



City of
Doncaster
Council

Adult Social Care CQC Self-Assessment

“ We want every person in Doncaster to live in the place they call home with the people and things that they love, in communities where they look out for one another, doing things that matter to them. ”



Foreword

Phil Holmes, Executive Director of Adults, Wellbeing and Culture



The Care Quality Commission (CQC) are assessing how well councils are performing against their duties under the Care Act 2014. This includes promoting wellbeing, enabling prevention, keeping people safe and providing access to information, advice and good quality adult social care support that helps people regardless of their circumstances. It also includes working in a joined-up way with partners like the NHS.

This self-assessment is how we think we are doing in Doncaster right now. It draws upon what people who draw on care and support are telling us, the experiences of our staff, and the performance data that we compare with other councils.

It sets out the themes that CQC will be looking at: how we work with people, provide support, ensure safety and demonstrate leadership. In each theme we describe our strengths and our areas for development, and the evidence that supports this.

If we label something as a strength, it does not mean we think we are doing it perfectly. There isn't anything we are doing that we aren't trying to make better. Likewise, if we label something as needing development it doesn't mean nothing is happening. We will very often be able to describe areas of good practice and ongoing improvement.

Doncaster's vision for adult social care isn't complicated. It's for every person in our city, towns and villages to live in the place they call home with the people and things that they love, in communities where they look out for one another, doing things that matter to them. We see these as rights that people who need care and support should enjoy along with everybody else.

If you live or work in Doncaster and feel as strongly about this as we do, I'd love to hear from you. If you think this self-assessment has missed anything or that there are connections we need to make that will help us improve further please do email coproduction@doncaster.gov.uk or call 01302 737529.

And if you have already provided views and feedback that has helped us with this self-assessment, thank you for helping us do even more to make our vision real.



Introduction to Doncaster	Pg 4
Background to Adult Social Care	Pg 6
Our Strategy for Adult Social Care	Pg 7
Theme 1: Working With People	
Our Strengths	Pg 9
Our Areas of Development	Pg 9
What is Our Data Telling Us	Pg 10
QS: Assessing Need	Pg 11
QS: Supporting People to Live Healthier Lives	Pg 19
QS: Equity in Experiences and Outcomes	Pg 27
Theme 2: Providing Support	
Our Strengths	Pg 32
Our Areas of Development	Pg 32
What is Our Data Telling Us	Pg 32
QS: Care Provision, Integration & Continuity	Pg 33
QS: Partnership & Communities	Pg 39
Theme 3: Ensuring Safety	
Our Strengths	Pg 43
Our Areas of Development	Pg 43
What is Our Data Telling Us	Pg 44
QS: Safe Systems, Pathways & Transitions	Pg 44
QS: Safeguarding	Pg 50
Theme 4: Leadership & Governance	
Our Strengths	Pg 56
Our Areas of Development	Pg 56
QS: Governance, Management & Sustainability	Pg 57
QS: Learning, Improvement & Innovation	Pg 61

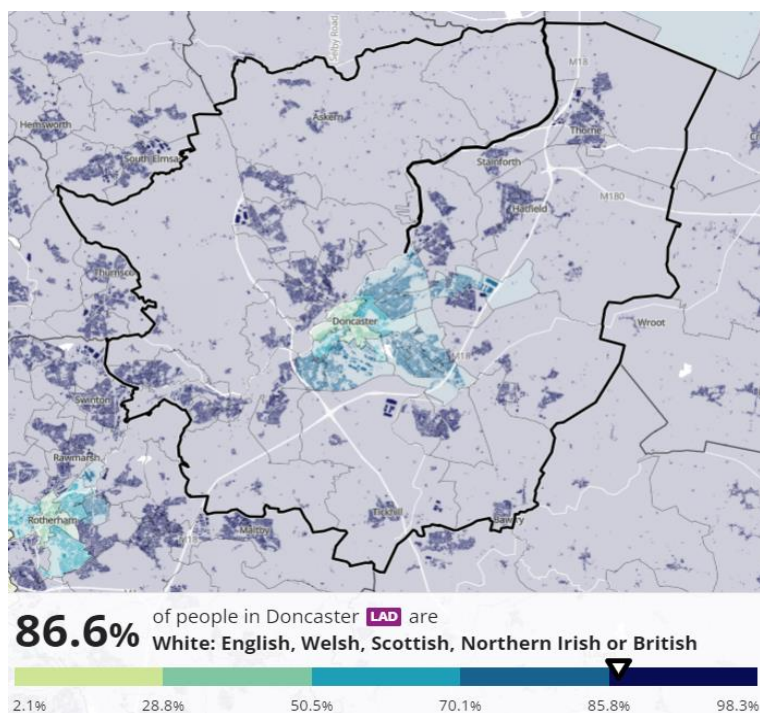
Introduction to Doncaster

Doncaster is a new city, one of four authorities in South Yorkshire. We are proud of our rich history and cultural heritage where engineering and innovation meet creativity, where a unique cluster of arts, heritage, built and natural landscapes, sports, leisure and health and well-being is having an impact, not only on our residents, but also on regional, national and international visitors and partners.

Doncaster has a large and diverse geography with concentrations of people in the city and principal towns but also areas of significant rurality as illustrated by the map. Doncaster is often described as a "place of places". Before it attained City status in 2022 it was the largest metropolitan borough in England by land area.

Between 2011 and 2021 Doncaster's population increased by 1.9% to 308,700. This is lower than the overall increase for England of 6.6%

Over that period of time the population of young adults (aged up to 24) decreased, as did the population of aged between 40 and 50. There were increases in all other groups, the largest for those aged between 70 and 74.

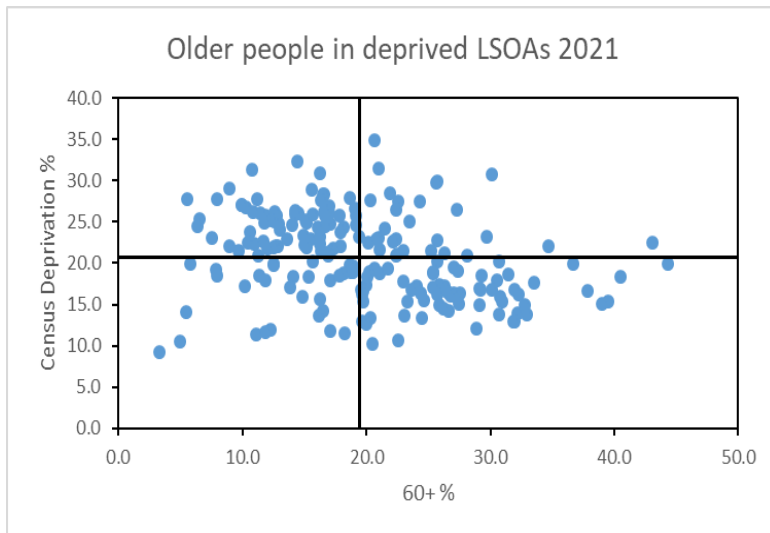


Doncaster is diverse in terms of population. The map shows the distribution of ethnic diversity. The Doncaster population was 86.6% White UK in 2021 from 96.5% in 2001. 92.76% of people in Doncaster spoke English as their main language in 2021. At that time 5.1% of households had no members that spoke English. The most frequent languages spoken other than English were Polish (2.18%) and Romanian (1.82%).

Doncaster is the permanent home to England's largest Gypsy Roma Traveller population. Of course diversity is about more than ethnicity. The 2021 census indicated over a third of Doncaster households had at least one person who was disabled under the Equality Act. 33,422 people described this disability as limiting them a little and 28,996 people as limiting them a lot. 28,132 Doncaster people also described themselves as providing regular unpaid care.

Doncaster's population is diverse across these and all other ways people identify in terms of religion, sex, sexual orientation and gender reassignment.





Doncaster is also diverse in relation to degrees of affluence and deprivation, and how people experience this where they live. Graphic on the left shows how the areas with the most deprivation (towards the top) don't generally have the most older people (towards the right). There are different patterns for adults of working age living with disabilities, and for carers.

Socioeconomically, like a number of other northern towns, cities and places, Doncaster has not recovered from large-scale job losses in the 1970s, 1980s and 1990s. One of the most pressing local issues is to bolster education, skills and training alongside measures that reduce the level of economic activity due to ill-health. This includes people with care and support needs.



The above context requires joined up responses. Doncaster Delivering Together, our 10-year Borough Strategy, was launched in 2021. The Team Doncaster partnership listened to the views of residents, businesses, community groups and organisations and agreed a 'Great 8' set of priorities that are described below.

1. Tackling climate change
2. Developing the skills to thrive in life and work
3. Making Doncaster the best place to do business and create good jobs
4. Building opportunities for healthier, happier, and longer lives for all.

5. Creating safer, stronger, greener, and cleaner communities where everyone belongs.
6. Nurturing a child and family-friendly borough
7. Building transport and digital connections fit for the future
8. Promoting the borough and its cultural, sporting and heritage opportunities

The strategy is founded on improving wellbeing. The Wellbeing Wheel shows Doncaster's six Wellbeing Goals. Together the Goals contribute to one overall mission: Thriving People, Places and Planet.

The wheel emphasises interconnectivity. For example, nurturing communities where everyone belongs means delivering support more locally and reducing travel time which helps tackle climate change. Similarly, connecting people with cultural, sporting and heritage opportunities helps to build happier, healthier and longer lives.



Our Borough Strategy provides the framework for all of the work that we do on care and support, driven by our Health and Wellbeing Board and connected into both the South Yorkshire Integrated Care Partnership and into the NHS Doncaster Integrated Care Board.

Background to Adult Social Care



£129m

The net budget for ASC in 2024/25

From the total Adult Social Care on the statutory RA (Revenue Estimate) Return

87

Assessments completed by our transitions team

COMPLETED



10,856

New requests for support



388

Carer direct payments issued

2499

Safeguarding Concerns completed



462

Carer assessments completed



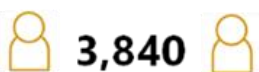
7,164

Review Conversations completed (first, and ongoing reviews)



1776

DoLS referrals received



3,840

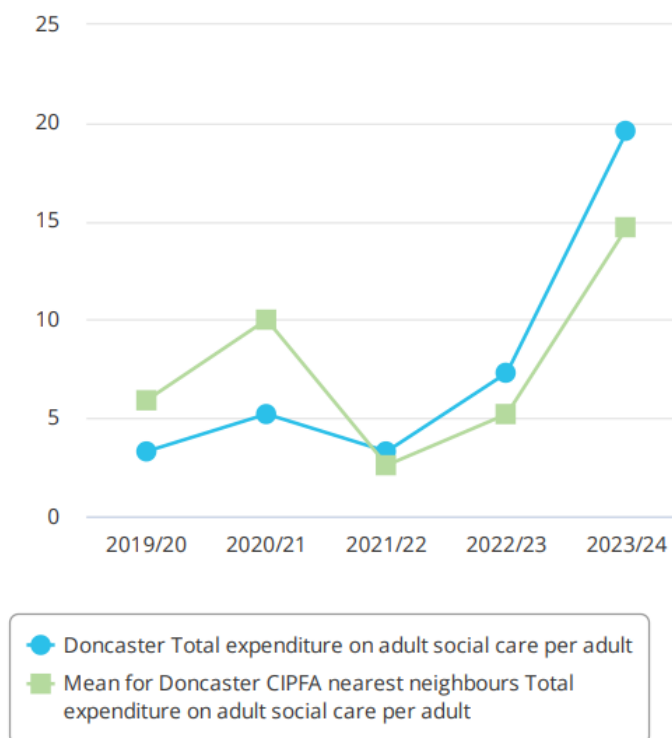
Adults in receipt of long-term care and support

761

Safeguarding Enquiries completed



Here are some key statistics about Adult Social Care activity from April 2024 up to and including January 2025. The rest of this self-assessment will be focused on looking at what difference this activity and wider partnership work is making to Doncaster people.



