Metropolitan Borough of Rotherham assessment

How we assess local authorities.

Assessment published: <date of publication>

About

Demographics

Rotherham Metropolitan Borough Council serves a population of approximately 260,000 people within the South Yorkshire region. Rotherham is a metropolitan borough, meaning the council is a single-tier authority responsible for the full range of local government services. The borough includes both urban and rural areas, with Rotherham town at its centre and a number of surrounding towns and villages. While some parts of the borough are relatively prosperous, Rotherham experiences significant levels of deprivation, with several neighbourhoods ranking among the 10 most deprived in the country. The borough faces ongoing challenges related to health inequalities, employment, and access to services, particularly in more isolated or rural areas. Rotherham has an Index of Multiple Deprivation decile of 3, (with 1 being the most deprived and 10 being the least deprived).

Demographically, around 21% of Rotherham's population is aged 0–17, around 59% are of working age (18–64), and approximately 20% are aged 65 and over. The older population is expected to grow over the next decade, increasing demand for health and social care services. Rotherham is predominantly White British, but the borough has a growing and increasingly diverse population, with around 15% of residents from Black, Asian, and Minority Ethnic (BAME) backgrounds particularly concentrated in central Rotherham.

Rotherham Borough Council is part of the South Yorkshire Integrated Care System (ICS), working in partnership with local NHS organisations and neighbouring authorities to improve health and care outcomes across the region. The local authority is currently Labour led with a stable leadership team across both elected members and senior officers.

Financial facts

- The local authority estimated that in 2023/24, its total budget would be **£423,042,000.** Its actual spend for that year was **£463,014,000** which was **£39,972,000** more than estimated.
- The local authority estimated that it would spend **£121,418,000** of its total budget on adult social care in 2023/24 Its actual spend was **£135,739,000** which is **£14,321,000** more than estimated.
- In 2023/24, **29.32%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
  Approximately **4835** people were accessing long-term adult social care support, and approximately **820** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services,

including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall Summary

Local Authority rating and quality statement scores

Good: Evidence shows a good standard 73%

Summary of people's experiences

Overall, we heard positive feedback from people about their experiences of contact with and receiving support from the local authority. However, we did hear that some people had waited considerable time for assessments. There were a variety of ways in which information about the services available could be accessed, including talking directly with a wellbeing advisor who provided initial contact and assessment. The website included signposting people to other organisations for support which some people told us was helpful for them.

People were communicated with whilst they waited for an assessment, with a letter explaining the process and guiding people to contact alternative sources and emergency services should their needs change. The Supporting Independence Team could visit people whilst they were waiting.

Assessments were person centred, with a focus on working with people, not 'doing to' people and a good use of advocacy and person-centred safeguarding practices ensured people retained control.

Carers told us their needs were assessed in their own right as a carer and that there was good support provided through Carers support in Rotherham. However, some carers had found it difficult to find out about the support available to them and found the amount of information overwhelming at times whilst others told us that they had found it really helpful.

Summary of strengths, areas for development and next steps

There was a broad range of early intervention services in place, with practical support to improve people's wellbeing, offered through the Supporting Independence Team. This early intervention sought to direct people to draw on community resources and maintain independence for longer.

The Complex Lives Team offered trauma informed support for people who needed preventative and risk management support. This team provided a holistic, person-centred service for people experiencing multiple challenges including histories of trauma, homelessness, drug and alcohol misuse and offending behaviour. Support was available to people who did not meet the eligibility criteria for support under the Care Act.

Assessments were strength based and person centred, considering a whole family approach, however there were some waits for people to receive an assessment. Unplanned and annual reviews showed waits for people, which meant the local authority were not fully appraised of a service meeting needs in a strength-based person centred way. However, people were prioritised on risk to ensure those most in need received timely support.

The local authority had opportunities to strengthen its approach to co-production to create meaningful partnerships with people and communities. Outcomes for unpaid carers had the opportunity to improve with closer partnership working. Section 75 agreements and the use of the Better Care Fund provided opportunities for joined up, system working. There was a strong use of enablement, equipment and telecare to maximise independence.

Safeguarding was everyone's business, with a strong emphasis on the Making Safeguarding Personal principles. Support was available 24/7 and there was a strong focus on partnership working to keep people safe. People were supported to grow and thrive through the employment service which was redesigned with people through co-production activities.

People experienced safe transitions between services, for example between Children's to Adults services and through hospital discharge activity. Staff were co-located to reduce the number of teams people were referred to, improving communication and outcomes.

Rotherham staff and leaders knew its community well. Staff felt connected to the leadership team. They were encouraged to share ideas and innovation as systems changed to improve processes and outcomes for people. Staff were nurtured to thrive in a positive and encouraging culture with opportunities to develop careers led by compassionate and available leaders. The local authority sought to improve by gaining feedback from peer reviews and audits of performance.

Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 3 - Evidence shows a good standard

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. People received a letter to tell them they could expect to be contacted within 30 days of their referral being triaged. The letter included information on the next stages of assessment, for example what a financial assessment was. People were provided with information on how to contact the local authority urgently, and also voluntary sector partners whilst waiting. Staff monitored the wait time, and when people were identified who may need to wait over 30 days, the local authority asked the enablement team to offer to visit them to address any needs and provide advice or equipment to reduce risks whilst people continued to wait for a Care Act assessment.

Partners told us that the local authority undertook robust risk assessments to prioritise Care Act assessments with those waiting offered the supporting independence visits. Partners were aware of the 'waiting safely' policy and told us the principles of this ensured people were known about whilst they waited and could reach out for support should their circumstances change. Data from the Adult Social Care Survey (ASCS) showed 70.57% people were satisfied with care and support, which was better than the England average of 65.16%.

The approach and ethos toward assessment and care planning was person-centred and strength-based, however the local authority's self-audit across 2024 showed opportunities to improve the consistency of recording for advocacy as well as decision making and recording regarding the Mental Capacity Act. The approach reflected people's right to choice, built on their strengths and assets and reflected what they want to achieve and how they wish to live their lives. We reviewed people's records and saw evidence of strength-based, person centred recording.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments, supporting independence team (SIT), hospital discharge teams and an Approved Mental Health Professional (AMHP) team. The local authority had an out of hours service which operated to ensure people's safety outside of traditional office hours. An example of this was supporting the urgent placement of two young adults whose carer was suddenly unavailable. Their assessments were prioritised for the duty team the following day with a robust handover identifying the risks and mitigations.

Assessments for people with sensory needs were supported by the SIT and by a commissioned sensory support service providing wrap-around input. As part of this offer, the commissioned service was able to provide a specialist sensory rehabilitation officer during periods when the local authority experienced recruitment challenges, ensuring continuity of support for people with visual or hearing impairments. Although waiting lists for sensory assessments fluctuated at times, people were offered advice and guidance while waiting.

Occupational therapists were present at the front door team to screen and prioritise referrals. There was a clear escalation route with senior staff screening and advising. These staff were employed by both the local authority and the NHS via a Section 75 agreement. Section 75 is a provision within the NHS Act 2006 that permits the NHS and local authorities to establish partnership arrangements, including pooled budgets and shared delivery of functions, to support integrated care.

People's experiences of care and support ensured their human rights were respected and protected, that they were involved throughout in decisions and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning. People's wishes and feelings were central to decision-making. We heard, for example, about a family who declined formal care services and were supported to draw on their own family network, and another instance where a person chose to leave a rehabilitation setting earlier than planned, with equipment and care arrangements put in place to ensure a safe discharge. This demonstrated a culture toward positive risk taking and supporting people to reduce the level of restrictions care can sometimes bring.

When people were placed outside the borough, the local authority remained responsible for carrying out their reviews. These reviews were prioritised based on the level of risk or any intelligence about the placement. The local authority assured itself that people continued to be appropriately supported, regardless of where their care was provided. When identified, people were supported to move back to Rotherham, when appropriate care and accommodation could be organised. However, people were supported to remain out of borough if this was their choice. The local authority provided several examples of people being supported to move out of restrictive residential accommodation to settings where people had their own front doors.

Timeliness of assessments, care planning and reviews

Assessment and care planning were not always completed in a timely way, and some people experienced delays. However, there was a clear and effective process in place to manage risks, and action taken to reduce waiting times had led to a 75% reduction over the previous 3 years. Assessment and care planning processes had been strengthened through a sustained operational improvement programme since 2022, with a consistently applied 30-day timeliness standard covering the full assessment journey from first contact to final sign-off. Performance was monitored through daily refreshed, RAG-rated caseload data to support early escalation and active case management, with standardised workflows and clear ownership for each stage of the pathway helping to maintain consistent and sustainable improvements.

The local authority measured waiting times from the point a person first made contact to the point a decision was made following completion of their Care Act assessment. As a result, the waiting list included people who were still waiting for an assessment to begin, as well as people who had been assessed and were waiting for care and support arrangements to be put in place. Data provided by the local authority showed there were 150 people waiting for a Care Act assessment with 103 people waiting under 30 days and 47 people waiting over 30 days to have their assessment started. However, people could expect a median wait of 15 days, indicating most assessments were completed within locally established timescales. Delays often related to complexity of need and interaction with other professionals to achieve the desired outcomes.

People had previously experienced delays in accessing occupational therapy (OT) due to increased demand and staffing pressures. In response, the OT service launched a 6-month improvement pilot in July 2025, designed to enhance the customer journey and reduce waiting times. This approach introduced daily triage of new referrals by dedicated workers, enabling urgent needs to be quickly identified and addressed. At the time of our site visit, the average wait for an assessment was 40 days, with a maximum wait of 123 days. For the 308 people on the waiting list, the longest wait had recently reduced from 132 days. Following our assessment, a leader told us, as of February 2026, the median wait for an OT assessment had reduced to 15 days, which demonstrated a sustained improvement trajectory.

New referrals were triaged daily to identify risk, prioritise people with the highest level of need and put urgent or interim solutions in place, including referral to the assistive technology (AT) team. The median wait for an AT assessment was 7 days, with 102 people waiting; the longest wait was influenced by reporting methods that included people not yet ready for assessment. The local authority was working with the commissioned provider to improve data accuracy, and a strengthened process ensured referrers were recontacted where a person could not be assessed. As a result, the OT service no longer held separate waiting lists, improving oversight and the timeliness of AT responses.

The local authority monitored two reviews waiting lists, one for unplanned reviews and one for annual reviews. The waiting lists for the unplanned reviews, for people already in receipt of some type of formal care was 149 people, who would expect to wait a median of 28 days, demonstrating most reviews were being undertaken within the expected timeframe. The longest reported review delay was 399 days which was examined during

our site visit and found to be the result of recording issues, rather than an active delay in service. This was being investigated further.

People waiting for an annual review of their care, both residential care and domiciliary arrangements was 1066 with a median wait of 253 days and a maximum wait of 1,372 days. Those people with the longest waits were regularly triaged, where risks were reviewed, and allocations were informed by priority. The Adult Social Care Activity report data showed 60.62 % of long-term support clients were reviewed (planned or unplanned), which was similar to the England average of 59.13%.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing, while they were waiting for an assessment. The local authority sought to manage risks to people waiting for assessments by recruiting Enablement Liaison Officers (ELO). We heard these staff undertook visits quickly to consider immediate needs and any community or voluntary support that could be considered until a Care Act assessment was arranged. The risks to people were managed by the team managers with a clear line on communication and escalation route. Performance and waiting times were overseen through established governance forums, which maintained clear audit trails, escalation routes and shared accountability. This proactive oversight ensured people awaiting assessment or review were monitored and prioritised appropriately, with timely practice balanced against the need for proportionate responses in more complex situations.

Staff told us the duty pathway enabled those with the most urgent need to be prioritised. They went onto say that the enablement service was a successful method of proving a timely response to some people's needs and preventing people from waiting on a list by providing support so people could maintain or regain their independence. Enablement waits were reviewed weekly and people who had waited longer than one week were contacted for a safety check enquiry.

Occupational therapy staff told us they were confident in the service improvements they had seen as a result of increased staffing, including support workers and administrative support, removing much of the office-based work away from front line practitioners. Some non-Care Act activity had been moved across departments, enabling more time for community-based support. Prioritisation of risk was based on professional judgement with escalation to leaders to support through a reflective conversation.

