Appendix 1

Yorkshire and Humber
Leaders in social care

directors of adass adult social services

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:
• Assessing need • Supporting people to live healthier lives • Equity in experiences and outcomes	• 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:
• Safe pathways, systems, and transitions • Safeguarding	• 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 to 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 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

Abby Hands
Programme Director ADASS Yorkshire and Humber

Email abby.hands@adassyh.org.uk