Doncaster Council has been increasing investment in Adult Social Care since the Covid pandemic. The graph to the left shows how this is outstripping the group of councils that the Chartered Institute of Public Finance and Accountancy (CIPFA) compares to Doncaster.

This investment has chiefly been in the support we give to care providers supporting Doncaster people. The impact of this is covered in Theme Two.

Our Practice Framework for Adult Social Care, covered in Theme 4, shows how we explicitly connect best use of resources with Doncaster people being worked alongside (not done to) by well-supported staff.

Our Strategy for Adult Social Care

Doncaster's vision for Adult Social Care is on the first page of this self-assessment and also in the foreword. It helps us to think about Adult Social Care as supporting good lives. This means we start by listening to people and what a good life means.

The leadership that we use to help turn this vision into practice is set out in Theme 4. It starts with our Practice Framework that describes who we support, how we should be working and what we should be achieving: using Making It Real "I" statements so we think about it in the context of each person's life and wishes.

We develop our strategy annually, co-producing via our Making It Real Board and publishing in our Local Account. This annual approach means we maintain focus and discipline in evaluating what has been achieved over the previous year and prioritising what needs to be built on or introduced in the next year. There has been significant continuity across the three years we have worked in this way, with some consistent themes that we have sought to develop annually. But there has also been change arising from the views of people who draw on care and support, for example telling us they wanted spotlights on young people preparing for adulthood, and on people with care and support needs who are at risk of rough sleeping.

Here are our 2025 priorities. Our published Local Account sets out what we will do and by when. We work on these actions alongside people who draw on care and

support, our workforce and our partners. We are held to public account for delivering them by Cabinet and by Overview and Scrutiny.

- 1 We want to work with even more people with lived experience of care and support to make good changes happen in Adult Social Care.
- 2 We want to develop and support the wellbeing of people working in Adult Social Care so they can support people in Doncaster to live their best lives.
- 3 We want to make things fairer and more equal for people in Doncaster.
- 4 We want to make sure that information about rights, advocacy and care and support is easy for people to find and understand
- 5 We want to continue to improve what happens when people first ask for some support from Adult Social Care. We want to make sure we listen to people and understand what matters most to them.
- 6 We want to make sure more disabled people can get the right job for them.
- 7 We want people to have more choice and control about support at home.
- 8 We want to develop care and support in the communities you live in.
- 9 We want to help more people to leave hospital and have more freedom.
- 10 We want to improve the way we support young people who need care and support, to make sure they get the right support when they become adults.
- 11 We want to improve care and support for people who have nowhere to live.
- 12 We want to improve support and information to carers.



Our Strengths:

- We have worked alongside people who draw on care and support to change our approach to access and to reduce bureaucracy, focusing on what matters to people. This has hugely reduced waiting times both for social work and occupational therapy, as well as for financial assessments.
- Doncaster has exceptional arrangements to support early intervention, prevention and community wellbeing. There are clear and accessible services to support Doncaster people before they get to the Adult Social Care “front door”. There are also clear structures for Adult Social Care to coordinate with community prevention in each neighbourhood. Also, there are many examples of the positive impact of this work for individuals and communities.
- People with care and support needs who require support to convey their views and wishes have good access to advocacy from a commissioned provider. Furthermore, there has been a strong focus on maintaining social work awareness of advocacy and its importance.
- On occasions where people do have to wait, our ‘Waiting Well’ approach means they do so safely and are communicated with clearly.
- In 2023-24 people were significantly more likely to receive an annual review of their care and support in Doncaster than in the average council both regionally and nationally. We have improved our performance yet again further to 76% in 2024-25. We have particularly focused on ensuring everybody supported in out of area placements receive an annual review that is face-to-face.
- There is a very strong focus in Doncaster on equity of experience and outcomes. There is a high profile to wider Council work that recognises equality, diversity and inclusion. Adult Social Care is part of this and has developed its own framework for cultural competence to support day-to-day work. There are powerful examples of these values being put into action for people who might otherwise have been marginalised.

Our Areas for Development

- Doncaster has not compared well with many other local authority areas on the proportion of people who have said it is easy to find information about support. However, a large amount of accessible information has been co-produced over the last year with a forward plan for further targeted information in relation to specific areas of activity that people who draw on care and support have identified.
- We need to do more to support people with care and support needs to gain and maintain social connections. As part of the changes to access, we have embedded our social work teams within local communities to build connections and networks including with voluntary, community, and faith groups working locally.



- Building on this is a very important area of focus, we have increased access to carers assessments five-fold since 2021. Although waiting times have reduced by 25% over the last year, and all urgent needs are dealt with quickly, average waits are still too long. As a result, we are introducing a new approach to carers assessments so that they are carried out by a larger group of staff already working alongside Doncaster's communities on wellbeing and prevention.
- Doncaster has compared very poorly with many other local authorities for preventative work supporting carers. Over the last year, we have improved information and advice as well as increasing the number of people attending carer support groups, we have also increased access to short breaks. The new approach to carers assessments described above will significantly accelerate our ability to identify, recognise, and connect carers into preventative support and aid social connections.
- The high proportion of both people who draw on care and support and of carers who have access to a Direct Payment would suggest this is a strength. However, work alongside both groups has suggested we need to do more to improve choice and control, therefore, we have co-produced plans and identified resources to do this.
- Following on from our transformation of Occupational Therapy, we have rapidly increased access to minor and major adaptations and have both plans and capacity to further improve this.
- We have a strong assistive technology service and also support a partnership approach that has demonstrably increased digital inclusion for Doncaster people. There is more we need to do to harness the potential of technology to help people who draw on care and support live more connected lives. We have identified capacity to do this.

What Is Our Data is Telling Us?

We have reduced the median time taken to complete an Occupational Therapy assessment from 71 days in 22/23 to 3 days in 24/25

We have reduced the median time to complete a Care Act assessment from 57 days in 22/23 to 37 days in 24/25.



The average wait for a Financial Assessment has almost halved in the course of 2024, from 114 days in January to 58 days in December.

The number of people benefitting from a Carers Assessment has quadrupled since 2021 but the time it takes (12 weeks) is still too long.



We have increased the number of people receiving an annual social care review from 70% in Quarter 1 22/23 to 76% in Quarter 3 24/25



38.1% of people supported receive a Direct Payment which is significantly above the England average of 25.5%

The proportion of people who report having control over their daily life (23/24) was 76.9% against the England average of 77.6%

We have reduced the number of people waiting for an adaptation by 66% in 2024/2025, from 633 people to 214 people. Further reductions are expected.



The proportion of people who use services who have found it easy to find information about support is 63.3%. The England average is 67.9%



43.5% of people reported that they had as much social contact as they want. The England average is 45.9%

The proportion of carers who use services who have found it easy to find information about support is 45.3%. The England average is 59%



19.5% of carers reported that they had as much social contact as they want. The England average is 30%



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

Access to Care and Support

After extensive co-production with our staff and people with lived experience of drawing on care and support, we implemented a new approach to access in September 2023. This approach supports people to be connected into local support and assets in the neighbourhood where they live. Instead of looking at people as a collection of ‘needs and problems’, the new model is based on supporting unique individuals who have strengths, assets, talents and aspirations.

Locality social work teams are organised around geographical patches. Each locality team has direct links and connections with partners and groups in their respective locality such as GPs, the Police etc., helping to build their understanding of the areas and people they work with. There are strong relationships and joint working between Stronger Communities, Wellbeing, and Adult Social Care teams, supported by daily ‘huddles’ that enable swift information sharing and co-ordination of support. This approach cements the joining up of local support and minimises the number of ‘hand-offs’ for people who avoid having to retell their story multiple times. The impact of this approach is illustrated in PG’s story below, which highlights the benefits of early and timely support to prevent and reduce needs.

In evaluating the impact of our new approach to access to care and support, we received positive feedback of the significant benefits to Doncaster residents and increased job satisfaction of our staff.

“We have gone back to basics but that has been what has been needed. Often overlooked but important – how do we have good conversations with people.”

Glyn – person with lived experience of care and support)

“The changes to access have been a catalyst to put into action some of the initiatives that have been on the team agenda for some time. Being more visible to the community and creating new opportunities is definitely giving the team a renewed sense of achievement and pride.”

(Team Leader, Social Work Team)

“I do genuinely believe that the innovation approach is really positive and this, in my opinion, is the key to encouraging that informal support and reducing delays in access to support. I really do love this way of working.”

(Anonymous)



Placing Doncaster people at the centre of what we do

We have been relentless in embedding our Practice Framework which encourages us to place people and what is important to people at the heart of everything we do. We now seek to start all of our conversations with what matters to the person. We have re-designed our assessment documentation to enable this so we can focus on having conversations with people based on 'doing with' not 'doing to.'

Feedback from people drawing upon care and support (like Julie's story shared below) illustrates the impact of our approach. Relationships are the cornerstone to building trust and support focusing on what matters most to the person.



Active and Supportive Communities

Keeping family, friends and connections

Julie is such a lovely person and the impact on me from helping her to live the life she wants has been incredible." Social Worker

Julie's Story

Julie had boarded at school Monday to Friday as a child, later in life she lived with her parents and attended day services. After her mum had sadly passed away, she and her dad happily lived together for years. During the covid pandemic Julie had some respite following ill health and got stuck in respite due to delays. During this time Julie's dad passed away.

Julie remained in Oldfield House, she had come to love the staff and other residents, having made friends and some of the staff had worked in the day services she had attended previously and so she had a close relationship with them.

Julie remained at Oldfield House but her family lived in the Garforth area of Leeds and they are very close as a family.

Julie's brother, David, his wife, Sharon, and their two children, and their partners and her great niece, Baby Charlotte, all live in the Garforth area of Leeds. David and Sharon visited for a day every week and the rest visited when they could, but not as often due to work and family commitments. Despite the distance they are a very close family and when it proved not possible to get Julie over for a family wedding, they decided to hold a second reception at Oldfield house, and they all came over in their wedding attire and had a lovely celebration together.



What did we do?

A plan was hatched for Julie to move to a care home closer to the rest of her family. Julie was delighted at the thought of being closer to her family and said ***"it's time for me to concentrate on me and my family"***. David and Sharon visited all the local care homes, wanting to choose just the right one for Julie. It took some time, some negotiating on costs and perseverance, but the ideal home was found. So, Julie moved from Oldfield House to The Coach House in Garforth, Leeds.

What has changed

Since moving to Garforth Julie has seen family members every day. Her nephew and baby Charlotte live within walking distance from the care home, and she is now able to pop round with David and Sharon and have a cup of tea in the garden. She has had visits from her family, and they have stayed and had dinner with her in the home.



Julie has been able to read books to baby Charlotte on a regular basis like she did for Charlotte's dad when he was young.

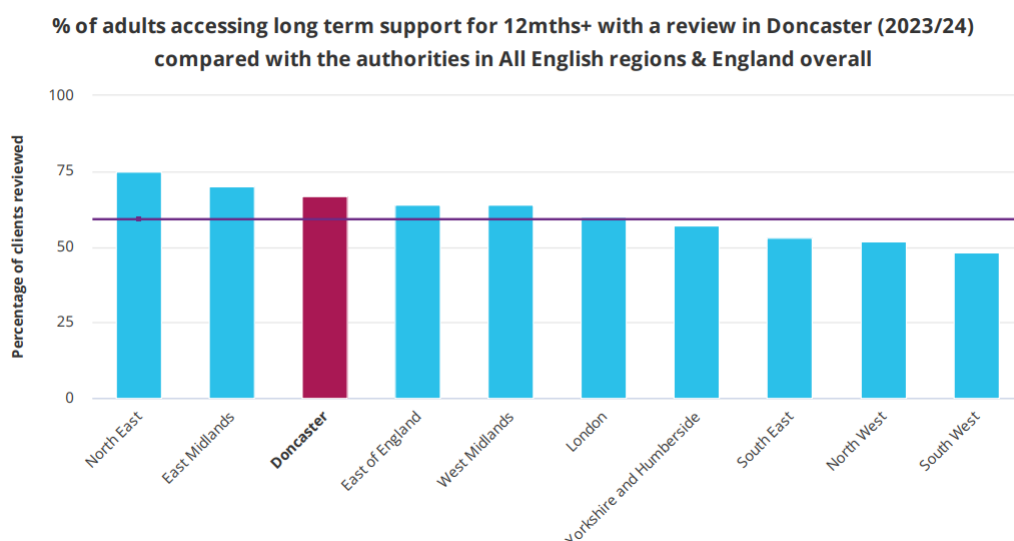
The move has meant everything to Julie, she is just so happy to be close to her family, to have the family life that we all want and deserve to have. Popping and having a cup of tea in the garden of a loved one is something most of us take for granted, for Julie it is a dream come true.

