

HEALTH SELECT COMMISSION

Date and Time:- Thursday 31 July 2025 at 5.00 p.m.

Venue:- Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH

Membership:- Councillors Keenan (Chair), Yasseen (Vice-Chair), Adair, Ahmed, Baum-Dixon, Bennett-Sylvester, Brent, Clarke, Duncan, Garnett, Harper, Havard, Knight, Reynolds, Tarmey, Thorp and Fisher.

Co-opted Member David Gill representing Rotherham Speak Up.

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes.

Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Minutes of the previous meeting held on 26 June 2025 (Pages 5 - 18)

To consider and approve the minutes of the previous meeting held on 26 June 2025 as a true and correct record of the proceedings and to be signed by the Chair.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

For Discussion/Decision:-

6. ADASS Peer Review Report (Pages 19 - 77)

To receive a report and presentation which provides an overview of the findings from the Peer Review undertaken by the Association of Directors of Adult Social Services (ADASS) in January 2025. Rotherham Council's Adult Social Care (ASC) Service commissioned the review in order to provide assurance on the recommendations being implemented to improve the delivery of adult social care for people in Rotherham.

7. Healthwatch Rotherham Annual Report (Pages 79 - 104)

To receive a report which provides an overview of the work undertaken by Healthwatch Rotherham in 2024-25 and outlines priorities it had identified for the coming year.

8. Yorkshire Cancer Research White Rose Report Update

To receive an update following the White Rose Cancer Report regional launch Yorkshire which showcased how cancer outcomes across the region and beyond could be improved based on insights from across Yorkshire.

9. Health Select Commission Work Programme - 2025-2026 (Pages 105 - 107)

To consider the Health Select Commission's work programme for 2025-2026.

For Information/Monitoring:-

To receive and note the contents of any reports routinely submitted to the Health Select Commission for information and awareness.

10. South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

The next JHOSC meeting is due to take place on 23 July 2025. The minutes of the 23 July 2025 JHOSC meeting will be included in the agenda pack for the 2 October 2025 Health Select Commission Meeting.

11. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.



JOHN EDWARDS,
Chief Executive.

**The next meeting of the Health Select Commission
will be held on Thursday 2 October 2025
commencing at 5.00 p.m.
in Rotherham Town Hall.**

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HEALTH SELECT COMMISSION
Thursday 26 June 2025

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Adair, Bennett-Sylvester, Brent, Clarke, Duncan, Garnett, Harper and Gill.

Apologies for absence:- Apologies were received from Ahmed, Baum-Dixon, Havard, Thorp and Fisher.

The webcast of the Council Meeting can be viewed at:-
<https://rotherham.public-i.tv/core/portal/home>

1. MINUTES OF THE PREVIOUS MEETING HELD ON 1 MAY 2025

Resolved:-

That the minutes of the meeting held on 1 May 2025 be approved as a true and correct record of the proceedings.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

4. EXCLUSION OF THE PRESS AND PUBLIC

There were no items on the agenda that required the exclusion of the press or members of the public.

5. NOMINATE REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL

The Chair sought a representative from the Health Select Commission to sit as a member of the Health, Welfare and Safety Panel. It was also suggested that the nominated representative should provide an update on the work conducted during the course of the municipal year.

Resolved:-

That the Health Selection Commission appointed Councillor Garnett as its representative on the Health, Welfare and Safety Panel for 2025/26.

6. ADULT CONTACT TEAM REFERRAL PATHWAY (ADULT SOCIAL CARE)

The Chair welcomed Councillor Baker-Rogers, Cabinet Member for Adult Care and Health, and Jayne Metcalfe, Head of Service – Access and Prevention to the meeting and invited them to introduce the presentation.

Cllr Baker-Rogers explained that an update on the Adult Social Care Adult Contact Team Referral Process was being shared to advise on the Adult Social Care referral pathway, Adult Contact Team (ACT) structure, ACT referral routes and to provide insight into challenges and planned developments to improve access to Adult Social Care and service users' satisfaction.

The Head of Service – Access and Prevention thanked the Commission for the invitation. They provided background information on the Adult Contact Team, previously known as First Contact, created as part of the Adult Social Care operating model in 2019.

They explained that the team's purpose was to receive, triage, and prioritise referrals for assessment, prevention, safeguarding, and Occupational Therapy (OT). The service underwent redesign which concluded in April 2025 and was in the implementation stage. The Adult Contact Team served as a single point of contact for Adult Social Care, and offered the ability to make referrals 24/7 via an online form, during office hours by telephone, or in person at Riverside House. The team aimed to resolve support requests at the earliest opportunity, linking people to appropriate professionals, prioritising safeguarding concerns. They also supported individuals with no recourse to public funds and administered public health funerals.

The Supporting Independence Team was introduced to strengthen the initial response to contacts and manage demand. That team worked with individuals unlikely to meet the threshold for formal care but who nonetheless needed support to access community resources, reduce isolation, and maintain independence. The team comprised of community connectors, sensory workers who work with visually and hearing impaired and our carer's workers addressed standalone requests for carers assessments which aimed to maximise independence, reduce delay or prevent the need for formal care and support. The team could work with individuals for up to 20 weeks, but often less and began working with individuals from late September 2024.

Between April and May 2025, sensory workers supported 101 people with visual, hearing or dual impairments. Community connectors worked with 195 people since September 2024, with only 8% needing a Care Act assessment and carers link officers conducted 182 carers assessments since October 2024, which significantly reduced the waiting list. Learning since implementation was still being embedded and data collection improved to better evidence the progress made.

During March 2025, the Adult Contact Team received 2,778 calls and 1,833 emails. They aimed to make a decision on the right pathway within five days of receiving a referral and achieved this in approximately 60% of cases. The team handled 285 monthly referrals for occupational therapy, with about a third of which required an urgent response. They had also supported 25 individuals without recourse to public funds and managed 25 Public Health funerals in the past year. When contact was received, individuals were supported with information and advice, signposted to a voluntary or community sector organisations, referred to the enablement team, the supporting independence team, or occupational therapy.

The multi -agency approach at the front door in Adult Social Care meant that the team could meet people's needs more quickly and effectively. For example, the co-location of occupational therapy colleagues at the front door meant that 91 urgent referrals were responded to at the point of referral in March 2025. The team also liaised with other departments, including housing and mental health services, and screened around 800 vulnerable adult forms from the police and in March 2025, the team received 350 safeguarding referrals, with 120 progressing to an initial enquiry and 59 to a full enquiry. They were allocated to the relevant community team after ACT had completed the initial screening and made safe.

The team was implementing various service improvements to enhance user experience and manage growing demand. They were updating the electronic referral form to integrate with the case management system and streamline processes and business processes were being reviewed to improve call response times and manage referral complexity.

The team explored had explored and were implementing the use of artificial intelligence (AI) to increase staff capacity, improve the user experience and more effectively manage demand. They also maintained close links with the Rothercare service and the new Rothercare tech partner to support assistive technology provision.

The safeguarding pathway was refreshed to strengthen referral screening and timeliness and the Public Health funeral function was being realigned to the Court of Protection team to free up 'front door' capacity. They were also reviewing triage processes for occupational therapy referrals to manage increased demand, which had risen significantly by approximately 23%, embedding strong links with the mental health enabling service and the Supporting Independence Team's offer was being expanded to support young people preparing for adulthood who did not meet the threshold for Adult Social Care support.

The Head of Service – Access and Prevention outlined feedback obtained which reflected satisfaction rates above 90% and provided details of case studies which reflected the impact of the Adult Contact Team in operational delivery scenarios.

The Cabinet Member for Adult Care reflected that the presentation demonstrated what a positive impact the service had and that the improvements were going to mean that the Council had an even more positive impact on enabling residents to live their best lives but also to live where they want to for as long as they possibly could, as independently as they possibly could in their own homes.

Cllr Yasseen thanked the Cabinet Member for Adult Care and Health and the Head of Service – Access and Prevention for the report and presentation, and invited questions and comments from members.

Cllr Brent enquired about the list of screening and triaging in the report, specifically regarding sex and gender issues and referral points for contacts which presented those issues. The Head of Service – Access and Prevention explained that screening focused predominantly on Adult Social Care needs and issues. They linked with health colleagues when necessary and had good connections with community health services. They did not have specific work around sex and gender but referred to people as they preferred.

Cllr Brent sought further clarity regarding how calls that related to sexuality or gender issues were handled and referred onwards. The Head of Service – Access and Prevention confirmed that the Adult Contact Team operated a ‘no wrong front door policy’, which always tried to signpost individuals to appropriate services. Whilst there was no specific ‘pathway’ for sex and gender issues, if the service could not provide the advice and support needed, they would refer the person to the right professional or service, such as a GPs, health professionals, social prescribers or Voluntary and Community Sector organisations equipped to support them.

Cllr Brent agreed to channel any additional queries or points of clarification on that subject via the Governance Advisor at the request of the Chair.

Cllr Duncan wanted to know whether there was a target or KPI for resolving support requests at the earliest opportunity and if so, whether it had been met or if indicative figures which illustrated improved performance could be provided. The Head of Service – Access and Prevention advised that they tried to respond to email correspondence within 48 hours and aimed to gather information, screen, and triage to make a decision. They tried to link with the right professional, such as Housing services for example to resolve issues, which could sometimes take longer due to the range of requests received or due to referrals via third parties where background information was limited, or reluctance to engage on the part of the referee. They were working on improving their five-day response time.

Cllr Duncan also asked how interconnecting services were made aware of

the ACT offer and pathway. The Head of Service – Access and Prevention explained that teams routinely attended various neighbourhood meetings and had strong links with social prescribers through the Transfer of Care Hub and community teams. They had a presence in Riverside every day and were easily accessible to housing colleagues due to close location within the Council offices. They were also working on improving their online presence and referral processes, were involved in place meetings or meetings with Public Health colleagues and pursued collaborative and joint working where appropriate. They also regularly attended meetings with relevant voluntary sector organisations.

Cllr Clarke asked about the categories for referrals and which was the most frequent type and referenced occupational therapy (OT), which they understood had represented around a third of referrals received. The Head of Service – Access and Prevention confirmed that OT was a significant proportion of referrals received, which had seen an approximately 23% increase in activity. They were looking at different ways to manage the demand. A lot of referrals were for support for more vulnerable adults where support was required to live well and independently at home, some of which included OT which was housed in the enabling service.

Cllr Clarke wanted to know about the service's ability to track data, including call times and dropout rates. The Head of Service – Access and Prevention explained that their telephony system, had reporting functionalities which could track all calls including wait times, abandoned calls, call durations, and follow-up actions. They were working on improving their reporting processes and exploring the use of artificial intelligence (AI) to support performance improvements. There was an aspirational desire for daily call activity to be shared on screen so that managers had real time visual performance indicators.

Cllr Clarke asked about the use of AI, with particular respect to forward planning and demand management given the significant demands and anticipated trajectory. The Head of Service – Access and Prevention explained that AI helped transcribe conversations into written documents, saving time for staff. The AI could record a conversation or phone call and translate it into a written document, which the worker could then edit. This allowed workers to focus on listening rather than writing. They emphasised the importance of staff checking and challenging the AI transcriptions to ensure accuracy, provided an example involving an occupational therapist who used AI during an assessment and the time saving achieved. They were exploring other AI functionalities such as grouping emails from their inbox etc. to improve their services and were working with IT colleagues to progress this. The Head of Service – Access and Prevention discussed the management of workflow and data collection. Whilst there was a 20% increase in demand, effective management within the service had meant that only approximately 6% of that demand had translated into onward referral for a care act assessment. They explained that they collected data and used it to plan

for the next year. This data-driven approach led to the latest pathway redesign, which aimed to allocate resources based on the insights gathered.

Cllr Clarke expressed her appreciation for the exploration of the benefits of AI technology in front line service delivery.

Cllr Garnett questioned the types of contact ACT received overall versus the low number of in-person contacts. The Head of Service – Access and Prevention explained that many people preferred to email or call, but they did not deter in-person visits. They saw around 20 people per month in person, often referred by housing colleagues, and always ensured staff were available to support those attending Council offices, drawing on support from Social Care Teams and Locality Teams as necessary.. They promoted their telephone number and online email form, which many people used to contact them. They explained that the service had noted changing trends around contact, with a notable ongoing gradual increase in online versus telephone contact.

Cllr Garnett also asked about data gathering concerning feedback pre and post-implementation and whether this reflected positive improvement that could be quantified as either a number or percentage. The Head of Service – Access and Prevention stated that the pathway redesign and changes remained in the implementation stage until early August 2025, though positive feedback had already been received, but not in a quantifiable state at that time. They planned to continue seeking feedback as they moved through the implementation process and collected feedback through surveys and "how did we do" cards. They emphasised the services commitment to striving for improved performance and used feedback from internal delivery partners and service users alike to make and evaluate further changes intended to improve performance and experience. They were acutely aware that the service needed to work people contacting the Adult Contact Team, not just for the team itself.

Cllr Clarke sought clarity regarding the percentage of 'no further action' cases out of the circa 5,000 contacts received, and the reasons behind that outcome. The Head of Service – Access and Prevention explained that approximately 20% of referrals resulted in no further action, often because they were not the right team to help and cited some misunderstanding that existed concerning what Social Care can and cannot do. They always tried to signpost individuals to the appropriate services and would contact other professionals where necessary, particularly in relation to those who were vulnerable and may not be in a position to follow signposting advice and guidance. Around 50% of contacts received, circa 2200, progressed to community teams for a Care Act assessment.

Cllr Yasseen congratulated the Head of Service – Access and Prevention on the excellent and broad offer and asked about the drivers of increased demand on the service and the impact of diverse vulnerabilities and

complex needs in the context of real terms funding cuts to front line services. The Head of Service – Access and Prevention attributed growth in demand and complexity to an aging population, post Covid changes in population health, and factors like housing issues and the cost-of-living impacting on health and well-being. They drew on data and expertise from Public Health colleagues to inform work and planning, but predicted that demand would continue to stay high and potentially increase over time.

Cllr Yasseen also wanted to know more about Public Health funerals, the apparent increase in deaths among individuals without access to funds, and the ways in which residents became aware of and gained access to that type of support. The Head of Service – Access and Prevention noted that information about public health funerals was available on the Council website, but were often referred to the Council by other services. The team worked sensitively with those affected to ensure people received dignified funerals, spending time to find out about the deceased and their relatives. They added that where there was an estate but funds could not be accessed in a timely manner, the Council provided support but recouped costs at a later stage. They acknowledged that it was a complicated process that the team go through, and a lot of expertise within the team around that, hence continued support for a period of time when the work moved to the Court of Protection to ensure a smooth transition.

Cllr Clarke complimented the service provided for its work around Public Health funerals and continued support during transition and expressed reassurance that the high standards would continue when the work moved over due to the supported handover.

Cllr Yasseen suggested improving the accessibility of the service's online presence and integration with neighbourhood and locality working in regards to all of the Adult Contact Teams functions, citing the potential for more cohesive community services drawing on the local knowledge of ward members. The Head of Service – Access and Prevention agreed and mentioned that they were working on improving their website and ensuring better connections at the ward level.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the report.
2. Noted the areas of development underway to further enhance the service offer.
3. Requested a further update around AI implementation within the service in the next 6-12 months, via means to be confirmed at a later date.

