

Preparation for Assurance **Peer Challenge Report**

Rotherham Metropolitan Borough Council

December 2023

Report



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Background

Rotherham Metropolitan Borough Council (RMBC) asked the Local Government Association (LGA) to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council, and with partners. The work was commissioned by Ian Spicer, Strategic Director Adult Care, Housing and Public Health who was seeking an independent perspective on how prepared adult social services are for a Care Quality Commission (CQC) assessment with a particular focus on learning about staff readiness and awareness in advance of CQC visit and to gain an external view of where Rotherham adult social care is and the understanding of this corporately within Rotherham. The purpose of a peer challenge is to help an authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and adult social care (ASC) to reflect on the information presented to them by the people they met, and material that they read.

As preparation for an Assurance Peer Challenge teams typically spend three days onsite in addition to undertaking case file audits, lived experience interviews and a review of data. This process should be seen as a snapshot of the client department's work rather than being totally comprehensive.

All information collected is non-attributable to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.

The members of the peer challenge team were:

- **Jennifer McGovern**, previously Director Adult Social Services and Integrated Commissioning, Cheshire West and Chester Council (till 2022)
- **Councillor Keith Cunliffe**, Wigan Council
- **Jane Myers** Strategic Operations Lead (Adult Social Services), Rochdale Metropolitan Borough Council

- **Sheila Wood** – Head of Service and Principal Social Worker, Cheshire East Council
- **Pippa McHaffie**, Adviser - Adults Peer Challenge Programme, Local Government Association
- **Penny Hynds** Peer Challenge Manager, Local Government Association

The team were on-site at RMBC for three days from the 5th to the 7th of December 2023. In arriving at their findings, the peer team:

- Held interviews and discussions with Councillors, officers, partners, and carers.
- Held meetings with managers, practitioners, team leaders, frontline staff, and people with lived experience.
- Read a range of documents provided by RMBC including a self-assessment and completed six case file audits with 3 follow up conversations plus spoke to 12 other people with lived experience.


The peer team were given access to at least 300 documents including a self-assessment. Throughout the peer challenge the team had more than 35 meetings with 143 different people. The peer challenge team spent around 200 hours with RMBC the equivalent of 30 working days. Invariably this is still a snapshot of RMBC.

Care Quality Commission Assurance themes	
Theme 1: Working with people.	Theme 2: Providing support.
This theme covers:	This theme covers:
<ul style="list-style-type: none"> • Assessing needs 	<ul style="list-style-type: none"> • Market shaping

Specifically, the peer team’s work focused on the Care Quality Commission (CQC) framework four assurance themes for the up-coming adult social care assurance process. They are:

<ul style="list-style-type: none"> • Planning and reviewing care. • Arrangements for direct payments and charging. • Supporting people to live healthier lives. • Prevention • Wellbeing • Information and advice • Understanding and removing inequalities in care and support • People's experiences and outcomes from care. 	<ul style="list-style-type: none"> • Commissioning • Workforce capacity and capability • Integration • Partnership working.
<p>Theme 3: How the local authority ensures safety within the system.</p> <p>This theme covers:</p>	<p>Theme 4: Leadership.</p> <p>This theme covers:</p>
<ul style="list-style-type: none"> • Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care. 	<ul style="list-style-type: none"> • Strategic planning • Learning • Improvement • Innovation • Governance • Management • Sustainability.

The peer challenge team would like to thank Councillors, staff, people with a lived experience, carers, partners, and providers for their open and constructive responses during the challenge process. All information collected on a non-attributable basis. The team was made very welcome and would like to thank Dania Pritchard, Caroline Hine,



and their team, for their invaluable assistance and for the support to the peer team, both prior to and whilst onsite, in planning and undertaking this peer challenge.

Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

Key Messages

There are observations and suggestions within the main section of the report linked to each of the CQC themes and quality statements. The following are the peer team's key messages to the Council:

Message One: Strong and Clear Strategic Direction

Rotherham Metropolitan Borough Council adult social care has strong leadership with very strong relationships with partners across the system as demonstrated by the unique focus on “place” and the Rotherham Way. The Council is committed to improving and this was the third peer review undertaken by the LGA within the year – with a Corporate Peer Challenge earlier in the year and a Safeguarding Adults Board Peer Challenge completed by the LGA in Summer 2023.

The refreshed Adult Social Care Strategy 2024-2027 is going to Cabinet in January 2024 and has a clear vision:

“Enable every resident with care and support needs to live their best lives, with the people they value, close to home and with access to the right support at the right time”.

The peer team were impressed by the comprehensive consultation process in developing and “socialising” the emerging strategy. This aligns and reflects the Integrated Care System (ICS) and Integrated Care Board (ICB) strategic direction as well as RMBC strategy. The Council may want to consider how they will operationalise the strategy through to front line staff, people with lived experience, and partners. Similarly, there are opportunities to highlight where there have been positive outcomes arising from the work that is happening.

A place based approach is embedded throughout the organisation with Rotherham Place being part of South Yorkshire ICS which covers Barnsley, Doncaster, Rotherham and Sheffield. Rotherham Place is enhanced and enabled by coterminous arrangements with one acute trust (Rotherham Foundation Trust), one mental health

trust (Rotherham, Doncaster, and South Humber - RDaSH) and Voluntary Action Rotherham.

The peer team were very impressed with the overall corporate approach, ownership, and direction of adult social care.

Message Two: Positive Workforce

The peer team were impressed by the number of front-line, managers, Heads of Service and Senior leadership that they met in several meetings. The overwhelming message they heard from the staff they met was how proud and happy they were to work in Rotherham, that they felt very supported within their teams and by their immediate managers. Many of the staff had been working in Rotherham for many years (over 40 years some of them!) but there was also an increasing number of newer staff the peers met too. It was clear that the staff had found strength within teams to manage the difficulties that Rotherham had previously experienced when Commissioners had been brought in 2014. The peer team observed there was an opportunity for this strong identity within individual teams to be extended for staff to feel more part of ASC and RMBC as a whole and felt that the implementation of the new ASC strategy will encourage this.