Timely Access to Adult Social Work

The change in our approach to access described above helped reduce the assessment waiting time for Care Act Assessments from 57 days in 2022/2023 to 37 days in Quarter 3 of 2024/2025 (measured from the point of initial contact to completion of assessment documentation). To ensure consistency of approach across our social work teams, we implemented team action plans with clear targets. This approach has driven improvements in our performance and people's experiences. Our work was underpinned by a performance dashboard and monthly clinics that brought people together to learn about progress and unblock barriers.

Feedback from people who draw upon care and support (via our practice audits) tells us that people comment positively on timeliness of the support they receive.

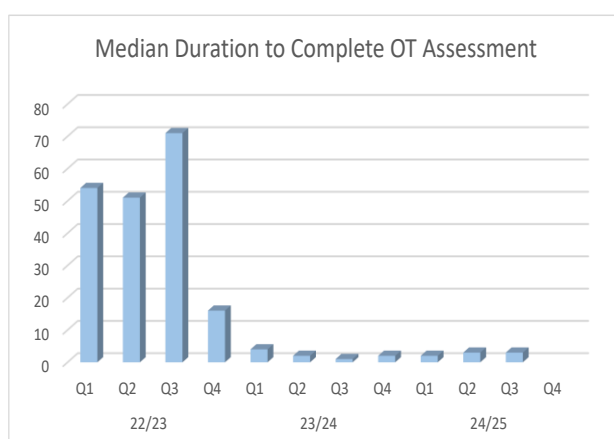
We have also increased the number of people with an annual review of their support in order to ensure this is meeting their needs. Review performance has increased from 70% in 2022/23 to 76% as at Quarter 3 of 2024/25. Latest benchmarking data from 2023-24 is provided below.



Source: NHS England, Adult Social Care Activity and Finance Report, [Percentage of clients reviewed, accessing long term support for more than 12 months](#), Data updated: 22 Nov 2024

We have particularly prioritised timely reviews for people who the council are responsible for who live outside the local authority boundaries in closed settings such as residential care through ensuring that everybody receives a face-to-face visit.

Timely access to Occupational Therapy



We have hugely reduced people waiting for the completion of an Occupational Therapy Assessment. There are currently less than 80 people waiting for an assessment whereas there were 1583 people waiting in September 2022. The chart to the left shows the change in the median length of time for an Occupational Therapy Assessment to be completed from the point of referral. It is currently 2 days.

This work began as an innovation site (innovation sites are explained in Theme 4). The significant improvements in timeliness have increased compliments about the service and hugely reduced the previous level of complaints.

Timely access to community equipment and home adaptations

Following the success of access to Occupational Therapy, we identified that people were waiting too long to have adaptations made to their homes. We have an improvement plan in place which has seen a reduction in the waiting list by 66% from July 2024 from 633 people to 214 people, and we expect this to reduce further in the coming months.

People who are having a major adaptation completed through the Disabled Facilities Grant (the DFG) funding are likely to wait longer than those who live in a St Leger property, which is partly due to the application process for accessing DFG funding. We have redesigned our Adaptations Service to reduce the level of bureaucracy involved to speed up the process when people need to apply for DFG funding, through providing them with information up front to support their decision making.

We have reduced the average days taken to complete adaptations (including both minor and major adaptations) from a high of 70 days in Quarter 4 2023/2024 to 17 days in Quarter 3 2024/2025.

This continues to be a high priority area of improvement.

In January 2023, we launched [AskSARA](#), a self-serve assessment tool to help people choose and purchase aids and equipment that will help them stay independent. We have publicised AskSARA in every GP surgery, high footfall areas in the hospital, the Urgent Treatment Centre, the Same Day Health Centre, The [Making Every Contact Count website](#) and in physiotherapist packs.

We have a commissioned provider in place to deliver our Integrated Community Equipment service (NRS) who are jointly commissioned with Doncaster Integrated Care Board (ICB). Prescribers of the service can choose a delivery speed from the NRS order system based on clinical need. Service delivery speeds are contractually defined depending on relevance to the order *e.g.* end of life same day delivery or by size *e.g.* plus size bed or rise recline chair. Delivery speeds available range from: - emergency same day, next day, urgent 3-day or standard 5-day delivery. Larger, heavier items that take 2 people to deliver are a standard 5-day delivery following health and safety legislations from the provider.

NRS are contracted to meet delivery target dates and ensure the specified range of catalogue stock is available. Median and maximum waiting times are usually in line with prescriber selected target dates. However, orders may go past this date for various reasons including family requested later delivery dates, being unable to contact a person's family or the person to arrange delivery, awaiting additional information from the prescriber, or other reasons such as, the person refused equipment or addressee was not home.

In the last 12 months, over 28,000 orders were completed by NRS with over 11,000 of these being requested for same day or next day delivery. The key themes identified which impacted on delivery of 4398 of these orders were them being requested to deliver on a later date, awaiting additional information from family, or



the person/family being unable to be contacted to arrange delivery. Prescribers are encouraged to request the most appropriate delivery timescale, however, there may be instances where this does not suit the person or their family.

In April 2024, NRS was subject to a cyber-attack which significantly affected their service delivery. This was overseen nationally due to the impact across many local authorities/ICBs. Within the last year, the Doncaster branch has also been subject to a management restructure due to identification of practice concerns by both us and NRS. We have an improvement plan in place with a particular focus on ensuring that items are in stock and available for delivery, this is a theme which was identified from the performance information reviewed as part of our contract management procedures.

NRS also provides equipment collections from residential properties including care homes in the community and recycling sites around the local authority, emergency/routine repairs and routine planned maintenance and servicing, all having associated targeted timescales.

Access to assistive technology and digital inclusion

Our Home Emergency Alarm Response Team (HEART) provide and install assistive technology within people's homes including fall sensors, bed sensors, and other equipment. The team also provides a 24/7 response service where sensors indicate the need for rapid action.



The council also supports a Digital Inclusion Programme led by Citizens Advice Doncaster. Joint work alongside the Integrated Care Board is supporting both people with care and support needs and carers. There are strong examples of positive outcomes for people who would otherwise have been unaware of the opportunities that digital connection provides, or unable to afford access on top of other cost of living demands. 30 community led events have been held in Doncaster this financial year to help us promote our digital inclusion support offer.

We recognise there is much more we need to do to help Doncaster people with care and support needs benefit from the technology opportunities that are part of 21st century life for many. We are setting up an assistive technology library where people

are able to see the technology available and take items home for a short time to work out whether they would be beneficial in supporting them at home. We are also investing in a strategic lead for assistive technology to help us accelerate progress.

Support to Self-Funders

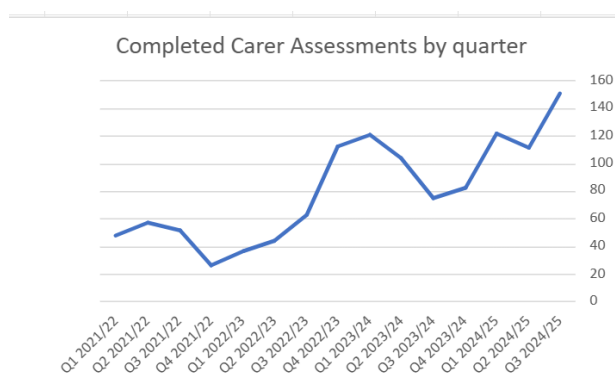
We provide accessible advice and information about what support is available in the community, to help people make choices regardless of eligibility or financial resources.

If a person wishes to arrange their own support, they can. We help them to make an informed choice about providers of care, and how to enter a contract with a provider they can manage on their own. Our staff connect people to the [Your Life Doncaster](#) and [Care Quality Commission](#) websites. If a person chooses to arrange their own care and support, we record how the person will meet their outcomes. If requested to do so, we will arrange support to meet a person's eligible needs, and they will be responsible for paying the full costs of their care and support, but the council takes on the responsibility for meeting needs. We charge an annual administration charge for arranging and contracting homecare services for people who fund their own care.

Timely access to financial assessments

Previous analysis of complaints data identified a common theme around communication with people around financial assessments and charging. In response to this, a fact sheet on financial assessments was co-produced to ensure that people are provided with easy-to-understand information about a financial assessment. In summer 2023, we also introduced BetterCare (an online function for people to complete an indicative financial assessment), which has significantly reduced both the number of people waiting for a financial assessment, and the length of time that people wait. The impact of this means that people have timely access to information about charging to support people to make informed decisions about their care.

Timely access to carers assessments



The number of Doncaster carers benefitting from an assessment has hugely risen over the last three years. This is because the council has integrated carers assessments with arrangements to provide carers with advice, information and peer support, meaning that more joined-up help is provided.

Carers who access the service receive access to advice, information, and peer support within 48 hours. Carers with urgent needs have these addressed quickly. However, carers without urgent needs who want a more in-depth discussion (a carers

assessment) and potentially to access a carers direct payment are having to wait too long for this to be completed: currently at 12 weeks.

To address this, the council is changing its model so that advice, information, peer support, carers assessments, and carers direct payments are facilitated by its own Wellbeing Team. The Wellbeing Team has a presence in every Doncaster locality, making it more accessible for the community, as well as being connected with neighbourhood assets and networks working on information, advice, prevention and support. It also means that Carers Assessments will be the responsibility of a larger workforce than at present; these changes will be in place from April 2025.

Timely access to advocacy

Following our improvement of information about rights and access to advocacy, there has been a significant increase in referrals for general advocacy support. Our Principal Social Worker (PSW) has raised awareness about the importance of advocacy and its different types. This has included a spotlight focus on advocacy in the monthly PSW Newsletter and changes to practice documentation to ensure sufficient prompts to consider advocacy when supporting someone. Adult Social Care in Doncaster benchmarks well on this measure but it is a vital area of practice we are always seeking to develop further.

Timely access to direct payments

38.1% of people receiving adult social care support in Doncaster receive a direct payment, well above the England average of 25.5%.

Although we have a really good uptake of direct payments in Doncaster, we recognise that this is an area of development, with the need to bring our approach to direct payments in line with our vision and practice, to support genuine choice, control, and flexibility to people, as well as person-centred support.

Work is underway, led by our PSW to develop and improve our direct payments offer. A working group has been formed with a mix of adult social care staff and people with lived experience of being in receipt of a direct payment. A plan has been co-produced setting out a list of key priorities. This plan has been informed by a series of focus groups where people were invited to share feedback on their experiences of receiving a direct payment or supporting someone to set up a direct payment. Our staff describe unnecessary bureaucracy that creates difficulties with setting up of direct payments, and we plan to address this working with people who both use and set up direct payments.

Waiting well

We have embedded a 'Waiting Well' Approach across all our social work teams. This ensures that people who need urgent support receive this and the wellbeing and circumstances of people who need to wait longer are safely managed. Our approach was co-produced with people with lived experience who told us what was important whilst waiting for support. Waiting lists are regularly reviewed and people waiting



for an assessment are contacted to check in on their wellbeing and circumstances. Robust oversight is in place to monitor waiting lists and compliance with our approach, with quarterly reporting to the Senior Management Team (SMT). Audits tell us that everyone (100% people) who contact Adult Social Care for support are contacted within 24 hours of a referral being received to establish the nature of their circumstances and what support is required. This level of oversight reflects the importance that we place on timeliness of support and ensuring that people who need urgent support receive this without delay.

