and increase access to a range of local services to improve public health and increase wellbeing and independence.
- **Transform** services by breaking down boundaries between Rotherham MBC, our partners and our communities

Like many local authorities, we are facing considerable challenges to provide services with reduced budgets whilst at the same time facing continuing increasing demand and expectation. It is inevitable that care and support activities will change, be reduced or cease in order to develop a range of quality services. This MPS will form a platform of engagement and dialogue with providers and partners across health and social care, to work together on the journey to deliver services across Rotherham.

We will review this document annually to enable our customers, carers, partners, stakeholders and providers to have a clear, up to date view of our commissioning intentions.

2. Key Message

We commit to working with national and local providers of adult and older people's services

and will:

- Evaluate current and future demand for services based on population growth, health and social care need, quality of life challenges, deprivation etc.
- Assist the market to understand our objectives and drivers in relation to efficiency savings and delivering value for money services.
- Be clear about the available budgets for services/initiatives and our commissioning intentions.
- Encourage new and existing providers by providing information about tendering opportunities through the YORtender system.
- Support providers to market their services in our e-market place (Connect to Support).
- Arrange provider engagement events and forums, to inform, stimulate and ensure continuous opportunity for ongoing dialogue with the market.



3. Future Commissioning Intentions

Below are some of the key initiatives that will form our commissioning intentions for adult social care and support services.

3.1 Transition

The Council will ensure that young people in receipt of Children and Young People's Services are recognised and that suitable services are in place to enable a smooth transition from Children's to Adult Services.

We will be seeking to expand the market for the provision of educational, employment and training opportunities.

Work is already taking place in Adult Services and will be developed by Children and Young People's Service Commissioners, particularly in relation to SEN, in order to inform providers of what is required to meet the SEN reforms and other statutory requirements.

There are currently 54 children aged between 14 – 17 years of age considered in the cohort for transition.

3.2 Day Care and Day Opportunities (Adults with complex needs)

We support over 400 people with learning disabilities in day care and to undertake day opportunities, some of whom have complex needs and behaviours that may challenge so where possible; we want people to access day opportunities within their own community.

It is expected that as people with complex needs increase their level of activity in the community with care and support that promotes independence; the need for voluntary and community sector led initiatives, as well as options from the independent sector, will increase.

The demand for options such as Supported Living, Key Ring support model, assistive and digital technologies and diverse types of provision is expected to increase along with alternative ways to purchase care and support using, for example, Individual Service Funds (ISFs) and/or Direct Payments.

We actively encourage providers to come forward with ideas and proposals to take this activity forward.

3.3 Transforming Care

Transforming Care is about improving and increasing services for people with learning disabilities and/ or autism, who display behaviour which may challenge, including those with a mental health condition, to live in the community, with the right support and close to home.

We also want to commission services that enable people to lead independent, fulfilling and safe lives in Rotherham following a hospital stay. We will work with colleagues in Health to ensure there are services locally for people with specific support needs including people who may display challenging behaviour, mental health needs and autism.

There are 5 people in In-Patient beds and 5 people in a NHS England funded placements.

3.4 Support for Unpaid Carers

There are an estimated 31,604 unpaid carers in Rotherham of which 8,009 are older carers and of these, 3,761 (39%) are providing 50+ hours of care per week. We want to build stronger collaboration between carers and other partners in Rotherham and recognise the importance of the whole family relationship. One of the key priorities for supporting carers identified in the 'Caring Together 2016-2021 The Rotherham Carers Strategy' is:

Development of a jointly funded Carers' Support Service to include:

- breaks for carers
- information, advice and support,
- a revised Carers Centre (Carers Corner) model
- targeted action around unknown carers, carers of young people going through transitions into adult services

The budget to achieve this will be set out in the Better Care Fund Plan. We would like to work with providers who can offer innovative and carer led solutions to support carers in their role.

3.5 Direct Payments

We want to increase the take up of direct payments/personal budgets so that people can buy their own services from the market place, thus, enable choice and control and increase access to better information.

Approximately 1324 people use their personal budget as a Direct Payment. Of these around 800 people use their personal budget as a Direct Payment to purchase care from agencies. Only 326 people use their personal budget as a Direct Payment to purchase care from a personal assistant and 162 people use it to access social activities.

A recent review of Direct Payments found that Direct Payments are not utilised to deliver innovative services and people find the Direct Payment option a complicated experience. Other findings indicated that people with complex needs have difficulty recruiting and retaining the services of Personal Assistants (PAs), information and advice falls below expected standards and there is a lack of contingency planning to cover absent PAs.

We want to encourage people to achieve flexible support options. A tender to secure Direct Payment Support Services was published in April 2017 to secure services providing support including:

- Payroll Support
- Support to recruit Personal Assistants
- Managed Account Support

3.6 Shared Lives Scheme

There are 21 people living in a Shared Lives household, and about 15 people have Shared Lives respite. About 30 people have day time support. We want to increase the Shared Lives Scheme by recruiting 50 matches by the end of March 2018 to either:

- Provide a placement in their own home,
- Provide support to people in the community;
- Provide support to enable people to have respite services
- Provide alternative day opportunities

This is a service primarily utilised by people with a learning disability. In the future we want to increase this opportunity to all client groups including older people, people with dementia and we intend to strengthen the service to support young people in transition and will consider whether to offer this service to 16 and 17 year olds.

The Council is one of six national pilots for a Shared Lives Scheme the pilot commenced in April 2017 and will last 15 months. We have received a grant from Shared Lives Plus which enables us to employ an experienced social worker for 10 hours per week.

We intend Shared Lives to have a very strong profile and be recognised as a clear alternative to traditional adult care services

3.7 Housing Related Support

The Council commission and provide housing related support (HRS) to help people to live independently in temporary and permanent homes. Services include refuge accommodation, supported housing, support for people to maintain their tenancies and prevent homelessness as well as temporary dispersed accommodation.

We are currently carrying out a review of externally commissioned housing related support services. This co-produced review, called Rotherham Side by Side, will determine the priorities for services from 2018/19.

Emerging themes include the development of a single access point for HRS with pathways for vulnerable adults, vulnerable young people, people who have experienced domestic abuse and for people with complex need, The aim of this review is to direct resources to where it is most needed and deliver a savings target of 45%. The re-design of service provision will ensure that support to Rotherham residents is maximised, services are holistic, innovative and fit for purpose and they meet the needs of the people who access them.

Significant savings will also be made to in-house housing related support services.

Should the co-produced redesign of the HRS programme not result in meeting the requirements of the budget, then there may be tender opportunities in September 2017 to support the delivery of new models of care.

3.8 Extra Care

Three Extra Care Housing schemes currently exist in Rotherham, delivered in partnership between the Council and Together (formerly Chevin) housing association. They are Oak Trees (Stag), Bakersfield Court (Herringthorpe) and Potteries Court (Swinton). These collectively comprise 115 units which are all occupied.

There are approximately 2,500 applicants on the Council's housing register with 'priority' housing status and more than half of council tenants (21,000 properties) are aged 55 and above of which and 50% consider themselves to have a disability. In addition many older people own their home outright and would consider purchasing a home on the open market that is more suitable for their needs. Other types and tenures of homes including specialist Extra Care Housing are needed.

A detailed financial appraisal is being conducted for an Extra Care Housing model. This will include a clear business case with financial and procurement implications. An allocation of funds has been made in the Council's approved Capital Strategy (2017-22) for an extra care housing scheme.

We will carry out further research to analyse the Extra Care Housing model and determine whether further schemes would be viable in Rotherham.

The Council owns land and also has a list of decommissioned corporate properties that could be utilised in a different way across the borough.

We welcome innovative engagement with potential developers or Housing Associations to look at expanding our housing options for adults and older people.

3.9 Homecare

We will design an alternative model of home care based loosely on the outcome focused Buurtzorg example <http://www.buurtzorgusa.org/about-us/> which delivers a blend of social care and health care.

The service will be co-produced with Rotherham CCG and key stakeholders over the coming months. The service outcome will be a specialist enabling approach to prevent dependency, hospital admission and premature admission to a care home environment. This will require a workforce with enhanced skills and an increased responsiveness to changes in need

This could include a trusted assessor approach that involves home care providers in the assessment process to prevent waiting times and address duplication issues.

The Council and Rotherham CCG will work together to review policies and procedures (including medication and clinical delegation policies) which underpin domiciliary care services. We will develop a business case to upskill care workers to administer medication which will reduce the burden placed on District Nurses and Pharmacists.

The model will promote enabling and will require allied health professionals to work alongside the home care providers and collaborate to achieve good outcomes for the people who use services. Consideration will be given as to how we will enable home carers to work more closely with District Nurses.

We will aim to have the new delivery model in place by April 2019. The Fast Response home care service and the Carers Emergency Scheme both retendered recently will be considered in scope when undertaking the above. It is expected the Invitation to Tender for the new services will commence September 2018.

The Night Visiting service will be reviewed in 2017 future services may be jointly commissioned with Rotherham CCG and the new service will commence in April 2018.

In order to achieve this ambition, we are keen to work with providers who are interested in funded pilots to test our theories.

3.10 Supported Living

Supported Living is seen as a viable alternative to residential care, with the potential to provide a more person centred approach and better outcomes for people. There are 163 people living in supported living accommodation in the borough, supported by 7 providers, in 48 schemes, with more accommodation being developed.

The supporting living market is small in the borough and the current offer is reliant on a residential care rather than independent living approach. This does not promote independence or support adults with a learning disability to make different choices.

Supported Living has proven to be a successful housing and support model which we wish to expand further. There are a limited number of supported living providers and currently no framework for supported living. We want to establish a Framework Agreement for supported living providers. Our intention is to develop this framework in 2017/18. This strategic approach is based on a commitment to put people with a learning disability and their carers in control of important areas of their lives including service and support arrangements.

The Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) have stated that they no longer wish to operate the supported living schemes at John Street and Oak Close. We are currently working to commission a new provider for the people being supported in these two services via a competitive tender process taking place from Summer 2017.

Other accommodation and support options we wish to increase are 'Key Ring' Schemes. There are currently 3 key ring networks in the borough in Kimberworth, Thurcroft and Thrybergh, supporting 10 people in each network. The 'Key- Ring' approach offers an alternative to supported living. Each person lives in their own house/flat which is situated within walking distance of each other and support.

3.11 Residential Care and Nursing Care (older people)

The independent sector care home market in Rotherham supplies 1823 beds and accommodates around 1622 older people. Rotherham MBC is the dominant purchaser with the majority of the population placed by Rotherham MBC. There is currently a vacancy factor of 201 beds or 11 % of the total capacity.

There is high occupancy in nursing care home provision (95 % occupancy) which is an area of increasing demand as a direct result of people living longer with more complex need. Over the past three years there has been a total of 116 nursing beds de-registered which is 7 % of total capacity. Other providers considering deregistration cited their inability to retain nurses and high nursing agency fees as the deciding factor. Skills for Care cite that in Rotherham 26 % of nurses working in this sector are aged 55-64.

We need to make sure that the increasingly complex needs of our older population are met. The Council and Rotherham CCG will explore this as part of an integrated locality model of care to ensure there are solutions in the community, whilst recognising the role specialist residential care provision can play in meeting the needs of customers.

3.12 Assistive Technology

We want to explore future options for assistive technology and digital platforms such as Apps and internet services going beyond traditional assistive technology options.

We will develop a commissioning strategy which will focus on how we take this forward and takes into account the Government proposals for Digital Connectivity.

<https://www.gov.uk/government/publications/uk-digital-strategy>

This will

- support people to be more independent in their own homes and communities for longer,
- support carers in their caring role
- support the prevention agenda and self-funders and delay people's needs from escalating.

3.13 Intermediate Care

We will work with key partners to enhance our current provision. We want to work in partnership with the independent residential care sector to understand how to effectively respond to supporting the intermediate care service around hospital admissions and discharges.