The Heads of Service and Senior staff were committed and passionate with an aspiration to do the best for Rotherham and its residents. They seemed to have a good understanding of the Council's strategy and the vision and way forward for adult social care that was emerging. The peers heard excitement and enthusiasm about the ambitions going forward with the resident being the reason they were there to make a difference. This was articulated in the following quotes the peer team heard:

“I feel proud to be part of my team, we are stretched but are a very supportive team – from high up and throughout the team. I really enjoy my job.”

“It is great to make a difference to people's lives”.

Message Three: Senior Leadership Team

The adult social care senior leadership team is relatively new, with the Director of Adult Social Services (DASS) having been in place in his current role for just over 2 years (he came in 2018 as Assistant Director (AD)), AD ASC and Integration being in position since Dec 2022 and the AD Strategic Commissioning since early 2023. The team are energised, engaged, and ambitious. The DASS has significant personal credibility with members, staff, and partners and there is a confidence that he has established a strong senior leadership team that will deliver improvements.

External relationships are excellent, and the peer team heard positive stories from several partners and people with lived experience. There is evidence of extremely strong relationships with the ICS with a culture of genuinely working together with a “no surprises” approach – that fosters transparency and is built upon trust to ensure all partners are aware of any issues within a partner that may adversely impact them, and they work together to address minimalising risks across the system. The peer team heard of a good example of this regarding changes RMBC are implementing to realign the line management of Adult Mental Health Professionals (AMHPs) and Mental Health Social Workers who currently are managed within the Mental Health crisis team back into RMBC. The potentially negative impact on RDASH Mental Health Trust has been openly discussed and worked upon collaboratively to minimise impact.

These relationships, along with positive internal Senior endorsement and partnerships, provide the team with significant opportunities in preparation not just for adult social care assurance but for ICS assurance.

The role of the Principal Social Worker (PSW) is a key position for CQC assessment and RMBC. The PSW in Rotherham was established in 2018 and the current postholder was made permanent in April 2023. The peer team were impressed by what she has already achieved in a relatively short period. It was evident that the PSW works closely with the AD for ASC and Integration and the peer team were impressed by their close and complementary partnership which has already made significant

improvements and recognised that there is an ambitious programme for further changes and improvement. The peer team were concerned that there were many moving parts and this needs to be managed and communicated very clearly to the workforce for effective implementation. The PSW is central to the development and promotion of practice and the peer team saw several examples of good practice that had been implemented to support the further embedding of strengths-based approaches and person-centred care. These included the safeguarding pathway with Liquid Logic, the introduction of 7-minute briefings and the drop-in sessions to ascertain the views of staff about what is important and a new Practice and Supervision Framework. There are well developed plans in place to launch several initiatives by the end of March 2024 such as the new Practice Framework, Quality Assurance Framework, Supervision and Audit Framework. This includes an opportunity to further develop a better understanding of organisational safeguarding in conjunction with commissioning.

Message Four: Social Work and Reablement vacancy level

The peer team were concerned that the high vacancy rate for Social Workers (25%) was having a knock-on effect on many areas across ASC in Rotherham such as waiting lists for assessments and safeguarding issues but recognised that the ASC Senior team were aware of this issue and had put in place mitigations to help manage the pressures. The DASS explained that the vacancy level has been at a similar level since he came to Rotherham five years ago as Assistant Director for Adult Care and that much work had been and was continuing to be done to try and attract new Social Workers to Rotherham. They are looking to learn from neighbouring Councils who did not seem to experience the same issues to the same degree. The Council has successfully recruited Assessment and Review Coordinators (ARCs) but the team felt that the lack of Social Workers contributed to delays in decision making and this was evidenced by some of the lived experience interviews. The AD ASC and Integration supported by the PSW had recently established the role of Advanced Practitioners to

provide career progression pathway for Social Workers in response to learning from exit interviews and they are currently recruiting for these roles. The peer team heard that a Principal Occupational Therapy (OT) role is being introduced and that this role is being jointly progressed with Rotherham Foundation Trust to ensure links across the broader OT profession but will be funded by RMBC.

The peer team heard of how the AD and PSW have recently revised the workload management and risk prioritisation tool to incorporate complexity, travel time and a wellbeing element in the case load weighting. The revised tool is currently being piloted in the Central Team. The peer team were particularly interested in the inclusion of Wellbeing within the tool and felt that this was unique to Rotherham and could be shared among peers to disseminate good practice.

Another area of under establishment is Reablement where the demand is greater than capacity. The Reablement team realigned into the provider service within Adult Care from the Access Team in the last year and a “task and finish” group has been established to look at quickly addressing workforce challenges. Already they have offered current part-time staff to increase their hours and 14 had opted to do this. This is the first step in a programme of work to increase the capacity in the team.

The peer team heard from several managers and heads of service who felt that the recruitment process could be more timely and less bureaucratic. They felt that this meant that potential recruits opted for other positions in neighbouring authorities. The Council may wish to examine whether this could be more streamlined to enhance recruitment and how ASC can be further supported in this area.

Message Five: Streamline pathways and new models with the focus on the voice and experience of the resident

The peer team were informed of several initiatives, pathways, and models being introduced. For example, as part of the Urgent and Emergency Care programme the Transfer of Care Hub has recently been developed linking to the Integrated Discharge team and Home from Hospital. The peer team heard from a number of different teams

(contact centre, six locality teams and Community Occupational Therapists for example) that there were occasions that there was a duplication of care and a potentially a number of handoffs between teams. This was reinforced in some of the conversations with people with lived experience and carers who raised concerns with the peer team around not knowing who was leading on their care and lack of timely communication leading to confusion. These concerns were passed onto the PSW who dealt with the two individual scenarios immediately.