Adults Request for Support - RAG Rating Tool

<u>RED</u>	<u>AMBER</u>	<u>GREEN</u>
<ul style="list-style-type: none"> • Lives alone / no support network • Acutely mentally unwell • Recent discharge from inpatient setting (within last 2 weeks) • Recent social crisis, major life event i.e. bereavement • At risk of placement breakdown • Increase in risk taking behaviour • Concerns about risk to self and or others • Open safeguarding enquiries • People with significant caring responsibilities who is unable to continue in role • Wandering • People being supported by STEPS • Release date from prison in the next 4-6 weeks • Risk of homelessness or eviction • Distressed and unable to cope 	<ul style="list-style-type: none"> • Resides in supported living or own home with support / care package in place • Limited external support network • Requires regular contact to monitor mood, mental state, behaviour, risks. • Previous history of relapse • Recent (in past two weeks) change in care plan • Support to access advice, support, guidance of how to access services / help • Risks are currently manageable with current support – ongoing monitoring required • Those that are in a stable placement, but funds have dropped below upper threshold • Risk of carer breakdown, able to continue in role short term 	<ul style="list-style-type: none"> • Those that are in a stable placement i.e. residential care • Have robust support networks around them – family, friends, carers, significant others • Able to independently access support • Independently able to function in their daily routines in their own environment • Stable • No significant risks to either self or others identified



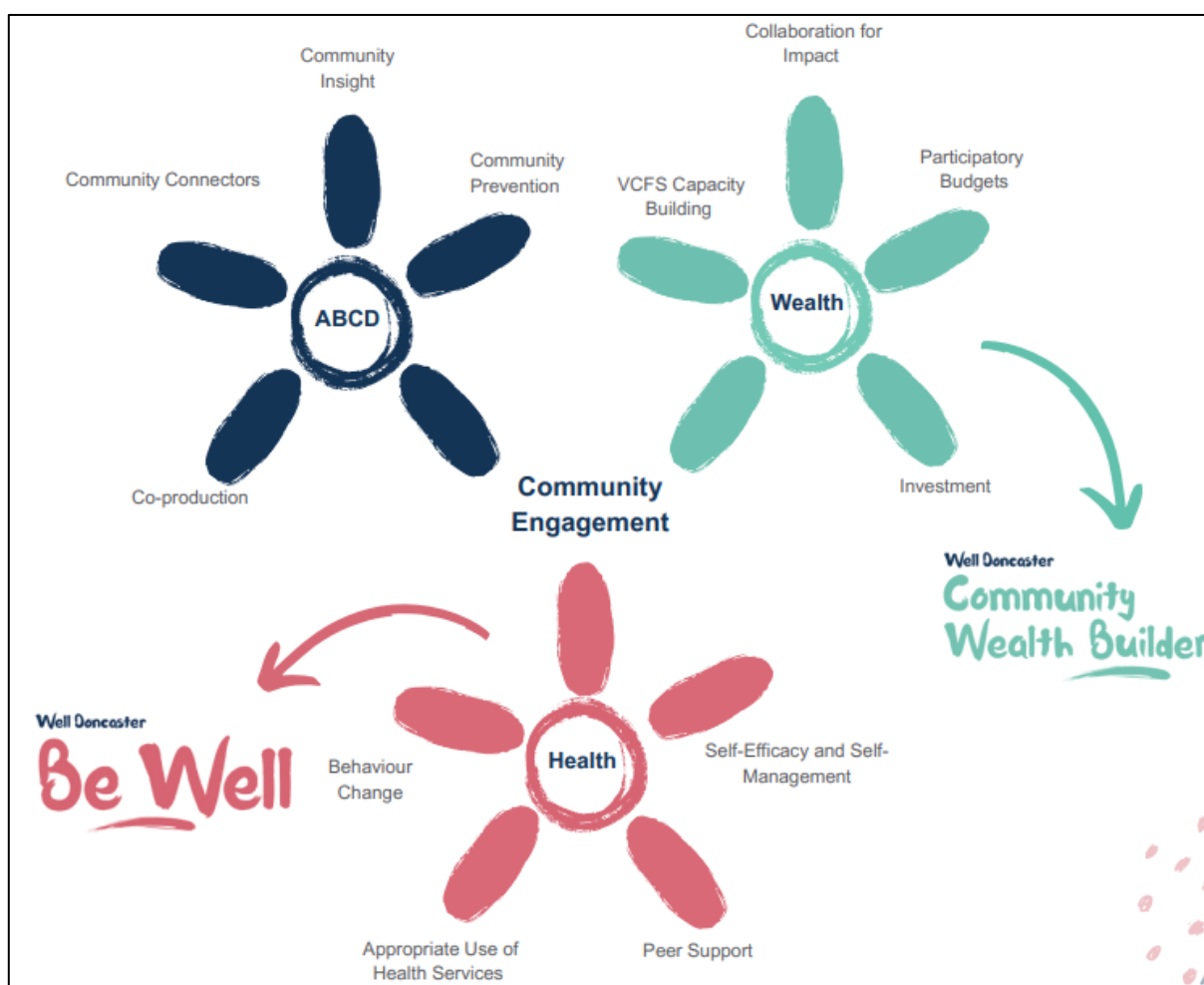
CQC Quality Statement: Supporting People To Live Healthier Lives

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

Doncaster people living healthier lives

The Well Doncaster Programme empowers Doncaster residents to live better, healthier and happier lives. Its stated objectives are:

- To improve the health of the poorest people fastest, by addressing health and wealth inequalities
 - To increase resilience at individual, household, and community levels
 - To reduce levels of worklessness, a cause and effect of poor health
 - To enable residents to influence changes in their local area, and in the system.
- Its main dimensions are represented below:



Support for people with long-term health conditions includes health coaching, peer groups support, and connections with existing local assets. There is also wider preventative work to connect people more generally with healthier and more active communities, including local programmes like 'Get Doncaster Moving.' Voluntary,

community and faith (VCF) organisations also receive support with building capacity via a range of grant programmes and through targeted activities: examples over the past year include:

- Supporting small grassroots organisations to complete and if required, to pay for their volunteers' DBS check.
- Developing a volunteer hub to match volunteers and organisations to connect and work together.
- Funding VCF representatives to act as a conduit for Doncaster organisations and groups across eight themes of activity, sharing information, and fostering connections.

Maximising prevention

Alongside the above infrastructure to support healthier lives, Council staff work alongside people and communities to support wellbeing and address issues that would otherwise deteriorate. Stronger Communities Officers and Wellbeing Officers co-ordinate preventative support, preventing, reducing and delaying people needing formal Adult Social Care support.

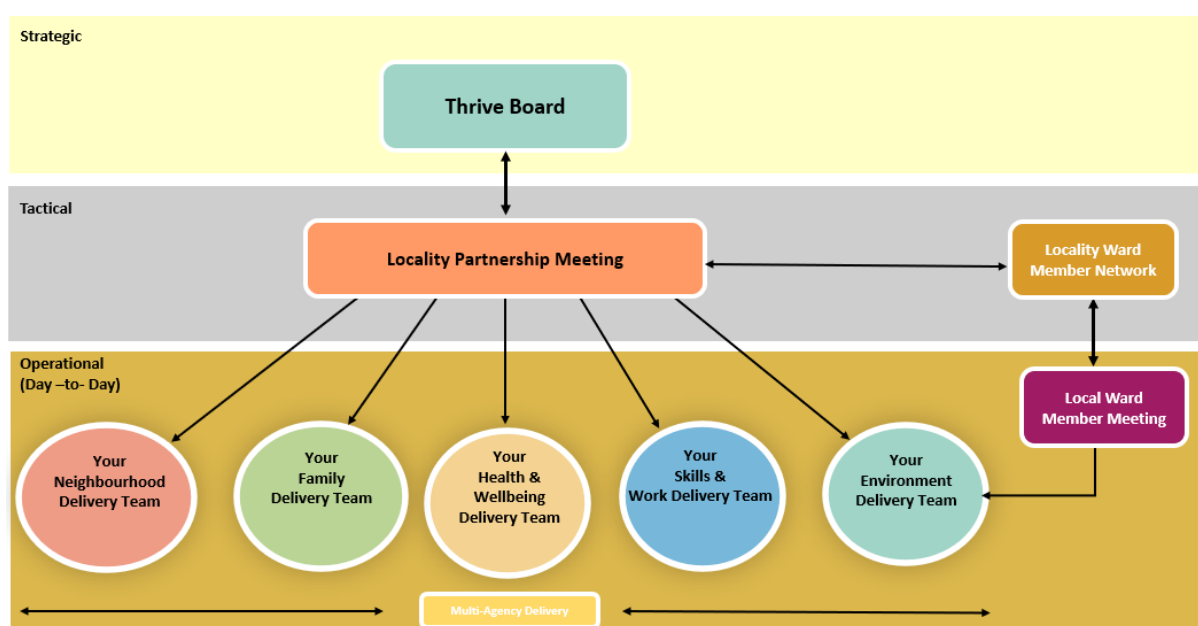


There are a number of Community Conversation Points established within each of Doncaster's twenty-one electoral wards. These are publicised locally and provide easy access for Doncaster people at a range of community locations supported by both Council staff and voluntary, community, and faith organisations. The monthly opportunities in just one of these twenty-one wards are depicted below.

Thorne & Moorends	
Thorne	Thorne Foodbank, The Rugby Clubhouse, Church Balk, DN8 5BU 1st Thursday of the month 10am - 11am
Thorne	Thorne Library, Vermuyden Centre, Field Side, DN8 4BQ 2nd Thursday of the month 11am - 12pm
Thorne	Finkle Street, Thorne Town Centre, DN8 5GA 3rd Wednesday of the month 2pm - 3pm
Thorne	B&M/Aldi, Omega Business Park, Omega Boulevard, DN8 5UG 4th Wednesday of the month 11am - 12pm
Moorends	Marshland Primary, Marshland Road, DN8 4SB 1st Thursday of the month 2pm - 3pm
Moorends	Moorends Family Hub, 161 Marshland Road, DN8 4SB 3rd Friday of the month 11am - 12pm
Moorends	Moorends Miners Welfare, 24A West Road, DN8 4LH 4th Wednesday of the month 11am - 12pm

Co-ordinating early intervention and relational working

The above preventative support is delivered in very local and personal ways across Doncaster's many neighbourhoods. Localities are used to scale up neighbourhood work and connect with a range of other services including Adult Social Care under an overall programme called 'Thrive'. Doncaster has four localities plus a specific focus on its city centre. The multi-agency arrangement set out below are in place in each locality. Adult Social Care connects into the Health and Wellbeing Delivery Team in each Locality. This then feeds into each locality partnership meeting that identifies and responds to cross-cutting opportunities and challenges in the area.



Within the Thrive Programme, the Service Director for Adult Social Care co-leads multi-agency development focusing on relational working across Doncaster. Current innovations in relational working alongside partners are covered in theme four of the self-assessment.

Better information for people with care and support needs

The last Adult Social Care Outcomes Framework (ASCOF) survey undertaken in 2023 indicated that Doncaster people receiving care and support were less likely than the England average to say they could easily find information about support.

The Making It Real Board established an Information and Advice Working Group in 2023-24 with attendance from people who draw on care and support as well as paid staff. In the course of 2024, this group co-produced [public information about rights](#), including co-designing a z-fold card on 'Your rights' with 2,000 copies printed and distributed. People drawing on care and support felt this was an essential foundation for further information and advice network because it helped Doncaster people understand their human rights and how to get support if they were being compromised.

The group also co-produced [Adult Social Care standards for co-producing written information](#). Again, this provides a strong foundation so that all further information and advice content is fully accessible and helpful.

The group then co-produced key foundational information and advice on “what is adult social care? / finding the right support and eligibility.