7. HEALTH HUB DEVELOPMENT

The Chair welcomed Councillor Williams, the Cabinet Member for Transport, Jobs and the Local Economy and Simon Moss, the Assistant Director of Planning, Regeneration and Transport to the meeting and invited them to introduce the report and presentation.

The Cabinet Member for Transport, Jobs and the Local Economy noted that Lorna Vertigan, Head of Regeneration was present to discuss the health hub plans for the town centre. They provided an overview of the Health Hub Development and highlighted that proposals were due to go before Cabinet for approval on 7 July 2025. They emphasised the Health Hub's importance in addressing limited health services in the town centre. The project aimed to transform the former Boots building at 42-46 Effingham Street into a Health Hub following its acquisition by the Council in May 2023 and return it to use. The project was divided into two phases: relocating the Abbey Pharmacy from its current location which was essential in order to progress the Library and Markets redevelopment which was underway and establishing a shared Health Hub working with health partners and service providers to explore the feasibility various health services, with the ultimate aim of improving access to health services, taking pressure off GP services and the hospital whilst supporting the wider regeneration ambitions for the town centre.

The Assistant Director of Planning, Regeneration and Transport explained the strategic context, referencing the Town Centre Master Plan from 2017 which aimed to transition from retail reliance to leisure and services, which would see the part of the town centre near Forge Island become more of a leisure and culture quarter and the other side of the town centre anchored by the service sector. They also explained that another big transition in the town centre was around building more housing which meant the town centre needed to serve a growing local community. The council had made several strategic acquisitions, including the former Boots building, to support this transition. The introduction of health-related services was seen as a good fit for the service sector strategy in that part of the town centre.

The Assistant Director of Planning, Regeneration and Transport outlined the need for the project and referenced the term 'Health on the High Street', which had become an established intervention which harnessed mutual benefits of locating health services in town centres which were highly accessible. There was also support for this approach in Central Government which from a regeneration perspective, could also contribute significantly to increased footfall and economic activity in the town centre.

The Assistant Director of Planning, Regeneration and Transport detailed the two phases of the project:

Phase 1: Relocating the Abbey Pharmacy due to the redevelopment of

the markets and library complex.

Phase 2: Working with health partners to develop considered proposals to transform the remainder of the building into a shared Health Hub, giving due regard to the evidence base from a health perspective and considering partners' and service providers' asset strategies.

The estimated cost for Phase 1 was £1.3 million, including fees and contingencies. Phase 2's feasibility and design work were estimated at £400,000. Funding for the project was sourced from Pathfinder funding, requiring agreement from the town board which had been agreed. Before progressing on conclusion of Phase 2, a further report would be brought to Cabinet to set out the detailed proposals developed.

The Assistant Director of Planning, Regeneration and Transport presented a case study from Barnsley, where a diagnostic centre was successfully relocated to the Glassworks in 2022. The project in Barnsley resulted in positive impacts on missed appointments, patient outcomes, and increased footfall of approximately 150,000 per year and an estimated 1.5 million of additional visitor spending. He noted that while the specific services might differ, the principles were applicable to Rotherham, where it was felt from initial discussions that primary care services are likely to offer the most impact and opportunity.

The former Boots building was well-located but underutilised, currently serving as a site office for market upgrades. Indicative plans showed potential layouts for the ground, first, and second floors, with space for approximately 30 clinical spaces. The ground floor would house the pharmacy, with the first and second floors offering additional health service spaces.

A specific task and finish project group would be formed, including health service providers, to formalize discussions and report through the council's capital reporting process. The governance structure for the ongoing operational management of the building would be proposed in the next cabinet report. The project aimed to ensure no significant deviation from the intended purpose over time.

The Chair thanked the Cabinet Member for Transport, Jobs and the Local Environment and the Assistant Director of Planning, Regeneration and Transport for the presentation and invited questions and comments from members.

Cllr Brent asked about considerations for parking, drop-off spots, and bus stops to access the proposed Health Hub, highlighting potential difficulties faced by people with ill health or mobility issues. The Assistant Director of Planning, Regeneration and Transport responded that the site was within walking distance of two large car parks, including the council-operated Drummond Street car park, which offered one hour of free parking and a multi storey. There were also priority parking spots for blue badge holders

and various drop-off spaces nearby such as Effingham Street and Drummond Street, with both the bus interchange and train and tram station in close proximity. They emphasised the site's accessibility, noting that 60% of the borough could access it within 30 minutes via public transport. They agreed that this was an important consideration the accessibility of this site in the town centre was one of the key advantages.

Cllr Brent enquired about the status of the Town Centre Music Venue Project referenced in the report and presentation. The Assistant Director of Planning, Regeneration and Transport explained that while the music venue remained important, it had faced challenges in finding a suitable location. They were considering downsizing the proposal and working with the current operator to protect an existing music venue. The Head of Regeneration added that they had explored three different properties, but costs kept rising and it was felt that this was beyond the realm of public funds. They were committed to the project but recognised the need for private sector involvement.

Cllr Duncan questioned the success of a similar health service model which housed a GP walk in and out of hours service with and on-site pharmacy in the town centre adjacent to Bailey House, given its closure. Gilly Brenner, Public Health Consultant explained that changes in health service commissioning and rental agreements had impacted upon the previous service. The new proposal aimed to integrate health and social care services, making them more accessible, especially for households without access to a car. The Public Health Consultant acknowledged the need for more work done to develop the final proposals and outlined the direction of Central Government in relation to neighbourhood health, concerned with the integration of services via an embedded single front door which afforded joined up healthcare and some social care work together delivering greater wrap around services. They also highlighted that 23 % of households in the borough did not have access to a car, so it was important to deliver a site easily accessible by public transport. The Assistant Director of Planning, Regeneration and Transport added in the Barnsley case study referred to the location in the retail core was central to the proposal. And I think what's interesting from that is just how central in the retail core the proposals were and the psychology around that, hence the location next to the library and markets development.

The Cabinet Member for Adult Care and Health explained that the flexibility of individual spaces was also being considered in terms of potential use by particular services for one or two days per week, then occupied by others for the remainder of the week. The Public Health Consultant added that there were lots of potential options and models that could be pursued such as occupational therapy being alongside some of the health provision there so that you've got that joined up between health and care, the potential to host weight management and stop smoking cessation services, nutrition support, cooking type support and possible co-location with social prescribing services. It represented an opportunity

in terms of the link between health service provision and community provision. How that would feel as you walk into that space was fundamental to what the Council would like to achieve with the Health Hub.

Cllr Clarke asked about consulting with Rotherham North and South and the potential for late-night and weekend opening hours, citing public transport issues around accessing existing services within local communities. The Public Health Consultant confirmed that they were considering extended access services currently run by the GP Federation, which included evening and weekend access. She acknowledged the need for borough-wide services to be accessible and mentioned ongoing mapping work to ensure accessibility.

Cllr Garnett enquired about the alignment of the new health hub with the new SDEC (Same Day Emergency Care) Centre operated by TRFT (The Rotherham NHS Foundation Trust), which provided out-of-hours and weekend services. The Public Health Consultant assured Cllr Garnett that they were in discussions with the hospital to avoid duplication of services and ensure that the new hub would complement existing services. The goal was to provide accessible primary care services to reduce unnecessary use of urgent care.

Cllr Bennett-Sylvester raised concerns about the impact on existing health services in the town centre and the accessibility of the new hub, whilst they acknowledged that it was logical from the regeneration perspective and retaining a town centre pharmacy service. They suggested looking at opportunities for improving connectivity between the town centre and other and parking/drop off through review of closed routes. The Assistant Director of Planning, Regeneration and Transport acknowledged the need for further work on accessibility and parking. The Public Health Consultant emphasised that the new hub would provide additional space for services currently struggling with clinical space constraints which would support the national agenda around reducing waiting lists where there wasn't capacity in the hospital setting. There was the need for this to continue to be an evolving discussion in terms of both the health assets strategy and the council assets strategy in terms of where there was give and take. They acknowledged that there were some great services run out of Badsley Moore Lane for example, but noted that the site was not ideal in terms of public transport accessibility, despite the location being well utilised. Productive discussions were under way across health and place partners with the hospital, with the ICB (Integrated Care Board), with the GP Federation around actually how do we sensibly look at best patient access with those discussions driven . by inequalities in access and how to ensure that the ability to get patients to where they needed to be was maximised.

The Cabinet Member for Transport, Jobs and the Local Economy commented that whilst listening to the helpful questions and contributions, this demonstrated the reasons for and validated the

decision to employ a phased approach to the Health Hub development.

Cllr Harper asked about the potential for a walk-in centre at the new health hub to relieve pressure on the hospital accident and emergency department and the funding for the Abbey Pharmacy relocation, with specific regard to what this meant for the Town Centre Music Venue Project. The Public Health Consultant mentioned the possibility of same-day urgent appointments at the new hub. The Assistant Director of Planning, Regeneration and Transport explained that the £1.3 million cost for Phase 1 included fundamental improvements for the whole building and that they were engaging with all affected tenants for temporary relocation during the market refurbishment and aimed to mitigate as much of the impact as possible. The ownership of the premises involved in the Town Centre Music Venue project was confirmed as was the prioritisation of the long-term sustainability of the venue for the tenants.

Cllr Yasseen questioned whether the proposal was driven by public health needs or economic outcomes. The Cabinet Member for Transport, Jobs and the Local Economy and the Assistant Director of Planning, Regeneration and Transport emphasised the mutual benefits of the project for both health services and town centre regeneration. They highlighted the importance of integrating health services into the town centre to support both public health outcomes and increased economic activity and cited strong local and national evidence that this was an approach that worked and delivered those benefits.

Cllr Yasseen also raised concerns about the potential loss of existing health services and the need for free parking for patients. The Assistant Director of Planning, Regeneration and Transport mentioned the one-hour free parking currently available in all Council operated town centre car parks and the possibility of reviewing parking provisions in the future.

Cllr Yasseen concluded by emphasising the importance of engaging with ward members and the neighbourhood model to ensure cohesive provision of services. They proposed an additional recommendation for the Health Select Commission to receive updates on the project, particularly at Phase 2, for pre-decision scrutiny.

The Chair thanked Officers for the helpful and insightful input and discussions.

Resolved:-

That the Health Select Commission supported the following recommendations to Cabinet:

1. That Cabinet approve delivery of Phase 1 of the Town Centre Health Hub project within the scope and budget as detailed at Appendix 1 and Exempt Appendix 2.

2. That Cabinet approve the allocation of funding from the Pathfinder programme to progress to final design and implementation of Phase 1 and feasibility work for Phase 2.
3. That Cabinet note the intentions for Phase 2 of the Town Centre Health Hub and approve the commencement of negotiations with interested parties for the provision of General Practice or other walk-in health services.
4. That Cabinet note the intentions for the Town Centre Music Venue project.

And added a further recommendation:

5. That the proposals developed upon the conclusion of Phase 2 return to the Health Select Commission for pre-decision scrutiny.

8. HEALTH SELECT COMMISSION WORK PROGRAMME - 2025-2026

Resolved:-

That the Health Select Commission:

1. Approved the work programme.
2. Agreed that the Governance Advisor was authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and report any such changes back to the next meeting.

9. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair advised members that there had been no meeting of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) since the last Health Select Commission meeting.

They shared details of items JHOSC were due to consider during the course of the coming municipal year, reiterated the Health Select Commissions representation at that Committee, and requested that members duly notify the Chair or Governance Advisor of anything they would like to be raised on their behalf in relation to items scheduled for consideration during any future JHOSC meetings.

10. URGENT BUSINESS

The Chair explained that they had received notification that long standing Health Select Commission Co-optee, Robert Parkin was due to retire imminently. They noted that the Commission recognised Mr Parkin's contributions to the Commission's work over the years and extended thanks for his commitment to representing Speak Up in that setting.

David Gill, fellow Speak Up Co-optee added that Mr Parkin had been involved with Speak Up for approximately 37 years. His work enabled many individuals with autism and laid the foundations for current and future participation of neuro-divergent voices in health issues, for which there was considerable gratitude.

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting

Health Select Commission – 31 July 2025

Report Title

Adult Social Care Peer Review – January 2025

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Kirsty-Louise Littlewood, Assistant Director, Adult Care and Integration

Kirsty-louise.littlewood@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

Rotherham Council's Adult Social Care (ASC) Service commissioned the Association of Directors of Adult Social Services (ADASS) to carry out a Peer Review in January 2025. This report details the findings from the Peer Review Team and provides assurance on the recommendations being implemented to improve the delivery of adult social care for people in Rotherham.

Recommendations

That the Health Select Commission:

1. Note the findings of the Peer Review of Adult Social Care and the subsequent improvement programme.

List of Appendices Included

Appendix 1 ADASS Peer Challenge Report

Appendix 2 Adult Social Care Peer Review Improvement Plan

Background Papers

[Care Quality Commission \(CQC\) Assessment Framework for Local Authorities](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Adult Social Care Peer Review – January 2025

1. Background

1.1 From April 2023, The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions as set out in Part 1 of the Care Act 2014. Local authorities will be assessed against four domains:

- i.) Working with people
- ii.) Proving support
- iii.) How the local authority ensures safety
- iv.) Leadership

1.2 The CQC Assessment Framework focuses on:

- Delivering and commissioning high-quality services which enables individuals to achieve their outcomes and live their best life
- Working effectively with partners in an integrated way
- Making a positive impact on the lives of people with care and support needs and their carers
- Delivering services which are compliant with legislation.

1.3 Each local authority receives a rating of their assurance ranging from inadequate, through to requires improvement, good or outstanding.

1.4 The CQC has committed to inspecting all 152 Local Authorities by December 2025. The outcome reports of these inspections are published on their website.

1.5 To ensure that the Council and Adult Social Care are appropriately prepared for assurance, the Association of Directors of Adult Social Services (ADASS) were commissioned to conduct a peer review in January 2025.

1.6 The ADASS Peer Review, followed on from the LGA Peer Review in December 2023 to evidence and understand how well Adult Social Care was delivering on its improvement journey.

1.7 Since the Peer Review, the Council received CQC notification and the inspection took place week commencing 14 July 2025. The Council is not yet aware of the outcome and is awaiting the inspection report.

2. Key Issues

2.1 The ADASS Peer Review took place from 22 – 24 January 2025 and focussed on the following key lines of enquiry (KLOEs):

Theme 1: How Rotherham Council Works with People. *This theme covers Assessing needs, Supporting People to Live Healthier Lives, Equity in Experience and Outcomes.*

The peer team were asked to explore:

- how the council actively seeks feedback and listens to people about their experience or outcomes, with a focus on those most likely to experience inequality
- whether the council tailors support to ensure the person can be fully engaged in the social care process with systemic barriers removed to enable full participation / lead their support
- if there are further areas of improvement the council can make in how it ensures accessibility to its services – from information, web and the assessment process through to the provision and review of care and support arrangements

Theme 2: How Rotherham Council Provides Support. *This theme covers Care Provision, Integration and Continuity, and Partnerships and Communities.*

The peer team were asked to explore the extent to which the council can evidence that it responds to the needs of communities within its commissioning and procurement activities including:

- the robustness of the council's Market Position Statements
- the council's assessment of sufficiency within the market – does it reflect the level of need (market management)
- whether the council is harnessing strategic insights which enable the peer team to drill down into the following specific areas –learning disability micro enterprises, carers services, the Voluntary and Community Sector
- the council's use of strategic commissioning to inform tactical commissioning activities.