Individual discussions with people with lived experience suggested that the streamlining of pathways together with greater clarity of expectations and timelines for processes could be beneficial for residents and staff. Visibility and communication is required to ensure that customers, and staff have clarity regarding access points as well as points of contact once a service is established and may also support the management and transparency of waiting lists particularly for the allocation of social workers.

Message Six: Communication and feedback loop

The ASC Senior team were undertaking great efforts to communicate within ASC with a newly established vlogs since early 2023, a monthly newsletter since October 2023, 7-minute briefings, brunch and learn sessions. The peer team heard from some of the conversations with front-line and more junior staff that they could send feedback up to Senior Managers but did not feel there was communication back down around concerns that was timely or sufficient – two-way feedback may be an area where things could be improved. This seemed to be a particular issue lower down the organisation and there may be a training opportunity for team leaders to ensure they are cascading and sign-posting information to staff.

Theme 1: Working with People

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

Strengths

- Like many ASC services, RMBC are challenged by increasing demand, however there is a continued focus on waiting lists which has resulted in a significant reduction in time delay for assessment.
- There is strong evidence of strengths- based/personalisation approach within the cases viewed as part of the case file audit.
- ASC information provided via the Council website proved to be accessible, intuitive and easy to navigate.
- The work of the Public Health team is impressive and it is well-integrated within ASC as demonstrated by a strong emphasis on a preventative offer.

Considerations

- The feedback communication loop could be strengthened – this was a repeated theme with staff, residents and providers and reported under key messages.
- Deprivation of Liberty Safeguards assessments (DoLS) within community teams need to be subject to the ADASS triage risk tool.
- Ensure that carers are consistently offered the opportunity for a carers assessment.

Case File Audit Findings

The peer team considered six cases in the audit. Each case was reviewed by the Peer Team's PSW alongside RMBC PSW.

- There were some good examples of strengths-based practice, within the case

audits and workers going the extra mile to support outcomes for individuals.

- Recording was comprehensive demonstrating a good use of analysis, evidence of Care Act, Mental Health, Continuing Health Care (CHC) and Mental Capacity considerations and clarity of professional judgement.
- There was only 1 that raised questions about practice. It was in relation to joint working with Children's Services and the need for the adult social worker to take a broader think family/Multi-Disciplinary Team approach to support the family. The situation concerned a referral from a college tutor in respect of the wellbeing of a 17 year old young carer who was struggling to support her Mum (who has some physical disabilities) with care tasks, while also trying to look after her 2 young siblings including taking and collecting them from school, while also trying to hold down a full time college course. There is a recommendation that more joint work could have been done with the family and with Children's Services.
- Triangulation of case audits was undertaken by three telephone calls which provided feedback with 2 reporting positive outcomes and being very complimentary of the social work staff. The other identified areas of concern which the PSW followed up immediately and resolved but highlighted the difficulties with the handoffs and lack of timely feedback as stated previously in report. The learning from this for the peer team's PSW and Rotherham PSW was the value of doing telephone follow up of cases audited and the value from this learning and it is recommended that this is included in the process going forward.
- Rotherham recently introduced a new safeguarding pathway in Liquid Logic. There is evidence to suggest that this is working well and it should lead to better quality Safeguarding data, but it is also recognised that there is an ongoing need to support staff in the use of the documents in order to increase their confidence.

Examples of learning from the case audits has been included within the relevant quality statements.

Quality Statement One: Assessing needs

Assessments

The self-assessment showed that RMBC are aware of the high waiting lists for assessments, and this was confirmed in conversations with staff. There has been a strong focus on reducing the waiting lists for assessments over the last year with a 50% reduction in Care Act Assessments. Community Occupational Therapists (OTs) Assessments had shown a marked improvement in waiting times resulting from commissioning independent OT's and skills matching to cases within the team. Concerns were raised about the number of retirements in near future in the Community OT team and how this will impact both assessments and packages of care and although early planning is taking place the team will need to be mindful of the challenges in recruiting new OT's. The peer team heard that there was now a new Transitions Manager in place and the team was at full capacity.

The case file audits highlighted some good examples of strengths-based assessments with interventions tailored to individual outcomes and a commitment by the workers to provide support in ways that work for the person. Invariably there were also some cases with room for improvement and the Council's internal audit process was identifying improvements on an individual basis and the learning from the peer challenge telephone feedback was that this would be very valuable to do more regularly to triangulate the case audit work.

Consideration of mental capacity within assessment and support planning was evidenced in interviews and there was clear evidence in the case files that were audited and that the consideration of mental capacity was embedded in practice along with evidence-based recording to support professional judgements.

A consistent theme that the peer team heard from the lived-experience residents was that communication could be improved – that there were often long gaps in being contacted which created anxiety for the person who then feared that nothing was being

done or they had been “lost in the system”. There were some examples of handoffs between teams and the person with lived experience being told they would be contacted but then heard nothing – this was particularly true for some of the carers. The peer team recognise that there are delays from assessment to putting in packages of care or getting financial support but concerns and anxieties of residents could be reduced by regular feedback (even if nothing is decided as yet but it is still being worked on).

The peer team heard in the initial presentation and within the self-assessment that planning for preparing for adulthood assessments commenced at 16 years old with allocation of a case worker with initial transition planning and all have had a care act assessment by 17.5 years. The peer team would suggest there was an opportunity to commence this preparation for adulthood even earlier from 14 years old. It was identified in the operational safeguarding group that an area of development was around the “Think Family Approach” with the intention to build stronger relationships with Children’s Services around transitional safeguarding, leaving care and work with chaotic parents.

Carers Assessment and Support

RMBC had 50 carer assessments on a waiting list in August 2023 which has reduced from 116 in January 2023. The peer team were unable to get a full picture around carer assessments but felt that the number of carer’s assessment carried out are low as a proportion of the total number of people who RMBC provides services to and this is an area that ASC may wish to explore further to ensure itself that adequate carer assessments are being completed. The peer team met with 6 carers in different lived experience interviews. The peer team heard that there was potentially confusion where there were multiple caring responsibilities across a family and both Childrens and Adults Services where involved and there could be the opportunity to work closer with Childrens Social Care to ensure a more joined up approach. The peers heard from the limited number of people they spoke to that the carer assessment and ongoing support was more traditional, not bespoke or ad hoc which carers would prefer. There

were instances described where long-term care was being provided when more short-term and responsive care was required. The carers that were spoken to would value the opportunity to meet others to build peer support and reduce the isolation carers can feel alongside more timely and appropriate respite.