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs; data from the Survey of Adult Carers in England (SACE) showed 41.51% of carers were satisfied with social services. This was better than the England average of 36.83%. Assessments, support plans and reviews for unpaid carers were undertaken separately. However, a Casefile Audit Report from 2024 showed support for carers was inconsistent, strength-based approaches were not always evident in assessments, and information and advice provided did not consistently align with carers' desired outcomes.

The local authority's unpaid carers lead was seeking to improve outcomes for families based on feedback from carers and exploring ways to work with carers in more timely ways. Feedback from families included a request for a wider variety of options available for

their cared-for person to attend, to allow for more breaks from the caring role and increase the number of carers feeling they have more control over their lives. This aligned to the data from SACE which showed 16.67% of carers felt that they had control over their daily life, which was worse than the England average of 21.53%. SACE data also showed 25.76% of carers reported they had as much social contact as desired, which was also worse than the England average of 30.02%. Data provided by the local authority showed the opportunities for improvement for unpaid carers was a mixed picture, some improvements had been seen in information and advice and satisfaction with support. However, financial hardship and decline in wellbeing was noted. The local authority told us Carers' assessments were an area for improvement with 545 carers having had an assessment in 2024/25. Data showed there were 260 carers who accessed support services. The Borough That Cares Strategic Framework underpinned a refreshed carer support model, but low numbers of formal assessments were recognised as a priority to improve.

The local authority had carer link officers who undertook carers assessments, however unpaid carers could choose to have an assessment carried out by the worker assessing the person they cared for. At the time of our assessment 42 people were waiting a carers assessment, with a median wait of 21 days and a maximum wait of 158 days. Staff were invited to attend the ADASS regional carers group to hear good practice examples and understand themes and trends. This best practice information was brought back and shared across leaders to influence processes to improve outcomes for people. Transitional staff team members undertook assessments for carers and people who were moving from foster carers to supported living placements to ensure their needs were known. Carers benefited from emergency care services when a carer was unable to provide care, offering reassurance to families.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. The local authority provided a standard letter sent to people who were not eligible under the Care Act for services and explained that the judgement made by the local authority was based on information gathered during the assessment. The letter also provided the eligibility criteria and signposted people to alternative support from the voluntary community sector. There was a clear process for appeals against eligibility decisions.

Staff told us they supported people with mental health needs who were not eligible for Care Act support by using the Mental Health Enablement Service which offered bespoke support to adults experiencing mental ill health. It provided short-term, preventative support aimed at reducing the likelihood of future need. Staff also referred people to the Complex Lives team when they did not meet eligibility criteria but required some support to prevent deterioration. The team described examples of supporting asylum seekers with no recourse to public funds and assisting a person who had been trafficked to move to safety and access community-based support. Staff told us the community connectors were central to delivering early intervention services for the local authority and were used to support people with non-eligible care and support needs as well as linking people to community organisations to reduce loneliness and isolation.

Social prescribing was partially funded by hospital services, and an example was given of a person being provided with a phone to enable them to improve their independence.

Following discharge from hospital, people received a follow up call the next day and a review 4 weeks later.

A voluntary organisation told us they received few referrals for younger adult carers. They had recognised this gap and were exploring the development of a support group for carers aged 18 and over. They added the local authority provided a lot of support and the local authority's webpage was 'really informative'.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Decisions and outcomes were timely and transparent. Data provided by the Adult Social Care Survey (ASCS) showed 67.30% of people did not buy any additional care or support privately or pay more to 'top up' their care and support, this was similar to the England average of 63.73%, demonstrating a consistent approach to proportionate care to meet needs for those people.

The local authority had a clear appeals process for people and carers who disagreed with the outcome of their Care Act assessment. People were asked to contact their practitioner within 14 days of receiving their outcome letter, with a further 14 days to submit a formal appeal if they remained dissatisfied. Appeals were reviewed by a manager from a different service and responded to within 10 working days, or 20 days for more complex cases. The right of appeal was separate from the complaints process, and people could still make a formal complaint if they were unhappy with the appeal outcome. Standard letters were written in plain language, set out eligibility decisions, next steps, and who to contact, and offered support for people or carers who needed help to understand the information. Data provided by the local authority showed there were no appeals against eligibility decisions in the 12 months up to February 2024.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent and consistently applied. This was supported by clear policies and guidance for staff and information which was accessible for people. The local authority clearly demonstrated income maximisation as part of the financial assessment process. However, decisions and outcomes were not always timely. There was no agreed local standard for the timescale to complete a financial assessment. The service aimed to complete assessments within 10 working days where documentation was available, although complexity and the need for legal input meant decisions could take longer than the timescales applied to care assessments. An informal 60-day measure was used to support oversight. At the time of the assessment, 163 people were waiting, with 119 waiting under and 44 waiting over 60 working days. Data provided by the local authority showed a median wait of 21 working days, although the longest wait was 273 days.

A partner told us feedback they had gathered showed, financial assessments were a source of complaints and distress. People were not always given clear information about charges or means testing, leading to unexpected bills and, in some cases, debt. However, in contrast, the local authority had only received 2 complaints related to financial assessments between July 2024 and July 2025. Both of these complaints related to a dispute over liability or debt, 1 was upheld and 1 was not upheld.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. People told us advocacy was arranged promptly, when the need for it was identified. Staff told us the advocacy providers were swift at arranging appointments with follow up reports available in a timely manner, supporting a smooth social care journey for people. People who required more specialist advocacy, for example Relevant Persons Representatives (RPRs) had previously experienced delays in being appointed an RPR. However, an internal review showed these were primarily linked to the Deprivation of Liberty Safeguards (DoLS) scrutiny stage rather than the RPR appointment process itself. This had affected the timeliness of referrals being issued to the provider. An action plan introduced in August 2025 strengthened business support, improved workflow processes and increased oversight. As a result, the backlog was systematically addressed, and by January 2026 no one was waiting for an RPR appointment.

Providers told us the local authority had a good understanding of the role of advocacy with assessments, safeguarding processes and review processes being the majority of referral reasons.

Supporting people to lead healthier lives

Score: 3 - Evidence shows a good standard

What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority clearly demonstrated a commitment to prevention and early intervention across their services and relationships with key partners providing an extensive offer to individuals and communities. It worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. One person and their relative described how regular care visits made a significant difference to their daily life. The same carers visited each time, providing personal care, light housework and meaningful conversation, which the person enjoyed and responded well to. This consistency helped build trust and a positive relationship. The relative explained that the support meant they could leave the house knowing the person was safe and well cared for, allowing them to attend their own medical appointments and reducing stress for both of them. They also received specialist input from a dementia nurse. They found this ongoing support extremely helpful and felt it enabled the person to remain at home, which was important to them both.

Staff provided a broad range of advice and information, telling us the emphasis was on people understanding the information and knowing what the next steps were. This approach ensured communication was meaningful and empowering.

The Adult Social Care plan showed the implementation of a borough-wide prevention and early intervention model which enabled people to remain independent for longer and reduced reliance on long-term care services. The local authority strengthened their own offer by providing a robust prevention and early intervention model, where needs were identified and managed with a view to preventing people requiring more intensive support, for example care and support or health services. Staff told us there was an extensive prevent model to help prevent, reduce and delay care and support needs. They told us this pathway was vast including community connectors, as part of the Supporting Independence Team, the Complex Lives Team, the Mental Health Enablement Team, the

Enablement Team (for physical needs) and teams supporting with equipment, aids and adaptations.

The Supporting Independence Team (SIT) offered timely, face-to-face support to adults who needed help to stay independent. Staff visited people at home to understand their circumstances and risks such as isolation, frailty or increasing need. They helped people strengthen informal networks by accompanying them to local groups or activities, supported income maximisation, and encouraged new opportunities and goals. The team also assisted people leaving care to manage the practicalities of living independently, including maintaining a tenancy, completing forms, paying rent and connecting with community support. This hands-on approach was particularly important for those without family or friends to help them navigate the adult social care system. Specific consideration was given to unpaid carers and people at greatest risk of a decline in their independence and wellbeing. The local authority understood the benefits of offering early intervention support to unpaid carers, recognising the valuable contribution made. One family told us the local authority organised several opportunities for breaks during the week for the carer to spend time doing things that were important to them, to help reduce and prevent their own health deterioration.

The Complex Lives Team supported people with intersecting needs such as mental ill health, homelessness, substance misuse, offending behaviour and poor physical health. Many had experienced significant trauma and were at high risk, despite not meeting the threshold for adult social care. The team provided intensive, trauma-informed support and worked closely with partners, including voluntary organisations, to help people access the right services and move towards recovery and stability. Their personalised model of care had been recognised for its targeted approach and was being extended beyond the borough so people who moved away could continue to benefit. People experienced life-changing outcomes, rebuilding their lives with greater safety, dignity and hope. The team built consistent relationships, offered practical help through key events such as court proceedings or release from custody, and responded quickly when risks increased. The local authority remained committed to evolving this support as people’s needs change across their recovery journey.

The Complex Lives team referred people to a trauma and resilience service, commissioned by the Integrated Care Board with data outcomes for 6 months of 2025 showing 63.54% of people reported maintained or improved mental health and wellbeing; 58.33% maintained or improved their self-perception; 59.38% experienced maintained or improved outcomes regarding trauma effects; 56.25% maintained or improved relationships.

The Complex Lives team also worked closely with the Vulnerable Adult Risk Management framework, and the domestic abuse worker. Staff told us about the variety of links they had formed with specialist workers and teams to ensure prevention support was in place. Staff said they went the extra mile to offer flexible visits and arrangements for people to support relationship building, with very few people needing a full Care Act assessment. They said it was about knowing not one size fitted all and making time and commitment to build relationships and trust. The team also referred to a new service set up to support men experiencing domestic abuse. System working was seen across suicide prevention with the voluntary sector, public health, adult social care and cabinet members. The roll out of

the Zero Suicide Alliance training – ‘Be the one’ campaign had opened up the conversation to enable more people to support people experiencing poor mental health.

The Rotherham Prevention and Health Inequalities Strategy and Action Plan 2022–2025 demonstrated the local authority’s commitment to Care Act-aligned prevention by strengthening early support for adults who may be less likely to come forward for help. It emphasised understanding people’s circumstances, reducing barriers to accessing adult social care, and promoting better outcomes by engaging with communities who are traditionally under-represented or reluctant to seek support. There was a commitment from health colleagues and the voluntary and community sector to deliver person centred opportunities for people to gain advice, information and services to help them improve their health. The mental health enablement pathway enabled people to receive tailored support to move them through poor health into more community focused peer support to maintain wellbeing. This team had close links with coffee shops to host events, community spaces and wider formal mental health services to support people who may need a formal intervention. This team bridged care whilst a person awaited a full assessment. People could make use of the pathway multiple times if it was felt to be beneficial and the team ensured they continued to be present at local café drop ins. They also provided a light touch for some people, with an example of one person who was still in contact with a support worker as he read his mail for him and could step in to support at any time if it was felt that would help improve their wellbeing.

The NHS 10 year plan and the shift towards neighbourhood-based working reflected the local authority’s ongoing development of neighbourhood-focused approaches within adult social care. The inequalities subgroup had been considering how to support the 23% of people without access to a car who live in the town to access services. A voluntary and community sector partner told us they were recently asked by the local authority to manage the prevent and early intervention grants, targeting lonely and isolated people. By working with community organisations, the local authority had created programmes to help these targeted groups feel more connected and engaged.

Preventative services were having a positive impact on well-being outcomes for people. The local authority provided multiple examples of groups across the borough set up specifically to support men who are seeking community support with their mental health. These groups were sport and hobby based to ensure a broad range of opportunities were available for men to access.

The supported employment service was accessed by people who were neurodiverse, people with a learning disability and people with mental ill health and had so far helped 60 residents to find employment. This was a preventative service which also supported those with non-statutory needs, although those with social care needs were prioritised. The success of the service had resulted in further funding from the Department of Work and Pensions which will be used to treble the size of the team. Staff told us of the many benefits of this service and how it was used across teams, for example the Learning Disability team and Preparation for Adulthood team. It supported with voluntary opportunities, work experience, internship, apprenticeships and paid work. They worked against short, medium and long term goals working alongside social workers and occupational therapists with a holistic approach and engaging with employers to provide opportunities.