Finally, the group restructured the [Support for Adults Section of Your Life Doncaster](#) and promoted this via a Your Life Doncaster resident newsletter as well as on social media platforms. The newsletter was opened 48,309 times and the social media post reached 6,854 people.

The focus on the provision of information and advice in 2025 is on targeted areas where people who draw on care and support say we need to provide clearer focus. These are referred to throughout this self-assessment and include information about:

- Financial Assessments
- Leaving hospital (including specialist mental health provision)
- Preparing for Adulthood
- Getting the most from direct payments

Actions have been undertaken, and plans are in place that are already improving accessible information and advice.

More social contact for people with care and support needs

The last Adult Social Care Outcomes Framework (ASCOF) survey undertaken in 2023 indicated that Doncaster people receiving care and support were less likely than the England average to say they had as much social contact as they wanted.

Social workers have been spending time in and amongst the community in which they work to make connections and find out about local assets and resources in their areas; this knowledge of local community groups and networks supports social workers to connect people into their local community and increases the opportunity for social contact and connections. Building on this approach is a priority for us in 2025.

The council directly provides day opportunities to adults with a learning disability, autism, older people, people with physical disabilities, and neurological conditions through its SMILE (Supportive Multi-Ability Inter-Generational Life Experiences) Day Services.

There are 13 SMILE Day Services across the Doncaster City that provide fulfilling and innovative day opportunities. SMILE supports adults to develop and maintain skills, embrace people’s strengths to build confidence, and achieve personal outcomes. As of Quarter 3 (2024/2025) SMILE were providing support to 292 people.

There are a wide range of opportunities available to people including: volunteering, vocational opportunities, employment and training opportunities as well as, an extensive range of activities catering for the different interests of people. Some of



the additional opportunities available include working at Cafe SMILE, volunteer roles in shops and pre-school day care, as well as horticulture opportunities through the 'Dig it and Grow Project', a community project that undertakes gardening and maintenance for local residents.

Through this vital work, generations are regularly brought together (with playgroups, childminders, schools, older people living in care homes) to grow and learn from each other, providing intergenerational experiences.

The impact and outcomes from the opportunities provided at SMILE to build social contact and connections are illustrated by Paul and Ronald's story below.



Supporting People to Live Healthier Lives

More social contact for people with care and support needs

Pauls Story

Paul attends Stirling SMILE Day opportunities he has a neurological condition and is affected by SAD (Seasonal affective disorder).

Paul uses a wheelchair and has limited movement in both hands which limits the activities he can take part in. Despite his difficulties Paul has a keen interest in art, particularly painting which he struggles to access.

He had previously attended an art group which he enjoyed, but it had not restarted after COVID.

What has changed?

Paul had previously painted with the brush in his mouth but, in the art group he was able to learn new techniques and colour mixing skills.

His wellbeing majorly improved and he now attends the centre all year round including the winter months which affect Paul.

His self-esteem and pride have grown and he is very proud of his achievements. Paul's confidence has developed, and he chats more with others and is also now happier to make his wishes known.



What did we do?

An opportunity was made available for a monthly funded Art Group to be held at Stirling SMILE.

The activity was to be supported by an art tutor and was made available to all individuals at Stirling SMILE.

An accessible room was made available and appropriate paints and equipment were purchased to facilitate the activity. We encouraged Paul to participate in the activity reassuring him that he would be fully supported.



What was the difference made?

Paul is an active member of the art group working alongside others with the same interest.

Paul really enjoys the activity he engages in conversation with the group and uses his autonomy to choose the artwork he'd like to complete. It has in his words given 'his brain' something to focus on.

Next Steps

Paul has completed something that he is immensely proud of, as are our staff team of him.

Paul looks forward to each session.

Paul's artwork will be displayed as part of an exhibition at DGLAM.



Supporting People to Live Healthier Lives

More social contact for people with care and support needs

Ronalds Story

Ronald attends Thorne Road SMILE Day opportunities. He has a Learning Disability and Autism. Ronald finds it difficult to concentrate on everyday tasks and processing instructions.

He is easily distracted especially in small busy environments, as well as outside. Having said this, Ronald will eagerly join in activity sessions with some support.

What has changed?

Thorne road SMILE had an opportunity to join a new outdoor activity called Cycle for all, because this new activity is specialised, personalised and adapted for everybody with any disability staff asked Ronald if he would like to try it. As usual he was up for it.

Ronald hadn't ever been on a bike before this. Staff took him along with his peers from Thorne Road SMILE to the session, we had procedures in place in case it wasn't what he expected.

Staff at the cycle for all, found a bike which was suited to Ronald, it was a specially adapted, and perfect for him. Usually, the group will go round a practice track first to be assessed on their abilities. But as soon as Ronald got on his bike, he was off like a shot.

He didn't even need to be told how to use his legs to pedal the bike, It was amazing, he went round the full cycle track with staff riding next to him. When he had been around the track, he asked to do it again, he was full of himself when he got back to SMILE. Staff were in awe of him and just couldn't believe how he stayed focused and concentrated. Like a duck to water is the saying.

This activity has had many benefits for Ronald, it helps with his concentration, he is focused, it has improved his fitness and wellbeing, he shows the pleasure while he is on the bike. and he can't wait for the next sessions to come around.



What did we do?

Encouragement and support, staff will try to overcome any obstacles in order to include all our people in activities.

The fact that these bikes are built and adapted for anyone means that everyone at Thorne Road SMILE are included in the activity

When staff informed Ronald's parents of what he had done, they were in total disbelief at first. "What, he's actually ridden a bike himself, No, he can't do that" were some of their comments. Staff showed a video of him to them, and printed some pictures of Ronald on his bike, and gave them to Ronald and his parents.

The look of pride on their faces said it all.

His parents couldn't praise him enough and the thanks they gave to staff and still do, say it all.

What Difference has this made?

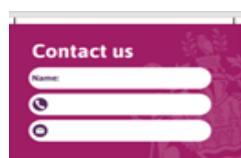
The activity has given Ronald some form of inclusion with his peers in the group. He can ride around with them or on his own – it's his choice. We have found something he really loves! The benefits are personal and magical to Ronald, we can see the pleasure in his face when we mention 'going cycling'.

There are also other local opportunities in Doncaster for people to build social connections for example Sandalwood- a social centre for people living with dementia and long-term health needs.

Better information and more social contacts for carers

The last ASCOF Carers Survey undertaken in 2023 indicated that Doncaster carers were much less likely than the England average to say they could easily find information about support, to say they were involved in conversations about the person they care for, and to say they had as much social contact as they wanted. We benchmark poorly against other local authorities in England on these measures. Work since 2023 has picked up underlying causes and focused on improvements as follows:

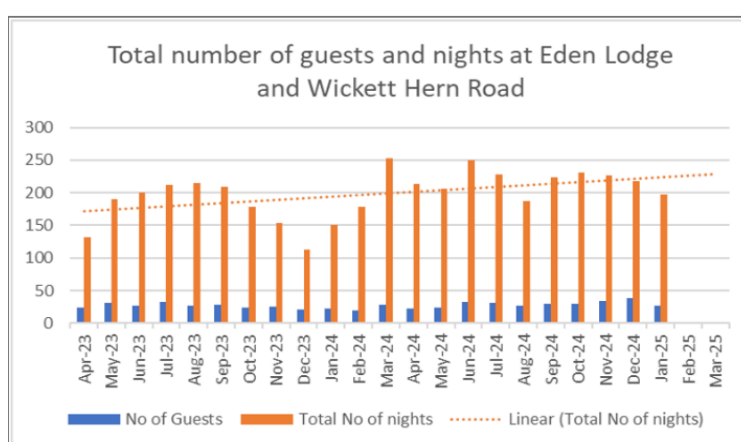
- 1. Recognising, identifying, and supporting carers earlier:** Every Doncaster carer responding to the ASCOF Survey had been a carer for at least three years. Survey responses indicated insufficient attention in Doncaster to supporting carers earlier and more preventatively. Actions taken in response to this include:
 - From 2024 the council worked with partners and alongside local carers to publish "Doncaster's Carers Journey" annually. Both published documents to date (2024 and 2025) have focused on ensuring annual progress in carers identification, recognition, information and advice, rights, connection, independence and wellbeing. The 2025 report highlights progress across the multi-agency partnership in better identifying and supporting carers.
 - Adult Social Care information and advice was updated and disseminated in 2024 so that carers understand their rights and where to go for help. A Contact Card was also developed to be left with carers by Adult Social Care staff so it's easy to get in touch.



- We are launching a 'Think Carer' Campaign in March 2025, which will encourage all social care staff in every interaction they have to consider whether the individual they are supporting is a carer or is being supported by a carer, and what information and support may help them in their caring role.
- As already referenced, we've taken the decision to change our approach to Carers Assessments from April 2025 so they are carried out by a larger number of workers who are more connected to Doncaster's communities and will be able to accelerate our work to both identify and support carers much earlier in their caring journey.



2. **Continuing to deliver high standards of adult social care for the people who carers are supporting:** Doncaster carers responding to the ASCOF survey were much more likely to have the person they cared for benefitting from daycare, homecare, equipment and adaptations than other surveyed councils. Doncaster carers also expressed a higher degree of satisfaction with social services than either the regional or national average.
3. **Including carers in conversations about the person they care for:** Doncaster carers were less likely to say they were never consulted in discussions about the person they care for than every other council in the Yorkshire and Humber region or in the council's national peer group. However, the vast majority of carers said they were only consulted sometimes. To ensure that Doncaster carers feel this happens always or at least most of the time, we have made changes to our documentation to ensure that our practice includes asking and recording carers views and wishes concerning the person who they care for.
4. **Helping more carers take breaks and take time to benefit themselves:** Doncaster compared well with other councils in terms of carers being given respite opportunities of over 25 hours duration. Fewer Doncaster carers said they had opportunities to take shorter breaks, i.e. a 'little and often' approach. Actions taken to help address this feedback since 2023 include:
 - We have increased access to residential short breaks for adults of working age at our council-run facilities as illustrated below.



- We provide breaks to carers of older people through respite care. During February 2023 to January 2024, we provided 1053 days of respite care, this significantly increased in February 2024 to January 2025 to 2050 days.
5. **Helping more carers benefit from support groups in ways that are convenient to them:** There are four carer support groups with one in each of Doncaster's four localities and overall attendance is growing. As can be seen from the table below, three out of four groups grew in attendance between Quarter 1 and Quarter 3 of 2024-25. However, in spite of publicity, the attendance in the North Locality remains critically low, and attendance in the East has declined.



Carers support group	Attendance 2024-25	
	Q1	Q3
Central - Baptist Church Hall – central Doncaster	194	226
North – St Mary’s Church Hall – Sprotbrough	3	6
East - Kirk Sandall Assembly Hall – Kirk Sandall	29	19
South – St. Peters Church Hall – Conisbrough	34	35
Total	260	286

The Making Space charity currently run all four Carers Support Groups but from April 2025, the North, East and South groups will be run by the council as part of new carers wellbeing arrangements. This will improve capacity to publicise and connect carers with the groups. Doncaster has a large geography, and it is unsurprising that the Central Group is by far the best attended because public transport connections are the strongest there. Work will be prioritised in the other localities to ensure that Carers Support Groups are accessible to as many carers as possible who live locally.



“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.”

Developing cultural competence

The Well Doncaster Programme empowers Doncaster residents to live better, healthier and happier lives. Its stated objectives are:

- To improve the health of the poorest people fastest, by addressing health and wealth inequalities
 - To increase resilience at individual, household, and community levels
 - To reduce levels of worklessness, a cause and effect of poor health
 - To enable residents to influence changes in their local area, and in the system.
- Its main dimensions are represented below:

Last year's Local Account, "Your Care and Support 2024" incorporated a key priority around promoting equality, diversity and inclusion within Adult Social Care. We drove this forward in a number of ways:

- Through actively promoting the importance of quality, diversity and inclusion via DASS-led communications to Directorate staff.
- Through sessions at both spring and autumn Festivals of Practice facilitated by our Researcher in Residence and drawing on lived experience.
- Through our staff attending (and in some cases) leading Council Networks that came together to bring peer support and allyship to staff members with different protected characteristics.
- Via co-producing a Commitment to Cultural Competence alongside staff with protected characteristics and people who draw on care and support.