We will work with Rotherham CCG to implement a fully integrated approach to the provision of intermediate care services for those who cannot be treated safely at home, but who do not need to be treated in a hospital setting.

Our aspiration is to locate all rehabilitation services to a single, co-located, non-acute setting to create an environment that supports integrated working, with a combination of health and social care professionals working as part of a multi-disciplinary team with a focus on step up and step down residential and nursing care provision to support both physical and mental health needs.

4. Finance Budget and Spend

4.1 The Financial Challenge

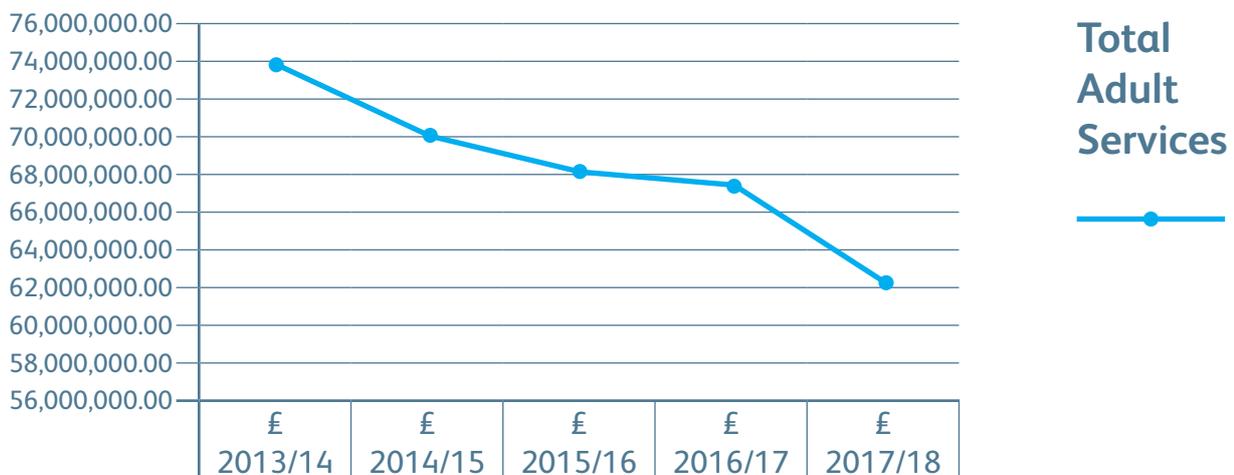
The Council is required to address a £24m funding gap (2017-18). This represents the initial estimated funding gap for the year of £13m plus a further £11m additional budget approved by Council on 7th December 2016. This investment recognised the significant demand pressures primarily within Children’s Social Services but also Adult Social Care Services and the corporate support provided to these services, to realise greater savings into the near future.

The Council’s Vision, as set out in the 2016/17 Corporate Plan, sets out four headline priorities, all of which aim to protect the most vulnerable in Rotherham and provide greater opportunities for more people to prosper, namely:

- every child making the best start in life;
- every adult secure, responsible and empowered;
- a strong community in a clean, safe environment; and
- extending opportunity, prosperity and planning for the future.

The Council is facing a financial challenge with rising demand for statutory services within the context of reducing budgets. The total level of Government non-ring fenced grant available to support the Council’s budget in 2017/18 is £96.2m, (excluding use of reserves and Council Tax funding). The Adult Care net budget for 2017/18 is £62.4m compared to £73.6m in 2013/14. There has been a gradual reduction in budget year on year for the past 5 years.

Financial annual budget statement 2013-2018:



The Adult Care net budget breakdown by client group 2013-2018:

Adult Social Care Budgets	Year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Area of Spend	£	£	£	£	£
Older People	30,021,616	28,431,666	28,510,495	29,205,277	26,792,635
Learning Disabilities	23,620,015	22,263,897	22,165,747	22,385,266	19,054,490
Physical & Sensory	5,387,373	5,391,209	4,993,343	4,996,944	4,620,790
Mental Health	5,004,416	4,778,245	4,581,392	4,600,150	4,093,911
Safeguarding	728,719	694,824	740,397	1,045,390	1,377,379
Housing Related Support	7,041,432	6,666,527	5,705,837	3,023,779	2,541,779
Mang't & Support	1,751,175	1,816,232	1,583,704	2,084,741	1,989,712
Total Adult Services	73,554,746	70,042,600	68,280,915	67,341,547	60,470,696

Notes

Excludes Commissioning and Performance budgets

2016/17 includes an in year additional budget of £1m

There has been a £481,000 investment to support the Adults Development Programme to deliver the future year's savings. The vision is that adults with disabilities and older people and their carers in Rotherham are supported to be independent and resilient so that they can live good quality lives and enjoy good health and wellbeing. In order to achieve this vision within the available financial resource we will:

- ensure that information, advice and guidance is readily available (e.g. by increasing self-assessment) and there are a wide range of community assets which are accessible,
- invest in services that embed prevention and early intervention. These reduce and delay entry into more expensive statutory services,
- focus on maintaining independence through re-ablement and rehabilitation,
- improve our approach to personalised services – always putting users and carers at the centre of everything we do,

- develop integrated services with partners and where feasible single points of access,
- ensure we “make safeguarding personal”,
- commission services effectively working in partnership and co-producing with users and carers and
- use our resources effectively.

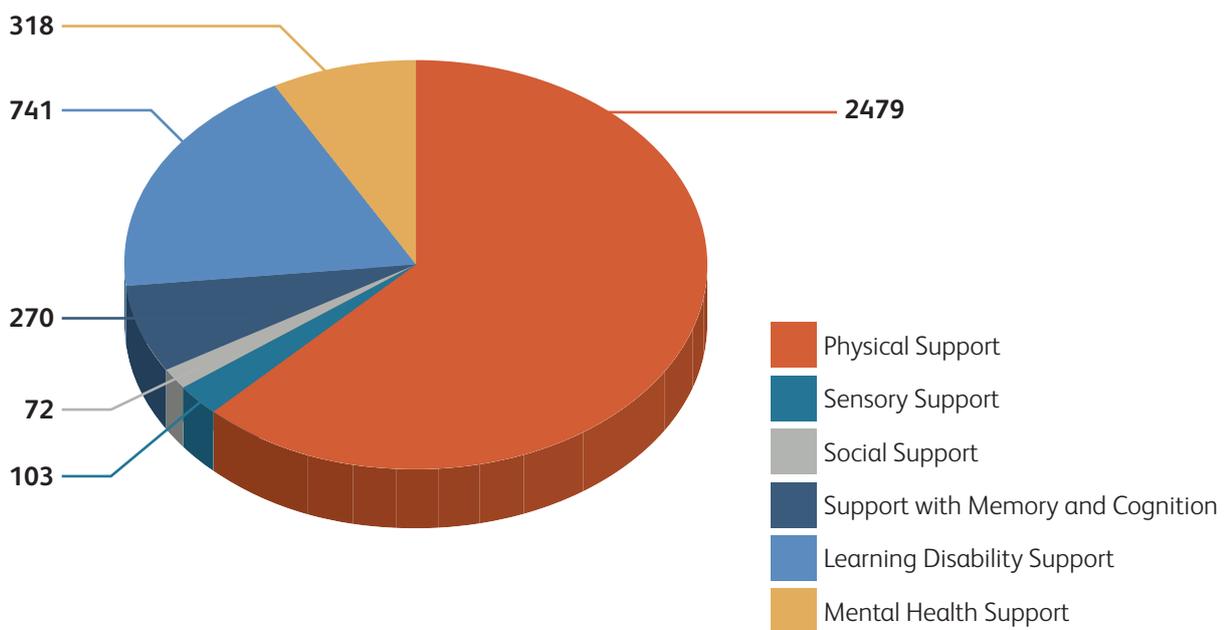
4.2 Primary Support Reason and Spend - 2016/17

The area of highest adult social care spend is on services which provide physical support. There are 2,504 (62.65 %) customers with a primary support reason of physical support. The current gross weekly spend is £760,181 which is 50.61 % of the gross weekly spend.

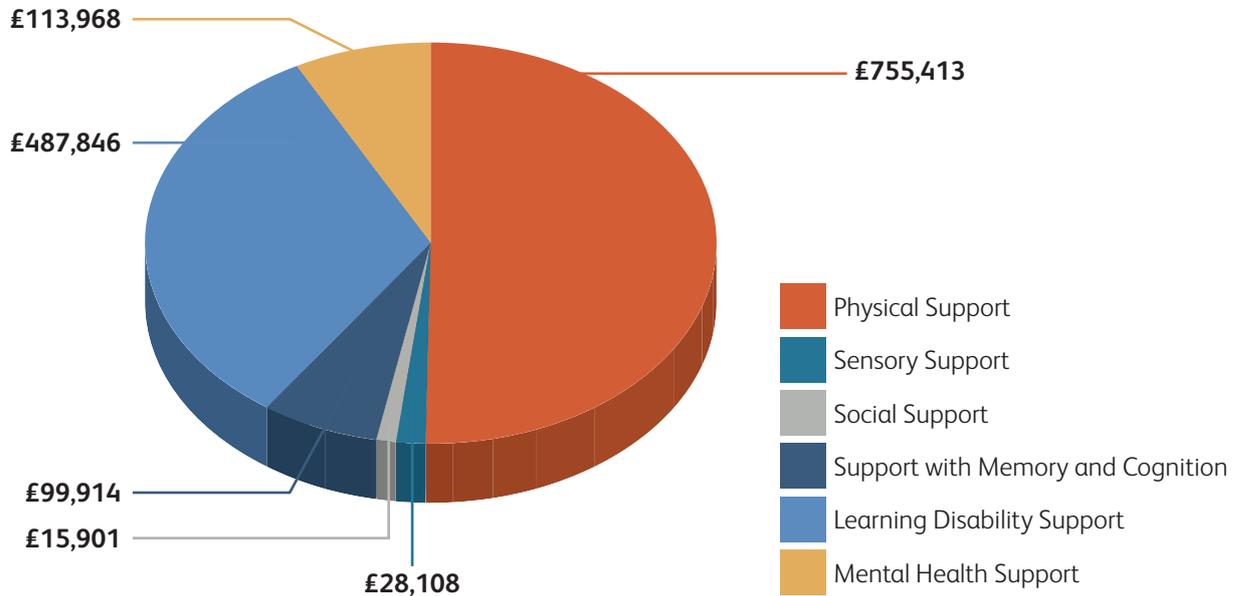
There are 728 (18.21 %) customers with a primary support reason of Learning Disability. This group have the next largest gross weekly spend of £485,138 which is 32.30 % of the gross weekly spend.