Theme 4 Leadership. *This theme covers Governance Management and Sustainability and Learning, Improvement and Innovation.*

The leadership theme focussed predominantly, although not exclusively, to the quality statements outlined in Theme 1 and Theme 2.

2.2 The peer team identified 10 key messages during the review period (Appendix 1):

1. There is strong political and corporate support for adult social care and confidence in the adult social care leadership team to deliver.
2. Relationships with partners remain strong and are demonstrated through the work of the Safeguarding Adults Board, the shared commitment to

continued investment in prevention, and health partnerships (amongst many examples).

3. There is evidence that a person-centred and strengths-based approach is becoming increasingly embedded.
4. Colleagues spoke positively about access to learning and development opportunities and the investment in the learning and development team.
5. There is a robust approach to quality and risk management, with providers appreciating the benefit of high challenge, high support.
6. You recently achieved zero delays for home care. There is good capacity for supported living for some people.
7. You should be celebrating more, the good work that is happening.
8. There is a robust assurance and performance system in place. More focus needs to be given to articulating the outcomes and experience of people.
9. There is further work to do to ensure the voice of people with lived experience is embedded in the day-to-day work of the department as well as change initiatives.
10. Recruitment and retention continues to be a challenge with high agency use in some teams and across provider services. There are however efforts to reduce the use of agency staff and the people who work here are committed and proud to work in Rotherham.

2.3 The peer team identified the following areas for improvement (Appendix 1):

- There was minimal evidence in some cases of conversations that explored a range of options with the person.
- Support for carers mainly involved signposting and some assessments were more focussed on the cared for person.
- The safeguarding triage process was not applied effectively in one case i.e. it was identified late in the process that the person had no care and support needs.
- In one case there was a question about whether the Mental Capacity Act had been appropriately applied
- Availability of support for people with complex needs and carers.
- Better understanding of co-production vs consultation and of the impact on people when there are changes to services or support.
- More work is needed to develop tactical commissioning approaches to ensure personalised care and support needs can be met.
- Direct payments is limiting options for support and more work is needed to commission a more diverse range of options.

- There is more work to do to map and understand the full range of preventative support available. It was acknowledged that this was being progressed.
- Ensure consistent application of the three-stage test within safeguarding concerns.
- Embed the voice of the person in the work of the Safeguarding Adults Board and to articulate the connection between the work of the board and impact and outcomes for people.
- Referrals for transition cases should be processed earlier.
- The service should consider ways to further understand barriers and challenges to recruitment by engaging with the existing and potential workforce.
- More work was needed to better understand and address reasons where there is a lack of staff engagement, such as in staff surveys.
- The service should further consider ways to allow and enable changes to fully embed and be evaluated in terms of impact.
- There should be a greater focus on celebrating and articulating the great work that is happening and the positive impact and outcomes for people.

2.4 The peer team identified the following areas of strength (Appendix 1):

- There was a good sense of the person and their voice in cases relating to older people and learning disability.
- A strengths-based approach was evident across most of the cases reviewed.
- There was evidence of outcomes and risk being considered at the beginning of the safeguarding process
- A whole market approach is promoted through the market position statement, which is regularly updated and market shaping activity, including the annual cost of care exercise, was reported to be stabilising gaps in the market.
- Commissioners work closely with housing and operational social care teams, and there are integrated commissioning arrangements with health through the Better Care Fund including joint posts.
- Greater flexibility in the use of home care provision has helped to stabilise the home care market and achieve zero waits for service.
- There is robust quality and risk monitoring and market management, and a strong relationship between commissioning and quality team.
- The peer team met with several people with lived experience who provided positive feedback about the impact of support and services on their lives. Services such as, Wellgate, Rotherham Sight and Sound, and Direct Payments offering choice and control. Similarly older people were positive about the care and support they received at Bakers Field (extra care facility) and Davies court (respite and intermediate care facility).
- There is evidence of strong partnerships at all levels and across all sectors.
- The occupational therapy service is a great example of an integrated team.
- The Safeguarding Adults Board is working effectively in partnership to safeguard people.

- There is a very robust system of assurance with oversight at a very senior level and shared accountability and responsibility.
- Practitioners feel well supported with risk management processes by senior managers; and each other.
- There is strong partnership working between practitioners to safeguard people.
- There are particularly strong links with housing who provide a timely response to risk.
- There are good outcomes for some people with complex lives
- There is a timely and coordinated response to organisational safeguarding.
- Adult social care continues to be well led with a strong and committed leader, chief executive officer and lead cabinet member who understand and support adult social care. The adult social care senior leadership team continue to be valued for their visibility and stability of leadership
- There is a good line of sight from the principal social worker to the director of adult social services and the principal social worker feels heard and able to influence change.
- There is good access to learning and development opportunities across all services along with a range of career development opportunities such as advanced practitioner, apprenticeships, and support for newly qualified social workers.
- A willingness to try new things and continuously develop and learn provides confidence in the direction of travel.

2.5 Adult Social Care have developed an improvement plan to ensure it celebrates its areas of strength and address the areas for improvement so that residents continue to have an improved customer experience (Appendix 2).

2.6 The improvement plan is themed by the domains within the CQC Assurance Framework:

- **Working with People**

This theme includes six recommendations covering areas such as improvements to pathways, more timely decision making, clarity on our duty function and ensuring face-to-face support is the default approach to delivering services.

- **Providing Support**

This theme includes four recommendations covering areas such as tactical commissioning, ensuring a true focus on co-production and exploring further opportunities to address gaps within the care sector.

- **Ensuring Safety**

This theme includes three recommendations relating to consistent application of the 3-stage test in safeguarding, earlier referral for transition

assessments and strengthening the voice of the person within the work of the Safeguarding Adults Board.

- **Leadership**

This theme includes four recommendations relating to strengthening the engagement of the workforce, managing the level and frequency of change, understanding the barriers and challenges to recruitment and developing a greater focus on celebrating the great work that is happening.

- 2.7 The improvement plan will be assured through the Adult Social Care Regulatory Assurance Board which meets monthly.

3. Options considered and recommended proposal

- 3.1 Health Select Commission note the outcome of the ADASS Peer Review.
- 3.2 Health Select Commission offer any further recommendations for addressing the areas for improvement within the improvement plan.

4. Consultation on proposal

- 4.1 The peer team were then onsite for three days holding interviews, focus groups, and discussions to understand the adult social care department and to develop feedback and recommendations through triangulating the evidence presented. All information collected as part of the onsite activity was done so on a non-attributable basis to promote an open and honest dialogue.
- 4.2 The peer team:
- completed twelve case file audits
 - held interviews and discussions with around 150 people across adult social care, partners and people with lived experience
 - spent around 200 hours with the council and as part of reviewing the submitted evidence file.

5. Timetable and Accountability for Implementing this Decision

- 5.1 It is anticipated that the Adult Social Care Improvement Plan will be delivered in full by April 2026.

6. Financial and Procurement Advice and Implications

- 6.1 There are no immediate financial implications from this report.

7. Legal Advice and Implications

- 7.1 There are no direct legal implications to this report.

8. Human Resources Advice and Implications

- 8.1 There are no HR implications associated with this report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The Peer Review was inclusive of young people preparing for adulthood, to ensure that all young people:

- Grow up prepared for the future.
- Have improved health and wellbeing.
- Are able to exercise control over the support they receive.
- Are able to receive support locally from a range of services that everyone values.
- Have an opportunity to have their own 'front door'.
- Can access the right support in the right place, based on where the young person lives.

10. Equalities and Human Rights Advice and Implications

- 10.1 The proposals in this report support the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability and;
- Equality Act (2010) to legally protect people from discrimination in the wider society.

- 10.2 All developments identified within the improvement plan will be subject to a full and detailed Equality Impact Analysis where required.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 There are no implications for CO₂ emissions or climate change directly arising from this report.

12. Implications for Partners

- 12.1 All relevant partners and key stakeholders including health, voluntary sector and other internal council departments, are actively engaged in delivery of the improvement plan and ensuring the service is ready for assurance.

13. Risks and Mitigation

- 13.1 **Risk:** Non-delivery of the improvement plan for Adult Social Care could present reputational, financial, regulatory and safeguarding risks.

- 13.2 **Mitigation:** Delivery of the improvement plan will be monitored and assured at the Adult Social Care Regulatory Assurance Board monthly.

Accountable Officer(s)

Ian Spicer, Strategic Director, Adult Care, Housing and Public Health

Approvals obtained on behalf of:

	Name	Date
The Strategic Director with responsibility for this report	Ian Spicer, Strategic Director of Adult Care, Housing and Public Health	09/07/25
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Adult Social Care and Health – Councillor Baker- Rogers	02/07/25

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This report is published on the Council's [website](#).

23rd May 2025

Yorkshire and Humber ADASS Preparation for Assurance Peer Challenge Report: Rotherham Council January 2025

1. Background

Rotherham Council asked Yorkshire and Humber ADASS to undertake a regional Adult Social Care Preparation for Assurance Peer Challenge at the council and with partners. The work was commissioned by the Strategic Director Adult Care, Housing and Public Health, who was seeking an external view from a team of regional peers about the experience of people receiving support from adult social care and to comment on the council's preparations for Care Quality Commission Local Authority Assessment.

2. Purpose

Peer challenge is an improvement focused activity not an inspection. The purpose of a peer challenge is to support an authority, and its partners to assess current achievements, areas for development and capacity to change. The peer team use their experience and knowledge of local government and adult social care to reflect on the information presented to them by the people they meet.

3. The Peer Team

The members of the peer challenge team were:

Sara Storey, Corporate Director, Adult Social Care and Integration, City of York Council

Cllr Salma Arif, Cabinet Member Adult Social Care, Active Lifestyles & Culture, Leeds Council

Kathryn Anderson Bratt, Service Director, Integration and Partnerships, Adults, Wellbeing and Culture, Doncaster Council

Kwai Mo, Head of Service for Mental Health and Learning Disabilities, Barnsley Council

Richard Cumbers, Head Adult Social Care Operations (Independence), Kirklees Council

Becky Jackson, Adult Principal Social Worker, Adults and Health, North Lincolnshire Council

Michaela Pinchard, Peer Challenge Manager, Yorkshire and Humber ADASS Associate

4. Scope

The work of the peer team focusses on the four assurance themes in the Care Quality Commission (CQC) assurance framework used in the local authority adult social care assessment process.

Care Quality Commission Assurance themes

Theme 1: Working with people This theme covers:	Theme 2: Providing support This theme covers:
<ul style="list-style-type: none"> Assessing need Supporting people to live healthier lives Equity in experiences and outcomes 	<ul style="list-style-type: none"> Care Provision, integration, and continuity Partnerships and communities
Theme 3: How the local authority ensures safety within the system This theme covers:	Theme 4: Leadership This theme covers:
<ul style="list-style-type: none"> Safe pathways, systems, and transitions Safeguarding 	<ul style="list-style-type: none"> Governance, management, and sustainability Learning improvement and innovation

4.i Specific focus

Rotherham Council asked that the peer challenge team focus on:

Theme 1 How Rotherham Council Works with People. This theme covers Assessing needs, Supporting People to Live Healthier Lives, Equity in Experience and Outcomes.

Key areas of focus: The peer team were asked to explore:

- how the council actively seeks feedback and listens to people about their experience or outcomes, with a focus on those most likely to experience inequality
- whether the council tailors support to ensure the person can be fully engaged in the social care process with systemic barriers removed to enable full participation / lead their support
- if there are further areas of improvement the council can make in how it ensures accessibility to its services – from information, web and the assessment process through to the provision and review of care and support arrangements.

Theme 2 How Rotherham Council Provides Support. This theme covers Care Provision, Integration and Continuity, and Partnerships and Communities.

Key areas of focus: The peer team were asked to explore the extent to which the council can evidence that it responds to the needs of communities within its commissioning and procurement activities including:

- the robustness of the council's Market Position Statements
- the council's assessment of sufficiency within the market – does it reflect the level of need (market management)
- whether the council is harnessing strategic insights which enable the peer team to drill down into the following specific areas –learning disability micro enterprises, carers services, the Voluntary and Community Sector
- the council's use of strategic commissioning to inform tactical commissioning activities.

Theme 4 Leadership.

This theme covers Governance Management and Sustainability and Learning, Improvement and Innovation.

The leadership theme is included as standard and for the purpose of this challenge will be covered predominantly (though not exclusively) in so far as it relates to the quality statements outlined in theme 1 and theme 2.

5. Methodology

Prior to being onsite, the peer team undertook a case file audit, and a review of a range of information and data.

The peer team were then onsite for three days holding interviews, focus groups, and discussions to understand the adult social care department and to develop feedback and recommendations through triangulating the evidence presented.

All information collected as part of the onsite activity was done so on a non-attributable basis to promote an open and honest dialogue.

In arriving at their findings, the peer team:

- completed twelve case file audits
- held interviews and discussions with around 150 people across adult social care, partners and people with lived experience
- spent around 200 hours with the council and its documentation - the equivalent of circa 27 working days.

Initial feedback was presented to the council on the last day of the peer challenge and provided an overview of key messages.

This report builds on the presentation and provides further detail to underpin the key messages, strengths and considerations.

Although not in scope, some strengths and considerations have been included relating to theme three – ensuring safety. However, the information has not been triangulated to the same extent as the other themes.

Every effort is made by the peer team to triangulate evidence available to them in the time spent on site, and while the findings provide a good indication of strengths and considerations it cannot and does not represent a fully comprehensive assessment.

6. Acknowledgements

The peer challenge team would like to thank people with a lived experience, carers, councillors, colleagues, partners, and providers for their open and constructive responses during the challenge process.

7. Key messages

There are observations and suggestions within the main section of the report linked to each of the CQC themes. The following represents the key messages to the council.

Message 1 There is strong political and corporate support for adult social care and confidence in the adult social care leadership team to deliver.

Message 2 Relationships with partners remain strong and are demonstrated through the work of the Safeguarding Adults Board, the shared commitment to continued investment in prevention, and health partnerships (amongst many examples).

Message 3: There is evidence that a person-centred and strengths-based approach is becoming increasingly embedded.

Message 4 Colleagues spoke positively about access to learning and development opportunities and the investment in the learning and development team.

Message 5 There is a robust approach to quality and risk management, with providers appreciating the benefit of high challenge, high support.

Message 6 You recently achieved zero delays for home care. There is good capacity for supported living for some people.

Message 7 The peer team consider that you should be celebrating more, the good work that is happening.

Message 8 There is a robust assurance and performance system in place. More focus needs to be given to articulating the outcomes and experience of people.