Provision and impact of intermediate care and enablement services

The local authority worked with partners to deliver intermediate care and enablement services that enabled people to return to their optimal independence. The local authority defines enablement as flexible support to people for up to 6 weeks in their own home and in the community to maximise independence with everyday living skills. Staff told us this service saw the potential in everyone and gave every opportunity for people to lead healthy, fulfilling, and happy lives.

The local authority told us about two enablement service options. The mental health enablement pathway and a enablement service to support immediate care needs. All new referrals into the local authority were screened with a first response consideration for appropriateness for enablement support, with examples of people being enabled to meet their goal of walking to the shops to get their morning paper and managing access in their homes to promote independence. People receiving enablement care were reviewed on a weekly basis to ensure goals were clear and any additional support to meet their needs was considered, for example aids, technology enabled care and equipment with any on-going care being organised by the local authority. Adult Social Care Outcomes Framework (ASCOF) data showed the positive impact of the enablement service offer from the local authority, with 93.67% of people who had received short term support who no longer requiring support, which was much better than the England average of 79.39%.

ASCOF data also showed 2.16% of people 65+ received enablement/rehabilitation services after discharge from hospital which was worse than the England average of 5.77%. However, the local authority provided updated data showing the number of adults starting enablement services increased from 213 in 2024/25 to 230 in 2025/26, and hospital discharge referral activity increased from 93 to 122. This suggested a projected 31% increase in hospital-referred enablement starts. Data provided by the local authority showed in the last 12 months, people would expect to wait a median of 1.7 days and a maximum of 17.4 days for their enablement package to start.

Most enablement packages were 3 weeks in duration, with the maximum duration being 11 weeks. Knowing the averages helped the local authority plan the service for the maximum benefit of the community. Enablement was predominantly referred into the hospital discharge services and then the adult contact team demonstrating a commitment to timely discharge and admission avoidance principles.

The local authority demonstrated an ‘always improvement’ ethos. A review of the service in late 2024 led to the introduction of Enablement Liaison Officers. This had increased the enablement capacity and reduced waiting times. Further improvements had been seen with increased investment with an aspiration for 80% of all referrals for care having enablement support to maximise independence, prior to a formal Care Act Assessment. In December 2025 the local authority was introducing an improved internal IT system that they hoped would ease recording of enablement services, ensuring outcome recording is easier, enabling further shaping of the service.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The local authority told us the assessment process started with information, advice and support from the wellbeing officer

and referral onto relevant / multiple pathways for targeted interventions. Each pathway triaged referrals and added their own advice, and information before a Care Act Assessment was considered. Aids, technology and equipment was considered as part of this front door offer, with a team of occupational therapists triaging calls and supporting wellbeing advisors to ensure they had accurate information to share with people at first contact.

The local authority recruited an occupational therapist (OT) within the medical equipment store to maximise the use of equipment on offer, manage the stock, establish a route to reuse equipment and act as a speedy link between the equipment provider and the wider teams. The special equipment panel discussed requests for equipment which were being proposed to reduce the reliance on physical care in people's homes, this had resulted in successful outcomes for people, for example bespoke feeding devices to support an unpaid carer to maintain their role and not require a package of care. OTs also supported young people moving through the preparing for adulthood pathway to ensure all necessary equipment was in place for homelife and educational settings.

Staff told us they worked collaboratively in the equipment market place to seek affordable equipment and maximise available grants to support purchases. However, they were concerned there were still people who were vulnerable to not having the equipment they needed due to some moderate waits for assessments and poor access to appropriate housing. Staff were developing a letter to send to people to offer an early financial assessment to establish the person's ability to pay privately or establish contribution. Staff told us the technology enabled care provider had a longstanding commissioning arrangement. Provider staff were trained to use appropriate lifting equipment to support people safely and reduce the need to call emergency services.

Partners told us the local authority had a positive approach to multi-disciplinary working toward equipment and adaptations, which was supported by the Aids and Adaptations Assistance policy 2024. The Adult Care Service plan 2023 saw a 50% reduction in waiting lists for aids and adaptations due to the implementation of the ‘adaptations without delay’ guidance, introduction of direct adaptation routes, development of new assessment pathways and working with the adaptations team on a trusted assessor model. At the time of our assessment, the local authority reported a waiting list of 158 people for assistive technology, with a median wait of 24 days and a maximum wait of 56 days. The authority had recently changed provider partners and anticipated this would improve timescales for people receiving essential support. They also told us that, once an OT assessment had taken place, there was no waiting list for minor fixings. For larger equipment, the median wait was 7 days, and the maximum wait was 9 days.

Staff told us the local authority supported innovation and horizon scanning of equipment, encouraging staff to attend trade and professional events, and to ensure they had opportunities to innovate with people.

Provision of accessible information and advice

People could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included people who funded or arranged their own care and support. We heard from unpaid carers who felt advice and information could be available in more ways which had been fed back to the local authority. We heard

from multiple people who had experienced a robust offer and consistent contact with the local authority, which eased their journey through adult social care.

Partners told us they talked through the local authority website with people they were working with to share information with people who experienced digital poverty. Some providers told us the local authority would benefit from ensuring easy read, sensory adapted information and guides for people with neuro diversity, which would help people make greater use of the website. The local authority provided many examples of easy read leaflets as part of the assessment that ensured people who experienced challenges with digital exclusion or difficulties accessing the website had opportunities to understand the services available in ways that worked for them.

Staff told us they ensured people knew how to access assistance for their care and support needs by utilising the local authority's website, social prescribers, community networks, GP's, hospital social workers, and carers groups. They told us they met with an infrastructure voluntary organisation quarterly to share information on services and how people could be supported so this could be shared with other voluntary groups. Adult Social Care Survey (ASCS) data showed 65.67% of people who used services found it easy to find information about support which was similar to the England average of 67.88%. Survey of Adult Carers in England (SACE) data also showed 59.62% of carers found it easy to access information and advice, which was similar to the England average of 59.06%. Carers we spoke with told us the information and advice they were provided with was appropriate and suitable to their cultural needs and in a format that was accessible to them. Survey of Adult Carers in England (SACE) data found 85.11% of carers found information and advice helpful which was similar to the England average of 85.22%.

A new website had been created which included advice and guidance, including how to be safe online, and where activities and support sessions were taking place. Two digital support officers worked across Rotherham to enable partners to be digitally literate and have access to technology, this included working in care homes, assisted-living facilities, hospitals, older persons groups, groups where English was not their first language, and hearing and visually impaired groups.

Direct payments

The local authority recognised that, although direct payment use was already strong, it wanted to increase uptake further and was taking steps to support this. Refreshed guidance and enhanced staff training had been introduced to strengthen practitioners' understanding of direct payments and to ensure conversations about them consistently supported personalisation, choice and control, in line with statutory expectations. This work formed part of the local authority's wider commitment to the personalisation agenda, ensuring people and unpaid carers were empowered to shape their own support in ways that best aligned with their outcomes and preferences. Leaders were optimistic this would lead to continued improvement. Most carers we spoke with were aware of direct payments, although not all were choosing to use them. Adult Social Care Outcomes Framework (ASCOF) data showed 40.07% of people received a direct payment, which was significantly better than the England average of 24.51%, and 69.23% of carers received direct payments. This demonstrated a strong approach to person-centred and strength-based practices with the person in control of their care journey. Local authority data also showed uptake had remained consistent over the past 12 months, with around

39% of people receiving community-based support doing so via a direct payment. During the same period, 180 direct payments had ceased, largely due to people moving into residential settings or other changes that brought the arrangement to an end.

People could choose to manage their own direct payment, with 501 doing so at the time of assessment. A further 647 people chose for the local authority to manage some aspects of their direct payment on their behalf. The local authority provided comprehensive information and practical tools to ensure people employing personal assistants were fully informed and able to meet their responsibilities. Clear guidance on eligibility, employment law and best-practice principles helped people understand their role as employers, while detailed templates and step-by-step resources covering recruitment, interviews, contracts, pay, holidays and risk assessments reduced complexity and supported safe, lawful employment. Access to trusted external contacts, such as HMRC and Citizens Advice, further strengthened this offer. Having this framework in place was essential to help people use direct payments confidently, protecting both employer and personal assistants, and promote safe, well-managed care arrangements.

Staff confirmed the direct payment guidance had been refreshed to ensure it was accessible to people, to ensure staff fully understood the scheme, and to promote it when working with people. Staff told us direct payments were being used creatively to support people to access services they wanted, for example a person using it to access a British Sign Language interpreter, another example was a person with learning disabilities being able to access bespoke support, rather than support from the local authority framework of providers.

Equity in experience and outcomes

Score: 2 - Evidence shows some shortfalls

What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics and drew on a breadth of strategies and intelligence, though the impact of this work was not yet well established and required further embedding. Rotherham's Joint Strategic Needs Assessment (JSNA) highlighted several groups who were less likely to engage with services or have their voices heard, including people from ethnically minoritised communities, newly arrived residents, disabled people, carers, older people who are isolated, and those experiencing social exclusion such as homelessness, substance misuse, mental ill health or with offending histories. It also identified people living in deprived neighbourhoods as at greater risk of being under-represented. The 2011 census showed 22% of the population in Rotherham had a long-term health condition or were otherwise disabled. This was higher than the England average of 17.6%. Older people were the age group growing most rapidly, especially those aged 75+ who accounted for 9% of the population. Understanding these seldom-heard groups helped shape efforts to target prevention and reduce barriers to adult social care; however, the impact of this work varied and required stronger embedding to ensure people with the greatest inequalities were consistently identified and supported.

The Health and Wellbeing Strategy and Action Plan Refresh 2022-2025 was underpinned by the JSNA. This identified and quantified key health inequalities and informed the Health and Wellbeing Board's priorities, supporting targeted responses to population needs such as lower healthy life expectancy and growing long-term health conditions. The JSNA provided granular data on sub-populations such as Black and Minority Ethnic and Roma communities, which enabled local partners to tailor planning and delivery of services to match specific demographic trends, but engagement with the Roma community was still in its early stages, required further development, and had not yet demonstrated sufficient impact.

Rotherham used a Strategy Equality Analysis Form to ensure every major strategy or service change considered its impact on people with protected characteristics. It supported

the local authority to meet its duties under the Equality Act by identifying who may be disadvantaged, how barriers could be reduced and how equality could be actively promoted. Completing the analysis early in the process strengthened decision-making in adult social care by ensuring seldom-heard groups were considered, risks were understood and actions were built in to improve fairness and accessibility for all. Using this method the local authority had examined all people receiving services by gender, ethnicity, primary support reason, religion, marital status and sexual orientation. This helped shape the Adult Social Care Strategy and was driven by people with care and support needs, their families and unpaid carers. It was intended to promote inclusivity and positive outcomes for people.

The Director of Adult Social Services (DASS) told us they were aware leaders and staff must continue to be curious around the community and continue to seek opportunities to enable more people to reach out for support, but our findings indicated that further sustained and embedded action was needed to strengthen impact. The DASS told us about the way Adult Care is learning and changing its approach where officers had engaged with local communities and attended a community group for new mothers, whose first language was not English, and ensured advice and information was available in their preferred language, recognising that most communications are often in English then ensured future communications were offered in a variety of languages. The DASS encouraged staff to be present in the community. Staff told us of the groups and communities they met, such as Black and Asian communities and were keen to make in-roads into others, such as Roma and Slovak communities. The local authority had a diverse staff group who were representative of the communities they served. This helped support the cultural competence of staff working with people. Staff who spoke multiple languages did joint visits to support with assessments.

Rotherham faced a particularly complex set of challenges, including supporting people affected by group child sexual exploitation, which had a profound and lasting impact on those people and the wider community. Alongside this, the area had been shaped by significant industrial change and long-standing deprivation, contributing to deep-rooted health inequalities. These factors created a clear need to improve access to health and wellbeing support and ensure services were responsive to local circumstances. To strengthen local responses to multiple disadvantage, the Vulnerable Adults Pathway had been introduced as a multi-agency approach supporting adults experiencing intersecting risks such as mental ill health, substance misuse, homelessness and vulnerability to abuse or criminal exploitation. Although some people had needs linked to earlier exploitation, the pathway was intentionally designed to address a broad range of vulnerabilities across the community. Within this model, the local authority's Complex Lives Team provided targeted support for adults who did not meet Care Act eligibility criteria, but who experienced significant exclusion, instability or risk. Their work focused on proactive, trauma-informed engagement with people who rarely sought help and were often the hardest for services to reach, including regular outreach to known hotspots and providing harm-reduction advice and signposting. This personalised, preventative approach complemented statutory Care Act functions by addressing the needs of adults who would otherwise fall outside traditional service thresholds, strengthening multi-agency responses and improving the local system's ability to respond flexibly to the realities of multiple disadvantages.