The diagrams below show the proportion and number of current customers (Diagram 1) and the gross weekly service cost by Primary Support Reason (PSR) (Diagram 2):

Current Customers by PSR



Gross Weekly Service Cost by PSR

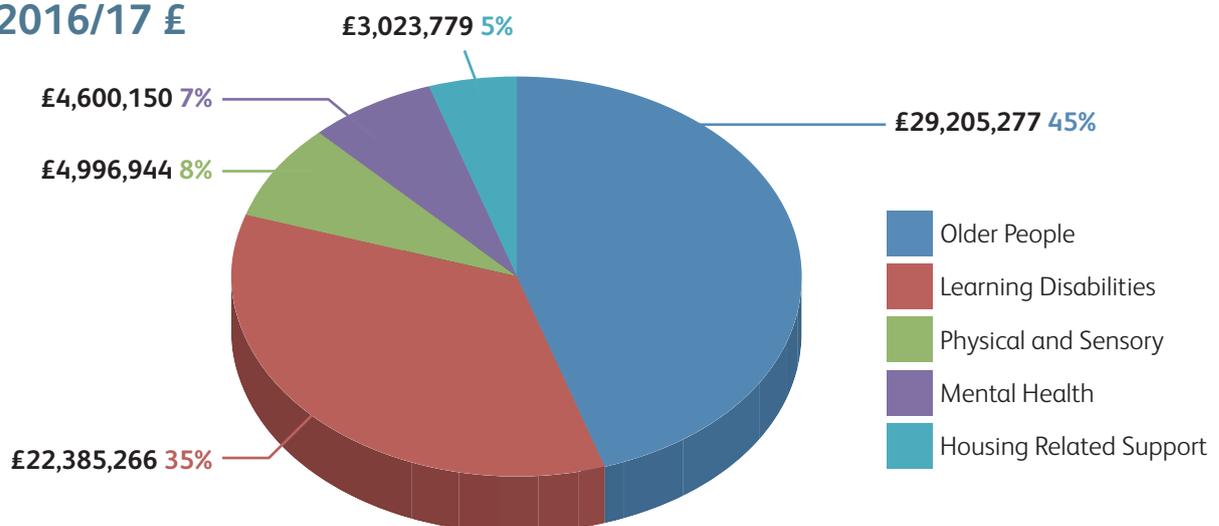


4.3 Proportion of Spend and Customer Group

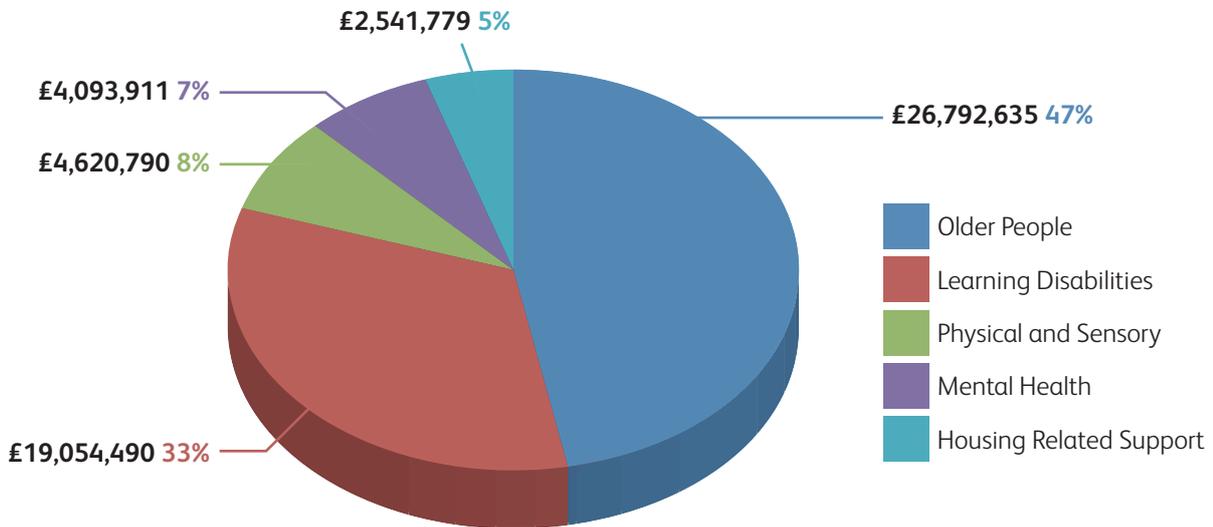
In 2016/17, 17% of adult social care expenditure across all services accounted for in-house delivery with the remaining 83% accounting for external provision

The chart below illustrates the Adult Social Care Budget breakdown for 2016/17. It shows that 43% is spent across the Older People group (aged 65 and over), with 32% spent on Learning Disability. Mental Health and Physical/Sensory Disability areas spend around 7% each, whilst, 4% is spent on preventative services and 2% on Safeguarding.

2016/17 £



Adult Social Care Budgets 2017/18

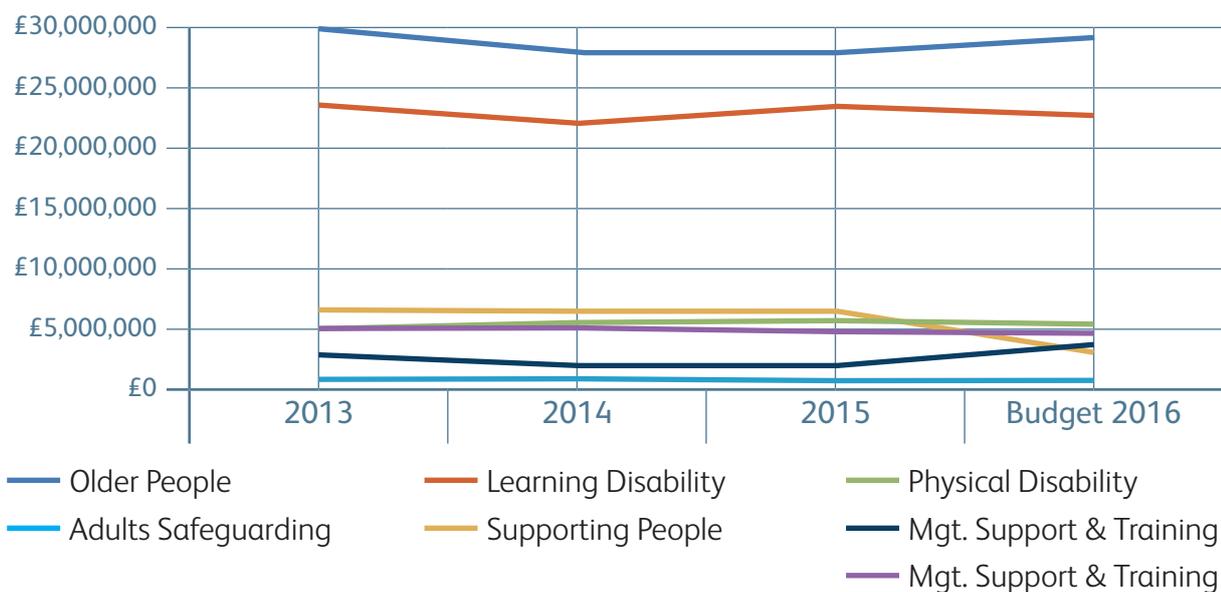


4.4 Reduction in Expenditure (spend)

Whilst, in general, spend across all areas has remained unchanged, the most significant reduction in spend across the 4 years is seen in the Accommodation and Housing Related Support budget - a reduction of around £3m. Learning Disabilities has seen a drop of around £2m. Conversely, Safeguarding has seen an increase of around £250k. Older People, Mental Health and Physical Disabilities/ Sensory Impairment spend has remained at similar levels to that of 4 years ago.

The graph below provides a comparative analysis of Adult Social Care spend across the past 4 years.

ASC spend over 4 years



The increase in expenditure for Adult Safeguarding was in part be due to the additional responsibilities placed on local authorities to ensure we are fully compliant and support more people through the Mental Capacity Act (MCA) and also due to a wider recognition of the importance of protecting vulnerable adults in the community.

There has been additional grant funding over 2015-16 and 2016-17 for Deprivation of Liberty Safeguards and Domestic Violence services.

4.5 Income Generation 2017/18

The total expected income from Rotherham CCG and through the Better Care Fund Programme is £13m, which has been incorporated into the total 2017/18 budget.

£19.8m income budget generated for fees and charges from clients receiving chargeable services.

4.6 Capital Budget 2017/18

Our strategic direction is to support people to live in their own homes with the use of assistive technology (£680,000) and Rotherham Equipment and Wheelchair Service (REWS) (£190,000) which are included in the Better Care Fund and funded through the Disabled Facilities Capital Grant. The total capital budget for 2017-18 is £870,000.



5. The Borough and Current Demographic Profile

5.1 Geography

Rotherham is one of four metropolitan boroughs in South Yorkshire, covering an area of 110 square miles. Rotherham Borough is made up of urban, suburban and rural areas, with 70% of the area being rural. The main urban area of Rotherham is in the central part of the borough, including Rawmarsh and Wickersley. The north of the borough forms part of the wider Dearne Valley and includes Wath, Swinton, Brampton and Wentworth. The Rother Valley area in the south covers Maltby, Anston, Dinnington, Aston, Thurcroft and Wales.

5.2 Base Population Data and Predicted Trend

The table below shows the adult population projection by age group and percentage change over time.

Age Group	2016	2020	2025	% Change 2016-2020	% Change 2016-2025
0-17 years	56,400	57,400	58,400	+1.8%	+3.5%
18-64 years	154,500	153,900	152,200	-0.4%	-1.5%
65-74 years	28,400	28,600	28,900	+0.7%	+4.0%
75-79 years	9,600	10,800	12,900	+12%	+34%
80-84 years	6,600	7,600	8,700	+15%	+32%
85-89 years	3,800	4,300	5,200	+13%	+37%
90+ years	2,100	2,300	2,800	+10%	+33%
Total	261,400	264,900	269,100	+1.3%	+2.9%

Source: ONS 2016 based Population Projections

5.3 Projected levels of Disability, Health Conditions, Demographics and Economic Status:

The table below details and projected levels of disability, health conditions, demographics and economic status including the percentage of the economically active population (working or seeking work) in Rotherham.

Description / Condition	Age	2011	2015	2025
Physical Disability	18-64		16,176	16,304
Sensory Impairment	18-64		6,647	6,781
Learning Disability	18-64		3,765	3,712
Learning Disability	65+		1,035	1,237
Common Mental Health Condition	18-64		24,962	24,518
Severe Mental Health Disorder	18-64		1,860	1,832
Older People - younger	65-75		27,800	28,900
Older People - older	75+		21,900	29,600
Working Age Adults	18-64		154,600	152,200
Limiting Long Term Illness	65+		28,757	35,185
Depression	65+		4,284	5,115
Dementia	65+		3,239	4,404
Heart Attack	65+		2,423	2,941
Stroke	65+		1,138	1,404
Stroke	18-64		502	483
Diabetes	65+		6,199	7,400
Diabetes	18-64		5,301	5,305
Fall	65+		12,977	15,955
Fall resulting in Hospital Admission	65+		1,000	1,320
Obese (BMI 30+)	65+		13,170	15,265
Support – need help with domestic tasks	65+		19,681	24,803
Support – need help with self-care	65+		16,152	20,301
Support – need help with self-care	18-64		7,566	7,658
Living Alone	65+		17,949	22,276
Living in Care Home	65+		1,316	1,812
White British	18-64	143,860	(92%)	
Other White	18-64	2,868	(1.8%)	
Multiple Heritage	18-64	1,079	(0.7%)	
Asian	18-64	6,351	(4.1%)	
Black	18-64	1,382	(8.8%)	
Other	18-64	839	(0.5%)	
White British	65+	43,627	(97.3%)	
BME	65+	1,215	(2.7%)	
Working Age Population	16-64		159,800	
In Employment	16-64		113,500	(71%)
Unemployed	16-64		8,000	(6.6%*)
Long Term Sick	16-64		10,700	
Retired	16-64		4,900	
Student (FT)	16-64		6,600	
Other Inactive	16-64		16,100	
In Employment	65+		2,500	

Sources: POPPI & PANSI (Institute of Public Care), 2011 Census & Annual Population survey (Office for National Statistics). N.B. Percentages relate to the number to their left.

5.4 Population Projection Older People

In line with the rest of the country, the most significant change within the age structure of the population is the growing number of older people. 19.3% of Rotherham's population were aged 65 or over in 2016 and this is projected to rise to 20.2% by 2020 and continue rising to reach 21.7% by 2025. Within the population of over 65s, the oldest age groups are increasing fastest, with the number aged 85 or over rising from 5,930 in 2016 to a projected increase to 6,560 (+10%) by 2020 and to 8000 (+33%) by 2025.