RMBC's self-assessment outlined the strong system wide approach as outlined in the *Borough That Cares – Strategic Framework 2022-25* – which brings together under the Health and Wellbeing Board a focus on unpaid carers.

The peer team heard how valuable some of the micro-social enterprises set up under Community Catalysts were to support carers alongside voluntary care sector initiatives, but these services could be advertised more to carers, so they take advantage of them. Unfortunately, no voluntary care sector groups were interviewed during the visit and given the importance of this sector to help keep people independent and provide support to residents and particularly carers, some consideration should be given to ensure they are more visible for CQC although the peer team were informed that carers were involved in the planning and preparation phase of the peer review.

Quality Statement Two: Supporting people to live healthier lives

Preventative Offer

The Council is committed to enabling Rotherham residents to live healthier lives for longer and maximise their independence as outlined in their refreshed ASC Strategy. This is by ensuring all residents have access to the right information, access to support and services tailored to them, access to local communities and access to the right services at the right time.

The peer team were impressed by the Rothercare offer which can be accessed by self-referral, OT referral, and reablement referral. The scale of the service, with 25,000-30,000 calls and 700 visits per month and 6,900 packages of Rothercare, was much larger than other Councils of similar size. The peer team heard about the push model for people who have fallen and are assessed lower risk by the South Yorkshire

Ambulance Service which is passed on to Rothercare who will visit if they have the capacity to and felt this was an example of true collaborative working but wondered if there was potential for transfer of funding to support Rothercare. The service is clearly very highly valued but is not cost neutral (or making a profit as the peer team would expect) and we understand that it is being reviewed currently.

There is a clear appreciation of deprivation, minority ethnic populations and long term population health risk issues within the Borough, the multiplicity effect and potential impact on long term ASC demand. There is significant overlap of ASC priorities with Public Health long term conditions, exercise and clinical pathways. There was clear evidence of a vision across Rotherham Place to focus more on prevention with a view to reallocating resource further upstream to reduce this impact. The 'Moving Rotherham' Borough-wide Board has been relaunched post covid and is undertaking some impressive work linked to Sport England priorities. This includes linking physical wellbeing and activity with emotional wellbeing/mental health, improved links to social prescribing and a whole perspective/person approach to health coaching and healthier lifestyle coaching programmes.

The complex lives team has had success with their preventative approach to support people with complex lives, addiction and mental health issues, it was however recognised that as a small team their capacity is limited. A new prevention team at the front door seeks to ensure a robust prevention approach is being developed incorporating enhanced preventative safeguarding. Currently a small team, the peer team felt the expansion of the team would result in reaching more people. The peer team heard a clear understanding of the Complex Lives journey within the Housing interview and that, for individuals with multiple issues, it starts at the property and place offer.

RMBC have worked with Community Catalyst who helped the community by setting up a number of micro enterprises which the peer team heard were very valuable – such as Artworks and peripatetic services such as befriending.

Information, advice, and guidance

Feedback from people with lived experience is that information, advice, and guidance is not always easily available. One member of the peer team tested out the on-line offer who felt it was clear and intuitive with clear pathways but does rely on having access to internet. The peer team heard how work is ongoing to develop “chat box” and provide information on common questions to support a reduction in the number of calls. Online referral and e-forms are increasing indicating that access to the website offer is helping people access to the right advice and information at the right time.

RotherHive - the well-being and mental health resource for Rotherham is an excellent resource and very easy to navigate and the peer team heard from the people with lived-experience who they met how helpful it is. There is a clear plan to expand RotherHive beyond a mental health resource to being a broader public facing one stop shop for information of advice.

Clearer pathways and criteria for teams

The peer team were able to interview staff from Locality teams, Learning Disabilities and Transitions, Mental Health, and Community Occupational Therapists. They often heard of duplications between teams and the lived experience interviews highlighted the feeling of being “Ping ponged from pillar to post”. This was due to teams having different interpretations for the defined criteria for the people they would support, therefore, meaning that there were instances where people weren’t deemed by any team as fitting in their scope. Consideration should be taken as to how criteria for each team should be strengthened to improve efficiency and effectiveness in allocating cases.

In addition, the team heard about a number of new initiatives such as the Transfer of Care Hub, and Virtual Ward which have been set up in last few months. This is part of the Urgent and Emergency Care workstream to address Winter Pressures and is a joint Health and Social Care initiative. The teams are co-located at Woodlands Hospital

which the peer team heard has reduced length of stays as communication is enhanced between the Integrated Discharge Team (IDT) and rapid response, in particular.

In interviews, some staff showed a lack of understanding of the new pathways, although the initial reports seem very positive of the work being done by the Transfer of Care Hub. The peer team were concerned by the potential for duplication and hand-offs between ASC teams.

The new pathway for the Transfer of Care Hub is for all referrals to go through reablement, where appropriate. Given the high vacancy rate within reablement team, mentioned previously in the report, the team heard how reablement is becoming a pinch point in the discharge pathway with waits for reablement being between 1-14 days for different individuals. This was thought to be further exacerbated by the wait for Care Act Assessments and subsequent packages of care being made available for people who were therefore unable to move out of reablement despite them completing all the reablement support they can provide. The peer team felt there was an opportunity to consider the criteria for reablement and patient flow from hospital into reablement potentially to a community discharge-to-assess model.

