

Committee Name and Date of Committee Meeting

Cabinet – 06 July 2026

Report Title

Rotherham Adult Social Care Strategy 2027-2032

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

Yes

Executive Director Approving Submission of the Report

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

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

This report provides an update on the Rotherham Adult Social Care Strategy (2024–2027). It also seeks formal approval to undertake a 90-day public consultation to inform the development of the new Adult Social Care Strategy, setting out how the consultation will be undertaken and providing an overview of the early engagement activity already completed. This timeline reflects that the existing strategy runs until 2027 and that development of the new strategy needs to begin now to ensure there is no gap without a strategy in place.

Recommendations

That Cabinet:

1. Note the progress update in relation to the current Rotherham Adult Social Care Strategy 2024-2027.
2. Approve a formal consultation period to inform development of a Refreshed Adult Social Care Strategy 2027-2032.
3. Note that the outcomes of the consultation and the final Strategy will be presented to Cabinet in March 2027.

List of Appendices Included

- Appendix 1 Rotherham Adult Social Care Strategy 2024-2027
- Appendix 2 Involvement Framework
- Appendix 3 Part A – Equality Analysis Screening
- Appendix 4 Carbon Impact Assessment

Background Papers

Rotherham Adult Social Care Strategy 2024-2027

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Rotherham Adult Social Care Strategy 2027-2032

1. Background

- 1.1 After formal consultation with Rotherham residents during Summer 2023, the Rotherham Adult Social Care (ASC) Strategy 2024–2027 was launched in early 2024. Those who took part in the consultation were asked to determine areas for improvement, which were then ranked from most important to least important based on the number of votes received. This informed the action plan by year, with the highest-priority areas commencing in 2024.
- 1.2 A strategy tracker has been in place throughout the programme to monitor progress against key priorities. From a governance perspective, this is reviewed on a monthly basis by the ASC Regulatory Assurance Board, which was established to monitor preparedness for assessment by the Care Quality Commission (CQC), ensuring that actions are effectively progressed while supporting ongoing compliance and service development. Progress on the strategy is monitored here because many of the actions in the CQC Master Work Programme feed into the broader strategic objectives.
- 1.3 Progress on the strategy is included as part of the briefing to the Health Select Commission. Furthermore, an early engagement session with 5 members of the Health Select Commission took place to capture their views at the earliest stage as well as provide a progress update on the current strategy.
- 1.4 An update on progress of the current strategy was provided to the ASC Senior Management Team last year. The following update summarises the progress made to date.
- 1.5 Furthermore, the current ASC Strategy is due to come to the end of its agreed timeframe in 2027. In order to ensure a new strategy is developed, consulted on and in place to succeed it, the process of reviewing, refreshing and co-producing the next strategy is proposed to begin now.

2. Key Issues

- 2.1 The following sections provide a summary of progress to date on delivery of the work programme priorities within the ASC Strategy 2024-2027.
- 2.2 2024 Priorities
- 2.3 Provide information and advice to support making informed choices.
- 2.4 This included reviewing and redesigning public information for young people preparing for adulthood, vulnerable adults and unpaid carers, as well as redesigning the adult social care webpages on the Rotherham Council website and refreshing information available on direct payments. The above actions have been achieved meaning that the priority is complete.
- 2.5 Prevent, reduce or delay a person's care needs.