Message 9 There is further work to do to ensure the voice of people with lived experience is embedded in the day-to-day work of the department as well as change initiatives.

Message 10 Recruitment and retention continues to be a challenge with high agency use in some teams within the council, and across provider services. There are however efforts to reduce the use of agency staff and the people who work here are committed and proud to work in Rotherham. This is demonstrated by the following quotes which represent a small selection of what the peer team heard.

“I wish I had come here earlier”

“We want the best for people”

“I love the people I work with”

“Best job ever”

9.i Theme 1: Working with People

This theme includes assessing needs, supporting people to live healthier lives and equity in experience and outcomes.

Case File Audit

As part of the peer challenge, a case file audit was carried out on twelve cases with feedback provided to the principal social worker at the time of the audits, and to the wider team as part of the final presentation.

Although the sample is relatively small it was possible to see some themes emerging, which to an extent have been consistent with what the team heard from people with lived experience, carers and Rotherham colleagues.

Strengths

- There was a good sense of the person and their voice in cases relating to older people and learning disability. Direct quotes were used to reflect the persons wishes.
- A strengths-based approach was evident across most of the cases reviewed.
- There was evidence of outcomes and risk being considered at the beginning of the safeguarding process.

Considerations

- There was minimal evidence in some cases of conversations that explored a range of options with the person.
- Support for carers mainly involved signposting and some assessments were more focussed on the cared for person.
- The safeguarding triage process was not applied effectively in one case i.e. it was identified late in the process that the person had no care and support needs.
- In one case there was a question about whether the Mental Capacity Act had been appropriately applied.

To improve consistency of practice and recoding there has been a relaunch of the case file audit process led by the principal social worker who will shortly be making recommendations to the senior leadership team based on findings from the last 12 months. A moderation process has also been developed to gain assurance that audit guidance is being applied appropriately and consistently.

A strengths-based approach

There was evidence of a focus on strengths-based approaches in the case file audit and from conversation with teams. Implemented in 2019 the target operating model was designed to strengthen pathways to ensure a more person centred approach. This was evident in some of the case records where assessments were found to be comprehensive and 'very good' at exploring a person's strengths. The way case records were laid out was found to be helpful in demonstrating a person's strengths. Practitioners articulated how they worked in a person centred and strengths-based way with people whether that be at the front door, when supporting people who did not have eligible care needs, or as part of a Care Act assessment.

Waiting well

There is a strong focus on, and council wide approach to managing waiting lists and waiting well. There is evidence that improvement activity has reduced waiting lists and there is a commitment to managing and minimizing waiting lists moving forward. A case weighting tool helps to ensure there is an appropriate and manageable mix of complexity within caseloads. The peer team heard from managers and front-line teams about improvements to the assessment process including timeliness, making sure that people who are waiting for an assessment know what to expect when they first make contact, and supporting them to remain safe and well while they wait. This is facilitated by a range of prevention activity such as the work of the Supporting Independence Team and the introduction of 'Trusted Assessment' for minor adaptations.

Unpaid carers

Work is on-going to improve the offer to unpaid carers. The council's self-assessment identifies that the number of carers assessments is low and there is need to further promote and strengthen the offer for local carers. This was evident in the case file audit and through speaking with carers who reflected on the lack of suitable respite. While there is clearly work to do, the peer team did hear about work to improve the offer for unpaid carers in Rotherham. One carer reflected how encouraged they were by the councils efforts to reach out to the community and to develop a more person-centred and community-based approach for carers.

The carer described this as refreshing and indicated that there had been a noticeable change in approach with the arrival of the council's carers strategy manager. The manager has been in post for circa 18 months and was credited by the carer as being approachable, willing to listen, and willing to acknowledge that information in digital formats does not suit the needs of all carers.

The peer team heard about a range of ways that the council engages and involves carers including the development of events such as Carers Rights Day and Carers Week, the Rotherham Carers' Forum which enables informal family or friend carers to have a voice in shaping services in Rotherham, and the carers conversation which took place in 2023 to inform the next iteration of the carers strategy. This has helped the council to identify gaps and make improvements to for example, the Shared Lives offer for people with dementia. The council is keen to continue to improve and promote the offer and to build on the approach to co-production with carers.

Voice of people

Work is in progress to better establish positive experiences of people more consistently. In addition to co-production and engagement, the self-assessment speaks about how the council wants to ensure the voice of people is reflected in everything it does and recognizes the need to seek feedback on its services after each interaction with a person.

To capture the voice of people at this granular level a SMS friends and family style feedback service has been trialed at the front door over the last four months and while uptake was lower than anticipated, the feedback from people was described as positive. Feedback cards are also being developed which workers will be able to leave with people. The supervision and audit frameworks include speaking with the person to determine their experience of the process and managers felt that good learning was emerging from case file audits.

Managers are being supported to ensure learning from complaints and compliments is more systematically identified and acted upon and the themes from all these mechanisms feed into a thematic learning group.

Advocacy

There is a commitment to investment in advocacy beyond statutory requirements. The advocacy offer in Rotherham continues to be effective and highly valued at all levels of the organization. The advocacy contract is commissioned through Absolute Advocacy, a single provider hub model with three core elements.

The advocacy hub administers all referrals; provides independent advocacy which deals with statutory referrals, and community advocacy which deals with non-statutory referrals.

Absolute Advocacy was described as an exemplary service where good working relationships exist between council colleagues and the advocates, who were credited with doing a thorough job. Joint visits were seen as beneficial for both the person and the social worker, and the support provided by advocates in a court situation was also highly valued.

People who may not want to speak directly with professionals can speak with an advocate which enables them to engage in the social care process. The use of advocacy has also extended to supporting people where there have been changes to services.

The service has good monitoring mechanisms in place with quarterly reports, good data, feedback provided on any issues, and action taken as required. For example, the dissemination of monitoring information highlighted waiting times for advocacy and as a result Children and Young People's Services contacted the advocacy service to explore the issues and opportunities to address waiting times. Also, where the information highlighted a care home safeguarding issue, Absolute Advocacy were able to step in to support.

The peer team heard that the understanding of advocacy by front line teams has improved, and referrals are increasing as a result. It was acknowledged however that more could be done to keep teams up to date and to better educate newly qualified workers about advocacy.

Prevent, reduce, delay

There is ***a range of initiatives focused on prevention, early intervention and wellbeing, e.g. complex lives team, homelessness team and housing support officers, supporting independence team, supported employment.*** There is commitment to investing effort and resource into prevention across the partnership and across the council. The peer team heard from the director of public health that prevention will feature even more strongly in the current refresh of the health and wellbeing strategy and that in keeping with a strengths-based approach, the ambition is to better support people who can self-manage rather than 'doing for' them.

Colleagues in adult social care work closely with public health which has enabled there to be a focus on pathways to wellbeing prior to contact with adult social care.

The complex lives team work with people who are not eligible under the care act and are focussed on recovery, resettlement, empowerment and inclusion. Housing support officers assist people with a range of needs intervening early to prevent issues escalating, safeguard people, and co-work with colleagues to help sustain tenancies.

A supporting independence team provides early access to advice and support and includes community connectors who actively connect people with their communities, and community resources. As an example, the peer team heard about an approach by the parent of a young person with autism who did not know what else they could do to support their child to socialise. Community connectors helped the young person to get involved in a local group. As a result, the young person made friends, and their confidence improved.

Carers link officers and sensory officers are also part of the team helping to provide the right support in a timely way. Referrals come to the team through the first contact centre or from localities. The person and any other professionals involved are contacted before working in a strengths-based way to develop the support needed.

The supporting independence team has been in place for just six months and of the 49 people the team has worked with, only seven have been referred on for a Care Act assessment.

Access to equipment and adaptations

Occupational therapists work in the community carrying out **face to face assessments** and provide a **duty response** to deal with urgent situations when needed. Face to face visits allow therapists to spot issues that the person may not otherwise have thought to mention. Therapists carry out a holistic assessment which includes considering any disabling impacts of their home environment. During a visit a therapist will consider the persons longer term needs which supports effective use of discretionary grants and helps to reduce and/or delay the need for more intrusive forms of care and support. The peer team were told that the Disabled Facilities Grant has been reviewed and is now more accessible as a result.

The occupational therapy team operate a duty system from the contact centre and help prevent situations from escalating by ensuring things like equipment is ordered and moving and handing advice is provided in a timely way. Therapists also signpost people to information and other sources of support.

The team gathers feedback from people after each assessment and get a good response rate. They reported a very impressive 98% satisfaction rate.

Evidence of anti-racist practice with a clear example given of a robust response; and positive feedback about the work of internationally recruited carers. An example of antiracist practice was where people assessed as needing support have on occasions expressed a preference in relation to the protected characteristics of a carer. It would be discriminatory for this choice to be presented to the care provider. It was explained to the peer team how brokers have directly and appropriately challenged this, with support from social work colleagues. In the discussion brokers demonstrated a professional and insightful approach in a situation that could have been very difficult for them.

Considerations

Waiting for assessment and support

Long waits for assessment and support exist for some people. There has been significant positive work by the service to address waiting lists for assessments. However, the peer team heard from one person with lived experience that they had waited a long time for an assessment during transition, and from that person and others about delays in decision making leading to delays in the provision of support. Those people described waiting for a decision about care and support following assessment, waiting times for a supported living placement and more generally the time it can take to get the support needed. This uncertainty can leave people feeling anxious especially if they do not understand the reason for delays and are not aware of what to expect.

To quote - a person awaiting a decision on whether their support plan was approved or not - said it felt like:

“Waiting for a random pile of people to decide if I can leave the house”

There is also a waiting list for enablement in part because capacity is not necessarily aligned with demand in certain geographies. This challenge is understood, and work is ongoing by the commissioning team to address it.

Duty system

The duty system is undergoing potential change. There isn't universal clarity about the agreed approach yet, but it is part of a formal consultation process.

The peer team heard that there has been a lot of change to the duty system over time and while there is an understanding amongst teams of the need for change, there is not complete agreement on the detail of what should happen and how.

There has been engagement with staff through various channels with plans being revised as a result.

The future of the duty model is part of a wider formal consultation process that includes engagement sessions, one to ones and feedback opportunities. This includes implementation timelines, and the time needed to embed any changes.

Given the apparent history and sensitivities around duty, it will be important to communicate the outcome of the formal process and reasons for the decision made in a timely way, and to ensure that if changes are to be made, sufficient time is given to allow those changes to fully embed while ensuring there is flexibility to respond to any minor glitches.

Consistency of decision making

While there is evidence of a robust assurance and escalation system and approach to manage risk, we heard some reference to a lack of consistency in decision making and application of thresholds (possibly erring toward risk averseness). Teams reflected that they are well supported with high-risk cases and were able to confidently describe the escalation process. There was however an indication that some cases were passed through to locality teams which should be dealt with at the front door. There was a reflection shared with the peer team that some managers are perhaps more risk averse than others and there is a need for more consistency in applying thresholds to make sure all people are supported in a timely way.

Direct Payments

The peer team heard about the ***'life changing' support via a direct payment but the process was described as complex and difficult by teams, and by people who use services.*** The peer team were heartened by a story told by a person with lived experience about the life changing difference having a direct payment has made to them. The person was able to recruit a personal assistant of a similar age and with similar interests which opened several possibilities including independent travel, completing physiotherapy, going to the gym and thinking about future options for volunteering in an environment the person was passionate about.

However, some people with lived experience highlighted difficulties with the process such as, finding information about direct payments that is easy to understand and does not include 'jargon,' the lack of support for managing a direct payment, not choosing to have a direct payment because of being 'told where to use them,' and not being involved in decisions about ongoing support.

Teams equally reflected the difficulties they experienced with the direct payment process and about the lack of available options for people should they choose to have direct payment.

The service was aware that there were issues with the direct payment process and the peer team were told that the direct payment process had been recently relaunched with the changes made being in their infancy at the time of the peer challenge. Direct payment briefings about the new agreed process were due to be delivered to managers and staff and supporting documentation shared, including a Direct Payments handbook (also produced as an Easy Read Guide), as well as a range of other practice guides for staff to support their understanding and best practice. To ensure intended improvements are achieved the council may want to assure itself about how the relaunch has landed with teams, whether the new process takes proper account of the lived experience of people, and whether there is opportunity to further engage teams and people with lived experience in future developments.

Access to information and advice

Some individuals described an over-reliance on phone/ internet and lack of face-to-face support, which they would prefer in light of their communication needs. The peer team heard from people with lived experience, and particularly carers that they had experienced a lack of face-to-face support, especially since the covid pandemic. They reflected that in their view; there was too much reliance on the use of the telephone and online channels and expressed a feeling that 'the council' is in danger of overlooking people who are not digitally literate.

One person with lived experience said that information was not always available via the internet, or the community directory and they relied on finding out what is available through friends. However, the new web pages are due to be launched in February which should allow for easier navigation and reviewed information in plain English.

9.ii Theme 2: Providing support

This theme includes care provision, integration and continuity, and partnerships and community.

Strengths

Strategic commissioning

There peer team heard from commissioners that there is greater clarity in the strategic direction for adult social care commissioning particularly in terms of how the council wants to develop its relationship with providers and the community. A whole market approach is promoted through the market position statement, which is regularly updated and market shaping activity, including the annual cost of care exercise, was reported to be stabilizing gaps in the market such as provision for people with a learning disability, mental health and autism. For example, a greater range of mental health provision is being developed under a flexible purchasing system with transitional steps being taken to explore the innovative use of direct payments. Work with providers to further expand capacity via the framework is ongoing.

Commissioners work closely with housing and operational social care teams, and there are integrated commissioning arrangements with health through the Better Care Fund including joint posts. Greater flexibility in the use of home care provision has helped to stabilize the home care market and achieve zero waits for service. The council is also leading the on the Accelerated Reform Fund on behalf of South Yorkshire.

Quality, risk and market management

There is robust quality and risk monitoring and market management, and a strong relationship between commissioning and quality team. Commissioners reported that the use of the Provider Assessment Market Management Solution has helped the council develop better intelligence about the quality and compliance of contracted services enabling more targeted support. Risk management was said to be robust and understood by the quality monitoring team. Joint risk meetings involve all sectors including the Care Quality Commission and the fire service on occasion.

There is a strong relationship between the commissioning and quality management teams and good links across other services such as environmental health as well as forums with providers. Infection prevention control into care homes is proactive to minimise the impact of outbreaks.

The relationship that compliance officers have with contracted services and registered managers was described by the providers that the peer team met with as open, transparent and supportive with the key aim of helping them to develop and improve the quality of their services. Sustainability visits are undertaken to help the provider on their improvement journey, rather than simply waiting for the next scheduled visit. An 'Eyes and Ears' event provides commissioners with assurance that better outcomes for people are being delivered.

Impact of services on people

The peer team met with several people with lived experience who provided ***positive feedback about the impact of support and services on their lives. Services such as, Wellgate, Rotherham Sight and Sound, and Direct Payments offering choice and control (as per the example provided earlier in the report).***

People described staff at the Wellgate service as brilliant, kind and helpful and clearly valued the support they had access to through the service including, signposting to other forms of support, a place to meet and socialise, support with specific issues such as depression, nutrition and medication, and peer support. The impact for people included the ability to live more independently, improved social inclusion, and better health and wellbeing.