Use of Direct Payments

The number of people in receipt of direct payments in RMBC is around 21% against a regional average of circa 19.31% and a national average of nearly 27%. Although this is higher than the regional average the figure is somewhat distorted as it includes the use of Direct Payments for ad hoc purchasing of care packages rather than true Direct Payments. The peer team felt that this area should be an area of significant focus for the Council especially to introduce alternative commissioning arrangements for ad hoc purchases. In particular the team were concerned that this practice was indicative of more traditional approaches to support planning and likely to have to promote a more person centred approach to care. As previously mentioned, the peer team did hear of work being undertaken in RMBC to improve direct payments and the Rotherham offer.

The peer team did not speak to any people who access direct payments and ASC may wish to undertake further review of how this is working within Rotherham.

Quality Statement Three: Equity and Outcomes

Rotherham has a population that is ageing with over 52,400 people aged 65 years and over. It is a diverse community which includes 20,000 people from minority ethnic groups (8.1% of the population). The Pakistani community is the second largest ethnic group after White British and 22% of residents live within the 10% deprived areas of England. There is under-representation of people from ethnic minority communities for residents who access Rotherham's services. The peer team did not see any groups from ethnic minority communities and recognise that can be hard to engage with these groups but feel that ASC may like to consider how they will communicate with them and share about CQC assessment to provide a more comprehensive picture. There was an example shared by Public Health of specific engagement work done with Apna Haq (meaning 'our right' in Urdu) - an Asian Women's group to better understand their perspectives of services provided.

Unfortunately, the peer team were unable to visit a group of lived-experience residents with Mental Health issues, that had been planned, due to sickness within the venue to be visited.

The Peer Team became aware that Moving Rotherham had recently been approached by Sport England as a potential expansion area. Funding under this initiative is likely to be awarded to Place Development Partnerships who demonstrate a good understanding of local issues and a focus on tackling health inequalities, i.e. to get the inactive, active, with a view to avoiding the onset of long-term conditions.

Robust process for Equality Impact Assessment

There is a recognition that there is a very robust process for Equality Impact Assessments in Rotherham and staff are familiar and well-trained in its use. The peer team saw good documentation as evidence but this was not reinforced in interviews

with staff being unable to speak of it as confidently and this may be an area RMBC would like to enhance for the CQC visit.

The team was concerned that although the process for prompting Equality Impact Assessments was comprehensive, staff appear to struggle to describe actions taken or practice implemented by themselves or the organisation to ensure that equity was delivered consistently across the diverse populations across Rotherham. Rotherham Council needs to consider further ongoing work to ensure that equality, diversity and inclusion is embedded across the organisation. The peer team were informed following the visit that EDI training is being rolled out during 2024 to support staff.

Advocacy

RMBC commissions with Absolute Advocacy who provide excellent service that is responsive, and staff refer people to them in a timely manner. They work closely with Speakup Self Advocacy – a self-advocacy group run by and for people with learning disabilities and autistic people. The peer team were fortunate to meet with a number of lived experience people from Speakup and were impressed by their work and the strong collaborative relationship with RMBC alongside Absolute Advocacy. The commissioner showed great understanding and strong relationships with them, and the peer team were impressed by how strong this area was within RMBC.

The Speakup website is a really helpful self-advocacy tool for Rotherham, the group provided examples of how they provide support to the community across a number of areas including day services, training offers, social events, access to health, wellbeing and employment information they also offer volunteering opportunities.

Public Health Led Decisions

The DASS has housing and public health within his Directorate, and this resulted in very close working between ASC and these departments. The peer team's PSW met with the Public Health Consultant who was passionate and inspiring and demonstrated clear evidence of work to address Health Inequalities across Rotherham. Decision making is underpinned by a clear understanding of the effects of deprivation and the

multiplicity effect with minority ethnic populations and health risk issues, such as long term conditions, that lead to increased demand on ASC services.

There is work being done across Place Leadership to move prevention upstream in order to reduce longer term demand on services linked to prevent, reduce, delay aspects of the Care Act. RotherHive web-based information, a “one stop shop” of support and resources, is an invaluable resource to residents and staff alike.


RMBC Public Health team have supported engagement work with minority groups including Apna Haq Ltd – a group supporting minority women to escape violent situations in Rotherham. This work has resulted in a better understanding of barriers and to help adapt the current offer so that it is more acceptable to this group.

Public Health has a strong presence at the Health and Wellbeing Board and are linked to all four of the Board’s aims. Joint Public Health work across South Yorkshire has taken place to change the narrative of Health Inequalities with a greater understanding of demographic information.

Co-production

RMBC is looking at increasing co-production in all its work and has a few excellent examples within Housing where any new proposals must evidence the voice of the user and their involvement. The Adaptations strategy was co-produced and the peer team heard of how partners are being involved at green/brown site stage for developments with the example of Police information leading to a decision to reduce the size of balconies on new developments to reduce issues around having pets on larger balconies. The Homeless Strategy has also been developed with users and great efforts have been taken to hear the voice of these hard to reach groups.

Another example the team heard about was Rotherham’s Autism Strategy and Learning Disability Strategy where people were asked about their experience and how it could be improved. The co-production included minority groups, young people, adults and carers. This work demonstrates strongly the Autism voice and the action plan for the next 12 months will also be co-produced. The team heard from a person



with lived experience of Autism that they felt included, valued, and listened to as part of this process. The peer team recognised that RMBC, like most Councils, has further areas to improve co-production but there is a good foundation and positive relationships with partners and residents to build upon.

Theme 2: Providing Support

This relates to market shaping, commissioning, workforce capacity and capability, integration and partnership working.

Strengths

- There is evidence of coordinated long term strategic planning across the Council, Place and within ASC. The Council are aware of and honest about the challenges and the areas in which development of strategies and plans are still needed.
- There is an excellent brokerage team established with clear policy and procedure supporting its operation. It is well embedded in the commissioning process and both staff and providers have found it beneficial to their work and a very supportive commissioning process.
- There is an extremely comprehensive quality assurance process in place supported by input from the NHS and other partners. Providers spoke highly of the support this process offers in terms of providing continual support to improve services.