- 2.6 The Supporting Independence team has been implemented, bringing together Carers Link officers, Sensory Workers, and Community Connectors to provide early intervention and help people maintain their independence. Investment in prevention within the voluntary and community sector has been completed, with £100,000 provided to Voluntary Action Rotherham to operate a Prevention and Early Intervention Grant Programme to support VCS (Voluntary and Community Sector) groups to increase the health and wellbeing of vulnerable adults and combat social isolation. A new Out of Hours model was launched in February 2025, delivering a more responsive service outside of core working hours. The above actions have been achieved meaning that the priority is complete.
- 2.7 Strengthen the voice of the person.
- 2.8 Key actions to strengthen voice, engagement, and co-production are complete. The Adult Social Care Co-Production Board has been operating since April 2024, with a full-year review identifying ways to further improve resident involvement. Safeguarding has been strengthened through the introduction of a Voice Subgroup, ensuring local people's issues are heard at board level, with plans to recruit a person with lived experience in a substantive 'expert by experience' role. Support for unpaid carers has been enhanced through a new multi-agency strategic group, alongside co-production of the All-Age Carers Strategy 2026-2031. The above actions have been achieved meaning that the priority is complete.
- 2.9 Adopt new ways of meeting people's needs.
- 2.10 Key actions are all in progress. In terms of the ASC portal this has been delayed due to technicalities needing resolution by the system provider, however work is now progressing. In terms of self-triage, work has been completed to update and refresh the ASC webpages to allow self-triage. Self-assessment will be possible once the portal has gone live. In terms of assistive technology, the upgrade of Rothercare's analogue telecare units has been successfully completed ahead of the national digital switchover deadline. Work is underway to modernise the Rothercare Alarm Receiving Centre (ARC), transitioning telephony infrastructure from analogue to digital to ensure service resilience and future compliance. The newly commissioned delivery partner is embedding its role, including actively undertaking market scanning and innovation assessment, identifying emerging technologies and solutions to enhance service delivery, improve outcomes, and ensure the Council remains at the forefront of Assistive Technology provision. A comprehensive review of standalone equipment processes is in progress. This work will establish a clear baseline of current operational performance and inform service improvements. Outputs from this work will directly shape the development of standalone equipment and underpin a broader, integrated Assistive Technology Strategy aligned to future demand, digital transformation priorities, and prevention-focused care models.

2.11 2025 Priorities

2.12 Support young people with care and support needs to prepare for adulthood.

2.13 All planned actions to support improved transitions and opportunities for young people are complete. The new transitions assessment, including Preparing for Adulthood (PfA) outcomes, is fully operational. The voice of young people is embedded through operational transitions feedback and lessons-learnt closure forms. Employment support has been strengthened through the launch of Connect to Work, expanding supported employment capacity for neurodiverse young people and delivering positive employment, training, and education outcomes, alongside the introduction of supported internships for under-25s. The above actions have been achieved meaning that the priority is complete.

2.14 Create more opportunities to work with partners to deliver positive outcomes for people.

2.15 Partnership working has been strengthened to deliver better outcomes for people across health and social care. The Hospital Discharge Transfer of Care Hub (TOCH) has been fully implemented following pathway redesign, with integrated teams co-located and wider system support secured. A collaborative mental health model for Adult Social Care has been embedded, with community mental health hubs working proactively alongside GPs, community providers and RDaSH (Rotherham, Doncaster and South Humber NHS Trust). Broader collaborative delivery continues through joint health and social care roles, coordinated system responses to pressures, improved alternatives to emergency care, ongoing reviews of intermediate care and equipment services, and sustained cross-system support for care homes. The above actions have been achieved meaning that the priority is complete.

2.16 2026 Priorities

2.17 Provide more opportunities for care and support closer to home.

2.18 Further investment is being made to develop local accommodation with appropriate support services. This includes Castle View Day Centre, a purpose-built and fully accessible facility for adults with complex needs, featuring calming spaces and outdoor sensory areas. Specialist supported living is also being expanded so that people with care and support needs can have their own front door with the right support in place. In addition, new Council homes are being developed to help meet local demand for affordable housing.

2.19 Ensure full engagement with people about the services they want to access is being ensured and used to shape the development of local care services. A Home Care survey is in place and is actively informing service delivery, while voice, experience, and outcomes are fully embedded throughout the commissioning cycle. This action is partially complete with further work ongoing throughout 2026/2027.