To quote:

‘I don’t think I’d be here if it wasn’t for the staff here’

Rotherham Sight and Sound is commissioned by the council to enhance support for people with a sensory impairment and complements the in-house sensory service. In addition to this core service, they also offer an inclusive approach to unpaid carers. One carer described the service as fantastic in helping them and their family.

Similarly older people were positive about the care and support they received at Bakers Field (extra care facility) and Davies court (respite and intermediate care facility). To quote:

‘Can’t knock it. 100% fantastic – got me walking again’

‘Feels like a community, can’t think of anything wrong with it’

“She [the social worker] is great, she’s on it, she’s honest”

Partnership working

There is evidence of strong partnerships at all levels across all sectors. The council continues to have strong and long-standing relationships with external partners including the Integrated Care Board and through the Health and Wellbeing Board - which partners agree operates in a way that is reflective of those good working relationships. The Voluntary Sector has a seat at the table as an equal partner. Partners expressed a sense of real clarity about who leads on what and described an ‘open and transparent culture where everyone knows who does what.’

The peer team heard about several informal and formal partnership working arrangements which were helping to deliver benefit for Rotherham people.

Intermediate care, rehabilitation, enablement, occupational therapy and the community equipment service are jointly commissioned by adult social care and the South Yorkshire Integrated Care Board – Rotherham place.

The Voluntary and Community Sector is integral to the delivery of a number of these services and is also engaged in strategic market shaping and co-production activity.

The mental health service includes enablement, social workers and approved mental health professionals. A new pathway was introduced in April 2024 providing community support and enablement over a longer period to improve outcomes for people with mental ill health. This has also seen the development of new services, reflecting local need and market stimulation such as mental health supported living. The relationship between the council and Rotherham, Doncaster and South Humber Mental Health Trust was described as working well.

Some elements of mental health teams remain co-located, i.e. AMHPs however, where this is not the case; joint visits are arranged in crisis situations where needed, there is close working on cases, and health and social care workers actively keep in touch with each other. Working across two IT systems was described as problematic but pragmatic solutions are found.

An integrated discharge team forms part of the Rotherham Transfer of Care Hub and is seen as a real strength. The Hub provides a single point of access for care co-ordination to reduce unnecessary hospital admission and facilitate timely discharge from the acute hospital and intermediate care. Strengths highlighted by the teams involved included:

- developing relationships through multi-disciplinary team working, with all partners co-operating to ensure people move through the system in a timely and effective way
- family and person involvement in decision making
- an integrated approach to assessment
- working with therapy teams to help families support the person and to explore assistive technology
- links with Housing and Age UK to explore options for people

- funding up to £400 through the better care fund (via the voluntary and community sector) which can help where a person might need some goods at home for example
- close working with enablement where it was reported that one third of people do not require ongoing support following a period of enablement.

The residential provider representative indicated that ***relationships are improving with joint health and adult social care posts described as beneficial to providers at a strategic level.*** They reflected that the last five years have been more stable at a strategic level and the benefits from working closely with health are marked by clearer strategic direction.

The occupational therapy service is a great example of an integrated team with great feedback universally. The service is provided by the Rotherham NHS Foundation Trust and jointly commissioned with health partners via the Better Care Fund. The team are co-located with social work professionals and the front door and presented as highly skilled, highly knowledgeable and highly valued across adult social care and health.

Considerations

Market capacity

Availability of support for people with complex needs and carers –you are working on this. The peer team heard about a lack of appropriate services to support people with complex needs – i.e. dual diagnosis, self-neglect and substance misuse. With just three main providers, practitioners talked about how the enhanced brokerage service found it difficult to source placements for people with a mental health assessment that presented as too much risk. Work is in progress however, to increase day opportunities for people with complex needs via Castle View – a new facility which will be completed later this year - as well as developing additional bed-based capacity that will enable people who need support in a crisis to remain closer to home.

Furthermore, with the development of the mental health flexible purchasing system more providers are coming onto the framework, and more services are operating in the borough. A mental health needs assessment has been developed as part of the JSNA, and a mental health strategy is currently being progressed. Cohort mapping is taking place to better understand needs to stimulate and shape the market, as well as repatriate people back into Rotherham and South Yorkshire.

As previously referenced, carers described a lack of respite provision with cost cited as a barrier for some and while there is a carers emergency scheme allowing for 48 hours intervention in crisis via the Rotherham Foundation Trust, commissioners acknowledged more needs to be done to develop respite provision for older people and carers and they are working on this. There is further work to support unpaid carers which includes for example, specialist provision on the home care framework, Dementia Cafes, £100k grant investment in the Voluntary and Community Sector, and work with infrastructure bodies.

Co-production

Better understanding of co-production vs consultation and of the impact on people when there are changes to services / support. The ambition around co-production is evident from the self-assessment and the range of co-production activity that is taking place. Several strategies have been co-produced with people including the learning disability strategy, the autism strategy and the carers strategy. Co-production was described as an integral part of the commissioning cycle and drawn upon to inform the commissioning of services. Examples include the Accelerated Reform Fund, assistive technology and post child sexual exploitation support. The newly formed Rotherham Adult Social Care Always Listening Co-Production Board provides a platform for people with lived experience to help shape and co-design adult social care services. The board is on a development journey and will help to further embed the approach to co-production in Rotherham.

What some colleagues sometimes described however, sounded more comparable with consultation and engagement than true co-production.

The council may therefore want to consider how to further develop a clearer understanding of the 'ladder of co-production' across the workforce. Furthermore, once changes to service have been made the council may want to better understand the impact of those changes on people to assure itself that intended benefit is being delivered.

Tactical commissioning

More work needed to develop tactical commissioning approaches to ensure personalised care and support needs can be met. We heard from some individuals about choice being limited in terms of options available. The peer team heard from various sources about issues that potentially limited choice for people. One team indicated that there was no flexibility in commissioning to use 'spot' providers and that a direct payment should be offered instead. Commissioners indicated however, that there are frameworks in place with appointed providers and work is taking place to explore with NHS partners the need to assure placements i.e. the Rotherham, Doncaster and South Humber Trust, Mental Health in the community and ICB Continuing Health Care. There is the flexibility of spot purchasing to manage surge and demand such as hospital discharge and step down and step up with the ICB. To ensure these arrangements are well understood there may be a need for commissioners to communicate a clearer position with teams.

The medication policy was described as restrictive and potentially out of kilter with how other areas work. Care sector providers highlighted that the current medication policy is limiting in terms of what can be administered by care workers which they articulated can act as a barrier for domiciliary care providers. They indicated difficulties in getting issues resolved, particularly out of hours and stated that they are seeing packages of care being declined as a result. One person with lived experience indicated that issues with the medication policy had been a barrier to them being able to access the correct care provision.

The peer team also heard that access to support via ***direct payments is limiting options for support and more work is needed to commission a more diverse range of options*** to provide greater choice that extend beyond employing a personal assistant or using a care agency. This should improve with the further expansion of the flexible purchasing system.

Access to preventative support

There is more work to do to map and understand the full range of preventative support available - this is underway. The council recognises that the extent to which people are signposted to preventative support in communities can be dependent on what knowledge individuals and teams have about the local area. Work is therefore being done by public health to map and better understand what is available in communities. They have developed an asset map which can be accessed publicly via the JSNA. This includes information about GPs, and community groups such as dementia cafes and carer support groups in Rotherham. This is refreshed in April annually.

9.iii Theme 3: Ensuring Safety

This theme includes safeguarding, and safe systems pathways and transitions.

Strengths

Safeguarding Adults Board.

The ***Safeguarding Adults Board is working effectively in partnership to safeguard people.*** It was clear to the peer team that partnership working to safeguard people in Rotherham is strong. The independent chair reported that there is good attendance at the Safeguarding Adults Board meetings, good senior representation, and development days are well attended. Board membership has been broadened to include a service provider which the independent chair said has enriched the conversations.

Other board members were keen to highlight their positive experience of the board environment with good communication, curiosity and a willingness to learn, and positive ways of working in the subgroups – responsibility for which is shared amongst partners. Work is being done to ensure the performance report better reflects partnership areas and is not just focussed on Rotherham Council.

The complex lives team provides a holistic service. The approach is focussed on recovery, resettlement, empowerment and inclusion which emphasis prevention and early intervention. A review of the vulnerable adults pathways and partnership approach will build on existing practice with an ambition to take a preventative approach more broadly.

The peer team were told that the impact of implementing Right Care Right Person has been minimal because there was already a process in place with South Yorkshire Police which led to very few disagreements. This was a good example that illustrated the strength of the relationships across the partnership and why this is important in delivering good outcomes for people.

Partners reported that good quality data and a helpful dashboard gives the board a high level of assurance regarding the actions being taken and includes both qualitative and quantitative information. This has helped to identify where there has been significant progress in the last couple of years. The board are presented with stories about the outcomes for individuals and every partner is required to demonstrate to the board how safeguarding has contributed to better outcomes for people.

Strategic oversight

There is a ***very robust system of assurance with oversight at a very senior level and shared accountability and responsibility***. The peer team were encouraged by what they heard about the system of assurance and oversight at a senior level.

From a safeguarding perspective there is a clear joined up approach to preventative safeguarding through the Community Multi Agency Risk Assessment Conference, Vulnerable Adults, Risk Management Meeting, and Vulnerable Adults Panel as part of the vulnerable adults pathway, and as already referenced, good quality data to provide high level assurance to the Safeguarding Adults Board. In terms of risk relating to adult social care providers there is risk dashboard which pulls in a raft of information about safeguarding concerns and risk is measured using a points ratio.

More broadly, the strength of partnership working facilitates an effective approach to place partnership governance. The place governance structure ensures leaders across the system are sighted on performance and risk management with the Rotherham Place Board responsible for reviewing the performance of the Rotherham Place Plan and determining strategies to improve performance or rectify poor performance. There is a place-based risk register with risk management and mitigation.

Operational Safeguarding

Practitioners feel well supported with risk management processes by senior managers; and each other. As an example, the complex lives team expressed confidence that they could escalate risks to senior leadership and felt a sense of shared ownership. The team is very supportive of each other and for serious incidents, the Need-to-Know process was described as working well. Social workers and advanced practitioners felt equally confident in the support they received with high-risk cases and the system of assurance and oversight. A standalone risk assessment tool has been introduced to support workers with high-risk cases and things they feel uneasy about.

There is ***strong partnership working between practitioners to safeguard people.*** Operational safeguarding colleagues described close partnership working with agencies including the police, the Rotherham, Doncaster and South Humber Trust and housing colleagues. There are particularly ***strong links with housing who provide a timely response to risk.*** For example, where an adaptation is needed

urgently. These relationships mean that everyone knows who in the system they can approach, and organisations readily come together at times of need.

Managers were described as very open and encouraged teams to challenge and raise any issues with the safeguarding process so that practice can be continually improved. The peer team were told of **good outcomes for some people with complex lives**. For example, a multi-disciplinary team approach was taken with a person who had a complex and chaotic lifestyle rather than going down the traditional safeguarding route. The approach worked well in delivering a least restrictive, proportionate and whole family approach.

Colleagues at the front door said the expectation of front door managers is clear. They told the peer team that they didn't feel alone with safeguarding cases, and they are able to approach others for support. To quote:

'Whatever level of management you are, you feel you can openly speak to others'

The peer team heard that a lot of work has gone into improving the timeliness of assessment and safeguarding interventions with the assistant director having good oversight of where people are in the process and what is happening.

Operational teams reflected on the good work done with providers by the quality management team. They talked about the benefit of frequent multi-disciplinary team meetings that were helping to manage risk, and this has resulted in there being a **timely and coordinated response to organizational safeguarding**.

Considerations

Consistent application of the three-stage test

Operational colleagues questioned themselves whether there is **consistent application of three-stage test**. They felt in some cases the care management route would be more appropriate.

Currently the three-stage test is at the end of the contact form /initial safeguarding enquiry. Teams felt the form is long with too much information and so becomes part of the enquiry rather than a triage. Timescales for decisions about whether there should be an enquiry is two days which was felt does not always support a Making Safeguarding Personal approach. The peer team were told that **work is ongoing at the front door** to address this with a review of the safeguarding pathway, timescales, and consistent application of the three-stage test planned to complete in March.

Voice and impact

The Safeguarding Adults Board acknowledged that there is more work to do to embed the voice of the person in the work of the board and to articulate the connection between the work of the board and impact and outcomes for people. There was recognition by the board that more needs to be done around voice and community engagement. The independent chair has met with the Rotherham Adult Social Care Always Listening Board which is keen to be involved. The challenge for the Safeguarding Adults Board now is how to work to best effect with the various groups that represent the voice of people with lived experience.

The independent chair also talked about the need to be able to demonstrate more strongly what has been done strategically in the board and to be able to make the link to impact on quality of practice.

Referrals for transitions earlier in the process

The peer team heard that there is close liaison with the leaving care services, through drop-in support sessions to enhance sharing of knowledge and reflective practice. It was highlighted however, that an alert and/or earlier referral from children's services would be advantageous to ensure an even smoother transition planning process. Teams are working to improve this with adult social care working with children services colleagues to implement an earlier notification process.

9.iv Theme 4: Leadership

This theme includes governance, management and sustainability, and learning, improvement and innovation.

Strengths

Governance, management and sustainability

Adult social care continues to be well led with a strong and committed leader, chief executive officer and lead cabinet member who understand and support adult social care. The adult social care senior leadership team continue to be valued for their ***visibility and stability of leadership***

The peer team got a real sense that the whole organisation wraps itself around adults and children's social care. The chief executive and corporate finance are supportive of investment in adult social care including workforce, transformation, prevention and advocacy amongst other things.

The councils governance framework, which was recognised as good practice by the Local Government Association corporate peer challenge in 2023, sets out the councils strategic goals and the methods used to monitor progress. This is underpinned by the adult social care governance structure to ensure effective alignment and assurance with corporate approaches. The peer team heard from the chief executive officer about collaborative monthly assurance meetings which includes the chief executive, the council leader, the lead member and the adult social care senior leadership team. Through examination of a performance dashboard, leaders identify ways of working collaboratively to support and address challenges. For example, they review and consider learning from Safeguarding Adults Reviews and waiting lists.

Escalation routes are utilised routinely which correlates with what front line teams reflected, and performance was described in relation to a supportive and learning culture.

To quote:

“Nobody wins unless we all win”

The peer team heard from support service and business partner colleagues who demonstrated a good understanding of social care and play a key part in supporting the department to manage its challenges. This provided further evidence of the strong corporate support for adult social care.

There is clear benefit in adult social care, public health and housing being a part of the same directorate. This enables there to be a shared understanding of roles and responsibilities, the development and delivery of shared objectives and priorities, and positive and productive working relationships.

There is a ***good line of sight from the principal social worker to the director of adult social services and the principal social worker feels heard and able to influence change***. The principal social worker reports to the assistant director but has open communication and regular meetings with the director. The principal social worker role has been elevated within the organisation and is no longer a stand-alone role. This provides access to resources to support delivery of priorities. The introduction of the role of advanced practitioner is one example of how the principal social worker has been able to influence change.