Leaders described how they were strengthening their presence within local communities to improve understanding of services and reduce barriers to access. They attended a local

community hub used by a range of groups, including the Hong Kong Support Group, Yemeni and Kashmiri community groups, and organisations supporting Asian women with a Pakistani background. They told us by being present at the hub they were able to share information about the local authority's work and support people who may face barriers to accessing services. Leaders' presence at the community hub reflected this strategic intent and helped build trust with groups who may not otherwise engage with statutory services, leading to earlier conversations about support needs and improved awareness of how to access help. There was also a family hub worker based in the east of Rotherham who had built a good rapport with the Roma community, and they were looking to build relationships in that community also. Some early work with the Roma community had begun to improve access to primary care and strengthen relationships with local services. GP practices had been commissioned to provide tailored support through the Gateway model, enabling people who may have been excluded from traditional routes to receive the services they need. This approach had helped reduce barriers to care, increased uptake of appropriate health services, and supported a more inclusive response to the needs of the Roma community. The mental health enablement team were keen to broaden the gender of their team to ensure there was a broad range of staff to meet the needs of people approaching their service.

The local authority Equality Diversity Inclusion Strategy 2022-25 set out 4 equality objectives and key actions. The local authority recognised the need to ensure all its strategies, policies, service and functions, both current and proposed had been given proper consideration to equality and diversity. A screening process helped judge relevance and provide a record of both the process and decision.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives in place and a strategy aimed at reducing inequalities and improving the experiences and outcomes for people who were more likely to have poor care. The Equality, Diversity and Inclusion Annual Report 2023-24 showed how the local authority had adopted a Social Value policy, which drove a range of outcomes through the commissioning and procurement of services. Tackling economic inequalities was an element of the Community Wealth building principles, which were embedded within the Social Value policy and a social value toolkit had been produced. The local authority told us, as the policy develops, the outcomes and measures associated with it were intended to support greater equity and were expected to bring benefits for groups with protected characteristics such as age and disability. Tenders for contracts with the council included a section to address equalities, both in terms of the service provision and in management and training of the contractor's staff. The Rotherham Digital Inclusion Strategy stated the benefits of being online and included people's views about using technology. The strategy aimed to help people with their phones, tablets and sim cards, showed people how to use the internet, increased the number of places where free Wi-Fi could be accessed, provided information about being safe online, offered flexible learning in the community and ensured schools and employers were improving digital literacy. They helped people who wanted to volunteer to support this by putting them in touch with organisations across Rotherham who were providing support in the community.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so people could engage with the local authority in ways which worked for them, for example British Sign

Language or interpreter services. Without exception, staff were aware of how to support a wide range of communication differences including language and sensory needs, with the local authority adopting AI technology to bolster interpreter services. An area of opportunity remained in supporting people with neurodiversity to access the website independently. The website did have some capabilities to provide easy read and translations of texts and staff had access to a wide range of communication tools including letters written in braille.

A person who used services told us staff had supported them to organise their goals and outcomes prior to assessments and appointments by spending time with them and writing ideas down. Staff were proud of the variety of languages across the staff resource and how staff made themselves immediately available if a person was in need and an interpreter was not available. People were encouraged to give feedback on the effectiveness of these to support the shaping of future commissioning arrangements.

The local authority was supporting a local charity to offer courses to bolster digital capability for people with learning disabilities, in an effort to promote independence online and to support employment opportunities. This charity had recently been in discussion with the learning disability team about wider regional investment to build digital skills. They described how funding allocated to Citizens Advice services across South Yorkshire could be used to provide one-to-one digital support, and how this could be promoted through local learning disability pathways to help people develop the skills they need.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score:3 - Evidence shows a good standard

What people expect:

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority had a detailed Joint Strategic Needs Assessment (JSNA) that was updated annually. It covered an extensive range of health and wellbeing information relating to demographics and inequalities amongst other topics. The local authority was using the JSNA along with other information sources such as internal data sets, public health, voluntary and community sector engagement and staff feedback to understand the local population and inform decision making around care and support provision. For example, staff told us consultation was completed with affiliated partners prior to any new contracts going out to tender. The key challenges highlighted by the JSNA for Rotherham included a lower than national average life expectancy for both men and women as well as a higher than national average number of alcohol dependent adults and alcohol related admission to hospital episodes. The JSNA also highlighted that 12% of residents reported a long-term mental health problem which was higher than the national average of 9.9%. Despite this we heard from the Integrated Care Board that they were working with the local authority to find opportunities to improve the provision of mental health services alongside the enablement pathway and more formal services. The local authority provided an example of the JSNA and Public Health pulling together information regarding drug and alcohol services and then working with people and families to develop a new model of support that had been in place for over 12 months at the time of our assessment.

Similarly, staff told us providers regularly engaged with the local authority to provide data submissions that helped understand local needs for care and support. This included an example of a drug and alcohol service data return which indicated fewer women were accessing services. This resulted in the local authority commissioning a piece of peer

research to investigate why this was happening. The local authority had also used similar data sets to review accessibility of emergency contraception and needle exchange services for people living in the more rural areas of Rotherham. Staff also told us there was a lack of housing provision for people with drug and alcohol abuse issues and women released from prison following the end of a recent project to support this area of housing provision. Staff had escalated these concerns to leaders as gaps in provision across the borough. However, a leader told us the local authority did commission a range of supported housing models that provided accommodation and support for people with complex needs, including those with substance misuse issues, offending histories and people leaving prison. Evidence showed services such as Housing Related Support, Housing First and the Rough Sleeper Accommodation Programme offered pathways for people with high levels of vulnerability, including a higher proportion of women, and had expanded provision in 2025 to increase capacity.

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options that were safe, effective, and high-quality to meet their care and support needs. Data from the Adult Social Care Survey (ASCS) showed 73.50% of people who used services felt they had choice over services. This was similar to the England average of 70.70%. Commissioning strategies and market shaping activity supported this. Commissioning strategies were aligned with shared directorate priorities, including those of public health. This was evident as the local authority used internal population level data and the JSNA to guide commissioning decisions and ensure services were responsive to local needs, such as domestic abuse and complex homelessness.

The local authority clearly outlined their key commissioning messages in their Market Position Statement such as promoting strength-based approaches, utilising assistive technology to support independence and offering the least restrictive option wherever possible. In addition, the local authority had developed a Market Shaping and Sustainability Plan that provided an overview of data and actions being undertaken to sustain the care and support market in Rotherham. The plan forecasted future demand on services for the population, such as an expected 7% increase in the number of people aged 65+ in Rotherham and the impact this would have on the domiciliary care market, as the local authority looked to support people to remain at home.

The local authority was proactive in reviewing data sets and analysing forecasts and then using this information to inform commissioning decisions. For example, the local authority had responded to an anticipated increase in demand for support for people with learning disabilities by developing new care models for supported living settings to increase care capacity within these services. Accelerated reform funds had also been used to employ a social worker specifically supporting the promotion and stability of Shared Lives placements.

There was specific consideration for the provision of services to meet the needs of unpaid carers. The Borough That Cares Network supported carers through in-person social prescribing and services such as parent carer support. The Survey of Adult Carers in England (SACE) data showed 18.46% of carers were accessing support or services which allowed them to take a break from caring at short notice or in an emergency. This was better than the England average of 12.08%. SACE data also showed 34.38% of carers accessed support or services which allowed them to take a break from caring for more

than 24hrs, which was much better than the England average of 16.14%. Meanwhile, 28.13% of carers accessed support or services which allowed them to take a break from caring for 1-24hrs, which was similar to the England Average of 21.73%. However, this was still a low number of carers accessing services and this was reflected in the data we received from the local authority. This detailed less than half of people receiving carers assessments (545) were going on to access services (260). Some carers told us they felt isolated and highlighted the need for better publicity and more comprehensive directories of support. However, a leader told us the local authority had funded a programme of community-based grants between July 2024 and June 2025 to reduce social isolation, with several groups delivering dedicated carer health and wellbeing activities as a result. The local authority also maintained an up-to-date carers' directory on its website, refreshed in February 2025, and distributed this through Carers Rights Day, Carers Week and partner organisations. A borough-wide network of organisations supported carers, and local events in 2025 aimed to reduce isolation and improve awareness of available support.

The Market Position Statement also highlighted an intention to support the transition of some residential homes into supported living services. Staff echoed this, explaining that the aim was to work with providers to repurpose smaller residential homes, where there was currently an oversupply, into supported living services. They explained the idea emerged when a small two-bed residential home was due to close. The local authority noted that the 2 long-term residents were already living with a good degree of independence and agreed with the provider that converting the service into supported living would better enable them to build on and further develop those independence levels. The local authority was looking to reverse the historic model of people moving from supported living into residential homes and further promote independence later in life which would help people stay healthier for longer.

The local authority was flexible in how they shaped the market to meet the needs of the population. For example, staff told us they were utilising direct payments to fill a commissioning gap following the closure of a daycare service which resulted in ex-staff setting up micro enterprises, such as gyms and sports clubs. The local authority used direct payments to allow people to access these new smaller services whilst they were waiting to be added to the framework. The result of this adaptive approach allowed people to exercise choice and access the services they wanted to.

The local authority was also using feedback from both providers and people who used services to help inform commissioning decisions. Providers attended regular forums and reported to the local authority on a regular basis. The local authority had also developed a homecare experience survey to get feedback and establish ongoing communication with people to inform decision making. These channels of feedback helped the local authority identify there was a gap in supported living services for people with mental health issues. As a result, the commissioning team were looking at developing new build services specified for a cohort of people with complex needs awaiting a care package.

Ensuring sufficient capacity in local services to meet demand

There was generally sufficient care and support services available to meet the demands of the population of Rotherham. However, there were instances when people with complex needs were placed out of area due to a lack of provision within the borough. Gaps were reported in working age residential services, early age dementia services and specialist Mental Health and Learning Disability provision. Mental health and learning disability

provision was a focus at the time of our assessment. Where new provision was developed, people placed out of area were considered, subject to their needs and wishes. New developments were also closely managed to ensure the provisions were prioritised for Rotherham residents and met local need.

The local authority reported as of February 2025 there were 128 people placed out of area, with 86 of these people being placed in services for people with mental health needs (33), learning disabilities (39) or memory and cognition needs (5). The local authority told us this was not always a result of a lack of provision and sometimes reflected personal choice due to the location of family and friends. Those placed out of area as a result of a lack of provision would also be prioritised and given the choice to return to Rotherham when the appropriate placement became available. The local authority recognised there was a need to ensure sufficient capacity in the provision of care and support to meet complex needs. This was evident in the innovative approach to convert residential homes into supported living where appropriate as well as introducing flexible purchasing systems for support living services for people with Mental Health issues and Learning Disabilities which had helped to improve the number of units on the framework. The brokerage team told us they were exploring the option of creating specialist provision at residential homes that were no longer in use and where there was sufficient capacity in an area for the placement of working age adults who require 24/7 support closer to home. These approaches helped to provide better options for people to remain within Rotherham should they want to.

The local authority commissioning process ensured providers were identified in a timely manner. Whenever the brokerage team were unable to source commissioned provision, the Rapid Response Team at the Hospital were able to step in and bridge gaps with rehabilitation and personal care services. Partners spoke highly of the brokerage team and their ability to source placements and alternative packages of care in the community. Care and support for more complex needs were sought by the enhanced brokerage service and as a result people were sometimes waiting for long periods to be offered placements. This reflected a very small group of people whose highly specific requirements and carefully planned transitions significantly limited the availability of suitable provision. The team told us these people were sorted into cohorts and would be offered placements suitable to their needs on a priority basis, once they became available. The cohorts would also be first consideration for placements in any new build services, and these would often be customised to suit their needs. A leader described a new integrated development in Canklow that brought together a purpose-built day centre, accessible supported living accommodation and new council homes, designed to offer person-centred support closer to home in a safe and inclusive environment, with construction nearing completion and occupation planned for Spring 2026.