Considerations

- ASC plans have a market position statement presenting clarity in relation to capacity and demand. This is extremely helpful for the short to medium term however future position statements should be embedded within Joint Commissioning Strategies. These should also be supported by clear financial planning frameworks, covering 5-10 year market shaping, and incorporate plans for use of available housing stock in RMBC to overcome homeless pressures and resolve temporary accommodation issues.
- Continued joint working across the system to maximise Better Care Fund (BCF) resource and ongoing review of schemes to maximise value to the system and embed as business as usual where they demonstrate beneficial resident outcomes.

Quality Statement Four: Care Provision Integration and Continuity

Brokerage

RMBC has an excellent brokerage service established with clear policy and procedure supporting its operation. It is well embedded in the commissioning process and both staff and providers have found it beneficial to the commissioning process. Relationships with providers are very strong, staff within the resource have comprehensive knowledge of the market, including gaps and challenges. They are a valued service with social workers and other assessors contributing to the reduction in waiting lists for service.

Strong Quality Assurance and Contract Management processes

The Council appears to have robust quality assurance and contract management arrangements in place. The peer team could evidence in documentation strong quality assurance and contract management processes that were embedded and this was confirmed in the interviews with people with lived experience, providers of care, finance, commercial procurement and commissioning and operational colleagues. Most people are supported within Rotherham rather than in out of county placements.

The commissioners and market managers demonstrated a good focus on monitoring, quality assurance and improvement of services and this is backed up by the Executive and supported by the 'Provider Assessment and Market Management Tool'.

The Council is aware of gaps within market provision; support for carers, and the need to link more closely with strategic housing to ensure that accommodation-based alternatives are developed in a timely fashion.

Regulated care in RMBC is good according to CQC inspection reports with 85% of homes rated good or outstanding by CQC, compared to an average of 81% nationally. Quality assurance is jointly managed with the NHS and there is a proactive approach to partnership working to address quality and safety concerns including proactively

listening to service users of home care which allows them to understand concerns before they become a crisis.

The team heard how a provider specialising in mental health accommodation struggled to access commissioners except through chance contact but the implementation 3 months ago of a new way of working with more regular contact has worked well. The peer team felt that a more consistent market contact approach would be beneficial across ASC and perhaps commissioners could be more holistic in their approach-thinking about the whole person in the centre of their work. At present, RMBC provides ASC Providers with a comprehensive training package for their staff which was positively regarded by the Providers spoken to. Providers described how it allowed them to take on people with more complex needs as the training allowed them to specifically upskill their staff to meet the person's needs. The team heard from both Commissioners and Providers alike that they were worried about the impact of the reduction in training offer being proposed.

Housing

Housing is within the same directorate as ASC and public health as previously stated; this is positive and is evidence of the strong corporate approach the Council is taking to the challenges it faces. The peer team were impressed by how aware and supportive of ASC Housing were and their pride was clear in the progress in ASC. They spoke of how RMBC put "the customer first" throughout everything which comes from the Chief Executive down.

The relationship between ASC, Public Health and Housing presents a real opportunity to inform the strategic commissioning approach for both accommodation based support and 'floating support' alternatives for all vulnerable client groups. The peer team felt that it was vital that a longer-term planning focus is taken, not least to ensure that resources are available now and, in the future, but supported by a clear financial framework. This will reduce the frequency of 'opportunistic' approaches which can frequently prove costly for both ASC and the NHS.

Regular conversations between Housing Strategy and ASC take place resulting in an increasing understanding of resident cohorts and their particular housing needs. The South Yorkshire specification, for example, for Learning Disabilities and Autism was greatly valued and there may be an opportunity to replicate this work for Mental Health, Age and other Disability Needs to help inform new developments.

The peer team heard how there could be some improvements with regard the Disabled Facilities Grants (DFGs) – there is a dedicated Adaptations team who respond to the OT assessments. Despite a focus in the last year on waiting times for OT's, the pathway from initial assessment through to the provision of major adaptations can be extremely long and an example was provided of an individual who has waited two years. There may be an advantage in having a system perspective of governance so the complete customer journey from initial assessment through to adaptation being installed is clearly seen and performance managed.

In-house Provider Services

The Council has a relatively large inhouse provider element with 450 staff and 120 beds with all the provider services CQC rated good or above by CQC. The team heard how flexible the service is, as was demonstrated during covid when they took people who had tested positive for Covid19 to free up the hospital and other care homes, as well as 2 years ago when they assisted with the relocation of residents of a residential home that had been flooded to a different location (Davis Court).

The provider services have implemented some imaginative solutions to streamline the recruitment process as they have vacancies across the whole service and attracting care staff nationally is a problem. They have produced a 3D video to show candidates the homes, simplified the recruitment form and held recruitment days where candidates are assessed without literacy and application forms being a barrier to recruitment. They outlined an issue around job families and profiles that could be looked at to be clearer about what exactly the job being applied for is rather than being so generic it included many elements that were not relevant. Provider services

reported that they were well supported by the HR Business Partner around employment legislation as well as the Recruitment team and payroll at a corporate level. Provider services did report that an additional challenge to recruitment was related to terms and conditions and the 3 days salary reduction resulting in a requirement to take 3 additional days leave and career increments only being available every 2 years.

Provider services are working on the remodelling of the reablement service. Having taken responsibility for the service in December 2022 it was recognised that remodelling needs to continue, with some improvement to processes, and that a reduction in the number of people waiting for care act assessments at the end of reablement would improve capacity.

The peer team were impressed by the feedback loop from complaints and compliments received to improve learning and inform individual workers of anything pertinent to their work.