- 2.20 Better Care Fund (BCF) planning guidance for 2026/27 has been issued, and planning for 2026/27 has commenced, with progress to be reported through the BCF governance structure. This will increase the range of services delivered collaboratively with health partners. This priority is partially complete with further work ongoing throughout 2026/2027.
- 2.21 Work with the local care market to provide flexible services that meet people's needs.
- 2.22 This work includes seeking new opportunities to deliver services in partnership with the voluntary and community sector, reviewing and updating the Rotherham Compact, assessing the £100k investment and the impact of grants on Voluntary and Community Sector sustainability, and collaborating with Voluntary Action Rotherham (VAR) to support the alcohol and drugs recovery community using Drug and Alcohol Treatment, Recovery and Improvement Grant funding.
- 2.23 Services are being designed and delivered to reflect the diverse needs of local communities. There is ongoing co-production involving people who use services supported by the ASC Co-Production Lead. There is continued work through the Community Opportunities Flexible Purchasing System (FPS) which provides opportunities for small to medium enterprises to work with the council to provide opportunities for people with an assessed need to improve their independence, expand their social networks and gain skills to increase their employability. There is also joint work with Children and Young People's Services to scope the Personal Assistant (PA) market. This work is reported through to the Preparing for Adulthood (PfA) Board and aims to put in place a joint approach to further develop the PA market and also to support families to recruit skilled and experienced PAs.
- 2.24 The number of providers rated good or outstanding is being increased through the implementation and embedding of the Provider Assessment and Market Management Solution (PAMMS) which is an online assessment and quality assurance tool used by the Council to monitor, evaluate, and improve the quality of adult social care services across the borough. Quarterly performance reports are received by both the Senior Management Team and Directorate Leadership Team.
- 2.25 Adult Social Care have produced an Involvement Framework (see appendix 2) that sets out ambitions and intentions for how the Council will work alongside the public and people with lived experience of social care to improve services. This has been approved and will be published imminently. This Involvement Framework is being used to drive the co-production of the next adult social care strategy, aiming to increase the influence of the voice of lived experience and the community from the earliest stages. This was done through community engagement sessions and consistent collaboration with the Adult Social Care co-production Board Rotherham Adult Social Care Always Listening (RASCAL). The early engagement aims to gain an understanding of which service areas may need the most focus, in the opinion of those being engaged with. From this feedback the themes can be

gathered, and it can be ensured that the public consultation reflects these areas.

2.26 Paragraph 4.2 of the report provides information regarding early engagement sessions in relation to the 2027-2032 Strategy.

3. Options considered and recommended proposal

3.1 **Option 1:**– Cabinet approves the decision for a 90-day public consultation to inform a new Rotherham Adult Social Care Strategy for 2027 onwards. **(Recommended)**

3.2 **Option 2:** Continue with the Rotherham Adult Social Care Strategy 2024-2027. **(Not recommended)**

4. Consultation on proposal

4.1 Between January and March 2026, a working group was established with staff representation from all service areas who have had input throughout this process and will continue to do so up to publication. Alongside this, the Council have been consistently engaging with the Adult Social Care Co-production Board, RASCAL. Those two groups helped to identify and connect with lived-experience groups across each service area. From April to June 2026, early engagement activity was undertaken, and is still being undertaken, to capture initial views and insights to inform and shape the public consultation. This has been done so that from the earliest stages, the contents and direction of the strategy are influenced by the voices and priorities of the community and lived experience as well as being grounded in the experience of staff in both leadership and practitioner positions. This will provide the best opportunity to create a strategy that best meets expectations and is achievable.