The most recent national population data shows that Rotherham's population has grown and that people are living longer. The table at 5.3 illustrates the projections for Rotherham from 2016 to 2025.

People aged over 75 years are most likely to be in need or receipt of some form of health and/or social care. Rotherham's total population is projected to increase by 1.3% between 2016 and 2020 and although the number aged 65+ will increase significantly, the number aged 65-74 will increase only slightly (0.7%). The main growth in Rotherham's population over the next 4 years will be in the number aged over 75 which is projected to increase from 22,200 in 2016 to 24,900 in 2020, a 12% rise, nine times faster than the borough average.

5.5 Unpaid Carers

It is predicted that, with the number of people living longer, the number of older carers will increase. This group is likely to experience increasing need for care and support services. Currently 12% of the total population of Rotherham are unpaid carers, compared to the national average of 10.3%.

The table below shows people aged 65 and over providing unpaid care to a partner, family member or other person, by age, projected to 2025.

	2015	2020	2025
People aged 65 + providing 1-19 hours of unpaid care	3,050	3,181	3,413
Of which People aged 85 and over providing 1-19 hours of unpaid care	93	109	136
People aged 65 + providing 20-49 hours of unpaid care	1132	1199	1294
Of which People aged 85 and over providing 20-49 hours of unpaid care	58	68	84
People aged 65 + providing 50+ hours of unpaid care	3,698	4034	4,417
Of which People aged 85 and over providing 50+ hours of unpaid care	309	362	453
Total population aged 65 and over providing unpaid care	7,878	8,415	9,125
Percentage increase over previous 5 years		+ 6.4%	+ 7.8%

Figures are taken from the Census 2011

5.6 Sensory Impairment

In Rotherham, over a 5 year period (2015-2020), the numbers of people predicted to have a moderate to severe visual impairment will increase by 11 % from 5,781 to 6,474 and the numbers of people in Rotherham predicted to have a severe or profound hearing impairment will rise by just over 9 % from 27,341 to 30,153.

Visual Impairment - The table below shows:

- The total number of adults in Rotherham who are registered blind and the numbers of people who are registered blind and have additional disabilities by disability.
- The number of adults in Rotherham who are registered partially sighted and the numbers of people who are registered partially sighted blind and have additional disabilities by disability.

	Total	Mental Health	Learning Disabled	Physically Disabled	Deaf with Speech	Deaf without Speech	Hard of Hearing
Registered Blind	775 (35 under 18 yrs)	10	40	240	10	5	45
Partially Sighted	1040 (55 under 18 yrs)	10	35	350	5	0	NA

Source – Health and Social Care Information Centre (2014)

The table below shows the numbers of people in Rotherham predicted to have a moderate to severe visual impairment, by age, projected to 2020:

	2015	2020	% increase
People aged 18-64 predicted to have a serious visual impairment	101	100	NIL
People aged 65-74 predicted to have a moderate or severe visual impairment	1562	1618	3.5 %
People aged 75 and over predicted to have a moderate or severe visual impairment	2716	3137	13.5 %
People aged 75 and over predicted to have registrable eye conditions	1402	1619	13.5 %
Totals	5781	6474	11%

Source - ONS population projections of population to give estimated numbers of People predicted to have visual impairment to 2020

	2015	2020	% increase
People Aged 65 and over			
Moderate or severe hearing impairment	20,273	22,832	
Profound hearing impairment	522	587	
People aged 18-64			
Moderate or severe hearing impairment	6,489	6,674	
Profound hearing impairment	57	60	
Total			
moderate or severe hearing impairment	26,762	29,506	9.3%
profound hearing impairment	579	647	10.6%

5.7 Long Term Conditions and Healthy Life Expectancy

The 2011 census data shows that older people in Rotherham are 30% more likely to have a seriously limiting long term condition of disability than the national average. Those aged 65-74 are 46% more likely to be affected. If the 2011 percentages were to remain constant, the number of people aged 65+ limited a lot by a long term health problem or disability in Rotherham would have increased from 14,120 in 2011 and projected to reach 17,780 by 2020 and 19,954 by 2025.

Healthy Life Expectancy:

The gap in healthy life expectancy is much greater at 5.4 years for men and 5.3 years for women. On average, a Rotherham male can expect to live 19.2 years with ill health (15.2 years nationally) and a female 22.6 years with ill health (19.2 years nationally).



6. Current Needs and Service Data

6.1 18+ Service Cohort Analysis

The cohort includes all individuals aged 18 and over where all or part of their care and support is funded by the Council. Currently there are 3,995 customers aged 18 and over accessing 5,429 placements/services (this excludes Mental Health customers only receiving professional support). The data has been sourced from a variety of systems including the adult case management system and financial system (ContrOCC), the 2011 Census and the social care SALT return.

Rotherham has a higher rate of customers per 10,000 head of population at 236.27 and is ranked 4th highest out of 152 local authorities compared to the Yorkshire and Humber Region (168.19) and neighbouring authorities, Barnsley (144.22), Doncaster (185.74) and Sheffield (179.34).

Customers New to Service 2016-17:

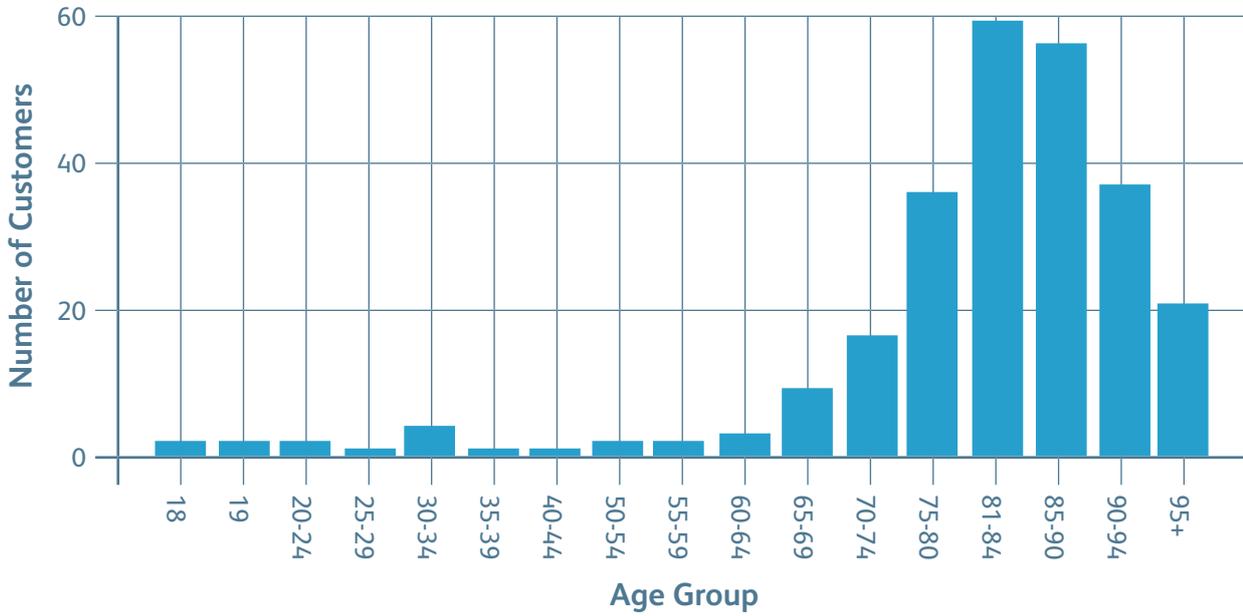
During the financial year 2016-17 5806 customers aged 18 and over had an open service with 1846 new customers starting service during the year.

New Customers by Age Group

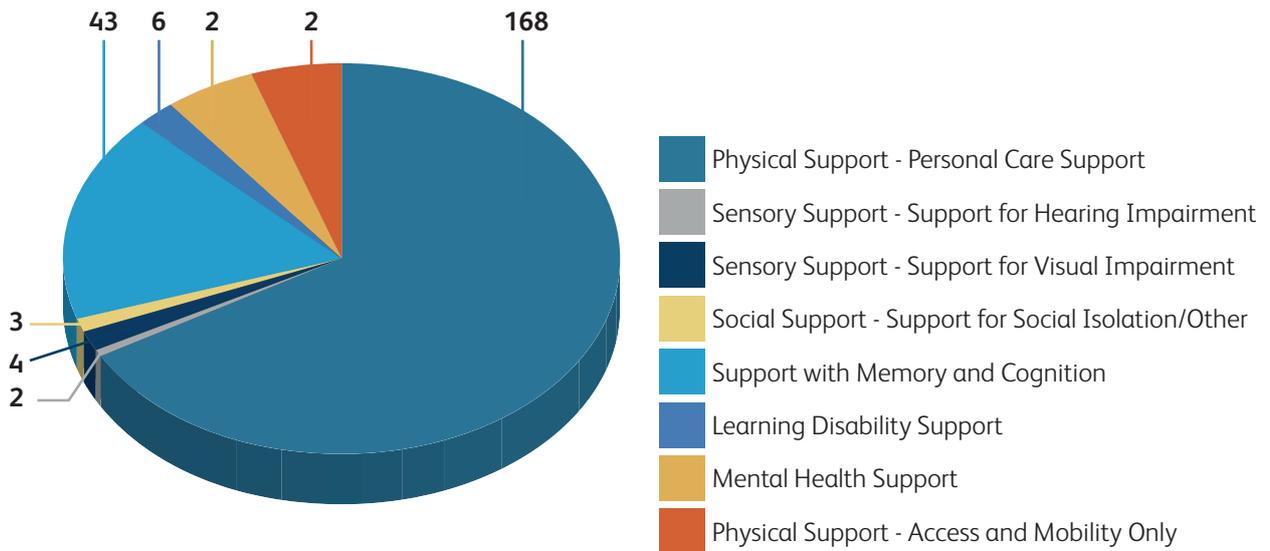


In the year 2016-17 a total of 252 customers started receiving a residential care service that didn't have a residential care service prior to the start of the year.

Admissions to Residential Home during the Year by Age Group



Admissions to Residential Home during the year by PSR



6.2 Mental Health

Rotherham has the highest number of Mental Health customers in England. If the 18-64 age group are excluded from the Mental Health population from the comparisons Rotherham still has a higher rate of customers per 10,000 head of population at 187.59. Rotherham is ranked 15th highest out of 152 Local Authorities and higher compared to the Yorkshire and Humber Region (155.63) and neighbouring authorities Barnsley (140.27), Doncaster (186.79) and Sheffield (157.19) (ref: SALT Return 15/16). Rotherham's current figure is 186.13.

6.3 Learning Disabilities and /or Autism

Learning Disability is defined as a customer who has a Primary Support Reason of Learning Disability Support. It is estimated that there are 857 working age adults with moderate to severe learning disability and 142 aged 65+; Currently there are 727 Learning Disability customers aged over 18 accessing 1150 placements/services (of which 657 Learning Disability customers aged between 18 and 64 accessing 1037 placements/service).

Rotherham has a higher rate of Adult Learning Disability customers per 100,000 head of population at 371.77, and is ranked 28th highest out of 152 local authorities. The Yorkshire and Humber Region figure is at 346.06 and neighbouring authorities of Barnsley (313.76), Doncaster (348.53) and Sheffield (369.03) (ref: SALT Return 15/16). Rotherham's current figure is 355.62 (2017).

We have developed a specific Market Position Statement for Learning Disabilities and Autism. http://www.Rotherham.gov.uk/downloads/download/118/adult_social_care_and_support

6.4 Transition

Transition is a term which refers to children with disabilities who are leaving school, transferring from children and family services to adult services and or transferring from paediatric services to adult health services. Below are tables showing the transition cohort aged 14+ described by ethnicity and gender. The numbers are based on cases open currently to the Children's Disability Team.