Professional Practice

There is a small but dedicated team leading on professional practice within ASC which includes a Learning and Development Manager, Practice Lead for Continuing Health Care (CHC), a Vocational Qualified Practice Lead and Social Work Practice Lead. There is a flexible procurement offer for training and a comprehensive and robust systematic process for identifying training needs as per of the ASC Pathways. All identified needs result in a training development plan, commissioning of training providers, development of course materials and delivery of courses. The identification of learning needs and the transfer of learning to practice is discussed within staff 1:1's and Professional Development Reviews (PDRs). The Training Manager has close communication with Adult Care Senior Leadership Team and reports monthly to both the Adult Care Senior Management Team and the Directorate Leadership Team. The PSW works very closely with the team and the peer team were impressed with the Brunch and Learn sessions which is a good example of developing learning and

sharing good practice. In addition an audit system to measure the impact of training offers on practice should be considered. The peer team heard that 8 Advanced Practitioners are being recruited who will support Assessed and Supported Year in Employment (ASYE) and Social Work Apprentices and release teams to have more capacity and the students to have a better experience. It is expected that these roles will be recruited in January 2024. There was surprise that the Social Work Forum had not been well supported by Social Workers and therefore had been stopped and the peers wondered if this may be associated with the high demand on Social Workers due to the vacancy factor. This is an area that does require reconsideration. The future aspiration to develop “train the trainer” to roll out further training across ASC was considered to be a key area of future development.


Quality Statement Five: Partnerships and Community

RMBC and ASC have very strong relationships and partnerships as outlined within the key messages. In addition, the locality teams operate on a “know your area” approach using local data and knowledge to create bespoke and imaginative support packages to residents. The peer team were informed of strong links between ASC and the voluntary and community care sector in the self-assessment and through interviews with staff but as previously mentioned the team did not get to speak to many representatives from this sector. However, those who the team did meet during their visit such as Absolute Advocacy and Speakup spoke of mutual respect and collaboration. There was evidence of clear and robust partnership governance.

Hospital discharge

The peer team did not manage to get clarity on whether in comparison to other areas Rotherham have an issue with delayed hospital discharges. The team were provided with emails that showed numbers of delayed transfers of care while on site.

RMBC has recently developed Integrated Transfer of Care Hub (ITOC) in line with national best practice guidance and continues to operate a discharge to assess model following the end of nationally identified funding. The overall approach to hospital



discharge appears to have improved since the instigation of this service in October 2023 and colocation but it is in its infancy and evaluation of its impact will be required over the Winter pressures period.

Front line staff reported to the peer team that the implementation of the Transfers of Care Hub has improved discharge process and timeliness. The peer team did not hear that hospital discharge was a challenge for Rotherham but there is a concern that there may be an over-reliance on traditional support services rather than a hospital-to-home approach. Frontline staff did report that there can be hospital delays from between 1 day and 2 weeks waiting for reablement and handover to duty staff in the community, therefore creating additional pressure being placed on discharge staff to cover A&E attendance as a hospital avoidance initiative. Pressures seem to relate to recruitment and vacancy issues. Reviews of reablement and hospital flow as described in other areas of this report would help support this area.

The peer team heard about the new pathway that has been launched “Home from Hospital” as a bridging service to support hospital discharge and the reablement service, plans are also in place to commission creatively home care supported by an enhanced brokerage service.

Theme 3: Ensuring Safety

This area relates to safeguarding, safe systems, and continuity of care.

Strengths

- The Rotherham Safeguarding Adults Board (SAB) had requested a peer challenge from the LGA which was undertaken in July 2023. The feedback report from this peer challenge was shared with ASC preparedness peer team before their visit. The peers were assured that the SAB were actively working on an improvement plan and engaging with wider partners.

Considerations

- There should be active steps taken to ensure that community team DoLS are visible and subject to the ADASS triage tool as this issue presents significant risk.

Quality Statement Six: Safe systems, Pathways, and Transitions

The corporate approach to outcome delivery is impressive and will support and improve safe systems, pathways, and transitions.

The SAB chair is a non-Executive on the ICB and has a social work and safeguarding background which has been used to ensure the profile of safeguarding is a high priority within the ICB. The SAB Manager attends Yorkshire and Humber safeguarding managers network and has shared Safeguarding Adult Reviews (SARs) learning with this forum. There could be further work for the SAB to raise awareness in partner organisations on their responses to safeguarding and how safer systems can be achieved. The SAB chair showed awareness that there was a need to raise their visibility across ASC, the Council and partner organisations – one way of doing this would be to have Social Workers attending the Board to increase their knowledge base. This should include sharing the safeguarding messages, socialising and embedding them in partner organisations, a good example the peer heard was how

the safeguarding training which is rolled out for healthcare staff arriving coming to work in Rotherham from other countries. The peer team were gratified to hear that the AD had recognised an opportunity to publicise the newly revised safeguarding pathway more widely to raise awareness across RMBC and had commenced this in October 2023.

As previously mentioned in this report RMBC appreciate that there is more work to capture the voice of people using services and the SAB had a development day since the SAB peer review where sub-groups were reconfigured to best capture the customer's voice.

The peer team heard that RMBC has been unable to appoint to the dual diagnosis position and there were concerns that people are "falling between the gaps".

Waiting Lists and actions to monitor, analyse and address these is reported earlier in this report.

As previously mentioned in the report the ongoing Social Work vacancy level is impacting on these waiting lists especially in terms of Deprivation of Liberty Safeguards (DoLS) and Community DoLS which are particularly high.

Waiting lists were analysed in the team in relation to DOLS and whilst assessments are subject to the application of the ADASS triage tool for managing risk the team's attention was drawn to the fact that potential DOLS situations held by the Community Teams are not subject to this process. The peer team were concerned that there didn't seem to be any oversight of the number of Community DOLS going through the Court of Protection and felt that there is an opportunity for this data to be collated to provide a more complete picture of the overall DOLS waiting list position. It was recognised by the AD that this needs to be urgently addressed and the peer team were informed that it is currently being added to LAS (the case management system) to provide appropriate oversight and should be launched in April 2024.

The peer team heard how a focus on community DOLS has started with one worker working directly with their legal team, however due to vacancies it was reported that only high-risk cases are likely to be worked on with a watching brief in terms of risk.

A recent increase in the number of officers who are authorised signatories was supporting the management of DOLS applications.