Ensuring quality of local services

Rotherham had systems and procedures in place to monitor the quality of services and ensure people were safe and living fulfilled and dignified lives. There was a Contract Compliance team for regulated services who monitored quality by reviewing Care Quality Commission (CQC) reports, risk dashboards, local authority ratings and digital assessments tools. The team had implemented a points-based risk dashboard, and various points were added as a result of different factors such as Section 42 enquiries that produce actions, no Registered Manager in post, CQC enforcement etc. This provided an

overall risk score for the service which was then RAG rated and monitored by the team, ensuring a strong overview of risk amongst services in the borough.

The Contract Compliance team also carried out comprehensive assessments on site as part of their risk monitoring. These in-depth assessments lasted for 3-4 days and included speaking to people using the service, families and staff as well as reviewing care plans and governance. The team aimed to complete these assessments every 12-18 months, although they acknowledged this aim was not always met due to capacity levels.
The local authority had adopted a pro-active approach to risk management and had developed an early warning system that indicated when there were quality and/or safety issues in a service. The system alerted the contract compliance team early when events had been determined as a risk to quality or safety to allow the team to proactively address these issues before they escalated.

In addition to the early warning system the local authority also had a low level 'eyes and ears' form that could be completed and submitted by the public and professionals. The form would report 'low level' concerns such as odour in homes. The themes and trends of these concerns were then reviewed to identify any patterns or provide the appropriate support to services where applicable. The local authority's proactive approach helped prevent any potential risk from escalating and maintain a consistent level of quality amongst services.

Rotherham Borough Council also ensured quality of local services by providing training for care staff and managers. The local authority employed a Training and Development Lead who coordinated this training. There was an additional amount of funding released for social care that was used to commission organisations to provide specialist training. A partner organisation told us the local authority provided training for the voluntary and community sector to access. However, another partner said communication relating to this training was not consistent and often training opportunities were only identified by word of mouth.

The local authority reported at the end of December 2024 there were quality concerns relating to 3 contracted care homes. The themes of these concerns relating to infection prevention and control, nutrition, medication management, falls, mental capacity assessments, risk assessments, care planning and safeguarding. Staff confirmed all 3 providers were continuing to address these issues by working towards achieving objectives on an agreed improvement plan and ensuring safe services were maintained. A voluntary suspension of admissions was agreed with one of these services and no contract defaults were issued. The local authority's robust quality assurance systems and procedures translated into a generally well performing market.

Feedback from providers showed relationships with local social work teams were a notable strength, with many describing staff as approachable and responsive. Providers also valued opportunities to engage through forums and other partnership activities.

Ensuring local services are sustainable

The local authority acknowledged their responsibility to ensure local services were sustainable and engaged in regular provider forums to understand local trading conditions, service disruption and potential provider failure. Rotherham had an ageing population with

19.6% of the total population aged 65+ and the same age group making up 60% of all people who accessed adult social care services in the borough.

The Commissioning team highlighted an ageing population and indicated an ageing workforce. They had addressed this issue by redesigning their homecare model with a key aim of future proofing this. The aim was to support services to achieve sustainability. As a result, the services on the framework would commit to fixed hour contracts, set shifts, an agreed minimum wage and progressive development and training opportunities for care staff to help improve staff retention within the social care workforce, as well as promote social care careers for younger people.

The local authority acknowledged the difficulties this would create for services outside of the new framework; however, it was felt this was a proactive approach to take control of an increasingly fragmented market that could potentially become unsustainable. This innovative approach helped ensure the sustainability of local services by providing consistent care packages and a stable workforce.

The local authority had a workforce development plan which outlined several measures that had been implemented to try and achieve a sustainable market. This included an International Recruitment Fund to help increase capacity in a skilled and diverse workforce by recruiting team leaders, senior carers and carers from overseas. The fund could also be used to strengthen the workforce's ability to support people with more complex needs. This included access to training in positive behaviour support for dementia, advanced dementia knowledge and skills, team-leading development, effective communication, and falls awareness and prevention. The workforce development team supported provider workforce by offering training and recruitment support.

Feedback from providers suggested while there were positive elements supporting service sustainability, experiences were mixed across the market. Several providers highlighted constructive relationships with the local authority, including access to recruitment events, training opportunities and responsive social work teams. These were seen as helpful in maintaining a stable workforce and supporting day-to-day service delivery. However, other providers described gaps in routine communication and limited sharing of learning, which could make it harder to plan confidently and adapt to changing needs. Some providers also noted delays in review processes, which could affect the timely alignment of support and resources. Overall, the provider survey feedback indicated that although there were strong foundations for sustainable provision, greater consistency in communication, review activity and shared learning would help providers feel more secure and better supported in sustaining high-quality services.

Partnerships and communities

Score: 3 - Evidence shows a good standard

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. Leaders told us they recognised Rotherham had experienced unique challenges which had impacted the shaping of services and how the community were supported. One leader told us they had worked across senior roles in Rotherham for over 20 years and were proud of the culture of improvement and commitment to the community across the system. The local authority demonstrated a mature commitment to community engagement, and this was consistently reflected in the views shared by staff. Internal partnership working across teams was thriving. For example, this was demonstrated by the specialist teams supporting the community affected by group based child sexual exploitation. The local authority had prioritised a trauma informed approach to all teams' culture and specialist pockets of knowledge were evident in the safeguarding and complex lives space.

Staff told us they valued the partnership approach to learning and working together. Leaders told us about strong partnership working under a 'one team' approach where all parties shared a focus on a joint vision.

The section 75 framework agreement demonstrated a commitment to shared objectives across Adult Social Care and the Integrated Care Board. The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, the Better Care Fund (BCF) had been used to fund one of the public health consultants. This role oversaw the acute and community aspects of public health. The BCF Health and Wellbeing board objectives weaved commitment and support across systems and the voluntary and community sector. Examples of system support provided a substantial funding stream to some of the key priorities within the Urgent and Community Transformation Programme and surge and winter planning was aligned to other funding streams such as Ageing Well.

Partnerships using the Better Care Fund were mature with key objectives across 2024/25 noted as prevention, supporting avoidable admissions to hospital and timely discharges,

supporting the ageing population, people with learning disabilities and autism and those struggling with mental health and reallocation of resources to provide increased capacity during seasonal pressures. The local authority provided robust governance, audit and monitoring arrangements with detailed examples of how the BCF had been used across health and social care organisations. There was a continued focus on meeting the ambitious targets system leaders set, for example increasing the number of people who remained at home 91 days after hospital discharge. Adult Social Care Outcomes Framework (ASCOF) data showed 61.72% of people aged 65+ were still at home 91 days after discharge from hospital into enablement or rehabilitation, which was similar to the England average of 60.66%.

An example of successful partnership working was the application for funding that was provided from the Additional Capacity Targeted Investment Fund. This in part was used to promote the benefits of hydration across care home providers, which in turn reduced the number of ambulance calls relating to dehydration, improving outcomes for people and reducing the pressures across the health and care system. This funding supported the training of provider staff and to look at hydration recording tools.

Budgets were pooled with the South Yorkshire Integrated Care board (ICB) to meet their plans, which included reducing the number of short term residential placements, which they noted were becoming permanent placements. This involved a culture shift among staff to note placements must only be considered if home care had been ruled out. This in turn bolstered the care at home offer, including occupational therapy and equipment services. System partners confirmed relationships were strong, with weekly system meetings in place to enable productive discussions to achieve the shared vision of improved outcomes for people being the focus.

Staff told us relationships across the Special Educational Needs (SEN) space was strong. Staff attended a recent event at a local school for young people aged 16+ to allow for networking and promote the local authority offer. The supported employment team were also closely involved with schools and visited for employment days where they conducted mock interviews. In addition to this, more schools had transition workers who were able to provide early referrals. The supported employment team had successfully supported over 60 young people to gain employment, with this early engagement seen as vital to ensure no young people were left behind. A leader described the first Futures Fair, jointly funded by the local authority and the ICB and co-produced with young people and the voluntary sector, which demonstrated a shared commitment to improving outcomes for those moving into adulthood.

The Rotherham Safeguarding Adults Board worked closely with the local authority and neighbouring authorities to focus on partnership improvements. This was accelerated by the Safeguarding peer review in 2023 with outcomes presented to the Improving Lives Select Commission in March 2024. The safeguarding awareness week hosted by a neighbouring local authority focussed on working in partnership with people, walking beside people and not walking away. Partner organisations told us they were involved in partnership working with the local authority through the Safeguarding Adults Board and vulnerable adult pathway. The Safeguarding partnership meeting was hosted and managed by the local authority. They were also involved in the Safer Rotherham partnership meetings, weekly place leadership team meetings, and monthly place board meetings, for example, the local Partnership Board for People with Learning Disabilities

and Autistic People which had a joint-funded strategic plan. Health leaders told us there were established monthly health and care place board meetings to monitor strategies. A leader provided a report from the South Yorkshire Place board which showed the Place Director had full delegation to discharge funding within Rotherham to ensure that Rotherham's agenda was heard in terms of other local authorities within the Integrated Care Board. Weekly meetings were in place to oversee operational delivery of strategy and bolster system relationships. Health leaders told us Adult Social Care leaders had a can-do attitude and prioritised attending these forums which had resulted in plans moving forward. For example: urgent care, discharge and waiting times for Mental Health, Learning Disability and Autism services. The systems were working together to broaden their place-based services, for example the plans for a health hub in the city centre, was in phase 1 of development to bring prevention, screening and treatment closer and more central to people.

Partners described having constructive and collaborative relationships with the local authority, noting joint work supported progress on local and national priorities such as carers' support, learning disability strategy delivery, health inequalities and community wellbeing. Organisations reported positive engagement with strategic leads and commissioners, alongside practical examples of coordinated work to support people with complex needs. While some voluntary sector services experienced pressure due to rising demand, partners generally felt communication with the local authority had been open and responsive, and shared initiatives, such as social prescribing and strategic planning groups had helped strengthen collective efforts to improve outcomes for local people.

Arrangements to support effective partnership working

The partnership between the local authority and health colleagues operated effectively, with clear governance, shared accountability and well-established arrangements for joint planning. Strategic plans, such as the joint health and care plan, were co-produced and jointly managed, reflecting a shared approach to meeting local and national priorities. Senior leaders met monthly to review spend and address emerging issues, which enabled timely decision-making and joint problem-solving. This was demonstrated through the jointly funded equipment service contract, where an identified overspend led to a collaborative audit and renegotiation to ensure the service remained sustainable for local people. Jointly funded posts also supported integrated working, with staff describing the benefits of working holistically across health and social care to improve outcomes. Staff told us there was an inclusion lead located in emergency care at the acute hospital; they engaged with clinics and met people waiting to be seen to talk about the local authority offer. This role also involved training and supported acute staff to advise patients and their families on the services available to reduce and prevent admission and inform staff of services to meet needs on discharge. The acute trust added further support by enabling local authority messages to be shared through the communications team. Staff told us they had been able to engage with people who had not identified as a carer to share their rights to a Care Act assessment and subsequent available support. This partnership working was central to a positive, whole system approach.

The local authority provided many examples of arrangements in place across organisational boundaries to promote closer working, this included arrangements to ensure decision making with the Integrated Care Board was timely for people who may be eligible for continuing healthcare funding. The local authority ensured staff were able to share and access information to support a smooth transition for people across their social

care journeys, examples were seen in the Rotherham Health Care Record (with health colleagues), Preparing for Adulthood data portal (with education and children's services), vulnerable people's household index, the quality monitoring provider portal and the provider risk matrix.

Partners also described well-established arrangements which supported effective joint working across organisational boundaries. They highlighted strong communication, shared leadership and regular multi-agency forums that enabled issues to be identified and resolved quickly. For example, weekly meetings between adult social care, the hospital, community services and health partners helped maintain smooth system flow, and co-location at a shared site strengthened day-to-day collaboration. Partners also noted that integrated teams, such as those supporting hospital discharge, enabled more coordinated decision-making and improved people's experience of moving between services. These arrangements were viewed as fostering trust, transparency and a shared commitment to improving outcomes for local people.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. Rotherham's unique approach to delivering aspects of the prevention and early intervention support ensured equity and person-centred support, this in turn aimed to reduce demand across crisis services to support a smooth journey for people using services. Without exception, partners described positive impacts from working with Rotherham.