The peer team heard ***positive feedback about actions taken by the leadership team such as ‘Walking in Your Shoes’ and Vlogs***. Walking in Your Shoes aims to bridge the gap between those in senior managerial roles and front-line teams. Senior managers get to experience first-hand what front-line teams are dealing with on a day-to-day basis and this was valued by teams.

Learning, improvement and innovation

There was a clear message that training, development and progression opportunities for staff has improved.

The peer team heard that there was good ***access to learning and development opportunities across all services*** along with a range of ***career development opportunities such as advanced practitioner, apprenticeships, and support for newly qualified colleagues.***

Training opportunities are identified through a training needs analysis based on performance development reviews. All teams including provider services said that there were good opportunities for training and development. There is a range of 'bitesize' learning opportunities such as weekly 'brunch and learn' sessions and multi-disciplinary presentations (safeguarding). Provider services did make comment about a reliance on virtual learning which didn't always work well for them.

Progress has been made toward 'growing your own' through social work apprenticeships and a better experience for assisted supported year in employment students. Feedback about support for newly qualified social workers was also positive.

It was evident to the peer team that there are concerted efforts to ***progress towards a more learning culture. Examples include thematic learning from complaints, safeguarding adults' reviews and case file audits.*** There is already reference throughout this report to some of these examples which coupled with a more open and supportive culture, and ***a willingness to try new things and continuously develop and learn*** provides confidence in the direction of travel.

Considerations

Recruitment and retention

The peer team heard about recruitment issues across several teams including a reliance on agency staff in mental health and learning disability services. As detailed in the self-assessment there has been a reduction in vacancy rates and staff turnover rates are lower than the regional and national average. There is a workforce plan and systems for analysing forecasting and addressing gaps in recruitment.

The comprehensive efforts to improve recruitment and retention were reflected in many of the discussions with the peer team including incentives and more flexible approaches to remove barriers to recruitment - especially in provider services.

Colleagues however, acknowledged that there is more to do to understand why some areas are struggling more than others. The council should therefore ***consider ways to further understand barriers and challenges to recruitment by engaging with the existing and potential workforce***

Staff engagement

Feedback from staff about Rotherham as a place to work was largely positive yet there was some evidence of lack of engagement. There was a low response to the Local Government Association annual health check for example - where the response rate was only just sufficient for a report to be provided. Furthermore, there was an indication that staff were not always engaging in service development and redesign. The peer team felt therefore that more work was needed to better ***understand and address reasons where there is a lack of staff engagement.***

Managing change

Potentially linked to the ability for staff to engage, the peer team heard from several sources that ***there is lots of change which has an impact on colleagues*** and a sense that changes are not always given the chance to fully embed before further changes are introduced. This can leave staff feeling overwhelmed and unclear about what has been achieved. The peer team suggest therefore that council should ***further consider ways to allow and enable changes to fully embed and be evaluated in terms of impact.***

Celebrate success

Given the progress made and the strength and stability of leadership, the peer team feel that the time is right for adult social care in Rotherham to develop ***a greater focus on celebrating and articulating the great work that is happening and the positive impact and outcomes for people.*** This will help focus minds more toward what is strong in Rotherham rather than what is wrong.

10. Preparing for Care Quality Commission assurance.

Partners in Care and Health have produced [a suite of documents and tools](#) to help councils prepare for Care Quality Commission's assurance including top tips. Below are some key learning points from experience so far that may help in 'telling your story.'

Your narrative should be authentic and driven by data and personal experience, and you should be able to thoroughly track the customer journey for a variety of different people with lived experience.

Share the narrative with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.

Think about how you will enable consistency in the messaging to give an accurate reflection of how things are. This may take the form of:

- What you do well
- What impact is it having and how you know
- What needs to improve?
- What are the plans to improve?

Have mechanisms in place that enable staff and managers to practice telling their story and in a way that is rooted in observable data.

Case examples written in the voice of people with lived experience help bring the narrative to life.

Think about how you will help everyone to look after their own well-being throughout the process - pre, during and after.

CQC want to find out how things really are. Experience so far is that they look for what is good as much as they look for issues.

They are interested in outcomes and impact from activity. This needs to be reflected in the self-assessment and documentation.

However, this is not a chat. Those interviewed should be able to give a clear description of what they do and the impact it has had on people's lives.

11. Contact Details

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ADASS Peer Review Improvement Plan

Area of Focus	Area for Consideration	Action	Lead	Deadline
Working With People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice				
Person-Centred Practices	There was minimal evidence in some cases of conversations that explored a range of options with the person. Support for carers mainly involved signposting and some assessments were more focussed on the cared for person. The safeguarding triage process was not applied effectively in one case i.e. it was identified late in the process that the person had no care and support needs. In one case there was a question about whether the Mental Capacity Act had been appropriately applied.	Implement a new carers offer Refresh the safeguarding pathway to ensure the 3-stage test happens earlier in the triage process Conduct an MCA deep dive and report findings into the Safeguarding Adults Board for consideration	Head of Professional Practice	August 2025
Waiting for Assessment and Support	The peer team found that some people experienced long waits for assessment, that decisions on proposed care packages could be quicker and the wait times to commission care and support could be improved.	A waiting safely assurance board is established to actively monitor wait times for assessments and ensure steps are taken to mitigate any impact to the person. The decision making pathway will be reviewed. Opportunities to expand the commissioning options for care and support will be explored.	Assistant Director, Adult Care Head of Professional Practice Assistant Director, Commissioning	June 2025 December 2025 December 2025
New Duty System	There is lack of universal clarity about the agreed approach yet, but it is part of a formal consultation process.	A formal duty practice standard will be developed in partnership with the workforce.	Head of Professional Practice	August 2025
Consistency of Decision Making	There appeared to be a lack of consistency in decision making and application of thresholds (possibly erring toward risk averseness), with an indication that some cases were passed through to locality teams which should be dealt with at the Front Door. Some managers are perhaps more risk averse than others, and there is a need for more consistency in applying thresholds to make sure all people are supported in a timely way.	Promote positive decision making and risk-taking practice guidance and training across the workforce. Launch new team criteria to ensure clarity across the workforce on the remit of teams to ensure people are appropriately triaged to the correct team for support.	Head of Professional Practice	August 2025

Direct Payments	<p>Some people with lived experience highlighted difficulties with the process such as:</p> <ul style="list-style-type: none"> -finding information about direct payments that is easy to understand and does not include 'jargon' -the lack of support for managing a direct payment -not choosing to have a direct payment because of being 'told where to use them' -not being involved in decisions about ongoing support. 	Updated communications will be provided to the workforce on refreshed direct payment guidance to resolve any outstanding queries.	Head of Professional Practice	October 2025
	<p>Teams equally reflected the difficulties they experienced with the direct payment process and about the lack of available options for people should they choose to have direct payment.</p> <p>The peer team were told that the direct payment process has been recently relaunched, but the council may want to better understand how the relaunch has landed with teams, whether the new process takes proper account of the lived experience of people, and whether there is opportunity to further engage teams and people with lived experience in future developments.</p>	People with lived experience will be engaged through the RASCAL Board, consortium work and other bespoke mechanisms to ensure satisfaction with services from people with lived experience continues to improve.	Head of Service Improvement & Governance	March 2026
Access to Services	<p>Some individuals described an over-reliance on phone/ internet and lack of face-to-face support, which they would prefer in light of their communication needs. The peer team heard from people with lived experience, and particularly carers that they had experienced a lack of face-to-face support, especially since the covid pandemic. They reflected that in their view, there was too much reliance on the use of the telephone and digital means which is difficult for those not digitally literate.</p>	<p>The service already offers all of its services on a face to face basis. The service will ensure that the workforce are clear on the preference for face to face visits.</p>	Head of Professional Practice	September 2025
Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working				
Market Capacity	<p>Availability of support for people with complex needs and carers –you are working on this. The peer team heard about a lack of appropriate services to support people with complex needs – i.e. dual diagnosis, self-neglect and substance misuse. With just three main providers, practitioners talked about how the enhanced brokerage service found it difficult to source placements for people with a mental health assessment that presented as too much risk. Work is in progress however, to increase day opportunities for people with complex needs via Castle View – a new facility which will be completed later this year - as well as developing additional bed-based capacity that will enable people who need support in a crisis to remain closer to home.</p> <p>As previously referenced, carers described a lack of respite provision with cost cited as a barrier for some and while there is an emergency carers scheme allowing for 48 hours intervention in crisis via the Rotherham Foundation Trust, commissioners acknowledged more needs to be done to develop respite provision for older people and carers and they are working on this.</p>	<p>A Complex Needs Paper will be drafted for consideration of the next steps.</p> <p>Opportunities to expand the current respite offer will be explored.</p>	Assistant Director, Commissioning	March 2026

Co-Production	<p>Better understanding of co-production vs consultation and of the impact on people when there are changes to services / support. The ambition around co-production is evident from the self-assessment and the range of co-production activity that is taking place. What some colleagues sometimes described however, sounded more comparable with consultation and engagement than true co-production. The council may therefore want to consider how to further develop a clearer understanding of the ladder of co-production across the workforce. Furthermore, once changes to service have been made the council may want to better understand the impact of those changes on people to assure itself that intended benefit is being delivered.</p>	An Involvement Framework will be developed to ensure a clear approach by the service to co-production.	Head of Service Improvement and Governance	October 2025
Tactical Commissioning	<p>More work needed to develop tactical commissioning approaches to ensure personalised care and support needs can be met. We heard from some individuals about choice being limited in terms of options available. The peer team heard from various sources about issues that potentially limited choice for people. One team indicated that there was no flexibility in commissioning to use 'spot' providers and that a direct payment should be offered instead. Commissioners indicated however, that there is room for negotiation in the framework with health for mental health provision - with consideration being given on a case-by-case basis. This indicates there may be a need for commissioners to communicate a clearer position with teams.</p> <p>The medication policy was described as restrictive and potentially out of kilter with how other areas work. One person with lived experience said that this can prevent access to the correct care provision.</p> <p>The peer team also heard that access to support via direct payments is limiting options for support and more work is needed to commission a more diverse range of options to provide greater choice that extend beyond employing a personal assistant or using a care agency.</p>	<p>Explore opportunities for further Flexible and Dynamic Purchasing Systems which address the gaps identified within the care sector.</p> <p>Review the Medication Policy to ensure it remains fit for purpose.</p> <p>Implement Individual Service Funds (ISFs) to provide greater choice and flexibility</p>	Assistant Director, Commissioning	March 2026
Access to Preventative Support	<p>There is more work to do to map and understand the full range of preventative support available - this is underway. The council recognises that the extent to which people are signposted to preventative support in communities can be dependent on what knowledge individuals and teams have about the local area. Work is therefore being done by public health to map and better understand what is available in communities.</p>	Map what support is available in communities across the Rotherham footprint and share with the workforce	Director of Public Health	March 2026
Ensuring Safety: safeguarding enquiries, reviews, safeguarding adults board, safe system, pathways and continuity of care				
Consistent Application of the Three-stage Test	<p>Operational colleagues questioned themselves whether there is consistent application of three-stage test. They felt in some cases the care management route would be more appropriate. Currently the three-stage test is at the end of the contact form /initial safeguarding enquiry. Teams felt the form is long with too much information and so becomes part of the enquiry rather than a triage. Timescales for decisions about whether there should be an enquiry is two days which was felt does not always support a Making Safeguarding Personal approach. The peer team were told that work is ongoing at the front door to address this.</p>	Refresh the safeguarding pathway to ensure the 3-stage test happens earlier in the triage process	Head of Professional Practice	May 2025

Voice and Impact	<p>The Safeguarding Adults Board acknowledged that there is more work to do to embed the voice of the person in the work of the board and to articulate the connection between the work of the board and impact and outcomes for people. There was recognition by the board that more needs to be done around voice and community engagement. The independent chair has met with the Rotherham Adult Social Care Always Listening Board which is keen to be involved. The challenge for the Safeguarding Adults Board now is how to work to best effect with the various groups that represent the voice of people with lived experience.</p> <p>The independent chair also talked about the need to be able to demonstrate more strongly what has been done strategically in the board and to be able to make the link to impact on quality of practice.</p>	<p>Establish a customer voice sub-group within the Safeguarding Adults Board structure.</p> <p>Explore opportunities to recruit people with lived experience to be part of the Board.</p>	Safeguarding Adults Board Manager	December 2025
Referrals for Transitions Earlier in the Process	The peer team heard that there is close liaison with the leaving care services, through drop-in support sessions to enhance sharing of knowledge and reflective practice. It was highlighted however, that an alert and/or earlier referral from children's services would be advantageous to ensure an even smoother transition planning process. Teams are working to improve this.	Implement a new preparing for adulthood referral process to ensure a smoother transition for young people	Head of Specialist Services	July 2025
Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability				
Recruitment and Retention	The peer team heard about recruitment issues across several teams including a reliance on agency staff in some key areas. Work to do to understand why some areas are struggling more than others. The council should therefore consider ways to further understand barriers and challenges to recruitment by engaging with the existing and potential workforce.	The Adult Care Workforce Strategy Group will review opportunities to address recruitment challenges within specific areas of the service	Head of Professional Practice	October 2025
Staff Engagement	There was an indication that staff were not always engaging in service development and redesign. The peer team felt therefore that more work was needed to better understand and address reasons where there is a lack of staff engagement.	Understand through the Employee Opinion Survey if this is a widespread issue and take steps as appropriate to address any areas of concern.	Assistant Directors	March 2026
Managing Change	Potentially linked to the ability for staff to engage, the peer team heard from several sources that there is lots of change which has an impact on colleagues and a sense that changes are not always given the chance to fully embed before further changes are introduced. This can leave staff feeling overwhelmed and unclear about what has been achieved. The peer team suggest therefore that council should further consider ways to allow and enable changes to fully embed and be evaluated in terms of impact.	Monthly overview of change projects to be shared with the workforce including an overview of when changes are anticipated to be implemented, enabling future changes to be implemented in a considered way.	Head of Service Improvement and Governance	September 2025
Celebrate Success	Given the progress made and the strength and stability of leadership, the peer team feel that the time is right for adult social care in Rotherham to develop a greater focus on celebrating and articulating the great work that is happening and the positive impact and outcomes for people. This will help focus minds more toward what is strong in Rotherham rather than what is wrong.	Implement celebration events for the directorate including a focus on 'Your Time to Shine' in recognition of the great work happening across the service to support residents.	ASC Regulatory Assurance Lead	August 2025

Health Select Commission

Adult Social Care Peer Review

Councillor Baker-Rogers, Lead Cabinet Member for Adult Social Care
and Health

Kirsty-Louise Littlewood, Assistant Director, Adult Care & Integration,
ACHPH

31 July 2025

Legal Context

From April 2023, The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions as set out in Part 1 of the Care Act 2014. Local authorities will be assessed against four domains:

- i.) Working with people
- ii.) Proving support
- iii.) How the local authority ensures safety
- iv.) Leadership

It is critical that the Council are adequately prepared for CQC assurance. Adult Social Care commissioned the Local Government Association (LGA) to carry out a Peer Review to gain insights into its areas of strengths and identify areas for improvement with a focus on preparing for assurance.