The peer team could see that there is a comprehensive data pack and reporting with oversight by the SAB of Section 42 assessments and progress. The peer team suggest that a summary of key elements to accompany the pack may be helpful to highlight key areas for SAB consideration.


The case audit and discussion with staff showed the benefit associated with the implementation of a new pathway incorporating the voice of the person throughout the safeguarding process - and staff reported that they found it helpful with the regular prescriptive prompts, and it is bringing consistency with risk being assessed at every level. Making Safeguarding Personal (MSP) is clearly embedded in ASC and was demonstrated through case audits as well as interviews with lived experience people and staff with a clear understanding.

Joint working with Childrens Social Services has been highlighted previously in the report and there is an opportunity to improve outcomes for families and care leavers by having more close working processes and relationships.

The peer team were made aware of the detail of the of multi-agency risk management system around Community Multi-agency Risk Assessment Conference (CMARAC) and Vulnerable Adult Risk Management (VARM) and were assured it was becoming more robust since the SAB peer challenge review.

Quality Statement Seven: Safeguarding

There is strong engagement with partners and representation on subgroups of the SAB. The strength of partnership working as described throughout this report has a positive impact on safeguarding within RMBC. There is a robust structure for



managing risks including positive learning processes around SARS and pre-SARS. There are possibly further opportunities to share this learning in different forums; particularly with providers and the peer team did hear that the timeframe for learning from SARs was currently too long.

The peer team were informed by the PSW that a SAR protocol was currently being developed in partnership with the SAB.

Theme 4: Leadership

This relates to capable and compassionate leaders, learning, improvement, and innovation.

Strengths

- The Council has a strong Leader, Chief Executive, Lead Member and DASS, evidenced by the commitment to ASC priorities and a good grasp of the detail.
- There is a strong sense of team and manager support from staff “what keeps me in Rotherham is the people and the team” which was reflected in safeguarding as well.

Quality Statement Eight: Governance, Management, and Sustainability

The leadership of ASC is well-led by a strong Leader, Chief Executive, and DASS. The DASS had good personal credibility across the board and the peer team heard comments from frontline staff, members and partners to support this view such as: “I trust and have confidence in the DASS and his team”.

The Chief Executive Officer is very visible and well known by staff and her support to ASC is recognised and her drive to ensure the customer is central to all that RMBC does. She has confidence in the Senior Leadership team that has been established by the DASS.

The Member peer met individually with the Leader, Lead Member with responsibility for ASC and the Chair of the Overview and Scrutiny Committee (OSC) – this reinforced the strong political leadership from the Lead Member who is well known and visible across ASC and has been in position for many years with huge knowledge. The lead member has indicated that he will not stand in the upcoming elections in May 2024 and therefore the peer team would recommend a succession plan to ensure a smooth transition to new Lead Member.

Overview and scrutiny is well-established and is inclusive across parties and operates a collegiate approach and adds value to the system. The Chair of OSC felt that relationships are good but still enables challenge in the system and scrutiny is well attended by partners including NHS partners.

The peer team were struck on how performance was a key focus to the Council with good performance information driving decision making. There are some good examples of how the voice of resident has been captured in pockets of work but there may be an opportunity to improve the collection of qualitative information to further support the performance management.

As already mentioned, the ASC Senior Leadership Team (SLT) is relatively new, and they have “hit the ground” running as they could see a number of interdependencies that all needed improvement alongside each other. Despite there being a great number of “moving parts” at present, the peer team felt assured that the SLT had a handle on this and that much would be embedded within the next couple of months. The establishment of Advanced Practitioners to create a career pathway was a direct result of feedback heard at exit interviews which demonstrates good leadership. In addition, a Principal Occupational Therapist is being introduced as Practice Lead for OTs which will support and complement the work being undertaken by the PSW.

Another example of identifying a risk area and hearing staff concerns is the introduction of out-of-hours legal advice at the request of AMHPs by the AD. The peer team heard how previous to her starting in post this had been a gap, but she listened and responded.

The peer team heard concerns about caseloads from front-line staff and this has been recognised by the SLT as an issue and a caseload management system is currently in development.

Quality Statement Nine: Learning, Improvement, and Innovation

The peer team were interested to hear about the “reverse mentoring” scheme that the AD ASC and Integration had put in place. She is a leading advocate for this programme and has had her mentee shadow her at the SAB as well as accompanying them on the front-line.

The organisation demonstrates a strong commitment to learning, improvement and innovation and the peer team were especially impressed by the way complaints and compliments were reported and learnt from. The Complaints Manager who has been in RMBC since 2007 showed a hunger and passion to ensure that the learning was continually reviewed and improved.

Top Tips for Assurance Preparation - for consideration

- Appoint an adult social care lead.
- Political briefings.
- Secure corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to inform the self-assessment.
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

Lessons learned from other peer challenges.

- Councils need an authentic narrative for their adult social care service driven by data and personal experience.
- The narrative needs to be shared 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.
- Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.
- This will probably take the form of:

- What are staff proud to deliver, and what outcomes can they point to?
- What needs to improve?
- What are the plans to improve services?
- In the preparation phases, consider putting it on all team agendas asking staff what they do well, what's not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.
- Immediately prior to CQC arriving, ask staff what they are going to tell the regulator. How is their experience rooted in observable data and adds to the overall departmental narrative? These stories drive the understanding of yourselves and others.
- The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.
- The conversation with the regulator is not therapy! For those interviewed it should be a description of what they do and the impact they have had in people's lives. Case examples written in the authentic voice of those with a lived experience bring this alive.

Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Council's to do so in the interests of transparency and supporting improvement in the wider sector. If the Council does decide to publish their report, the date at which the Council chooses to do so is entirely at their discretion and would usually be at the culmination of an internal governance process.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on several the areas for development and improvement and we would be happy to discuss this.

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In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact Details

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For more information on the programme of adults peer challenges and the work of the Local Government Association please see our website: [Adult social care peer challenges | Local Government Association](#)