Doncaster adult social care: our commitment to cultural competence

What cultural competence isn't:

- Just being tolerant
- Something to think about that is separate or distinct from day-to-day practice in adult social care
- Having to know everything about age, disability, race, religion, sex, sexual orientation, gender reassignment, being pregnant or on maternity leave, being married or in a civil partnership
- Getting everything right first time when you meet someone
- Assuming that a single, polite conversation will establish all the facts in a calm and objective way
- Something that's only important for "front-line" workers who directly interact with Doncaster people who need information, advice and support about adult social care

What cultural competence is:

- Actively addressing discrimination
- Central to the way adult social care makes connections and builds relationships to improve wellbeing
- An individual conversation that starts with asking what is important to that person, then actively listening and looking for ways to improve understanding and shared learning
- Being able to admit ignorance and open to exploring unconscious biases
- Recognising individual boundaries, emotions and traumas that may require trust to be built over time
- Something that's important for everybody, including managers who also need to provide culturally competent support to the individual staff and the teams they manage

How will we get there?

- By always focusing on human rights to ensure everybody can live in the place they call home with the people and things that they love, in communities where they look out for one another, doing things that matter to them
- By using plain, respectful and kind language, planning ahead to think about the first impression we want to make and enabling a conversation that is based on curiosity and mutual respect
- By feeling safe and supported enough to be able to admit limits to our knowledge
- By understanding how previous trauma informs the way people feel and react and being able to respond to this
- By creating different spaces for people to connect with each other and, whether they are receiving support from adult social care or work within it, feel seen, understood and respected

Adult Social Care connects with wider Council work structured via the Local Government Associations "Diverse by Design" Principles. Progress is reviewed quarterly and reported in public. Over the last quarter (Quarter 3 of 2024-25) there was a particular focus on anti-racist practice. Adult Social Care leaders attended two anti-racism seminars alongside over 100 hundred colleagues from Doncaster organisations. The fourth annual Ethnic Culture Fusion Conference took place in October 2024 with fifteen different Doncaster organisations represented and actively engaging.

Examples of targeting key populations and tailoring support

People who are rough sleeping

We know that for some people, rough sleeping is associated with tri-morbidity (impairments arising from a combination of mental ill-health, physical ill-health and drug and/or alcohol misuse). Stark statistics exist which reflect the health inequalities experienced by this group of people. The Office of National Statistics (ONS) recently reported that the average age of death of a person who is rough sleeping is 30 years earlier than the rest of the general population.

Adult Social Care leads Doncaster's Complex Lives Alliance, bringing together a range of partners and agencies from Doncaster Council, RDaSH (NHS Community Foundation Trust), DBTH (Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust), Primary Care Doncaster, St Leger Homes (Doncaster's Arms-length Housing Management Company) other Supported Housing Providers, National Probation Service (NACRO), South Yorkshire Police, Department of Work and Pensions (DWP), and also a range of community and voluntary sector partners. The alliance provides a whole system response to supporting people experiencing homelessness.

The Starting Point Service hosted within Adult Social Care gets alongside people to understand their stories, build relationships, and advocate to remove barriers to help re-build their lives. Sammy's story shared below really highlights the impact and difference that starting point has on people's lives.





Equity and Experience of Outcomes Targeting key populations and tailoring support

Sammy's Story

When Complex Lives first met Sammy, she was rough sleeping in the centre of Doncaster. Concerns were raised by a number of different agencies as Sammy appeared very young, malnourished and was often seen under the influence. She would often sleep out in the daytime as she felt unsafe sleeping during the nighttime.

There had been several different occasions where she was seen to have injuries to her face, and she admitted to sex working to fund her drug habit as she didn't have benefits in place. Sammy had no support network as family ties had broken down.

What did we do?

Sammy was young, alone and at risk of exploitation, she struggles to speak to people and took an instant disliking to male support workers.

Sammy was assigned a female worker to build trust. Safeguarding referrals were made, and the Amber Project was alerted to help protect her. The Aspire outreach worker offered support and harm reduction advice, while city centre enforcement officers directed her to support services. With the help of partner agencies, Sammy's caseworker located her next of kin and coordinated a multi-agency response, ensuring Sammy had a reliable support system.

Gradually, Sammy began to accept support, visiting the Changing Lives building where she found a safe space and access to various agencies. Complex Lives provided her with a mobile phone for safeguarding, and she started reaching out for help, including attending the hospital for an infected abscess. These interventions led to positive changes in her life, health, and circumstances. Sammy began rebuilding her relationship with her mum and sought accommodation. With the Alliance's support, she accessed multiple services in one place, avoiding the need to retell her story repeatedly.

What has changed?

Sammy is now in settled accommodation and focusing on addressing her substance addiction. She is engaging with Aspire and is continuing to provide negative urine screens. She remains in treatment and is looking to start a methadone reduction plan.

Now that she has accommodation, she can cook meals for herself and has gained over a stone in weight. She is now looking after her appearance, washing herself, putting makeup on and spending money on clothes. She has been able to re-connect with her family, who have visited her at her accommodation and are also being positive towards her rehabilitation.

She is currently seeking to be involved in extra activities and is wanting to join the team in the Complex Lives team in this year's Recovery Games. She used to enjoy activities like this before she was ill. Sammy remains positive and is attempting to achieve the small goals to maintain and make positive changes to her life.

Above all Sammy is feeling positive about the direction she is taking, she admits she has a long way to go but has a focus.

What difference has this made?

Accommodation Status then: Homeless, rough sleeping and sofa surfing

Accommodation Status now: Settled in supported accommodation away from Doncaster Centre.

Identified support needs then: Homelessness, sex working, victim of abuse and exploitation, poor physical health, substance misuse

Identified support needs now: Continuous support to maintain positive changes and continue to meet personal goals

Barriers then: Fearful of others particularly males, accessing services and keeping appointments



A Homelessness Forum was established in September 2024 to hear directly from people who draw on care and support whilst experiencing homelessness to understand some of the barriers they faced. From listening and acting on feedback, removing barriers has directly improved the experiences of people. For example, there has been improvements to access to substance misuse support because of this work.

People who are deaf, hearing impaired, or have a visual impairment

People who are deaf or people who live with a visual impairment often face significant barriers in accessing services. Members of the Sensory Team in Adult Social Care support and sometimes challenge colleagues within the council and partnership organisations to ensure that sensory needs are considered.

The team work directly with people who are living with either sight, hearing or dual sensory loss to understand what matters to people and how they can be helped to live their best life. They support with independent living skills including mobility training and the provision of technology and equipment. The team has expertise in Braille and British Sign Language. There are twice weekly face to face access for British Sign Language users at the council's civic office to support with information, guidance, and advice. There are also WhatsApp and video call channels for those who prefer this option. Information is provided to people who are visually impaired in Large Print text



with colour contrasting backgrounds if required. The team also foster close links with community groups and services.

The Sensory Team are currently supporting the council's Customer Services Strategy by securing a contract with an online video relay service to provide access to Council Services for British Sign Language users. J's story highlighted below shows the impact of support from our Sensory Team.



Equity and Experience in Outcomes

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

Spotlight – The Sensory Team, Mr J's Story

Mr J attended one of our drop in venues at the Deaf Community Centre and met the team. He explained that he was concerned he was being scammed.

What did we do?

We spoke to Mr J using sign language.

Mr J was supported with how to access and use Sign Video apps on his mobile, he now knows it's not only the bank he can contact, but via the directory he can independently contact utility providers, charities, insurance companies and health services to name but a few.

What has changed?

Mr J was left reassured that he was not being scammed. He now feels empowered to communicate the bank without further support.

"Thank you for contacting bank, I thought was scam, so relieved and happy" – Mr J

"I have one focus/passion which is equal access to all services for the Deaf. I feel proud to be able to enable people in my local Deaf community to overcome barriers and enable them to live their lives how they want to and be independent" Craig Cawston, Assessment Officer



DEAF
British Sign Language
Index and middle fingers extended (TV shape) touch ear

SUPPORT
British Sign Language
Cupped hand with thumb up rests on palm of flat spread hand. Both hands move forward

THANK YOU
British Sign Language
Flat hand starts with fingertips on chin. Hand moves down and away from chin

We commission an independent sector provider to ensure that people who need translating services including sign language have access to interpreters when they need them.

The Gypsy Roma Traveller community

There are approximately 4000 - 6000 Gypsy Roma Traveller (GRT) people living in Doncaster in 2025, with Doncaster being the second largest Gypsy Roma Traveller community across South Yorkshire. The exact number is not known, as people living within these communities do not always declare their true ethnicity for fear of discrimination.

We have two Gypsy Roma Traveller Community Link Workers' who are jointly funded to identify and support removal of barriers to access to health and care services.

One of the link workers is female and has lived experience of the Gypsy Traveller community, whilst the other link worker is male and has lived experience of the

Roma community. This works well, as the needs and culture of Gypsy Travellers is different to the needs of the Roma community.

As a result of this work (getting alongside people to understand the issues people from the GRT community experience and remove barriers), there has been an increase in GP registrations over the last 2 years, from 72 to 331 – which is a positive move in the right direction. While proof of success in improving Gypsy Roma Travellers health outcomes will not be measurable in the short-term, there is a momentum growing across Doncaster to 'make the invisible visible' and to shine a spotlight on the reality of the lives that both Gypsy Traveller and Roma communities are living.



2 Theme Two – Providing Support

Our Strengths:

- The council has pulled together clear information that aids understanding of diverse health and care needs at a very granular neighbourhood level and is used to tailor preventative community support.
- Doncaster's Minority Partnership Board has indicated how care and support could be improved in relation to equality, diversity and inclusion. Arrangements are in place to drive progress, publicly overseen by the Health and Wellbeing Board.
- The council directly provides highly rated home-based and residential services that support reablement and independence for people who are seeking to regain wellbeing after ill-health or crisis.
- The council has very significantly invested in the financial sustainability of local care and support which has resulted in healthy capacity to meet needs in almost all types of provision.
- The council also invests significant time and resource in working alongside care and support providers to help keep standards high. This is reflected by high CQC ratings for inspected provision.
- There is also a strong degree of coordination and collaboration with the NHS to uphold local quality.
- There is clarity about areas of support that need to be developed, and these have been communicated about via our Market Position Statement (MPS) and through regular engagement with Doncaster care providers.
- Market, workforce, and joint commissioning strategies are underpinned by our Adult Social Care Vision, driven by co-production with Doncaster people and overseen by strong partnership arrangements.

Our Areas for Development

- Doncaster's care and support is very stable, but nursing homes require focused oversight to ensure capacity remains sufficient to support local people with the most intensive needs.
- An increasing proportion of people are being supported to stay safely in their own homes when previously they might have had to move to a care home. The accelerated development of housing related support will ensure this continues to progress, from further reducing the response time for major adaptations to diversifying Extra Care Housing and Supported Living to growing the presence of Shared Lives.

What Is Our Data is Telling Us?

89.08% of CQC rated registered providers have current inspection ratings of Good or Outstanding, significantly above national and regional averages



The overall satisfaction of carers with social services is higher than the average for both the region and for England

Overall satisfaction of people who use services with their care and support has increased to 65.1% in 23/24, still slightly below the England average



Adults aged 18 to 64 admitted long-term to residential or nursing homes reduced from 19.5 in 22/23 to 16.4 in 23/24 *



Adults aged 65+ admitted long-term to residential or nursing care reduced from 720.4 in 22/23 to 671.2 in 23/24*

“ 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”.