Overview

- Peer Review led by Association of Directors of Adult Social Services (ADASS)
- Took place between 22 and 24 January 2025
- Completed twelve case file audits
- Held interviews and discussions with around 150 people across adult social care, partners and people with lived experience
- Spent around 200 hours with the council and as part of reviewing the submitted evidence file

Key Lines Of Enquiry

- **Theme 1: How Rotherham Council Works with People.** *This theme covers Assessing needs, Supporting People to Live Healthier Lives, Equity in Experience and Outcomes.*
- **Theme 2: How Rotherham Council Provides Support.** *This theme covers Care Provision, Integration and Continuity, and Partnerships and Communities.*
- **Theme 4 Leadership.** *This theme covers Governance Management and Sustainability and Learning, Improvement and Innovation.*

Key Messages

- 1) There is strong political and corporate support for adult social care and confidence in the adult social care leadership team to deliver.
- 2) Relationships with partners remain strong and are demonstrated through the work of the Safeguarding Adults Board, the shared commitment to continued investment in prevention, and health partnerships (amongst many examples).
- 3) There is evidence that a person-centred and strengths-based approach is becoming increasingly embedded.
- 4) Colleagues spoke positively about access to learning and development opportunities and the investment in the learning and development team.
- 5) There is a robust approach to quality and risk management, with providers appreciating the benefit of high challenge, high support.

Key Messages

- 6) You recently achieved zero delays for home care. There is good capacity for supported living for some people.
- 7) You should be celebrating more, the good work that is happening.
- 8) There is a robust assurance and performance system in place. More focus needs to be given to articulating the outcomes and experience of people.
- 9) There is further work to do to ensure the voice of people with lived experience is embedded in the day-to-day work of the department as well as change initiatives.
- 10) Recruitment and retention continues to be a challenge with high agency use in some teams and across provider services. There are however efforts to reduce the use of agency staff and the people who work here are committed and proud to work in Rotherham.

Areas of Strengths

- A strengths-based approach was evident across most of the cases reviewed.
- There was evidence of outcomes and risk being considered at the beginning of the safeguarding process
- A whole market approach is promoted through the market position statement, which is regularly updated and market shaping activity, including the annual cost of care exercise, was reported to be stabilising gaps in the market.
- There is robust quality and risk monitoring and market management, and a strong relationship between commissioning and quality team.
- The peer team met with several people with lived experience who provided positive feedback about the impact of support and services on their lives.
- The Safeguarding Adults Board is working effectively in partnership to safeguard people.
- There is a very robust system of assurance with oversight at a very senior level and shared accountability and responsibility.

Areas of Strengths

- Practitioners feel well supported with risk management processes by senior managers; and each other.
- There is a timely and coordinated response to organisational safeguarding.
- Adult social care continues to be well led with a strong and committed leader, chief executive officer and lead cabinet member. The adult social care senior leadership team continue to be valued for their visibility and stability of leadership
- There is a good line of sight from the principal social worker to the director of adult social services and the principal social worker feels heard and able to influence change.
- There is good access to learning and development opportunities across all services along with a range of career development opportunities such advanced practitioner, apprenticeships, and support for newly qualified social workers.
- A willingness to try new things and continuously develop and learn provides confidence in the direction of travel.

Areas of Improvement

Working with People: This theme includes six recommendations covering areas such as improvements to pathways, more timely decision making, clarity on our duty function and ensuring face-to-face support is the default approach to delivering services.

Providing Support: This theme includes four recommendations covering areas such as tactical commissioning, ensuring a true focus on co-production and exploring further opportunities to address gaps within the care sector.

Ensuring Safety: This theme includes three recommendations relating to consistent application of the 3-stage test in safeguarding, earlier referral for transition assessments and strengthening the voice of the person within the work of the Safeguarding Adults Board.

Leadership: This theme includes four recommendations relating to strengthening the engagement of the workforce, managing the level and frequency of change, understanding the barriers and challenges to recruitment and developing a greater focus on celebrating the great work that is happening.

Next Steps

1. Review and assure progress of the improvement plan via the Adult Social Care Regulatory Assurance Board
2. Deliver the improvement plan by April 2026
3. Await the outcome of the onsite CQC inspection
4. Report back to Health Select Commission on the outcome of the CQC inspection

Any Questions?

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Annual Report 2024–2025

Unlocking the power of people-driven care

Healthwatch Rotherham

Contents

A message from our Chair	3
A message from our host organisation	4
About us	5
Our year in numbers	6
A year of making a difference	8
Working together for change	9
Making a difference in the community	11
Listening to your experiences	12
Hearing from all communities	15
Information and signposting	17
Showcasing volunteer impact	19
Finance and future priorities	21
Statutory statements	22



69

"The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They're changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities."

Louise Ansari, Chief Executive, Healthwatch England

A message from our Chair

Welcome to the Healthwatch Rotherham Annual Report for 2024–2025.

We have had an exciting and productive year carrying out lots of activities within Rotherham. Our priorities for 2024–25 focused on some of our seldom heard communities, building and developing relationships with these under-represented groups over a period of months. As the result of our work with these communities, we were able to:

- Collaborate with the learning disability community to design a communication card to help them to get the care that they need.
- Listen to the views of over 400 young people which led to the production of a young people's directory, to help them find support services.
- Highlight the difficulties faced by refugees in accessing health care through our case study blog, Elena's story. With the rioting we experienced over the summer, it felt particularly important to give them a voice and show the struggles they face.
- Build strong relationships with homeless support groups in Rotherham and use the voices of those people to produce a health and social care study, shining a light on some of the shocking issues they face.

We were also honoured to host 4 students on placement from the University of Sheffield. We know they gained so much from their experience and we wish them all the best for the future.

We are excited to see what the team does this next year. Although we have made a great start, we need to continue to be more inclusive and reflective of the Rotherham community and this is something that is on our agenda.



"We are proud of the amount of work that has been completed over the last 12 months with this fabulous team we have. Their hard work and diligence have really increased the profile of Healthwatch Rotherham"

Kathy Wilkinson, Healthwatch Rotherham, Chair



A message from our host organisation

At Citizens Advice Rotherham and District, we are proud to host Healthwatch Rotherham, an organisation that continues to demonstrate the impact of putting local voices at the heart of health and social care. Over the past year, Healthwatch Rotherham has extended its reach, strengthened community engagement, and consistently highlighted inequalities in access to care.

This year's achievements reflect not just the dedication of the Healthwatch team, but also the value of collaboration. From joint outreach with CARD staff at Open Arms Hubs and other community events, to developing accessible winter health advice linked to our cost-of-living support services, we have worked together to create more joined-up support for local residents.

We are especially proud of the way Healthwatch Rotherham has included under-represented groups, from refugees to young people and those with learning disabilities, ensuring their experiences influence decisions locally and across the Integrated Care System. Their commitment to listening and acting is already making a measurable difference.

As their host, we remain committed to supporting their independence, amplifying their reach, and ensuring that Healthwatch Rotherham continues to challenge, influence, and improve care across our borough.



"Healthwatch Rotherham brings real insight and challenge to health and care in our borough. We're proud to host such a passionate, inclusive team and work alongside them in helping local voices shape better services."

Duncan Gall, CEO Citizens Advice Rotherham & District

About us

Healthwatch Rotherham is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and care better.



Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

We've supported more than 11,500 people to have their say and get information about their care. We currently employ 4 staff and, our work is supported by 8 volunteers.

Reaching out:



1151 people **shared their experiences** of health and social care services with us, helping to raise awareness of issues and improve care.

10407 people came to us directly (face to face, on the telephone, or by email) or via our website for clear **information and signposting** on topics such as finding an NHS dentist, help making complaints, right to choose, mental health support and finding local support groups.

4039 people have been seen through **126 outreach** engagements and events.

277 people have attended one of our **Let's Talk** events.

1540 people have received our **newsletter**.

41674 people reached through **social media** (Facebook & X).

Statutory funding:



We're funded by Rotherham Metropolitan Borough Council. In 2024/25 we received £161,262, which is £52,352 more than last year.

Our year in numbers

Championing your voice:



We published **5 topic based reports** about the improvements people would like to see in:

- Travelling to healthcare appointments and transport issues
- The healthcare experiences of autistic people and those with learning disabilities
- The healthcare experiences of refugees
- The healthcare experiences of people experiencing homelessness
- The wellbeing of young people in Rotherham

Our most popular report was:

‘How autistic people and people with learning disabilities experience healthcare’

Which highlighted, amongst other things, the struggles people have in accessing reasonable adjustments and annual health checks, as well as being listened to by healthcare services.

We have also published:

3 Enter & View reports where we have visited GP surgeries, gathering the views of patients and staff and making **32** recommendations for improvements.

12 What we heard reports which are our monthly insight reports where we highlight what we’ve heard from the public. These are shared with services to give them timely feedback as to what is, and isn’t, working.

3 quarterly insight reports which are shared at stakeholder board level meetings.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Rotherham. Here are a few highlights.

Spring

We continued our focus on young people be attending various events throughout the year including the Dearne Valley College wellbeing event. These events led to the development of our Young People's directory.



We produced our first ever Transformation Strategy outlining our vision, what we aim to achieve and who will support us in achieving it, to improve our transparency and accountability to those we represent.



Summer

Appointment times were moved and extra bus stops added after our transport report showed that some Rotherham residents struggled to attend healthcare appointments due to poor public transport provision.



We produced a report every quarter which was presented at various boards to amplify the voice of Rotherham residents and enhance services understanding of the issues faced by those in our community.



Autumn

We raised menopause awareness through Let's Talk in collaboration with Voluntary Action Rotherham, after undertaking training to become menopause champions and advocates.



Our Strategic Advisory Board took part in a development session with Healthwatch England to help them review their role and improve how they guide our work to maximise our impact in the future.



Winter

We were commissioned by ADASS to conduct a mystery shopper exercise to assess access to social care information and support at RMBC. Our recommendations helped improve their service ahead of a peer review.



Due to increased pressure on hospital services this winter, we produced a handy guide on 'What service should I use?'. This helped people find the most appropriate service to meet their healthcare needs.



Working together for change

We've worked with neighbouring Healthwatch to ensure people's experiences of care in Rotherham, Sheffield, Doncaster and Barnsley are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at NHS South Yorkshire Integrated Care System.

This year, we've worked with Healthwatch across South Yorkshire to achieve the following:

A collaborative network of local Healthwatch:



Healthwatch in South Yorkshire meet bi-weekly to share knowledge and identify any county-wide issues where collaboration would be beneficial to improve health inequalities across our area.

We work together as Healthwatch to make sure that a local representative from our network attends all high level meetings, ensuring that the needs and experiences of local residents are reflected in the planning and delivery of health and social care services at a regional level.

Building strong relationships to achieve more:



Collaborating with Healthwatch Doncaster, Healthwatch Rotherham highlights the patient voice of both communities through our position on Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) council of governors. This helps RDaSH meet promise 4 & 5 of their 28 promises strategy, ensuring that they involve communities at every level of decision making and put patient feedback at the heart of how they deliver care.

"The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide. Local people's experiences help us understand where we – and decision makers – must focus, and highlight issues that might otherwise go unnoticed. We can then make recommendations that will change care for the better, both locally and across the nation."



Louise Ansari, Chief Executive, Healthwatch England

Working together for change

We've worked together with our hosts Citizens Advice Rotherham and District (CARD) to help improve the lives of people living in Rotherham, listening to their experiences and working with partner organisations to influence decisions made about services across the borough and nationally.

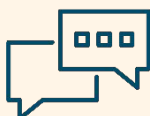
Collaborative working with our host:



We work closely with CARD's Research & Campaign's officer to find opportunities where we can work together to promote local services, information and help for Rotherham residents on locally or nationally identified issues.

This year we produced an information article on 'Looking after your health in the winter months' which provided helpful tips and advice on how to keep well during the cost of living crisis, with links to CARD services such as food bank referrals and benefit checks. We were also able to tie this in with the project work Rotherham Metropolitan Borough Council and CARD were doing on Money Matters, the Energy Crisis Support Scheme, Pension Credit payments and the Winter fuel allowance, to provide a comprehensive information piece to help local people.

Building strong relationships to achieve more:



Throughout the year we attend various outreaches, such as the Open Arms community support hubs and Rotherham Ethnic Minority Alliance (REMA), with our colleagues at CARD to provide a 'one stop shop' for Rotherham residents needing help.

We also work together, planning and attending festival events, such as the Rotherham show, to take the opportunity to engage with local people and listen to what they have to say. This helps us get a better overall picture of the issues facing our local communities.

We have a mutual understanding of each other's work which allows us to refer individuals who come to our services to the help provided by the other. This helps us provide a complete support service to Rotherham residents.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.

Here are some examples of our work in Rotherham this year:

Creating empathy by bringing experiences to life



Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

We highlighted the unique experiences of refugees through our blog – Elena's story. Her story emphasised the inconsistencies in care she experienced from NHS services across the country and the real impact that this has had on her life. The power of Elena's words led to a request from the South Yorkshire ICB for her to present to the board in person to deepen their understanding.

Getting services to involve the public



By involving local people, services help improve care for everyone.

Veteran's at Rotherham Military Community Veterans Centre (MCVC), told us they wanted a veteran's health passport that could be used when attending healthcare appointments. Working in collaboration with The Rotherham NHS Foundation Trust (TRFT) and the veteran's at MCVC, a new health passport was developed to meet the needs of this community.

Improving care over time



Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

Throughout the year we have worked hard to raise our profile, engaging with more Rotherham residents than ever and ensuring that your feedback reaches decision makers at the highest levels. In addition to raising local issues at board meetings, our work has been highlighted by local newspapers through detailed reporting on our findings. The more we listen, the more we can influence positive change across our community. In 2024-25 we saw a 33% increase in residents sharing their experiences of health & social care services.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.

Our 'What we heard' and 'Enter & View' reports allow us to report directly back to services on a regular basis to allow them to respond to feedback and consider ways to improve their services.



Listening to your experiences

Improving support for young people

Last year, we focused on the wellbeing of young people in Rotherham to find out what matters to them, what challenges they face and what services can do to support them.

What did we do?

We gathered feedback from 445 young people across Rotherham through:

- Attending college wellbeing events
- Organising and delivering Let's Talk information sessions
- Regular ongoing engagements with schools
- Small focus groups
- Online and paper based surveys

Key things we heard:

Young people face multiple pressures that impact on their wellbeing but:

53%

of the young people we spoke to didn't know where to turn for help dealing with these.



Working in conjunction with two placement students from the University of Sheffield, we produced a Young People's directory covering information about the support services available to Rotherham's young people.

What difference did this make?

We created a QR code poster to link to our Young People's directory, which we shared with all the secondary schools, sixth forms and colleges in Rotherham. We also produced discreet, smaller handout versions that young people could pick up from us at events. Along with adding it to our website, promoting it on social media and in the local press,, we ensured it was widely available to help young people find the support that they need.