4.2 The list of early engagement sessions is below:

Groups	Dates (2026)
Members of RASCAL	1 st April
Attendees at Rotherham Recovery Forum	9 th April
People who access services at Wellgate Court	17 th April
Members of the Health Select Commission	28 th April
Members of the Faith Leaders Group	7 th May
Residents at Bakersfield Court	12 th May

Staff from Voluntary Action Rotherham and multiple other VCSE organisations (promoted through VAR's network)	14 th May
People with lived experience of mental health support provided by RAW People (formerly S62)	29 th May
ASC Frontline Staff/ Practitioner Workshop	20 th May
Carers on Shared Lives	1 st June
ASC Strategy Working Group	2 nd June

4.3 Findings from engagement sessions to date have been grouped into six key themes, listed below and briefly described. Hearing directly from people with lived experience will help shape the consultation, ensuring it focuses on the issues and priorities that matter most to those who may access adult social care. It will be important that in the communication around the consultation, the approach taken is described, as it will demonstrate relationship building and how the Council are listening to the community.

4.4 **Clearer communication about ASC (what it is and what it offers)**
 During engagement sessions, people with and without lived experience described a consistent lack of understanding in the role of ASC, what support is available or 'who' it is for (as some people do not see it as something that is there for them). There is a need to improve how ASC communicates with the public, partners, and communities—not just individuals in the system.

4.5 **Joined-up services (especially for complex needs)**
 During engagement, some people with lived experience and those who are part of community or advocacy services reported that in their experience, services feel fragmented, with people—particularly those with multiple/complex needs—being “passed around” between teams. Better coordination and shared responsibility are needed.

4.6 **Person-centred care & listening to lived experience**
 During the engagement sessions, there was clear recognition that ASC has made a positive start in listening to people with lived experience. There was also clear appetite and ambition to build on this further. People want to feel consistently heard, involved in decisions about their care, and able to shape services in a meaningful, ongoing way—not just at key consultation points.

4.7 **Faster access & earlier support**
 For some people engaged with, there was a perception and a feeling that too often, delays and high thresholds mean people often only get help at crisis point, when their situation is harder to improve. This led people to suggest that more timely and preventative support is needed, alongside appropriate signposting and referrals to partners when ASC is not the correct source of support.

4.8 **Community presence, relationships & prevention**

Across multiple engagement sessions a strong appetite for more community-based support—local hubs, activities, and visible ASC presence—focused on building relationships and preventing escalation, was heard. There was praise for services that already work in this way and suggestions that they could be used as models for other services.

4.9 Subject to Cabinet approval on 6 July 2026, a 90-day public consultation will be conducted between August and October 2026. From November 2026 to March 2027, the Strategy will be developed and progressed through the relevant governance and approval processes, with a final Cabinet decision on the strategy scheduled for 15 March 2027.

5. **Timetable and Accountability for Implementing this Decision**

5.1	August – October 2026	Conduct 90-day public consultation
	November 2026	Development of strategy
	9 th December 2026	Adult Social Care Senior Management Team Meeting for agreement to progress to the next stage
	12 th January 2027	Directorate Leadership Team Meeting for agreement to progress to the next stage
	26 th January 2027	Strategic Leadership Team Meeting for agreement to progress to Cabinet
	15 th March 2027	Cabinet for approval

6. **Financial and Procurement Advice and Implications**

6.1 There are no immediate financial implications. As the work of Adult Social Care develops to align with the strategy these will need to be assessed to ensure they are contained within available resources.

7. **Legal Advice and Implications**

7.1 The Care Act 2014 places a number of Statutory duties upon the Local Authority, including the following:

- promote wellbeing;
- preventing, reducing or delaying needs for care and support;
- establish and maintain information and advice services relating to care and support for all people in its area, including ensuring information is accessible;
- assess adults' eligible needs for care and support, and carers' needs for support and ensure that identified eligible needs are met;

- safeguard adults with care and support needs from abuse and neglect, and
- shape the market for care and support, ensuring to facilitate a diverse, sustainable high-quality market for their whole local population.

7.2 The implementation of an Adult Social Care Strategy is an important tool in supporting the Local Authority to meet its Statutory duties. This report provides an update in relation to the existing strategy and also seeks approval to commence consultation in relation to a new strategy to commence in 2027. To do nothing in terms of planning for a new strategy as the existing one comes to an end would likely leave the Local Authority open to legal challenge; the implementation of a strategy means that the Local Authority is able to set priorities and ensure compliance with duties under the Care Act, specifically regarding information and advice.