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

Understanding diverse health and care needs in our local communities

There are 88 natural communities across Doncaster. To better understand each community, Well Doncaster has created a Community Profile for each. This pulls together maps, local insight, investment information, and data including health, housing, and employment from 26 national and local sources to create a living document that helps everyone better understand the health and wealth of each community. These profiles will be used to help drive the commissioning of domiciliary care in Doncaster’s neighbourhoods as referred to below.

Doncaster’s Minority Partnership Board has reported to the Health and Wellbeing Board on a multi-agency action plan for improving minority communities' health in Doncaster. Adult Social Care Services has been picked up as part of that. People with lived experience have suggested the following focuses which will now be progressed using the above governance:

- Support older people from minority communities in Doncaster to stay at home as long as possible.
- Increase awareness of dementia and how to support.
- Address the cultural needs of ethnic minority communities within care homes.

Direct Council services supporting independence

Doncaster Council directly provides adult social care services to a high standard. All Doncaster Council’s CQC registered provision is rated as ‘Good’ with one establishment rated as ‘Outstanding’. Doncaster’s council-run provision is explicitly focused on preventing, reducing, and delaying the loss of independence; these services have a focus on supporting prevention and increasing independence. They include:

Residential short-breaks and targeted support for people of working age with a range of presenting needs


These services have developed markedly over the past three years to help people who were previously assumed to be “complex” and in need of long-term institutional care to be seen and supported differently, in line with their wishes. For example, in response to identifying a gap in provision of support to adults with a learning disability in crisis or the need to provide support and establish someone need before making longer term plans about someone’s support, we decided to change the focus of one of our in-house learning disability residential homes to meet this need. This



has been a huge success. Over the past year, 19 adults with a learning disability have avoided going into care settings with restrictive arrangements around them by taking the time to work through what the person needs before supporting to make any longer-term plans.

We have many successful examples (such as Fred's story shared below) where the support provided at Wickett Hern Road has had a fundamental life changing impact on people – for example, avoiding an admission to a mental health hospital. taking the time to work through what the person needs before supporting to make any longer-term plans.

We have many successful examples (such as Fred's story shared below) where the support provided at Wickett Hern Road has had a fundamental life changing impact on people – for example, avoiding an admission to a mental health hospital.



Supporting People to Live Healthier Lives

Using our In-House Learning Disability Service to reduce need for longer term support

Wickett Hern Road – Story of Difference

Fred's Story

The Registered Manager of Wickett Hern Road first met Fred in prison while he awaited confirmation of his release under licence conditions. Fred was open about his history and the reasons for his 18-year imprisonment. His previous release without a diagnosis led to his recall to prison. The visit aimed to gather information to support Fred's release into a supportive environment for future planning.

With his ASD diagnosis, several assessments were completed, and Fred acknowledged the need for support to develop independent living skills within a community.

By being able to go out as soon as we received the referral meant that we were able to speak to the son and person and gather the information required and be able to offer support in a timely manner. We were also able to connect the people to support within their locality.

What did we do?

A collaborative support plan was produced with Fred and his social workers. The agreed support plan included areas to work on which included: somewhere safe to live, profiling Fred's autistic strengths in technology and I.T, along with the difficulties of social interactions.

Prison authorities allocated social workers, and the senior clinical psychologist had observed the risk of moving to Wickett Hern Road, Fred moved in initially living on his own with a dedicated staff group.

What has changed?

During this time Fred had the full support of a regular MDT, a familiar staff group worked through support plans that were produced with Fred. Initially this concentrated on interpersonal skills using community facilities such as the gym, shops, eating out, the legendary take away run. Fred knew the best and the worst in a short period of time. Staff supported initially offering reassurance, guidance, and confidence building, however after a period of time Fred was completing all tasks independently.

Another individual was introduced into Wickett Hern Road to observe how Fred would accept another individual into the environment. A friendship was formed. Fred mentored and supported the individual sharing coping methods and life skills he had developed over the previous weeks.

Next Steps

Fred true to his word, when the registered manager first met him nine months previous, said he would make the most of the opportunity he was being given to become part of a new community away from a prison. He managed his finances and bought his own home and no longer requires intensive social care support.

Fred's life has completely been transformed by Wickett Hern Road environment, staff, and management team, providing a safe environment with the correct levels of coproduction involving Fred, providing a bespoke support package for a gentleman who had spent the majority of his adult life in prison.

'Thank you to everyone would I do this again? Hell Yes!!! but can we miss the prison bit out next time, bye everyone.' Fred

Intermediate care services (both home-based and residential)

We have a strong reablement offer for people leaving hospital and for those at risk of admission to hospital from the community. We have both community reablement provision (STEPs- The Short-Term Enablement Programme) and a bedded provision for those who are unable to remain within their own home (Positive Steps Unit – PSU).

We have recently streamlined our ways of working to drive continuous improvement with an increased access to reablement. We have utilised support from our

independent sector to enhance the reablement offer with a domiciliary care provider delivering an additional 250 hours of reablement per week managed through our STEPs Team and an independent sector care home providing an additional 10 beds for reablement. We have wrap around support from physiotherapists, occupational therapists and social workers to ensure people are able to return to their own home as soon as possible.

We are committed to further reducing the length of time people have to wait for reablement support, and we have action plans in place within both STEPs and the Positive Steps Unit to drive this continuous improvement.

Our ambition for 2025 is to support a single pathway for referrals and triage for reablement and ultimately reduce a person needing to 'tell their story' multiple times and drive forward a more person-centred approach in partnership with health.

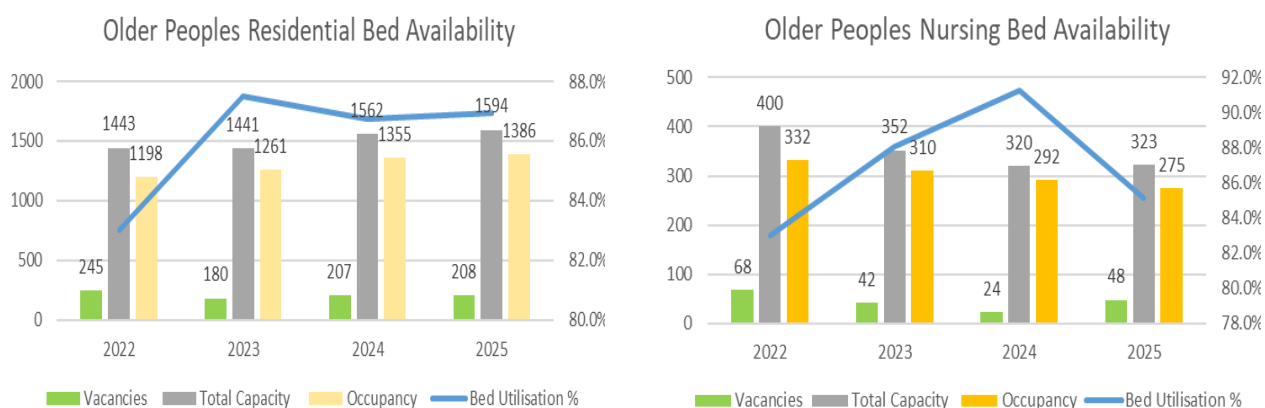
Ensuring sufficiency of care and support

Our fee rates for care homes supporting older people and for homecare supporting all adults are based on the full adoption of the Fair Cost of Care modelling exercise carried out with Doncaster providers in the Autumn of 2022. We used the transferable learning from these exercises to also develop fair fee rates for Supported Living and for Extra Care Housing at the same time. The full adoption of these models led to a very significant fee increase for these provisions in 2023-24. In 2024-25 and (subject to consultation) 2025-26, further fee increases have applied full analysis of inflationary pressures including National Insurance Contributions for the next financial year.

Residential provision for adults of working age is individually negotiated. Benchmarking using the Local Government Association's Use of Resources Exercise indicates that average costs paid by Doncaster Council are above regional and national averages.

The above has contributed to very stable homecare and residential care provision in Doncaster as illustrated by the following graphics. The first graph shows the significant reduction in the number of people waiting for the start date for their homecare to be agreed, from approaching 70 to typically zero or in low single figures.





Residential home capacity has also increased over the last three years, keeping track with an increase in demand, but the level of occupancy has remained very stable.

By contrast, nursing home capacity declined between 2022-24 as well as occupancy levels, as illustrated by the chart on the right above, having experienced fluctuation. Base fee levels for nursing homes have been increased significantly by the council over the last three years but some Doncaster nursing home providers have advised of insufficient incentives to support people with the most complex care and treatment needs. The NHS Doncaster Integrated Care Board has been working to stabilise this provision with Council support and this remains a priority.

Developing housing related support

Supporting people to live in the place they call home is central to our Adult Social Care Vision. We have made considerable progress in reducing the numbers of older people and adults of working age who have needed to move into a care home setting. One of the key ways that we will continue this trend is through the further development of Doncaster's housing related support set out below:

- We have introduced a flexible procurement system to further increase capacity in Supported Living. We are now able to increase local care and support capacity as and when this is needed. However, we are seeking to grow supported accommodation options for working age adults more widely. Data analysis has identified the need to increase supported accommodation options for adults with mental ill health and young adults transitioning into adulthood.
- We also see the opportunity to grow and expand the Shared Lives Carers' Workforce with the skills and experience to support younger adults (preparing for adulthood) and individuals with mental ill health. We want to recruit new Shared Lives Carers with an interest in supporting individuals with specialist needs on a longer-term, live-in basis, whilst also increasing the opportunities for short breaks/respite stays. We want to recruit Shared Lives Carers with interesting skills and hobbies to provide exciting and innovative day-time support opportunities.

- We were successful in receiving funding from the Accelerating Reform Fund (ARF) and have shaped a strategic plan for Doncaster for how we will grow and expand our current Shared Lives offer.
- In Doncaster, we have four well established Extra Care Housing Schemes. We have an additional service that currently operates with housing management which we have recently agreed will move to extra care from 2026. The specification is currently being co-produced ready for procurement in 2025. We have undertaken a strategic review of extra care taking into account current and future needs. Following this, we have identified a further site in Doncaster for an extra care service which is in the early stages of approval.
- We have significantly reduced waits for major housing adaptations over the last six months and are following a rapid improvement plan to continue this reduction and ensure people have quick access to home adaptations that will maintain their independence.

Developing more joined-up support for people in their neighbourhoods

In 2024, we have invested time in talking to people and communities about how they would like to be supported at home. We have listened to feedback on our current Domiciliary Care Service and worked hard to understand how our services could be better working within local communities and neighbourhoods.

We have a plan in place to re-procure our Domiciliary Care Service and this will be the first part of a three-stage plan to ensure our market is diverse, sustainable, and reflective of the wants and needs of the people of Doncaster. Our three-stage plan is explained in more detail below.

Flexible Procurement System

It is important to recognise that there is a need to ensure service delivery where issues may be identified within locality provision, this may be due to capacity concerns, individual choice or quality concerns. In order to ensure continuity of care it is important to have additional provision able to support where the community provider is unable to deliver. It is therefore proposed that in addition to community based provision, a Flexible Procurement System is developed to allow providers to deliver services across the City.

The Flexible Procurement System would be co-produced with people at the heart of the specification. The Flexible Procurement System would be an open framework, allowing new provision within the City during the contract term. This provision would be commissioned on a specification to support outcome based delivery.

Commissioning and procurement of the community based provision will be completed through the Flexible Procurement System as providers will have completed the initial quality and viability requirements as part of the application process.

Opportunities for providers to apply for the Flexible Procurement System will be available via the council's already established e-Tendering system YORTender within 2025.

Providers are encouraged to register for YORTender and set up alerts for adult social care services:

<https://uk.eu-supply.com/login.asp?B=YORTENDER>



Community Based Provision

A redesign of the domiciliary care services to a community-based model of delivery will allow services to be shaped to meet the ambition for Doncaster and also allow the providers opportunity to build working relationships with partner organisations, community groups and the wider community provision.

Each area will be designed to have a mix of urban, semi-rural and rural areas to ensure there are no parts of the city where provision is not available.