Our research also highlighted other areas that affected the wellbeing of young people in Rotherham. We already work with local colleges delivering Let's Talk information sessions on smoking & vaping, but we are now additionally delivering talks on sleep after survey results highlighted that 76% of young people thought that the amount of sleep they get affected their wellbeing in some way. We are also working on developing a new session on body image in response to the feedback we received around the biggest pressures young people face. Both sessions will improve young people's access to trustworthy help and information. Our report has also been sent to ministers to contribute the governments work on building the National Youth Strategy which will be published later in the year.

Listening to your experiences

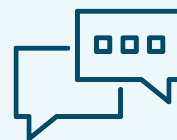
Highlighting health inequalities in the community

Some autistic people and people with learning disabilities face health inequalities which means they may not live as long or have the same access or quality of care as others.

Through surveys, focus groups and engagement work, we got feedback from 65 people who told us what worked well and what services needed to do to make the care they provide better. From this we made 12 recommendations for improvements.

Key things we heard:

- **Not everyone is given the reasonable adjustments they are entitled to**
- **Health passports aren't always known about or used as they should be**
- **Communication needs to be better**
- **People don't always feel listened to**
- **Not everyone is getting the annual health check they should have**



"Everyone should be supported as an individual... relationships are key to good healthcare."



What difference did this make?

We have added an Easy Read section to our website to help Rotherham residents get health information in a more accessible format. We have also created some of our own Easy Read information, to explain about Healthwatch, how to get help with your health and how to sort out problems with the care you receive at the hospital, doctors or dentists. We have shared these documents with other local Healthwatch and the South Yorkshire ICB for them to use. Our 'Have your say' survey is also available in Easy Read to allow everyone to have a voice and be listened to.

Following our recommendations, The Rotherham NHS Foundation Trust recognised the importance of sending appointment letters in an Easy Read format to help accessibility and reduce non-attendance, and are consulting with us to create these. Additionally, they are also collaborating with us to introduce an Easy Read patient information section on their website.

Working with those with lived experience, we produced a communication card for those with learning disabilities to use at health care appointments. The card highlights their personal reasonable adjustment needs and explains the Accessible Information Standard legal requirement to services.

Hearing from all communities

We're here for all residents of Rotherham. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Connecting with the Chinese society to hear from a community that we rarely get feedback from.
- Attending regular outreach sessions at Rotherham Ethnic Minority Alliance (REMA) to provide information and support for people in those communities who face health inequalities due to socio-economic and communication difficulties.
- Liaising with individuals who provided in depth case studies for our projects to get their stories filmed, capturing their powerful messages, to get them seen at the highest level at the South Yorkshire ICB.



Hearing from all communities

Building relationships with the homeless community in Rotherham

We wrote a report on homelessness and the health care challenges they face.

We highlighted 4 key themes affecting this community: Mental health issues, Problems with physical health, Addiction and attitudes, Access to health care and digital exclusion, and promoted the action being taken in Rotherham to address needs and provide support.

What difference did this make?

Our regular, ongoing engagement with homeless support services in Rotherham has allowed us to provide continued help this community by helping to address their health care issues, such as making a GP appointment, signposting to mental health services or liaising with other services to support their complex needs. We were also able to highlight that the dental commissioning scheme set up to provide dental services to those experiencing homelessness, was not accepting referrals from all support services. By contacting those in charge of the scheme we were able to resolve the issue and ensure that all appropriate referrals were accepted.

Raising awareness of the Accessible Information Standard (AIS)

The AIS ensures people with disabilities or sensory losses receive information and communication support that they can access and understand.

People in the deaf community, and people with learning disabilities, told us they weren't always getting the reasonable adjustments they needed at their health care appointments. In collaboration with both communities, we created two communication cards to help them highlight their rights under the AIS.

What difference did this make?

The credit card sized communication cards were designed to be easy to carry in wallets and allow individuals to highlight their personal reasonable adjustment needs on the front, and to provide services with information about their AIS legal requirements on the back. We provided physical copies of the card to both communities and promoted their availability to other services. We have been approached by services such as The Rotherham NHS Foundation Trust, Rotherham Adult Neurodiversity Support Service (RANSS) and RDaSH, who have requested to have a supply, or have the templates, to be able to provide copies their service users. Other communities have also reached out to us to collaborate to produce a communication card to suit their needs.

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year 10,407 people have reached out to us for information, support or help finding services.

This year, we've helped people by:

- Providing up-to-date information people can trust, either face to face, by email or over the phone
- Creating, updating and sharing service directories for Young people, Mental health and Carers on our website
- Helping people access the services they need, when they need them
- Supporting people to look after their health by providing Let's Talk sessions and putting information articles on our website
- Signposting people to additional support services such as Absolute Advocacy



Information and signposting

Raising health awareness in Rotherham

Thanks to the connections we have made across services and communities, we have provided multiple health information sessions.

Throughout 2024-2025 we increased health awareness in Rotherham by running Let's Talk sessions and connecting groups to services to provide information talks. This has enabled community groups and colleges to get appropriate and reliable information on subjects relevant to them such as Oral health, Healthy eating & living, Menopause, CPR & defibrillators, Samaritans, Digital skills and Smoking & Vaping.

Our Stoptober talks highlighted the health impacts of smoking and vaping to 120 students, with some of them vowing to try to stop as a result. We were also able to connect U3a group to Rotherham Council's digital inclusion team to help them learn how to use IT more confidently, which is increasingly important to be able to access healthcare services.

"The feedback has been super and has made students very proactive in quitting smoking which is very positive."



Supporting independence at GP appointments

When Jenny told us how she was unable to independently access her GP appointments, we stepped in to help.

Jenny's visual impairment meant that she was struggling at GP appointments to sign in, see the screens to tell her to go through to the doctor and then find the right consultation room. This meant she was having to attend her appointments with her husband which she felt impacted her independence and privacy.

Healthwatch contacted Jenny's GP practice on her behalf and arrangements have now been made for her to sign in with staff at reception. They will then either tell her when she needs to go through, or the practitioner will come and collect her. These simple changes have restored Jenny's ability to access her appointments independently and provided her with the privacy that she needed.

"Thanks for all your help. I'd not considered speaking to reception staff as I thought I had to use the electronic sign in pad"



Showcasing volunteer impact

Our fantastic volunteers have given 511 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Attended engagement and Let's Talk events to promote our work.
- Helped us collect and record the experiences and feedback from local communities.
- Carried out Enter and View visits to local services to help them improve.
- Carried out research, drafted reports and produced presentations for us to use in our future work.



Showcasing volunteer impact

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

"Being part of the Healthwatch Rotherham team has...not only boosted my confidence in many different ways but also gave me a deeper appreciation of the importance of ensuring that diverse voices are being heard and valued"

Psychology students, Coralie & Will, joined us on placement from the University of Sheffield.

"One of the most rewarding parts was the sheer amount of interaction I had with different people...listening to their stories, learning about their experiences, and gaining a much deeper understanding of the challenges people face in accessing care. It's something that no lecture or textbook could have taught me."

Coralie & Wil (placement students)



"I volunteered with Healthwatch to help give a voice to my community and shine a spotlight on the excellent and not so excellent things happening in health and social care. Since joining the team, I have seen first hand the great things that can be achieved when groups work in partnership to give a much-needed voice to patients. The training and support from the Rotherham team has been amazing and I am looking forward to a long relationship with Healthwatch Rotherham."

Tony Swindells (SAB member)



Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.



www.healthwatchrotherham.org.uk



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Finance and future priorities

We receive funding from **Rotherham Metropolitan Council** under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£161,262	Staff costs	£161,998
Additional income	£0	Operational costs	£11,642.79
		Overhead and administration costs	£21,579.02
Total income	£161,262	Total Expenditure	£195,219.81

Next steps:

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. Understanding the communication difficulties experienced by people using health and social care.
2. Working with those addicted, or in recovery from addiction, to understand their experiences of health and social care and the health inequalities they face.
3. Investigating the experiences of those using social care services in Rotherham, with a particular focus on those accessing care at home.

We will continue to work with Healthwatch England to highlight the issues faced by our local communities and help them make recommendations for improvements on a local and national level.

Statutory statements

Citizens Advice Rotherham and District are the host organisation for Healthwatch Rotherham, 2 Upper Millgate, Rotherham, S60 1PF.

Healthwatch Rotherham uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Statutory Advisory Board consists of 6 members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Throughout 2024/25, the Board met 11 times to hear what we have been doing, and what we have been hearing from the community. As well as holding us accountable to our key performance indicators, they have made decisions on matters such as appointing a new Chair and Vice Chair to the board to ensure strong, clear leadership into 2025/26. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. They oversee the approval of our work plan priorities, making sure that we focus on topics that are important to local people, address need, develop our connections with all members of the community and have potential to have impact and influence change.

We ensure wider public involvement in deciding our work priorities by analysing the feedback we receive throughout the year and from the permanently live online survey we run which asks for opinions on what our focus should be.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that we engage with as many people as possible, from all community groups in Rotherham, to provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, attended organised events, met with community groups, run information 'Let's talk' sessions, attended regular outreach engagements and run subject specific surveys and focus groups.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, on our social media accounts and will include it in our newsletter.

Statutory statements

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, Healthwatch Rotherham is part of the Mental Health, Learning Disability, Dementia & Autism Strategic Delivery group which means we have a direct line into policymaking for some of the most vulnerable groups. This kind of representation is key to ensuring that any systemic barriers or inequalities are addressed with genuine insight from those most affected. Equally, our participation in the Primary Care Delivery Group and the hospital patient experience committee helps ensure that everyday interactions in the healthcare system—often the most impactful on patient lives—are continually improved.

We also take insight and experiences to decision-makers in South Yorkshire Integrated Care System. For example, we attend the local Place Board, acting as an independent voice for residents, ensuring their needs and experiences are reflected in the planning and delivery of health and social care services. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch Rotherham's active involvement on these committees clearly demonstrates our commitment to ensuring that community voices are not just heard, but are instrumental in shaping decisions across multiple healthcare domains in Rotherham and beyond.

Healthwatch representatives

Healthwatch Rotherham is represented on the South Yorkshire Health and Wellbeing Board, South Yorkshire Integrated Care Partnerships and South Yorkshire Integrated Care Board by Kym Gleeson, Healthwatch Rotherham manager.

During 2024/25, our representative has effectively carried out this role by representing the patient, service user, and carer voice, ensuring that the local community's needs and experiences are integrated into the board's decision-making processes

Statutory statements

Responses to recommendations

We had 0 providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – Swallownest Health Centre	Feedback received from Rotherham residents	Wrote a report with recommendations – the service has followed up on some of these including adding opening hours at the entrance, clearly displaying complaint procedures and increasing signage around the reception area.
GP Practice – Woodstock Bower Surgery	Feedback received from Ferham festival	Wrote a report with recommendations – the surgery has followed these up and implemented the changes including diversifying their PPG, changing the decor to make it more dementia friendly and taking part in dementia training workshops run by one of our board members.
GP Practice – The Gate Surgery	Feedback received from Rotherham residents	Wrote a report with recommendations which the surgery took note of and responded to.

Statutory statements

2024 – 2025 Outcomes

Project/activity	Outcomes achieved
Healthwatch England (HWE) asked for local Healthwatch to provide case study contacts for their unmet social care study	We put HWE in touch with Alan who spoke to them about his experience as full time carer, looking after his wife with Alzheimer's. Alan's story was used in the article produced by HWE.
Monthly What we heard/Spotlight shares reports	The feedback we have received from Rotherham residents has been fed back to local services every month through our 'What we heard' and 'Spotlight shares' reports. This is helped services making changes quickly, where appropriate, to improve care.
Monthly newsletter	We have published a newsletter every month to let people know what we working on, highlighting current and upcoming projects and raise the awareness of what is happening in the local area
Connecting services	We regularly help connect local services with each other where the links would help provide groups with information and support. For example, we put Rotherham Hospice in touch with the Macular group to do a talk which led to the group having a tour of the hospice and further links being made with other groups. We also put Dearne Valley College in touch with multiple services such as The Rainbow Project, Kooth, Talking Therapies and the South Yorkshire Eating Disorder Association to help support their wellbeing events.

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#HealthwatchRotherham



@HWRotherham

Health Select Commission – Work Programme 2025-2026**Chair: Cllr Keenan****Vice-Chair: Cllr Yasseen****Governance Advisor: Kerry Grinsill-Clinton****Link Officer: Scott Matthewman**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:

- What are the key issues?
- What is the desired outcome?

Agree principles for longlisting:

- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

Developing a consistent shortlisting criteria e.g.

- T: Time: is it the tight time, enough resources?
- O: Others: is this duplicating the work of another body?
- P: Performance: can scrutiny make a difference
- I: Interest: what is the interest to the public?
- C: Contribution to the corporate plan

Meeting Date	Agenda Item
26-Jun-25	Adult Contact Team Referral Pathway (Adult Social Care) Health Hub Nominate Representative to Health, Safety and Welfare Panel
31-Jul-25	ADASS Peer Review Healthwatch Annual Report Yorkshire Cancer Research White Rose Report Update How Did We Do - Adult Social Care Local Account (For Information Only)
02-Oct-25	Physical Activity for Health (Sport England) TRFT Annual Report (can be converted to workshop if public meeting space needed) Access To Contraception Review Outcome and Recommendations (To be confirmed) Rotherham Safeguarding Adults Board Strategic Plan 2026–2029 - Pre-Decision Scrutiny (Likely to be addressed via a workshop due to timing of Cabinet Meeting) How Did We Do - Adult Social Care Local Account (For Information Only) Rotherham Health and Wellbeing Strategy 2025-2030 (For Information Only)
20-Nov-25	Mental Health Strategy - Pre-Decision Scrutiny (To be confirmed) Place Partners Winter Planning (To be confirmed) Rotherham Safeguarding Adults Board Annual Report (To be confirmed) Unpaid Carer's Strategy - Pre-decision scrutiny. (Likely to be addressed via a joint workshop due to timing of Cabinet Meeting) Health and Wellbeing Board Annual Report (For Information Only)

22-Jan-26	Director of Public Health's Annual Report (For Information Only)
26-Mar-26	Cancer Alliance Lung Clinic Update SDEC (TRFT) Implementation Update NHS 10 Year Plan - Local Implications (To be confirmed)
14-May-26	NHS 10 Year Plan - Local Implications (To be confirmed)

Substantive Items for Scheduling

TBC	Armed Forces Covenant - GPs commitments

Reviews for Scheduling

Early 2025/26 municipal year	Access to NHS Dentistry - Review (to follow conclusion of Access to Contraception)

Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)

Likely September 2025	Menopause Workshop
Likely October 2025	Unpaid Carer's Strategy Workshop.

Likely November 2025	Rotherham Safeguarding Adults Board Strategic Plan 2026–2029 - Pre-Decision Scrutiny (Likely to be addressed via a workshop due to timing of Cabinet Meeting)

Items for Future Consideration

TBC	Learning Disabilities Update (Castle View)
TBC	Primary Care Network (PCN) Development
TBC	Immunisation Programme Commissioning Changes

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