Co-production advocates told us the local authority had found creative and flexible ways to involve communities in shaping services, such as working with the long-standing parent carer forum to design accessible consultation questions for the Learning Disability Strategy. Other organisations shared examples where their input directly influenced decisions, including changes to major roadworks following engagement with people with visual impairments. Partners also highlighted joint work to review commissioning models and develop specialist support, demonstrating a shared commitment to ensuring that people's experiences informed local priorities and service design. They also described strong system relationships, supported by regular multi-agency forums, co-location and shared leadership arrangements, which helped maintain clear communication, joint problem-solving and a consistent focus on improving outcomes for local people.

Although specialist mental health and learning disability provision was an area of development, the local authority and health services worked closely together to provide coordinated and timely support for adults with mental health needs. Partners described clear joint arrangements for managing pressures on mental health beds under Section 140 of the Mental Health Act, supported by active data-sharing and close collaboration with Approved Mental Health Professionals (AMHP). This was reinforced by wider system structures, including weekly multi-agency meetings involving adult social care, community mental health teams, the hospital and the Integrated Care Board, which helped maintain oversight of demand, discharge pathways and referral activity. Rotherham had established integrated mental health teams and was developing a Mental Health Partnership Board to strengthen shared governance and ensure people's experiences shaped service design. Together, these arrangements supported joint problem-solving, improved flow through the system and helped ensure people received appropriate care in the least restrictive setting.

The mental health service had established a joint Section 117 (S117) of the Mental Health Act 1983, policy, pathway and register with the local authority to support reviews and aftercare. The AMHP service supported the Trust in S117 review clinics which focused on people discharged from services with little or no recent contact. Health partners said in the last 12 months the collaboration with the local authority had been highly successful, we heard how the S117 process now operated much more smoothly with people receiving regular reviews. Staff told us strong working relationships had been built with health colleagues through the S117 panel where efforts continued to better understand processes and address barriers to recovery.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and community organisations to understand and meet local social care needs. The local authority had community connectors who were active in understanding what was available in the community and linking people up. When people needed support to attend a group or attend an appointment, the Supporting Independence Team (SIT) attended appointments with people until they were comfortable to attend alone, or with the support of a local organisation to offer peer support.

The local authority provided funding and other support opportunities to encourage growth and innovation by funding a 3-year service level agreement from 2024. Partners told us the local authority supported the sector to apply for grants and explored external funding avenues. A local voluntary sector infrastructure organisation was recognised as a key enabler, supported by both the local authority and health partners, helping over a thousand organisations contribute to local priorities.

Partners consistently described strong and supportive relationships between the local authority and the voluntary and community sector (VCS). Organisations told us the local authority was proactive in building connections, facilitating networking and ensuring VCS voices were included early in planning and strategy development. Several groups highlighted practical support through grants and commissioning, including funding for lived-experience-led services, British Sign Language support, and community-based projects tackling loneliness, welfare advice and emotional wellbeing. Partners also gave examples of collaborative work that strengthened local provision, such as joint development of recovery services for people affected by substance use, and VCS involvement in shaping the carers' strategy. Across the sector, partners described open communication, transparent contract management and a shared commitment to improving outcomes for communities.

One partner told us the mental health services understood the advantage of people being part of peer support opportunities among the voluntary sector, with examples of people who historically relied on intensive mental health support now supporting others, the purpose of volunteering had helped to keep people well. Innovation in partnerships was seen with the local authority and a voluntary sector partner joint leading a drug and alcohol recovery program. Based on feedback from people, this partnership had become a community based lived experience program where people had access to support outside of a clinical setting. Another partner told us access to public health support enabled them to tailor their service delivery to areas of most need.

Theme 3: How the local authority ensures safety within the system

This theme includes these quality statements:

- *Safe pathways, systems and transitions*
- *Safeguarding*

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3 - Evidence shows a good standard

What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Safety was a priority for everyone. The local authority understood the risks to people across their care journeys; risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored. The views of people who used services, partners and staff were listened to and considered. The local authority had a good understanding of the risks to people across their care journey and worked proactively with health partners and other organisations to ensure systems to keep people safe during transitions were effective.

The Vulnerable Adults Pathway supported people to receive a longer-term multi-agency approach to support with the Vulnerable Adults Risk Management Meeting (VARMM) which were held fortnightly. The Complex Lives team attended Multi-Agency Risk Assessment Conferences (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) meetings whilst supporting people.

There were clear cross service protocols in place in relation to ensuring that when people moved from one service to another this was done in a safe way, including an escalation process where risks or problems were identified. In addition to this there were partnership agreements in place for specific situations. For example, a clear policy in relation to Continuing Healthcare funding and an agreement in place with the mental health trust

regarding the transition of young people with mental health needs to adult services. Relevant policies and agreements included risk management and information sharing arrangements.

The local authority had clear guidance in place for staff with regard to the sharing of personal information in ways that protected people's rights and privacy. The local authority and health partners had safe shared IT access to people's care records, which supported accurate information sharing and shared risk management. However, staff told us not all systems were fully available to different organisational staff, with read only access in place.

The arrangement had not resulted in any safety issues and whilst full access would enable staff to update records as intelligence was available this measure provided safe access allowing staff to see essential information while ensuring updates were made by those authorised to do so.

Hospital leaders told us discharge into enablement services was smooth, and feedback from people who had experienced this pathway was positive, with examples of smooth transitions between services.

Safety during transitions

Care and support were planned and organised with people, together with partners and communities in ways that improved their safety across their care journeys and ensured continuity in care. This included referrals, admissions and discharge, and where people were moving between services. The Health and Wellbeing Strategy and Action Plan Refresh 2022-2025 emphasised the importance of safety during transitions in its 4 strategic aims with a focus on no-one being left behind.

Arrangements for hospital discharge were largely safe, coordinated and supported by clear pathways, with people generally experiencing timely assessment and continuity of care. Documented processes, including the discharge-to-assess pathways and continuity-of-care procedures for people moving across local authority boundaries, set out structured, time-bound arrangements that ensured people were assessed promptly and risks were escalated when progress was not made. A partner organisation told us the people they supported had experienced timely discharge and enablement arrangements with no gaps in support, demonstrating safe and seamless transitions home. Other partners, including acute and mental health trusts and voluntary sector organisations, described effective joint working, smoother handovers into local authority-commissioned provision, and improvements in responsiveness following targeted recruitment. This showed the local authority had safe systems in place to support hospital discharge, with recognised pressures around capacity and information-sharing being actively managed.

Leaders demonstrated passion and commitment to examining the Transitions pathway with a view to providing best practice service delivery within a multi-disciplinary system. The leadership team emphasised the importance of preparing services to meet the needs of the growing number of people with neurodiversity, in terms of service provision, assessment and employment opportunities.

The local authority demonstrated a clear and shared commitment to supporting young people as they moved into adulthood. Adult Social Care worked closely with Children and

Young People's Services and health partners to deliver a coordinated Transitions Pathway. External assurance supported this progress: the Written Statement of Action visit in June 2023 reported improved outcomes for young people preparing for adulthood, and the Special Educational Needs and Disabilities (SEND) inspection in October 2024 further evidenced strengthened practice. Oversight of preparation for adulthood was provided through an annually refreshed Preparing for Adulthood (PfA) Work Programme and a PfA Strategic Board, jointly chaired across adults and children's services. The Board's fifth theme, voice, ensured young people influenced the programme's priorities.

Young people were involved in case management ahead of their legal transition to adulthood so support could be arranged without gaps. Local authority data showed 88.7% of young people referred to transitions had an assessment completed by 17.5 years. One person told us they had been supported by the same social worker for over 3 years, which had enabled a trusting relationship and contributed to positive outcomes. Young people without an Education, Health and Care Plan were not excluded from support; instead, they were offered help through the Supporting Independence Team and the Supported Employment Team, reflecting an approach based on need rather than eligibility status.

Transitions were safe and coordinated, with clear pathways, timely adult assessments and examples of seamless support once adult services became involved. People and carers described positive experiences, and partners highlighted effective joint working, improved responsiveness following recruitment, and proactive initiatives such as transitions events. One partner described a poor transition experience from children's services that was improved by the intervention of the adult transition team via prompt assessment and support. Staff reported that most referrals continued to arrive post-16 despite a desire to engage from age 14, and partners noted previous responsiveness issues linked to capacity. However, there was a clear desire and plan to continue to reduce the age at which allocations were assigned by the senior leadership team and new pathways being introduced to give earlier access to information and services. Overall, adult services delivered safe and person-centred support with strong communication systems in place with partners and other key agencies.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. The local authority guidance provided detail information and principles to support people to live well, this included safeguarding practices, Deprivation of Liberty and equipment arrangements. Neighbouring authorities provided updates for staff to share how people were thriving in their settings to support staff to hear peoples journey through adult social care.

When people were placed out of area the local authority had robust measures in place to monitor the quality of the service. The local authority would complete checks prior to any out of area placements to ensure the service was not rated inadequate, under any warning notices or any ongoing quality and safeguarding concerns. The local authority also told us if any concerns were raised either by the Care Quality Commission or the host local authority then they would be informed immediately and an urgent review of the person would be undertaken. This ensured people remained safe when placed out of borough.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios, such as IT failures, fires and floods. Plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. We saw robust plans in the event of residential and domiciliary provider failures and responses to significant safeguarding concerns. Business continuity plans were embedded in all commissioned services to reduce the risk of service disruption.

The local authority provided 24/7 services to people across Rotherham enabling people to seek advice and support to help problem solve and develop contingency plans with or without services outside of usual working hours. People told us they felt assured by contingency planning with the local authority, this included both emergency planning for unpaid carers who could not provide support in an emergency but also recognising the local authority could provide respite services if required. We heard from families of the importance of contingency planning to help people feel reassured, this was heard across domiciliary and residential arrangements. One family told us knowing that a placement could be arranged quickly reassured them to continue caring for their relative until such time as this was no longer achievable. Another person told us respite was factored into their care plan, again reducing the risk of family feeling overwhelmed by the caring role. Staff told us it was important to encourage families to try respite as it enabled people to feel assured there are contingency plans that can provide secure care in the event of an emergency.

Safeguarding

Score: 3 - Evidence shows a good standard

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes and practices in place to make sure people were protected from abuse and neglect. The local authority managed all safeguarding concerns through a central hub, triaging the concern with management oversight to agree the triage outcomes. Timely responses were undertaken with multi agency partners, for example the police or environmental health, with team manager oversight and ensuring the 3-point test had been recorded. The local authority applied the statutory three-point test to determine whether a safeguarding concern met the threshold for a Section 42 (S42) enquiry. This required practitioners to establish that the adult had care and support needs, that they were experiencing or at risk of abuse or neglect, and that, because of their care and support needs, they were unable to protect themselves from that harm. Using this test ensured that decisions were consistent, lawful and proportionate, and that safeguarding enquiries focused on adults who required statutory intervention to remain safe. Local authority processes ensured all concerns were screened by dedicated workers within the safeguarding hub which ensured consistent application of the S42 criteria. Support was available from staff to ensure people's safety while concerns were screened. If the S42 criteria was met, the hub ensured safe transfer of the enquiry to locality teams with management oversight in place.

The local authority worked with the Rotherham Safeguarding Adults Board (RSAB) and partners to deliver a co-ordinated approach to safeguarding adults in the area. The board included housing, health partners, mental health teams, emergency services and the voluntary community sector. The board actively sought views from people to ensure strategy aligned with people's wishes and feelings, with the Rotherham Adult Social Care Always Listening (RASCAL) Board and co-production events regularly providing opportunities for shared learning. The board received twice-yearly updates from the ongoing police investigation into historic child sexual exploitation in Rotherham and learning from this was shared across partner organisations. The board noted improvements in access to safeguarding support and the clarity of local pathways.

Without exception, staff told us the safeguarding hub had improved outcomes for people, this was due to clear roles and timeframes for work to be undertaken. Staff told us people had fed back the benefits of having the same worker support the initial process, it allowed for a relationship to build and continuity to develop. Adult Social Care Survey (ASCS) data showed 65.94% of people who used services felt safe, which was similar to the England average of 70.16%. The ASCS data also showed 88.28% of people who used services said those services made them feel safe. This was also similar to the England average of 87.81%. However, the Survey of Adult Carers in England (SACE) data showed only 74.24% of carers felt safe, which was worse than the England average of 80.93%, demonstrating an opportunity to understand more about what might help carers feel safe.