Current Age	Indian	Mixed - White/Asian	White British	White Other	Grand Total
14	1	1	12	1	15
15			13		13
16			14		14
17			12		12
Grand Total	1	1	51	1	54

Transitions cohort aged 14+ by ethnicity:

Current Age	Female	Male	Grand Total
14	4	11	15
15	6	7	13
16	6	8	14
17	5	7	12
Grand Total	21	33	54

6.5 Physical Disability

Physical Disability is defined as a customer who has a Primary Support Reason of Physical Support. Currently there are 429 customers aged 18-64 with physical disability accessing 601 placements/service.

Rotherham has a high rate per 100,000 head of population of people aged 18-64 who are physical disability customers at 274.5. In the Yorkshire and Humber Region this figure is 217.7. The neighbouring local authorities of Barnsley (145.0), Doncaster (226.3) and Sheffield (204.5) have significantly lower rates (ref: SALT Return 15/16). Rotherham's current figure is 277.12 (2017).

There are 16,237 adults and older people, with a moderate and/or serious physical disability. From this group we are supporting 2,439 adults and older people who have physical disabilities to access care and support.

6.6 Older People

Currently we support 2,623 customers aged over 65 who are accessing 3,381 placements/services (this excludes mental health customers only receiving professional support).

Rotherham has 533.00 customers per 100,000 head of population and ranks the 47th highest out of 152 local Authorities. This is higher than Yorkshire and Humber Region at 453.10 and the neighbouring local authorities of Barnsley (416.19) and Sheffield (514.60), but lower than Doncaster (567.00) (ref: SALT Return 15/16). Rotherham's current figure is 521.51(2017).

6.7 Mental Health and Dementia

The number of people aged 18-64 predicted to have a severe mental health issue is 1,366 and projected to increase to 1,462 by 2020.

RDASH Specialist Mental Health Services reported to have supported 872 adults with a combination of support from RMBC and RDASH.

Rotherham's projection for those with early onset dementia is at 70 and projected to increase to 73 by 2020. Those aged 65 and over are at 3,353 and set to increase to 3,750 by 2020. We currently support 267 adults and older people with dementia.

The table below shows the recorded dementia assessments and care plans by NHS England at January 2017.

Assessments for dementia at a GP practice	Rotherham CCG
Recorded of receiving an assessment	915
Recorded as being 'at risk of dementia' and declined an assessment	100
Memory assessments and clinics	
Record of an initial memory assessment	385
Record of declining an initial memory assessment	4
Record of a referral to a memory clinic	42
Record of declining a referral to a memory clinic	8
Care plans and reviews by a GP practice within the 12 month period	
Record of receiving a dementia care plan or dementia care plan review	1,427
Record of declining a dementia care plan or declining a dementia care plan review	2

6.8 Sensory Impairment

Visual Impairment:

We receive approximately 325 referrals per year for people who are sight impaired. Approximately 95% of the referrals are requests for assessments which then result in the provision of equipment to support mobility and daily living skills. The remaining 5% are request for replacement equipment e.g. roller balls, canes, or signposting.

There are around 54 new registrations of blind and severely sight impaired and 47 new registrations of partial sight and sight impaired people per year. We are supporting 70 adults and older people who are blind or have severe visual impairment to access long term support.

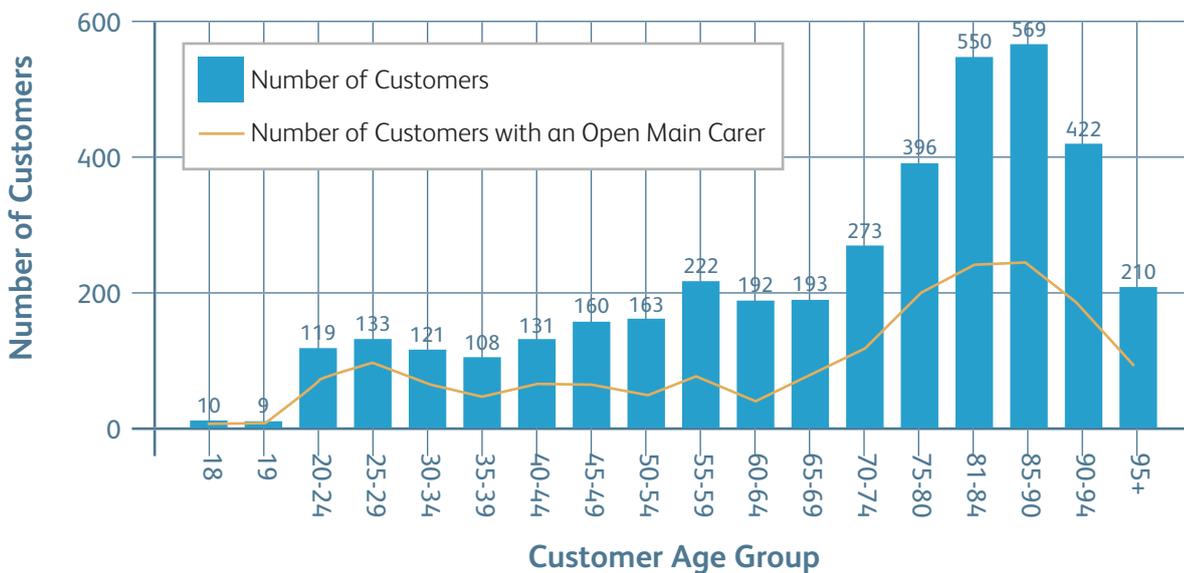
Hearing Impairment:

There are 597 adults and older people with a profound hearing impairment and the Council is currently supporting 28 adults and older people to access long term services.

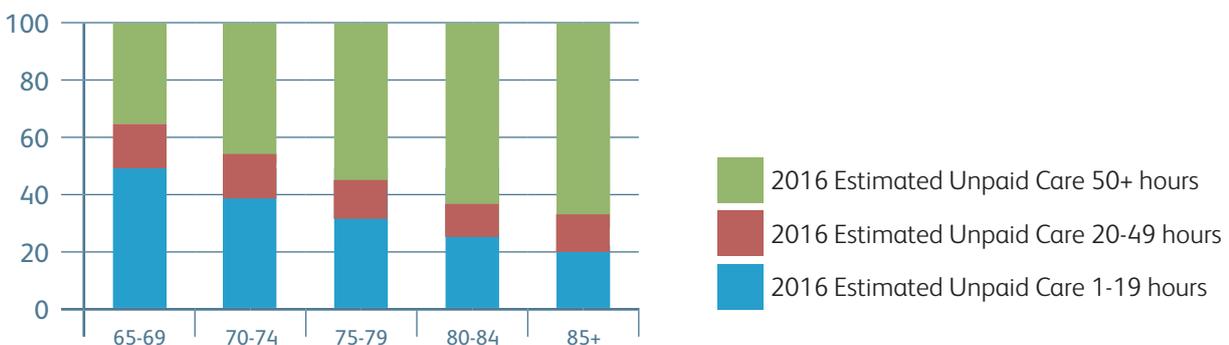
6.9 Unpaid Carers

The table below shows the numbers of customers in Rotherham with an unpaid carer.

Number of Customers and Numbers with an Open Main Carer



Based on the 2016 population estimates there are in total 31,604 carers of which there are 8,009 older cares in Rotherham.

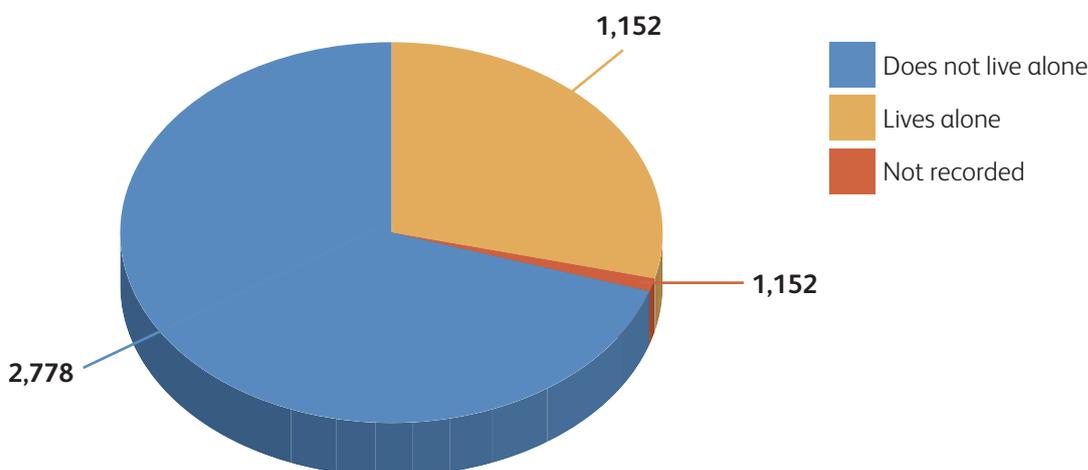


POPPI suggests that there are 8,009 older cares providing unpaid care of which 3,761 (39%) of carers are providing 50+ hours of care per week. 12% of the total population of Rotherham are unpaid carers, compared to the national average of 10.3%.

6.10 Customers Living Alone

There are around 1152 (28.94%) customers currently receiving service who are living alone. Recent studies into loneliness and isolation have shown loneliness to be as damaging to health as smoking and obesity putting additional pressure on public services.

Clients Living Alone



6.11 Ethnicity, Gender, Sexuality

The 2011 Census showed that 91.9% of Rotherham's population (all age) were White British and 8.1% were from Black and Minority Ethnic (BME) groups. The working age population (18-64) was fairly typical with 8.0% being BME in 2011 but for those aged 65+, the percentage was only 2.7%.

Ethnicity Breakdown of current Rotherham MBC customers:

Rotherham's 18+ population is 93.04% Adult White British (ref: Census 2011), in comparison 95.51% of the 18+ customer cohort are from this ethnic group. Customers from Black Minority Ethnic (BME) groups appear to be under represented in this cohort; 4.53% of this cohort are from a BME background compared with 6.96% of the total population. The Asian-Pakistani BME group has the highest number of customers (86 - 2.2% of cohort) which is slightly lower than the proportion of the Rotherham 18+ population with an Asian-Pakistani Ethnicity of 2.44%.

Ethnicity Breakdown of Unpaid Carers

In Rotherham there are 31,000 unpaid carers, of which 1,619 (5.2%) are BME. 7.8% of all BME residents are carers (reflecting a younger age profile). The highest proportion by ethnicity is in the Irish community where 14.6% are carers (reflecting an older age profile). 42% of BME carers are Pakistani. 28% of Rotherham carers are providing 50+ hours of care per week which is, again, slightly higher than the national average. (Information from the 2011 Census)

BME Customers by Age and Gender

18-64 population who have an ethnicity classed as BME:

8.01% of Rotherham's 18-64 population have an ethnicity classed as BME, lower in comparison to the 92 BME customers which equates to 6.96% of all customers with an open service.

Gender split for BME customers aged 18-64:

The gender split for BME customers aged 18-64 is 47 (51.09%) Females and 45 (48.91%) Males. Females have a lower proportion compared to all customers with an open service, 54.89% Male and 45.11% Female.

65+ population who have an ethnicity classed as BME:

2.65% of Rotherham's 65+ population have an ethnicity classed as BME, higher in comparison to the 84 BME customers which equates to 3.23% of customers with an open service.