7.3 The Care and Support Statutory Guidance states that the development of plans and strategies should involve the following as a minimum: -

- all relevant stakeholders;
- engagement with people, carers and family members, to understand what is working and not working for them, their preferences and how their information, advice and advocacy needs can best be met;
- adopting a 'co-production' approach to their plan, involving user groups and people themselves, other appropriate statutory, commercial and voluntary sector service providers, and make public the plan once finalised; and
- co-ordination with other statutory bodies with an interest in care and support, including local CCGs, Health and Wellbeing Boards, local Healthwatch and neighbouring local authorities

7.4 In addition to the above the Statutory Guidance also states that in terms of commissioning and market shaping it is important that local authorities develop evidence-based local strategies for how they exercise and comply with this duty. Paragraph 4.52 states 'Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps'.

7.5 The consultation plan demonstrates compliance with the above stated principles within the Care and Support Statutory Guidance.

8. Human Resources Advice and Implications

8.1 There are no direct Human Resources implications arising from the Rotherham Adult Social Care Strategy however any subsequent workforce implications arising from this will follow due Human Resources processes.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The strategy is inclusive of young people preparing for adulthood and will ensure that young people transitioning from Children's and Young People's Services to Adult Social care can:

- grow up prepared for the future;
- Have improved health and wellbeing;
- Be able to exercise control over the support they receive. ;
- Be able to receive support locally from a range of services that everyone values;
- For all young people to have an opportunity to have their own 'front door', and
- Ensure the right support is in place at the right time.

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 wider society.

11. Implications for CO2 Emissions and Climate Change

11.1 A Carbon Impact Assessment form has been completed (Appendix 5).

12. Implications for Partners

12.1 The Strategy has been designed to complement wider strategic plans for Rotherham including the Health and Wellbeing Strategy and the Rotherham Health and Care Plan. This approach ensures opportunities to align and harness existing strategic approaches through a system-wide partnership response.

13. Risks and Mitigation

13.1 Whilst the vision and strategy do not present any risks, there are risks associated with not having a strategy.

13.2 Clearly articulated strategic intentions for adult social care will support the service in managing risks associated with budgetary pressures, increasing

demand for services and compliance with the new legislative and statutory frameworks.

- 13.3 Risk: There is a risk that the consultation does not reach all people with a lived experience, families, and unpaid carers, and their experiences are not represented.
- 13.4 Mitigation: A robust communications plan has been developed to reach people with lived experience of Adult Social Care in Rotherham. Additionally, there will be proactive engagement with demographic groups that are highly represented in Rotherham and with groups that are ‘seldom heard’ or who less frequently engage with adult social care, so that the outcome of the consultation can be as representative as possible. .
- 13.5 Risk: There is a risk that people who attended early engagement sessions and/or respond to the consultation do not see their views or experiences incorporated into the strategy.
- 13.6 Mitigation: Throughout the process of developing the strategy, including the early engagement sessions, the consultation and when the strategy is published, communication will make clear that every effort has been made to incorporate balanced representation of all the views and opinions heard. Additionally, feedback has been grouped into themes and whilst all feedback is acknowledged, there is a balance between what is achievable and feedback that has been heard most consistently.
- 13.7 Risk: There is a risk that residents and people who access Adult Social Care will not be aware of the strategy, how it was created with the community and the impact it will have on services.
- 13.8 Mitigation: The mitigation against this risk is continuous engagement and maintaining relationships that have been built throughout the process of developing the strategy. Groups engaged with have been given options for how they would like to be informed and continue to engage with the work, including yearly/ midpoint reviews of the strategy.

14. Accountable Officers

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Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	John Edwards	19/06/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	10/06/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	03/06/26

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