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place, so concerns were raised quickly and investigated without delay. All staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively with the local authority's training data showing a focus on training and development had been successful. Safeguarding practitioners also played a central role in proactive multi-disciplinary meetings, bringing together professionals from health, social care, housing, mental health and the voluntary sector to identify people at risk earlier, share intelligence and coordinate support. This preventative, relational approach helped prevent escalation of need, strengthened risk management and ensured safeguarding was personalised and responsive to the complexities of people's lives.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. Data provided by the local authority regarding a recent external audit of repeat safeguarding concerns showed of 36 enquiries, 86.11 % were medication errors, 80.5% were organisational abuse and 66.66% were neglect/acts of omission. This audit examined people's journeys to identify practice elements with a focus on improvement. Rotherham had responded to the recommendations with new or improved guidance for staff and partner organisations.

Staff told us of the unique challenges across the borough. We heard about consistent, close and flexible work with vulnerable adults to minimise risks and to support people through the criminal justice system. Staff told us the local authority had a positive and encouraging approach to learning about the needs of people to support safety, including good quality housing and preventative support options.

The local authority worked in partnership with providers to ensure there was a common language regarding concerns and enquiries, particularly around self-neglect. Providers and the Safeguarding Adults Board (SAB) chair told us the commissioned training delivered by a specialist provider had supporting language in this complex area.

The local authority learned lessons from Serious Adult Reviews (SAR's). The SAB chair highlighted the priority of supporting staff to underpin their practice in Making Safeguarding Personal as this learning had been identified as an area for improvement. Multi agency guidance demonstrated how reviews were undertaken and how learning across partners was disseminated, with the Principal Social Worker taking a lead role for the local authority

staff. Data provided by the local authority showed how SARs had been completed and actions to improve communication and processes had been embedded.

Responding to concerns and undertaking Section 42 enquiries

There was clarity on what constituted a Section 42 (S42) safeguarding concern and when S42 safeguarding enquiries were required. This was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a S42 enquiry. There were clear processes in place starting with contacts made to the local authority that may have some safeguarding element. These were screened for eligibility and where eligibility was identified they become a safeguarding concern. Local timeframes for this were 2 working days. Although some safeguarding concerns waited longer than 2 working days for initial review, staff took active steps to manage risk during this period. All contacts were screened on receipt to determine whether they met the threshold to progress to a safeguarding concern, and staff told us they would immediately put protective measures in place where there was any indication of harm. This included developing a protection plan, contacting relevant agencies, and escalating concerns to a duty manager when required. These actions ensured people were not left without oversight while awaiting formal screening. Despite a median wait of 4 days and some cases waiting longer, the approach taken by frontline staff meant emerging risks were identified early and mitigated, helping to maintain people's safety until a full safeguarding decision could be made. During the screening process senior staff were contacted to support staff to determine the outcome at that stage and determination to progress to a section 42 enquiry.

The local authority's standard time frame for completing a S42 enquiry was 80 working days from the receipt of contact. This target had been under review since 2022, with a proposal to increase it to 100 days, to align with neighbouring areas. The local authority had an opportunity to consult with people to determine the direction of these considerations with reference to neighbouring authorities. Local authority data showed out of the 123 open S42 enquiries, 88 were concluded within 80 working days and 35 continued to be open after 80 working days. In the previous 12 months, data showed the median working days an enquiry took was 45 days, the maximum was 372 working days, with 75.6% being completed within the 80 working day timeframe. To maintain oversight, the longest-running cases were reviewed weekly, with managers examining the reasons for delay and working with system partners to address any barriers. This approach helped reduce unnecessary drift and supported more timely progression of enquiries in future. Social work leaders were undertaking a review of safeguarding referrals for people which have a repetitive theme, to address root causes to support people to reduce this pattern.

The local authority retained overall responsibility for safeguarding enquiries, even when operational tasks were delegated to a partner agency, such as a health partner or care provider. The Rotherham Adults Safeguarding Procedures and the Rotherham Safeguarding Adults Board framework set out clear expectations for the scope, timescales and outcomes of the enquiry, to ensure the adult's views and desired outcomes shaped the approach. The processes stated the local authority should maintain oversight through regular monitoring of progress, scrutiny of the quality and sufficiency of the enquiry work, and timely escalation where practice does not meet required standards. Staff were responsible for evaluating the findings, determining the outcome, and ensuring protection planning and learning actions were completed.

Providers described a generally supportive relationship with the local authority when they were asked to undertake their own safeguarding enquiries. They said the local authority's policies were clear and safeguarding staff were accessible, responsive and willing to talk them through the process, including offering advice, guidance and sense-checking recommendations. Some providers, particularly care homes, reported they were frequently asked to investigate concerns they had raised themselves. This was in line with the local authority's policy on 'causing' elements of section 42 enquiries where providers may be asked to supply information or carry out initial fact-finding to support the safeguarding enquiry. Providers also noted that outcomes were not always shared back with them. Domiciliary care providers highlighted the local authority offered safeguarding training for managers, though they felt the experience and quality of safeguarding staff could vary. Overall, providers' experiences reflected both strengths in local authority staff availability and guidance, and some inconsistencies in feedback and practice.

Deprivation of Liberty Safeguards (DoLS) were a priority for the local authority, which continued to manage a significant volume of applications. As of February 2025, there were 827 open DoLS cases, including 280 awaiting risk screening and 346 awaiting allocation. The local authority reported allocation was based on a scoring system designed to prioritise people with the highest level of need. Between April 2024 and February 2025, 1105 DoLS assessments were completed. During this period, people had a median wait of 28 working days, with a maximum of 2233 working days for an assessment. The local authority told us they screened all new referrals on duty 3 times a week, with a maximum wait of 48 hours. All screenings included a full risk matrix and application of a Red, Amber, Green (RAG) rating. Recently the local authority began screening all first time and subsequent referrals in the same way. Work had gone into recruitment, and they had now fully recruited the team, which had led to a significant reduction of the waiting list from 280 to 41 referrals waiting to be triaged by September 2025.

Staff worked in partnership closely with external partners to ensure people's safety. For example, the fire service who provided fire retardant bedding, metal bins and smoke alarms to improve people's safety in their own homes. There were positive links and collaborative working with GP surgeries through regular community partnership meetings and staff told us they were proud of the partnership working with health services, community development workers and adult learning providers to ensure holistic and multi-disciplinary safeguarding support.

Making safeguarding personal

Making Safeguarding Personal (MSP) is a national approach that ensures safeguarding was done with people rather than to them. It focuses on understanding what matters to the person, involving them in decisions, and shaping safeguarding enquiries around their desired outcomes, wellbeing, and sense of safety. Leaders and staff told us; safeguarding was everyone's business. This commitment was further demonstrated within organisational priorities, with MSP outcomes identified as a key success measure within the Council Plan.

The Rotherham Safeguarding Adults Board (RSAB) monitored MSP principles and RSAB performance data showed 66% of people who were asked their desired outcomes from safeguarding enquiries had a response recorded, a further 8% did not give a response. Data provided by the local authority in February 2026 showed there had been some increase in the recording of outcomes on the previous year and the RSAB had a drive to

improve this further. In 2024/2025, of the 66% who gave a response, 95% of people felt their personal outcomes had been fully or partially achieved.

Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People could participate in the safeguarding process as much as they wanted to. Staff told us people could exit the safeguarding process at any stage, recognising people's choices and wishes to participate. Staff told us they advocated people's choice to be part of the process. People had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they did not feel safe or they had concerns about the safety of other people.

People could get support from an advocate if they wished to do so, this included family, friends and formal advocacy from the local authority provider. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices that balanced risks with positive choice and control in their lives. Advocacy across safeguarding and Care Act activities was strong across Rotherham. Data from the Safeguarding Adults Collection showed 93.33% of people lacking capacity were supported by an advocate, family or friend, which was much better than the England average of 83.38%. These ambitions reflected the RSAB's commitment to person-centred practice and supporting people to make decisions that balance independence and safety.

Theme 4: Leadership

This theme includes these quality statements:

- *Governance, management and sustainability*
- *Learning, improvement and innovation*

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3 - Evidence shows a good standard

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management and accountability arrangements in place across the local authority. Decision-making was structured and aligned to agreed strategic priorities, with people's experiences and outcomes remaining central to the authority's approach. This was reflected in the Borough that Cares Strategic Framework 2022–25 and the key objectives set for April 2024 to March 2025, which provided a transparent basis for planning and oversight. Governance arrangements ensured carers' voices informed strategic direction, supported by the Community Empowerment Plan, which aimed to involve carers in decisions affecting their lives. People with lived experience formed part of the local authority's Learning Disability Partnership Board and Autism Partnership Board both of which had co-chairs with lived experience. The local authority have also formed a new coproduction group, Rotherham Adult Social Care Always Listening (RASCAL), that further strengthened the voice of people with lived experience in influencing decision making. People are also able to regularly feedback on experiences via an SMS survey and 'How Did We Do?' cards that were also used to inform strategic decisions. Measures of success were defined, including strengthening caring communities, increasing connection and resilience, and embedding prevention-led approaches across services. Leaders monitored progress through analysis of online engagement metrics and tracking carer representation at strategic meetings, demonstrating an ongoing commitment to accountability and continuous improvement.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate which was reflected in feedback from staff and community members who valued opportunities to meet them during local events. Governance arrangements were supported by the Package of Care Assurance Guidance dated May 2024, which set out the escalation responsibilities across the local authority, from frontline staff through to assistant directors. This ensured staff

understood their accountability within the system and their role in maintaining safe and effective care provision.

There were clear risk management and escalation arrangements. These included defined internal and external escalation routes to ensure risks were identified and acted on promptly. The Performance Management Framework 2022-2025 set out how the local authority monitored and audited key performance metrics and how findings were reported to leaders and elected members. This provided mechanisms for leaders to adjust priorities and deploy resources when required. Audit activity was graded as excellent, good, requires improvement or inadequate. Across 2024/25, 68 of the 73 completed audits met the local authority's 'excellent' standard. The same audit cycle also identified areas where practice required strengthening, particularly around contingency planning, the use of advocacy, and decision-making and recording in relation to the Mental Capacity Act. These findings informed targeted support for practitioners and reinforced accountability across the system demonstrating that learning from assurance activity was systematically used to improve practice and maintain high standards.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered when decision-making across the wider council. The elected members felt assured by regular updates with involvement in projects and focused tasks as required. For example, the local authority had a robust commissioning risk register which outlined all the medium and high risks, with mitigations and management actions. The highest risk identified was that the local authority was commissioning care without the correct delegations in place. The consequence being risk to the person in need of support not being able to access the right type of care and support. Commissioning staff were actively working with the Integrated Care Board (ICB) to agree a delegated framework for joint packages of care. The local authority also had a comprehensive risk register in place for Adult Care and Integration. Risks were rated high, medium or low and outlined the risk, consequences, mitigations and management actions. All risks were reviewed monthly. These included the increased demand for Continuing Health Care (CHC) Decision Support Tool (DST) completions by local authority staff, which had a significant impact on the adult social care budget and on assessment and support-planning times. Mitigations included monitoring priority DSTs to ensure adult social care attendance, tracking outcomes to alert senior managers to any emerging impact, and overseeing ICB CHC packages before transfer to adult care services. Risk mitigation forums were in place to monitor local authority concerns. At the time of our assessment these included, spiralling homelessness demand, provider fees, gaps in service provision, and increasing complexity and acuity of people with care and support needs.

An elected member told us the local authority continued to operationalise scrutiny forums recommended by previous independent reviews into local governance and safeguarding practice. This encouraged the continuation of transparent and regular oversight across the local authority and system partnerships. Further updates regarding outcomes for people were provided by twice-yearly briefings from the police relating to an ongoing national investigation. These updates ensured system partners continued to learn from the experiences of people.