Gender split for BME customers 65+:

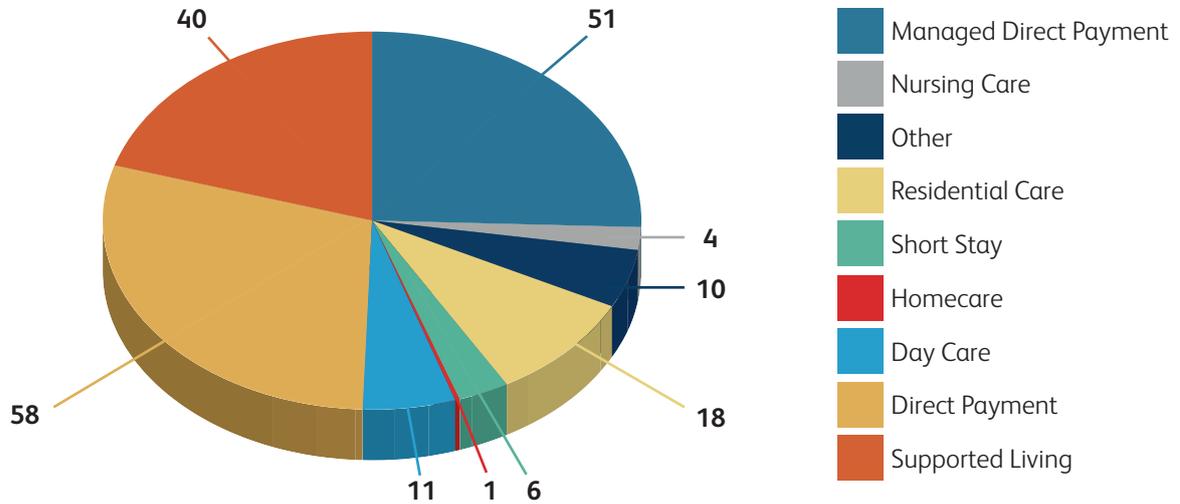
The 65+ gender split is for this cohort is 50 (59.52%) female and 34 (40.48%) male this compares to all customers with an open service 70.05% Female and 29.95% Male.

BME Customers by Service Type

The largest proportion of the BME cohort is split across the following services:

- 40 customers have homecare 22.6% lower compared to 30.02% of all customers with an open homecare service.
- 58 customers have Direct Payments 32.77% higher compared to 14.77% of all customers with an open Direct Payment service.
- 51 customers have a Managed Direct Payment to Agency (MDP) 28.81% higher compared to 16.93% of all customers with an open MDP service.
- 22 customers are in a residential placement including placements with nursing 20.26% lower compared to 28% of all customers in a residential placement.

BME by Service Type

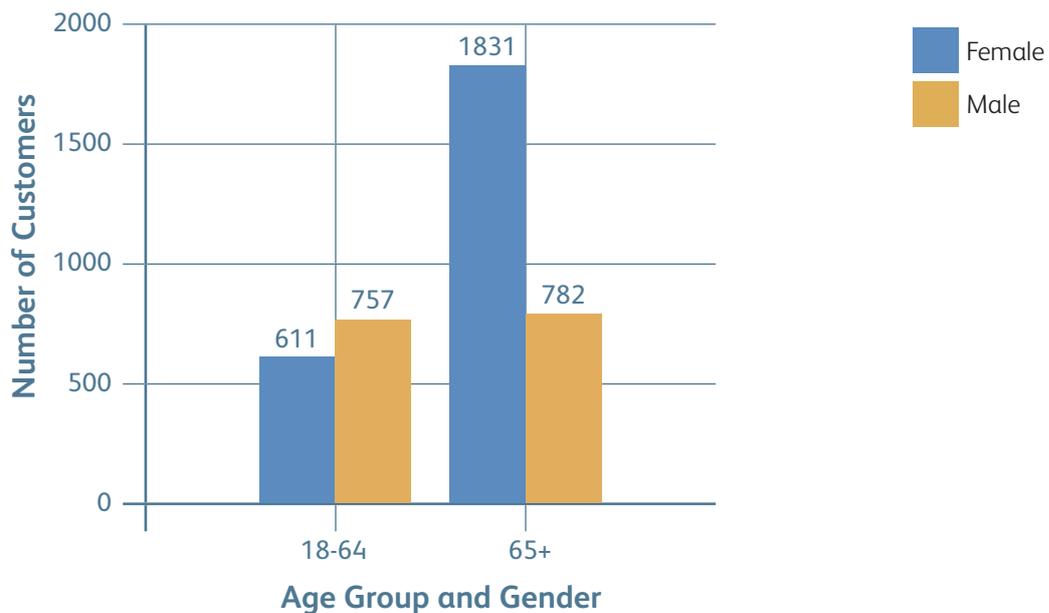


Gender and Sexual Orientation

Gender Split

Currently the gender split of current customers is 2442 (61.55 %) Female and 1539 (38.66 %) Male. The 18 to 64 Age Group has 614 (44.66 %) Female and 757 (55.34 %) Male. The 65+ Age Group has 1831 (70.07 %) Female and 789 (29.93 %) Male.

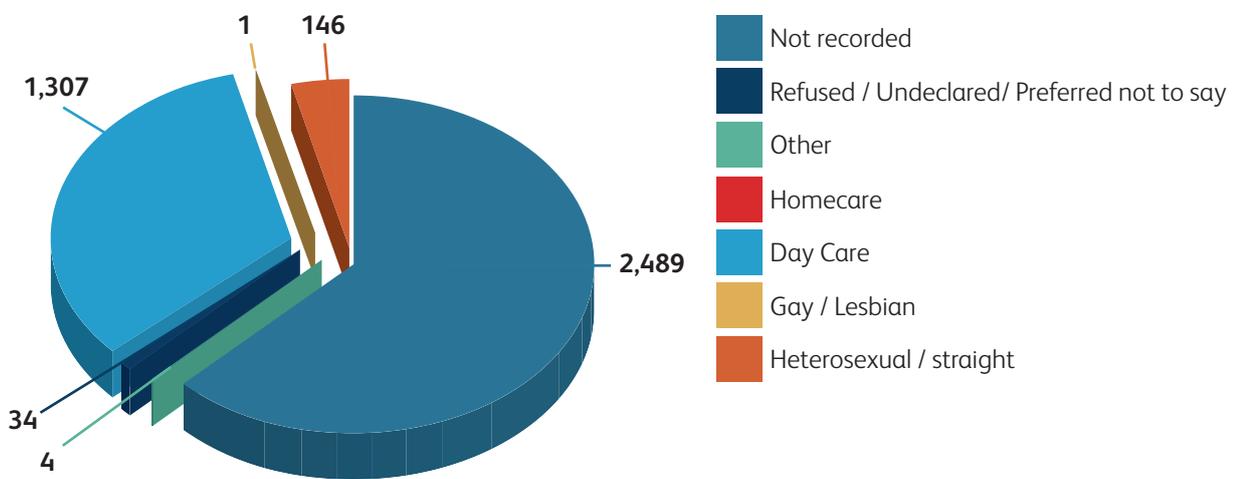
New Customers by Age and Gender



Sexual Orientation

Sexual orientation appears to not have been collected for the majority of customers with only 181 (4.55%) having a valid sexual orientation. We have 1307 customers recorded with "don't know" which is a valid option but would have thought that more people would disclose their sexuality or choose rather not say. 2489 - (62.52%) of current customers with an open service don't have the sexual orientation recorded.

Current Customers by Sexual Orientation



7. Care and Support Market

7.1 Older People

In total, there are 35 independent sector care homes (owned by 23 Organisations) contracted to support older people in Rotherham. They provide a range of care types categorised as Residential Care, Residential Care for people who are Elderly and Mentally Infirm, Nursing Care and Nursing Care for people who are Elderly and Mentally Infirm. The independent sector care home market in Rotherham supplies 1,823 Beds and accommodates around 1,622 older people. The Council is the dominant purchaser with the majority of people placed by the Council. There is currently a vacancy factor of 201 beds or 11 % of the total capacity:

In 2016-17 the total of the Older People's care home population was made up of approximately:

- 26 % who were private paying customers including from out of Borough.
- 4.5 % who were placed and funded by other local authorities.
- 62 % who were placed and funded by the Council – this includes people who receive Funded Nursing Care,
- 7.5 % who were placed and funded by our health partners under Continuing Health Care arrangements (fully funded by Rotherham CCG).

Market Stability:

Over the past 6 years 10 Care Homes (4 providers) have gone into receivership (a capacity of around 690 beds). There are 10 care home providers in the CQC Market oversight programme, classed as hard to replace providers.

In-house residential care for older people:

Davies Court is a 60 bedded care home for older people with long term conditions such as mental health, disabilities and dementia, included in the 60 beds are 27 beds for intermediate care.

Lord Hardy Court is a 60 bedded care home for older people with long term conditions such as mental health, disabilities and dementia, included in the 60 beds are 27 beds for intermediate care and 3 for Care Act assessment.

7.2 Learning Disabilities/Specialist Needs

There are a total of 36 independent sector homes (owned by 24 Organisations) contracted to support Adults with specialist needs. They provide a range of care for Adults who live with Learning Disabilities, Physical Disabilities, Mental Health and Sensory conditions (including Acquired Brain Injury).

The independent sector care home market in Rotherham supplies 397 Beds and accommodates around 366 Adults with specialist needs. The Council purchases 37% (145) beds, with the remaining 63% (252) beds occupied by residents who are fully funded by health Continuing Health Care and Out of Authority placements. There is currently a vacancy factor of 31 beds or 8% of the total capacity.

The specialist care home population placed by the Council is made up of approximately:

- 21% (31 people) funded fully by the Council (no customer contribution) – this includes people who receive Funded Nursing Care.
- 7% (10 people) jointly funded by the Council and Continuing Health Care.
- 72% (104 people) funded by the Council and a financial contribution from the customer

In addition to the independent sector, we have our in-house residential and respite provision for people with Learning Disabilities based at;

- Parkhill Lodge - 22 bed respite care
- Quarry Hill – 6 Bed respite care
- Treefield – 6 Bed respite

7.3 Supported Living – Learning Disabilities

There are 163 people living in supported living in Rotherham supported by 7 providers, in 48 schemes. Supported Living is seen as a viable alternative to residential care homes with the potential to provide more person centred support and better outcomes for people. The highest number of supported living schemes are in Wath, Hellaby and Maltby and to date 26 people are supported within those schemes. The Council has two in-house supported living schemes; Sandygate and Ten Acres.

For people with learning disabilities the Council has commissioned a number of KeyRing schemes which offer an alternative to supported living. Within the schemes each person lives in their own house/flat in each area, within walking distance of each other. They provide mutual support and companionship and have access to a weekly drop in called a 'hub'. They are supported by paid support staff, to achieve the outcomes in their support plans which will include developing independent skills.

There are currently three KeyRing networks in Rotherham - Kimberworth, Thurcroft and Thrybergh, supporting 30 people with learning disabilities.

7.4 Supported Living - Physical Disabilities and Sensory Impairment

Grafton House, a Council owned property, provides quality housing, adapted to the needs of adults with a physical or sensory impairment or an acquired brain injury. There are nine bungalows with shared tenancies and a short stay respite bungalow for up to two people. The scheme also provides specialist community support to promote independent living.

7.5 Housing Related Support (HRS)

Housing Related Support is available to people aged 18 years and over who are homeless or at risk of homelessness due to tenancy failure. The services offer Vulnerable Adults and Young People the opportunity to have a stable home environment with greater independence. Accommodation based Housing Related Support services offer temporary accommodation to Vulnerable Adults and Young People. This accommodation provides a safe environment for people to be supported to better manage their health, improve their life skills and increase their opportunities to access education and employment. Whilst living within the temporary accommodation people will also be supported with; managing their budget, understanding their tenancy agreement, maintaining a tenancy and reducing isolation. The services will also provide support to access a permanent tenancy either through the RMBC Housing Register, if they are eligible, or through Registered Social Landlords and Private Landlords.

Housing Related Support is also available to Vulnerable Adults, within their own tenancy, as a floating support service. This service works with people to help them to better manage their tenancy and give someone the opportunity to have a stable home environment with greater independence.



The current HRS provisions, commissioned from external agencies, are outlined in the table below:

Customer Group	Service Type	Service Name	Accommodation Type	Provider	Capacity
Domestic Abuse	Accommodation Based	Rotherham Women's Refuge	Women's refuge	Rotherham Rise	10
Domestic Abuse	Floating Support Service	F/S for People Experiencing Domestic Abuse	n/a	Rotherham Rise	50
Domestic Abuse	Floating Support Service	BME Women Experiencing Domestic Abuse	n/a	Rotherham Rise	32
Homeless Families	Accommodation Based	Rotherham Interim Accommodation	Dispersed temporary accommodation	South Yorkshire Housing Association	32
Combined Homeless	Floating Support Service	Thursday Project	n/a	SYHA Thursday Project	90
Learning Disabilities	Floating Support Service	Kimberworth Park (Floating Support)	n/a	Key Ring	10
Learning Disabilities	Floating Support Service	Living Support Network	n/a	Key Ring	10
Learning Disabilities	Floating Support Service	Thrybergh (Floating support)	n/a	Key Ring	10
Mental Health Problems	Accommodation Based	Mental Health Project	Supported Housing (shared or self contained)	Action Housing and Support	15
Mental Health Problems	Accommodation Based	Browning Court	Supported Housing (shared or self contained)	South Yorkshire Housing Association	26
Mental Health Problems	Floating Support Service	F/S for People with Mental Health Issues	n/a	Stonham Housing	70

Customer Group	Service Type	Service Name	Accommodation Type	Provider	Capacity
Offenders or People at Risk of Offending	Accommodation Based	Core Accommodation for Probation	Supported Housing	Target Housing	35
Offenders or People at Risk of Offending	Floating Support Service	Floating Support Service for Offenders/ People at Risk of Re-offending	n/a	Target Action for Safer Communities (led by Action Housing)	45

Older People	Accommodation Based	Highfield Court	Sheltered Housing	Anchor Trust	30
Older People	Accommodation Based	Johnson Court	Sheltered Housing	Anchor Trust	12
Older People	Accommodation Based	Heather Court	Sheltered Housing	Anchor Trust	32
Older People	Accommodation Based	Willow Court	Sheltered Housing	Anchor Trust	21
Older People	Accommodation Based	Chindit Court 1	Sheltered Housing for older people	Housing 21	25
Older People	Accommodation Based	Chindit Court 2	Sheltered Housing for older people	Housing 21	19
Older People	Accommodation Based	Blenheim Court 1	Sheltered Housing for older people	Housing 21	25
Older People	Accommodation Based	Blenheim Court 2	Sheltered Housing for older people	Housing 21	25
Older People	Accommodation Based	White Rose House	Sheltered Housing	Places for People	37
Older People	Accommodation Based	Wellgate House	Sheltered Housing	Places for People	47
Older People	Home Improvement Agency	Handyperson Scheme	n/a	Yorkshire Housing	1,300

Customer Group	Service Type	Service Name	Accommodation Type	Provider	Capacity
Single Homeless	Accommodation Based	Rotherham Interim Accommodation Project	Temporary accommodation	Action Housing and Support	15

Teenage parents	Accommodation Based	Fleming Gardens	Supported Housing and dispersed temporary tenancies	Sheffield YWCA	24
Teenage parents	Floating Support Service	F/S for Young Parents and Young Expectant Mothers	n/a	Sheffield YWCA	27

Young People at Risk	Accommodation Based	Rotherham Young Persons Project	Core and Cluster	Currently out to tender	28
Young People at Risk	Accommodation Based	Rotherham Young People's Housing	Supported Housing (shared or self contained)	Places for People	2
Young People at Risk	Accommodation Based	Direct Access Service	Emergency Accommodation	Currently out to tender	3
Young People at Risk	Accommodation Based	Dispersed Supported Housing	Supported Housing	Currently out to tender	15
Young People at Risk	Accommodation Based	Bedsit Service	Supported Housing	Currently out to tender	9
Young People at Risk	Floating Support Service	Tenancy Support	Floating support	Currently out to tender	66

7.6 Shared Lives Scheme

Shared Lives, enables people with learning disabilities to live or spend time with approved Shared Lives Carers and their families. It is recognised as a person centred and cost-effective way to provide support. It enables people to live life to the full in the community and be part of a real family home environment. In many cases, the adult moves into the household of the carer, but the scheme can also offer respite care to family carers and day support. Approved carers are self-employed and receive fees and expenses for the support they provide.

We have one provider registered with CQC providing Shared Lives Services which is an in-house service and supports people with learning disabilities, mental health, physical disabilities and older people. 46 people are supported by the Shared Lives service. Of these 21 people are living with long-term carers, 3 of whom also receive short breaks through Shared Lives; 5 people are receiving only a short break service and 15 people are supported in day care.

7.7 Extra Care

We currently have three Extra Care Housing Schemes providing 115 units across Rotherham, which are at Potteries Court, Bakersfield Court and Oak Trees, delivered and managed by the Council.

Extra care housing (ECH) can provide an alternative to residential care. In ECH schemes, residents have the benefit of independence / their own front door, but also access to a range of facilities and services including care, which can be delivered flexibly according to a person's changing needs. This is different from sheltered housing which typically offers a warden service but no care provision. Three ECH schemes currently exist in Rotherham, delivered via partnership between the Council and Together (formerly Chevin) housing association: Oaktrees (Stag), Bakersfield Court (Herringthorpe) and Potteries (Swinton). These collectively comprise 115 units which are all occupied.

7.8 Transforming Care

Transforming Care is for people with a learning disability and /or autism and supports transition from a hospital setting into the community.

Rotherham is part of South Yorkshire and North Lincolnshire Learning Disability Transforming Care Partnership (TCP) which has been established in response to the National Plan – Building the Right Support, October 2015. The partnership has a creative and ambitious plan that aims to support the changing needs of local people with learning disabilities and/or autism.

Currently, we have 5 people from Rotherham with a Learning Disability and/or autism in Rotherham CCG funded hospital care.. There are also 5 NHS Specialist Commissioning funded

patients. The feedback from National Health Service England (NHSE) is that these will not be discharged from hospital in the next 12 months.

Rotherham CCG is working with partners to ensure that people are supported to live within the community. The ROTHERHAM CCG has invested in an enhanced community Learning Disability team which is available from 8.00am – 6pm, 7 days a week, employed a peer support worker, and is undertaking a programme of workforce development.

7.9 Day Care

The Day Care services help people to stay in their community and function to the fullness of their ability. We work to help them maintain, improve or relearn social life skills and activities of daily living. Day Services meet the needs of those with physical disabilities, mental illness or Alzheimer's/Dementia.

The Day Services aim is to provide:

- Day support with meaningful activity for a wide range of customers which is personalised support to meet individual need
- Support and information for families and carers
- Support for vulnerable elderly people with complex needs living in the community, to enable them to keep their independence and remain living at home, have regular social contact and get more involved in community life and to reduce the physical or emotional stress to them and/or their carer

The Council provides in-house day care services for people with a learning disability. There are currently 291 people attending day services across 4 services;

Learning Disability Service	Budget
Reach (Rotherham)	56
Addison (Maltby)	100
Oaks (Wath)	121
Kiveton	14

The REACH centre has a satellite service at Maple Avenue; they support 32 at Elliott Centre and 26 at Maple Avenue which are day care centres. At the Addison Centre, 34 people have been supported by ADPRO into employment.

Building Based and Community Outreach for People with Complex Needs Framework of Providers:

The conclusion of day service/community outreach tender has resulted in a framework of new services under a 3 year contract term from April 2017. The services will be delivered by a range of providers from the independent and voluntary and community sector for people with complex needs. The new services will provide both building based and community outreach services and deliver a new model of care and support. They will support people with complex needs to access education skills and employment opportunities, increase self-care needs and social, leisure and recreational activities.

Mental Health

Group activities will be provided through social prescribing approach where people utilising their community resources in a more effective to keeping physically and mentally well.

The Rotherham, Doncaster and South Humber Foundation Trust (RDASH) and the Council social care mental health staff will deliver a therapist service to support people in their homes to prevent escalation.

The Rotherham Adult Mental Health Liaison Service provides round the clock mental health care to patients who attend Rotherham Hospital to provide assessment, treatment and management of mental health problems. An element of this is also provided by the Crisis Team. The primary objective is to improve the patient and carer experience in the event of a crisis, and to avoid admissions to A&E. This is funded through the Better Care Fund programme. The Council has developed a Mental Health Commissioning Strategy which discusses commissioning priorities in more detail. <http://modern.gov.Rotherham.gov.uk/mgConvert2PDF.aspx?ID=107612>

7.10 Home Care (Community and Homecare Services)

Around 1200 people depend on arranged home care provision delivering around 13000 hours of care per week and around 60 people also receive a night visiting service.

A Home Care Fast Response service delivers in the region of 70 hours of care per week to respond to urgent requests for care, which can be delivered over a period of up to 48 hours, until a permanent care provider takes over.

A Carers Emergency Scheme provides a 24 hour response service to provide replacement care and support where an informal carer has unexpectedly become incapacitated due to health issues.

A framework agreement with 8 providers approved has been in place since April 2015 for a contract term of 3 years. 7 providers prioritise a geographic area and 1 provides specialist

support to carers throughout the Borough. These services are provided by contracted independent sector and voluntary and community sector home care providers.

It has been necessary to increase the capacity with an additional 6 spot contract providers to accommodate the shift from over reliance on residential care options (all customer groups).

A block contract agreement for night visiting is in place which has also been increased to accommodate increased demand.

This supports adults and older people across all customer groups to live independently in their own homes for longer and to support people with day to day living including personal care.

7.11 Enabling Service

An in-house enabling service supports adults and older people who require support at home to maintain their independence and stay safe. The Home Enabling service is designed to encourage and support people to gradually be able to carry out their personal care needs and tasks around the home on their own without any or little help.

The service is in place for a duration of up to 6 weeks and works with people who have been discharged from hospital and also to prevent hospital admissions. It aims to help people to regain skills that have been lost through illness, injury and or being in hospital.

7.12 Falls Prevention

An Integrated Falls Prevention Pathway has been developed across health and social care. A clear pathway and strategies have been put in place to reduce the likelihood of further falls and to improve safety.

7.13 Sensory Impairment Service

A review of services that support people with sensory impairment has been undertaken and findings are that Rotherham's model of support for people with sensory disabilities is focused on 'front loaded' statutory led support at the point of diagnosis and there is a significant gap in lower level ongoing support for people who are deaf, hard of hearing, blind, partially sighted and deafblind.

Sustained support is proven to be effective at increasing the levels of independence for customers. The service review identified that there was an urgent need to develop local services to assist people with sensory disabilities to remain as independent for as long as possible and prevent dependency on statutorily provided services.

In September 2016 a proposal that Rotherham MBC enters into a partnership approach with Sheffield Royal Society for Blind People (SRSB) to develop sensory impairment services was agreed by Cabinet.

The service being developed will promote independent living so that individuals are empowered to define the outcomes they desire based on their own aspirations to participate in society, feel valued and lead a meaningful life. This approach also supports the recovery of improved mental health and wellbeing for people living with sensory impairment.

This is a time limited project commencing April 2017 and extending to March 2019. The project is supported by seed funding to develop a sensory impairment service which will be co-produced with people who experience visual and hearing impairment. It will be a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. It is envisaged that the service will become independent of Council funding and self-sustain beyond 2019.

7.14 Intermediate Care

The intermediate care service will assess the person to find out how able they are to carry out everyday activities such as washing, dressing, making meals and getting in and out of bed. Intermediate care is provided by a skilled rehabilitation team which is made up of enablers, physiotherapists, occupational therapists and community psychiatric nurses. The service works with people to provide them with the rehabilitation and care agreed in their care plan.