Most partners told us the local authority had clear and effective governance arrangements that enabled leaders to respond quickly to changes in system demand. Issues such as

capacity, demand and infection risks were routinely monitored through established forums, including weekly operational meetings and the place escalation wheel, which provided live oversight of pressures and the ability to flex services. The local authority used these structures to coordinate timely action, for example deploying community teams to support care homes during infection outbreaks and addressing recurring winter challenges around risk tolerance. Performance and impact were reviewed through the Health and Care Board and the Health and Place Board, which monitored targets and outcomes. These arrangements supported accountable decision-making and ensured the local authority could mobilise support, including through voluntary sector services, to maintain flow and manage seasonal pressures. There were mixed views from partners about communication following some recent restructures. Some partners described transparent communication and felt able to raise issues, reporting a positive and responsive relationship with the local authority. Others told us frequent staff changes and limited availability of allocated workers made it difficult to contact the right person, although the duty system provided timely responses when this occurred. These experiences showed that while communication mechanisms were valued, the consistency of staffing and clarity about team changes required further strengthening to support accountability across the system.

Strategic planning

The local authority's self-assessment set out a clear vision for 2024–2027 to enable every person with care and support needs to live their best lives, close to home, and with access to the right support at the right time. The Adult Social Care Strategy was focused on strengths-based approaches and early intervention. This was co-produced with people, carers, and community partners. A suite of supporting strategies, including the Learning Disability Strategy and the All-Age Autism Strategy, underpinned delivery of the vision.

The local authority used information about risks, performance, inequalities and outcomes to plan workforce challenges, for example, the Workforce plan 2022-25 had an established annual Performance Development Review process which was supportive of individual wellbeing and development and provided direction and feedback on performance. The outcome measures of the strategy were core stability rate of the workforce (both inhouse and in the independent sector); number of vacant posts and posts successfully recruited; feedback from the workforce, reduction in waiting times for assessments and reviews and capacity within the sector to respond to assessed needs and commissioned care packages. These metrics were essential to ensure the local authority could assure itself it had a clear line of sight on commissioning and market shaping to meet the needs of the community. The local authority produced a detailed plan for the whole council services through its Council Plan 2022-2025. The document evidenced good outcomes and strategic planning to deliver actions to improve care and support outcomes. The Adult Social Care Strategy 2024-2027 focussed on implementing and delivering a successful Transfer of Care Hub (TOCH) as one aim. The system leaders we spoke with welcomed this move to streamline discharge processes.

Staff told us the monitoring of demographic data over the past 5 years had fed into strategic planning, for example areas across the borough with higher numbers of older people who may have different needs to other pockets of demographics. Staff said their leaders had a clear line of sight on emerging themes, for example working age adults with needs relating to neurodivergence.

Partners told us leaders created opportunities to hear a range of perspectives across the system to inform strategic planning. This included working with partners to reach people using services who were not already known to the local authority; helping to identify unmet needs. The local authority valued these insights and used them to shape and refine services.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. These arrangements were aligned with legislative requirements and supported compliance with the General Data Protection Regulation (GDPR). Staff demonstrated an understanding of information security protocols, including password protection and access controls. Access to systems was
restricted to trained personnel, with tiered permissions ensuring only authorised staff could view or edit specific data. Mandatory training and regular reminders reinforced a culture of accountability and risk mitigation in relation to data handling.

In line with the Managing Allegations Against Persons in Positions of Trust guidance (May 2023), the local authority's policy for managing allegations included an information-sharing protocol. This allowed for the proportional and justifiable sharing of information with employers, where appropriate.

The local authority also produced the Adult Social Care Need to Know Guidance, a document intended to inform senior managers and/or elected members of specific issues that could pose reputational or other significant risks to the council. Information was shared strictly on a need-to-know basis, in a timely and secure manner, and in accordance with GDPR requirements. Written communication played a central role in the process, providing a clear governance structure for the sharing of information relating to risk and associated outcomes. Examples of situations in which this guidance was applied included incidents likely to attract media interest; the death or serious injury of a vulnerable adult; or cases where a vulnerable adult had died or suffered serious harm and abuse or neglect was suspected.

Learning, improvement and innovation

Score: 3 - Evidence shows a good standard

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

The local authority demonstrated a culture of continuous learning and improvement. Staff across adult social care had regular access to learning opportunities, reflective spaces and structured supervision, which supported the safe and effective delivery of Care Act duties. Profession-specific leadership for social work and occupational therapy ensured staff had access to guidance aligned to their roles. The Supervision Framework introduced in May 2024 set clear expectations for reflective practice and accountability. Annual sampling of supervision records, supported by a structured audit tool, enabled leaders to monitor quality and provide feedback, reinforcing consistent standards across teams.

Leaders described a range of workforce initiatives designed to strengthen capability and support career progression. These included development of a workforce strategy, recruitment to the Assisted and Supported Year in Employment (ASYE) programme, and the introduction of Advanced Practitioner roles to enhance quality assurance and increase capacity to support students, apprentices and newly qualified workers. Staff told us these opportunities helped them grow in confidence and competence.

Audit activity further supported continuous improvement. The Audit Analysis Tool 2024/25 enabled leaders to monitor compliance with the Care Act, ensure people's wishes were central to decision-making, promote access to advocacy and oversee risk management. Findings were used within supervision and team forums to support reflective practice. Equality impact assessments were routinely completed, demonstrating a commitment to understanding community impact and embedding co-production in planning.

Staff told us leaders listened to feedback and acted on it. Recent examples included the introduction of speech-to-text technology to reduce administrative burden and changes to referral RAG-rating and out-of-hours processes to improve workflow. Staff described this as evidence of a listening and learning culture with a clear focus on improving people's experiences.

There was a wide range of training available, including domestic abuse, hoarding, homelessness and addiction. Staff undertaking Deprivation of Liberty Safeguards (DoLS) assessments accessed regional and national learning events. Lunch-and-learn sessions were used to share learning from Safeguarding Adult Reviews. Staff consistently told us supervision and support were readily available, and they valued direct access to senior leaders which included, a range of regular reflective practice and leadership sessions that

supported professional development, strengthened practice oversight and created space to discuss complex issues.

Leaders promoted connection with frontline teams through reverse mentoring and ‘walking in your shoes’ opportunities, enabling them to understand how policies and processes affected day-to-day practice. Staff described an inclusive culture where peer case reflection was embedded and helped teams learn from each other to improve outcomes for the community.

Social value requirements in contracting had reinforced equality, diversity and inclusion (EDI) principles, and leaders told us EDI was routinely discussed at senior management level. The strengths-based approach, completed by around 1,400 staff, influenced how practitioners understood communities and supported people to articulate their strengths and goals. A leader reported this had contributed to more equitable opportunities and helped reduce inequalities.

Innovation was encouraged. For example, the Mental Health Enablement Service offered short-term, preventative and person-centred support for adults experiencing mental ill health who were not eligible for Care Act support. The model had been shaped through engagement with people with lived experience and public consultation, and the revised service had been operating since June 2024. It also provided a dedicated offer for carers and worked with a broad range of people, including those leaving prison and people from travelling and LGBTQ+ communities. Evidence showed the service delivered bespoke, targeted support aimed at reducing the likelihood of future need, demonstrating an innovative approach to early intervention and community-based mental health support.

Occupational Therapy (OT) staff described being supported to explore new technology and equipment, attend professional events and share learning with colleagues. They provided examples of bespoke equipment that had significantly improved people’s independence and quality of life.

Leaders also used opportunities to learn directly from practice. During a shadowing visit, an OT leader identified gaps in equipment availability and the impact on people being encouraged to purchase items themselves. This led to a review of processes, including increasing the reuse of returned equipment and widening the options available to people. People with lived experience and carers told us they could access approachable leaders, which they valued. Leaders were visible in the community, including at events where people could learn about pathways such as preparing for adulthood.

Overall, the local authority fostered a strong culture of learning, reflection and innovation, with clear evidence that staff development and continuous improvement were embedded in everyday practice.

Learning from feedback

The local authority learned from people’s feedback about their experiences of care and support, and from staff and partners. This informed strategy, improvement activity and decision-making at all levels. There were established processes to ensure learning happened when things went wrong, and leaders encouraged reflection and collective problem-solving across the organisation and wider system.

Co-production was in its early stages in terms of a single dedicated co-production board, however other areas were more mature including the Borough that Cares Board, the Learning Disability Partnership Board and the Autism Partnership Board, all of which were led by people with lived experience. Several groups and areas of co-production were represented including neurodiversity support services, Preparing for Adulthood and unpaid carers. At the time of our assessment, unpaid carers were actively involved in the co-production of the new Carer's Strategy 2026 - 2031 and had co-produced community events as part of carers rights week. The local authority had also begun to develop structures to support people's voices to influence adult social care. The Rotherham Adult Social Care Always Listening (RASCAL) co-production board brought together people with lived experience, carers, providers and senior leaders to shape priorities and test ideas. Co-production activity had also been supported through academic research, which introduced innovative elements to the model. People valued having a regular space to meet, but some told us the arrangements did not always enable meaningful involvement. They wanted more time to understand how their views influenced strategic plans, practical support to enable carers to attend, and a wider range of communication methods. Autistic people described particular challenges engaging with co-production activities, which limited their participation.

Partners told us they felt valued in co-production work, particularly in the development of the learning disability strategy and autism strategy. They described how the local authority used their close links with communities to reach people who would not usually engage, ensuring a broader range of voices were heard. The local authority also enabled partners to participate in academic research on delegated health tasks and workforce development, and staff benefitted from university-led best practice training, including work on hoarding behaviours. This demonstrated a commitment to drawing on external expertise to strengthen practice.

People shared their experiences through a range of routes, including surveys, meetings, questionnaires and online forms. Feedback highlighted both positive experiences and areas where improvements were needed. A partner organisation told us carers found online complaints processes were difficult to use and that delays in phone responses created frustration. This insight informed wider work to improve accessibility and communication.

Staff across adult social care contributed actively to learning and improvement. Themes from safeguarding audits, such as incomplete history-gathering, were fed into thematic learning groups and led to improvements in assessment quality. Staff highlighted the impact of resourcing pressures and the need for earlier collaboration, which informed the redesign of the Deprivation of Liberty Safeguards pathway. Frontline teams routinely gathered feedback through surveys, reflections, enablement reviews and meetings. Staff told us leaders acted on suggestions, including changes to referral RAG-rating and out-of-hours processes to improve workflow. Following staff feedback, the local authority revised the safeguarding pathway to improve clarity, reduce duplication and align timescales to risk, supporting more consistent recording and safer, more efficient decision-making.

The local authority listened to its workforce through a range of staff engagement mechanisms, including leadership sessions, the annual health check and the employee opinion survey, and used this feedback to inform clear action plans that strengthened

wellbeing support, improved communication about change and increased opportunities for staff to connect and share learning. This included the introduction of Speak Up Champions, who provided an additional route for staff to raise concerns and be supported to decide how best to take them forward.

Partners described constructive relationships that supported shared learning. Provider representatives told us the local authority was keen to learn from other areas, including visiting neighbouring authorities to understand different models of supported living. Learning from safeguarding investigations was shared with providers through the quality assurance process and at the end of enquiries. Voluntary sector partners also contributed insight; for example, organisations supporting neurodiverse people shared data to inform the All-age Autism Strategy, and equality, diversity and inclusion leads used flexible engagement methods to reach people who might not participate in formal consultations.

The local authority had clear processes for analysing complaints and identifying themes. The Adult Social Care Complaints Dashboard showed communication was a recurring issue, including the need for timely updates, clearer written information and accurate contact details. Learning was shared with teams to prevent recurrence. In 2024–25 Quarter 1, 20.8% of complaints were upheld and 45.8% partially upheld. The local authority also received 323 compliments in the year to date, with the highest number recorded in Access and Prevention services. Local Government and Social Care Ombudsman (LGSCO) data showed 3 detailed investigations, a 66.67% uphold rate (below the average for similar local authorities), 100% compliance with recommendations and no late remedies. Leaders provided evidence of acting on LGSCO recommendations, including emails showing how improvements were implemented.

The local authority also demonstrated a commitment to external scrutiny. Peer reviews, safeguarding self-assessments and Special Educational Needs and Disabilities (SEND) inspections were used to identify strengths and areas for improvement. Action plans showed how findings were incorporated into ongoing improvement work, including strengthening communication, improving pathways and enhancing the use of data. Leaders used this insight to refine practice, strengthen governance and ensure learning informed service development.

Overall, the local authority fostered a culture of learning, reflection and improvement. Feedback from people, staff and partners was routinely sought and used to shape services, and there were clear mechanisms to ensure learning from complaints, audits and external reviews translated into meaningful change.