The service is available normally for a maximum period of 6 weeks, although this can be extended to support complex needs up to a maximum of 12 weeks.

There are two intermediate care homes in Rotherham which provide care in a residential setting and are staffed 24 hours a day:

- Davies Court (27 beds)
- Lord Hardy Court (27 beds)

The Council provides an intermediate care service in a day care setting through our rehabilitation day service at the Rotherham Intermediate Care Centre. The rehabilitation service at the Rotherham Intermediate Care Centre aims to improve mobility and social interaction in the community for a maximum of 12 weeks.

People can also receive intermediate care in their own home through our community rehabilitation and enabling service. The average length of stay for general rehabilitation is 3 weeks and specialist is 6 weeks.

This service is jointly funded by RMBC and Rotherham CCG through the Better Care Fund, one of the key priorities is to develop an integrated rehabilitation hub which can accommodate people with physical, mental needs, receive therapy and/or nursing care.

7.15 Services for People with Dementia

Rotherham's population is ageing and life expectancy has increased in recent years and most people can look forward to a life after retirement. This is a very positive trend; however, it brings its own challenges for example people living with dementia.

We want Rotherham to be a place where people of all ages can live well and realise their potential. This means facing up to both the opportunities and challenges that later life can create. By doing this, we can improve the chances of people in Rotherham living active and fulfilling lives.

We will work in partnership with people with dementia, their carers, health partners, businesses and voluntary and community sector to ensure that people with dementia and their carers

- Have personal choice and control or influence over decisions over their lives
- Have services that are designed around needs and that support people to live their life.
- Are provided with the knowledge and know-how to get what they need
- Have services in the Borough that create an enabling and supportive environment so that people feel valued and understood.
- Have a sense of belonging and of being a valued part of family

The Council and its partners have an important role to play in turning the vision into a reality.

We are working with Rotherham Dementia Action Alliance to create a dementia friendly community where dementia is everyone's business and organisations have signed up to delivering the vision so that people have a real choice and more control over their lives.

Specifically funded dementia services listed below show the support offered to people who have dementia and their carers. These have been either funded directly through the Council or jointly through the Better Care Fund with our Rotherham CCG partners or voluntary sector. All of these services contribute to the evolving multi-agency approach to dementia care.

Dementia Enablement Service:

The service is part funded by Rotherham CCG and through the Better Care Fund which is provided by Crossroads Care Rotherham (voluntary and community sector provider). It provides emotional support and respite breaks to carers of people with dementia. The service supports people with dementia to be more independent at home and in the community and aims to reduce inappropriate admissions to hospital or premature admission to long term residential care. The service is available 24 hours a day, 7 days a week.

Dementia Carers Resilience Service:

This service is commissioned from Crossroads Care Rotherham, who then subcontracts with Alzheimer's Society and Age UK. The service provides information, advice and practical support including respite care at home, as appropriate. When a carer is referred by their GP they are contacted by a Dementia Adviser within 5 days of the referral being received.

An initial assessment of need is carried out. The period of support will be one month. Where appropriate, carers are then signposted to other organisations who can offer support e.g. access, aids and equipment, social activities, benefits checks for longer term support to be arranged, as required. This service is jointly funded by the Council and Rotherham CCG. Each GP practice has a named link worker who identifies and supports carers of people with dementia. The link worker takes referrals and can provide information sessions to staff as required. An enhanced service in primary care service for diagnosing dementia is in place to provide early access to services.

Memory Cafes:

The Memory Cafes funded by the Better Care Fund aims to help people to come to terms with their diagnosis and live well with dementia. This service offers choice through person centred support planning, reduces social isolation, increases access to information, helps maintain independence and life skills, improves and maintains health and well-being, helps maintain hobbies and interests and helps avoid crisis such as unplanned admission to residential or hospital care. The Alzheimer's Society employs Dementia Support Workers who assist people with dementia and their carers to identify their needs and to access services. The workers give information, support and guidance and signpost customers and carers to other services for further support.

Community Memory Cafes:

The Council has commissioned a new Community Café service from the voluntary sector since April 2016, which includes the development of 6 community cafes, providing support, structured activity, information giving, open discussion and social engagement in a group setting, at various locations in the community to support people living with dementia and their carer's. Community Cafes are a more informal version of Memory Cafes and are arranged by a Café Co-ordinator and attended by Dementia Support Workers - 5 out of the 6 cafes are now established.

7.16 Advocacy

The demand for Statutory Advocacy has increased as a result of the Care Act 2014; which brought about new duties for Local Authorities to intervene early and prevent care needs becoming more serious, involve people in decisions, ensure people have access to information

and advice and arrange for an independent advocate where there is a Safeguarding enquiry or review.

The rise in demand for Independent Mental Capacity Advocacy (IMCA) is as a result of the Supreme Court Judgement regarding Deprivation of Liberty Safeguards (DoLS). As Rotherham MBC undertakes measures to transform services the level of advocacy required to support affected customers will increase. Affected customers will have substantial difficulty in being involved in the decision making process.

In September 2016 a new contract was mobilised to secure advocacy services in line with the:

- Care Act 2014 - Care Act Advocacy
- Mental Health Act 2007 - Independent Mental Capacity Advocacy (IMCA)
- Mental Capacity Act 2005 - Independent Mental Health Advocacy (IMHA)
- Generic or non-statutory service to meet a range of desired outcomes for adults living in Rotherham or who receive services organised by Rotherham's social care and health care services.

The number of hours predicted to be provided over a twelve month period for all Advocacies is 18,500 which equates to 1,541 hours per month.

Healthwatch/NHS Complaints Advocacy

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to make provisions for a local Healthwatch as the consumer champion for publicly-funded health and social care services.

Healthwatch England is the national organisation that will represent the views of health and social care users and has been established to provide leadership and support to local Healthwatch organisations. It is a sub-committee of the Care Quality Commission (CQC).

Local Healthwatch has built on the previous LINKs functions whilst taking on new, additional functions to encompass wider health and well-being for adults, children, young people and their carers and will include community engagement, signposting to services, providing information and advice about how to access services and a NHS complaints advocacy service.

Healthwatch Rotherham operates as a consumer voice for all aspects of health and social care, undertaking effective engagement with Rotherham's diverse communities, gathering people's views and experiences to improve health and social care services. The services is available to both young people and adults and includes the provision of a local NHS complaints advocacy service.

7.17 Direct Payment and Personal Budget

Rotherham has a lower-than-average take up of Direct Payments, compared to other Local Authorities. We want to encourage more people and carers to take up a Direct Payment. This will enable people to buy their own care and support services and give people more choice and control of how they can be supported; and a choice of providers. Currently we have a total of 1,100 adults and older people in receipt of a direct payment and a further 2,010 people in receipt of a personal budget. This is an area of growth and will be exploring options on how to take this forward.

7.18 Services for Unpaid Carers

We will continue to implement priorities contained in the Carers' Strategy. The Carers Strategy identifies the enormous strain that carers are faced with that impact on their physical and mental wellbeing. Leaving carers feeling physically and emotionally exhausted. The Carers Strategy outlines how carers are supported to continue in their caring role as well as having a life outside of caring.

The Council and health partners recognise the invaluable contribution that our family carers make to the health and social care system. To fully support our family carers we have commissioned to support them to enable them to sustain them in their caring role and ensure they have a life outside of caring.

<http://modgovapp/documents/s106694/Carers%20Together%20Strategy%20Appendix%20B.pdf>

The Council supported 2,343 carers during 2015/16 across all customer groups.

Carers Assessment:

The Council has four Carers Support Officers who carry out carers' assessments, identify health and wellbeing requirement and offer advice signposting to relevant services.

Carers Centre:

The Council's Carer's Corner is based at the Rain Building in Rotherham Town Centre, and delivers services to carers from the building. The Carer's Corner is a central point of contact to signpost Carers to available support services in the community, whilst referring those with complex needs to statutory services.

Carers Corner works in partnership with the voluntary and community sector to develop flexible enabling approaches and provides a service that works with individual Carers and their families. It aims to find personalised solutions for their needs, encourages self- help and links with communities to mobilise local carer support. It increases identification and awareness of carers by targeting specific GP surgeries, and Carers groups.

A Carers Forum and Carers4Carers group holds regular meetings at the Carers Corner and support other carers and those who's loved ones suffer from serious enduring mental health problem.

Carer Corner staff work with all Rotherham CCG GP practices across Rotherham. The GP has a vital role to play in identifying carers and signposting them to advice, information and support as many carers accompany family members to appointments.

Carers Information and Support Programmes (CrISP):

CrISP courses are for carers, family members or friends of people with dementia to improve knowledge, skills and understanding. CrISP 1 is designed for recent diagnosis of dementia. There are four sessions delivered by the Alzheimer's Society covering understanding dementia, legal and money matters, providing support and care, coping day to day and next steps. CrISP 2 is designed for families, carers and friends of people who have been living with dementia for some time. There are three sessions covering understanding how dementia progresses, living with change as dementia progresses, living well as dementia progresses including occupation and activities.

Carers Emergency Service:

Through the Better Care fund the Carer's Emergency Scheme provides vital replacement of care for informal unpaid carers in cases of emergency situations whatever that may be. The provider will replace care within one hour of notification and can provide up to a maximum of 48 hours of care service.

Training:

The Adult Care and Housing Learning and Development Team supports anyone, either paid or unpaid, who cares for adults with social care needs to access learning and development opportunities.

The Council commissions a wide variety of learning events for Carers to access, completely free of charge, to ensure Carers are enabled to fulfil their role effectively. A training calendar is produced yearly and updated at regular intervals to advertise learning and development opportunities.

7.19 Assistive Technology

There are many technology solutions which provide innovative and bespoke packages depending on the individual's and family's needs and aspiration; this can be achieved through exploring a holistic approach to care and support. Rothercare (the Council's in-house service) leads on assistive technology for Rotherham and will be identifying numerous ways of expanding the use of technological equipment.



The term “Assistive Technology” also includes technology that enables the use of automatic, remote monitoring of emergencies as they happen, as well as general practical equipment. The benefits of this type of technology are maintaining independence and allowing people to stay in their own homes.

Examples include:

- raising an alarm through to a monitoring system in cases of emergencies such as falls, or
- standalone equipment which does not send signals to a response centre but supports carers through providing local alerts in a person’s home, to let the carer know when a person requires attention.

Assistive technology is a crucial element of support for our customers especially for those with disabilities which will include sensory impairment. It enables people to still lead equal and independent lives, feeling safe in their own home, community and enable them to remain in the community.

8. Safeguarding

The Council is committed to delivering our statutory responsibilities in relation to every aspect of Safeguarding. We will take all necessary steps to ensure we meet all of our statutory duties in relation to all our commissioned services, identified through the Care Act 2014 which covers Mental Capacity (MC), and Deprivation of Liberty Standards (DOLS) and Rotherham Adult Safeguarding Procedures. The diagram below shows how we embed safeguarding in our day to day operation within RMBC:



Rotherham's Safeguarding Strategy can be found at the following link:
http://www.Rotherham.gov.uk/info/200050/help_for_adults/1096/see_the_local_strategy_for_protecting_vulnerable_adults/2

Equally we will empower local people and provide information to enable them, their families and carers to make informed choices about their care and support needs. Therefore Safeguarding becomes everyone's business in Rotherham.

9. Useful Links and Contacts

Our current contracts register can be viewed at:

http://www.rotherham.gov.uk/info/200110/council_budgets_and_spending/712/see_details_of_council_contracts

Our Market Position Statements can be viewed at:

<http://moderngov.rotherham.gov.uk/mgConvert2PDF.aspx?ID=107616>

You can contact us by email at:

commissioningenquiries@rotherham.gov.uk

Or alternatively please direct any queries you may have in relation to the context of this report to any member of the Commissioning Team.

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