It is essential that the roll out of this commissioning model is completed in a community by community basis to ensure that provision is able to stabilise and commissioners are able to support providers in the implementation phase of the work and moving forward.

Innovation Site

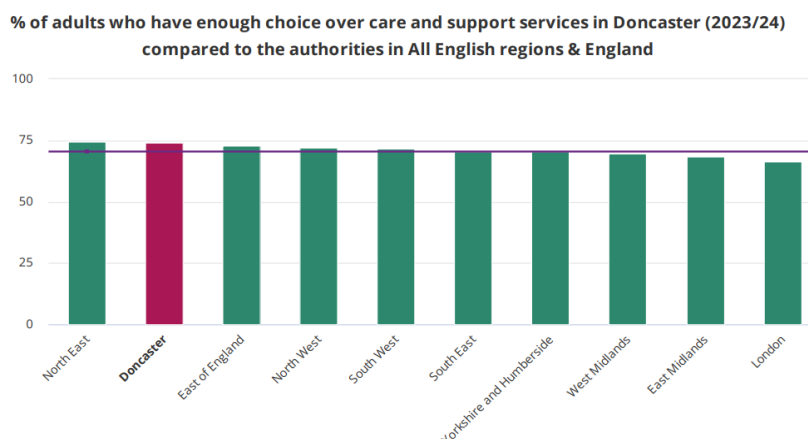
In order to support development of the community based provision, it is proposed to engage a provider to deliver services within a single community area as an innovation site. This innovation site would allow the Council and partners to test out different ways of delivering service and allow development on the following areas:

- Engagement with local people and people with lived experience on their views of current delivery and what they would want to see change as part of the re-commissioning
- Roles of the support workers and links to other services – e.g. Community Nursing
- Development of relationships with the community including Voluntary, Community and Faith organisations
- Development of the Multi-Disciplinary Team model
- Exploration of the purchasing model – block payments, cost and volume, part block/part spot
- Link to Continuing Health Care, End of Life, Dementia Care

We anticipate the tender for the flexible procurement system will be issued in Spring/Summer 2025 with our initial innovation sites planned for early 2026.

Ensuring choice and control

Theme One of this self-assessment referenced Doncaster's strength in relation to a high degree of access to direct payments. As highlighted in the graph below, we perform well (when compared to the regional and England average) in relation to the % of people reporting that they have enough choice over care and support services.



The council works with Active Independence (a high-quality local peer support organisation) to give people practical help with direct payments and there are some strong local examples of people using direct payments flexibly to help live their chosen life. As a next step, the council will improve advice and support in relation to the recruitment and management of personal assistants. This will be part of a wider programme to promote personal assistants as a supported career choice for local people.

“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.”



Strong relationships built on shared values

- Our 2024 Market Position Statement (MPS) is focused on helping the council take the next steps alongside Doncaster's care and support providers to develop shared learning and improvement opportunities from our strengthening relationship.
- The MPS highlights Doncaster's Practice Framework, describing the way we seek to work and the way that we would like care and support providers to work. It explicitly asks care and support providers to highlight opportunities for learning and also to hold the council to account for abiding by the values that are set out in the Practice Framework
- Doncaster's Workforce Strategy similarly starts with our Practice Framework and the "I" statements that local people should expect to experience from a well-supported workforce.
- In 2023/24 there were an estimated 9,400 jobs in adult social care in Doncaster – up from 9,200 in 2022/23.
- The staff turnover rate across the independent sector and the council was 23.9% which is lower than the national average of 24.8% and regional average of 25.2%. The turnover rate in 2022-23 was in 33.3%

We have made fundamental changes to our adverts, describing what our vision for Adult Social Care is in Doncaster and the teams' statements of purpose. Recently appointed social care staff have told us that our advert stood out to them with our vision and values being really clear, through sharing what it is like to work as a social worker in the organisation.

Working in partnership to ensure quality


We have a robust programme of quality monitoring with quarterly provider monitoring visits that also incorporate our quality audit process with checkpoints against different themes. Our proactive support has helped Doncaster's care providers ensure good quality, reflected by 89.1% of Doncaster providers inspected by the Care Quality Commission being rated as 'Good' or 'Outstanding'. The Adult Social Care Outcomes Framework also indicates that the overall satisfaction of



Doncaster people who use services with their care and support has also increased further between 2022-23 and 2023-24.

We have strong partnership governance to help us share information that enhances subsequent monitoring and to respond if things go wrong. The Monitoring and Oversight Group- jointly chaired by the council and ICB oversees any themes and trends identified from a range of quality cells (partnership meetings that pick up different geographies and sectors of provision). The latest recent example of this is targeting support to nursing homes drawing on best practice when supporting people whose health needs mean they are confined to bed.

When concerns regarding quality and safety of people have been escalated, this has led to mobilisation of multi-agency team responses, which considers the safety and wellbeing of people in such settings. An example is provided below.



Partnerships & Communities

Working in partnership to ensure quality

Neville Lodge's Story

CQC carried out an unannounced inspection at Neville Lodge due to numerous safeguarding concerns. The outcome from the inspection resulted in the home receiving an Inadequate rating.

What did we do?

The Quality & Self-Directed Support Team initiated their escalation process, and following a provider meeting it was agreed that Neville Lodge would put a voluntary suspension in place on any new placements, to allow them time to address the areas of concern.

We carried out weekly unannounced visits to support and review the progress of actions required, such as: processes and procedures, care files, risk assessments, and staff training. We also supported the home by carrying out mock audits, so they were able to benchmark and improve practice within the home.

"I'm proud of the staff at Neville Lodge for the effort they put in to improving their rating in such a short span of time"

Tracey Davill-Kellett, Commissioning Manager

What has changed?

CQC's Inspector revisited Neville Lodge 6 months later and fed back that they should be proud of the progress made in such a short period of time to turn things around, and that their rating had moved from Inadequate to Good.

Neville Lodge continues to put peoples' welfare and outcomes at the forefront of the care and support they provide.

Neville Lodge's Feedback



"I would like to again say a huge, heartfelt, 'Thank you' for all the support you and the team have given us at Neville. L god bless her was my comfort blanket (metaphorically speaking), and if I was in doubt and needed reassurance, she was my go-to person. L passed away just at the time when things were becoming really challenging, and I genuinely felt bereft. However, despite what must have been an extremely emotive time with each of you having to come to terms with your own loss of her, you were quick to step in and pick up the pieces, and you have all continually encouraged us during our most difficult encounters.

Marie, when I had to navigate and endure the turbulent waters that at times engulfed me to the point of which I thought I would drown, your support and advice gave me the confidence to hold my nerve, and rather than sink, I was able to swim. I will always be eternally grateful.

Doncaster Council for me has been an anchor of support of which I've used to hold us stable. You as a team are a credit and the essence of what networking achieves when values, integrity, and determination to do the best are at the forefront of care."

Tracey Jennings
Registered Manager
Neville Lodge

Inspected and rated
Good



Service development underpinned by co-production

Co-production is becoming more embedded in our procurement activity. We have recently reprocured our Supported Living Services moving from a closed contract to a flexible procurement system. These changes were co-produced by people with lived experience of living within supported living settings, including their support during the procurement activity. We spoke with over 60 people during the design process to ensure we could reflect the views of as many people as possible. Feedback from people involved in the process was really positive. We have continued with this way of working for the re-design of the Domiciliary Care Service which is due to be reprocured during 2025.

Integrated approaches to commissioning

Jointly funded commissioning leads for Ageing Well and Living Well work alongside commissioners to support integrated commissioning across health and social care, governed via a monthly joint commissioning operational group. This group also oversees effective utilisation of the Better Care Fund (BCF).

We also work with partners to ensure commissioned services are collaboratively procured. For example, there is a joint care homes contract with the ICB which works towards best practice, and we also have a jointly procured integrated community equipment service.

Information and highlights from our Joint All Age Learning Disability and Autism Strategy and our Joint Dementia Strategy are provided below to illustrate examples of collaboration and partnership working to address key priorities.

Learning Disability & Autism Strategy

Partnership & Communities
Partnership Working & Joint Commissioning

Doncaster's All Age Learning Disability and Autism Strategy

Our all-age Learning Disability and Autism Strategy 2021-2024 was jointly developed by Doncaster Council and the Integrated Care Board, in partnership with statutory and non-statutory partners from across Doncaster, and people with lived experience of a Learning Disability and / or Autism.

The strategy set out a number of key priorities that people told us were important to support people with a learning disability or autistic people to live a good life.

The Doncaster Learning Disability and Autism Partnership Boards respectively provided regular monitoring and challenge of the delivery of the strategy, to ensure the plans delivered what people with lived experience needed wanted and expected from them. We are currently refreshing what has been delivered by the strategy (identifying impact and outcomes achieved) and what is still left to do.

Some key highlights and impact of the strategy include:

- Improving access to autism diagnosis - the Doncaster Autism Service has been commissioned to offer pre- and post-diagnostic support and has been well received by people who access the service;
- Improved accessibility and booking system for short breaks for carers, including refitted facilities, and increased staff resources and training.
- Employment initiatives have been bolstered by a local Employability Board and various programmes to increase job opportunities for individuals with SEND including learning disabilities and autism.

The infographic also features a section titled 'Doncaster's All Age Learning Disability and Autism Strategy 2021-2024' with a quote from Councillor Margaret Wright, Chair of the Health and Wellbeing Board, Doncaster Council, stating: 'I am proud to see what we have achieved in partnership with the Integrated Care Board and our partners. This strategy is a testament to our commitment to supporting people with learning disabilities and autism to live a good life. We will continue to work together to ensure we are meeting the needs of our community and making a positive impact on their lives.'

At the bottom, there is a section titled 'This is a short version of the 500 Plan' with a quote from the Doncaster Council: 'The 500 Plan is for people with a learning disability and autism and their families. The 500 Plan is for people of all ages. The 500 Plan is for people of all ages.'

Dementia Strategy



Partnership & Communities

Partnership Working & Joint Commissioning

Team Doncaster Dementia Strategy 2023-2025

The Doncaster Dementia Strategy 2022/25 was coproduced with people living with and affected by dementia, and key delivery partners from across the health and social care system. The strategy builds on progress made by the previous strategy, and on the issues that matter most to people with dementia.

The strategy is based on 4 key themes including Information Advice and guidance, receiving a diagnosis, support following diagnosis and support for carers.

In October 2023 the Pre & Post Diagnostic Service was launched, offering advice, guidance, care and support to people prior to a potential diagnosis, and following diagnosis for all levels of need including Young Onset Dementia. At the same time the Community Therapy and Support Service was also launched providing activities and services to support people to live independently and well for as long as possible in their chosen place of residence.

The Doncaster Carer Strategy (2022-25) sets out the priorities that carers told us are important to them. Access to Carer needs assessment and support services are through the Carer Wellbeing service, with access to information advice and guidance through revised Dementia Pages on the YourLife Doncaster website.

Progress and oversight of the Strategy is undertaken by the Doncaster Dementia Partnership Board and the Doncaster Dementia Collaborative. As the current Strategy comes to the end of its lifespan, a detailed review of what has been achieved is currently underway, with updates and refreshed plans to be available by the end of March 2025.



Integrated approaches to information sharing that support Doncaster people

Adult Social Care is working with NHS partners to develop use of shared care records. These are already in use within the Integrated Discharge Team (IDT). Staff reported benefits (via the evaluation of the approach/ and linked project) and fed back the following:

- "I've saved time because I don't need to call GPs or other health / care providers as frequently to find out information".
- "I can make better informed and faster decisions alongside the people under my care because I have a holistic view of their health and care needs".
- "I spend less time having to prepare for visits or appointments because health information is accessible".
- "I have seen a reduction in wasted home visits / appointments because I can see if somebody is in hospital or has an appointment".
- "I can deal with more issues at the first point of contact".

There is a programme of activity both to increase appropriate information sharing via shared care records, and to extend the number of Adult Social Care staff who can access this to benefit the people they support, not least by avoiding them having to repeat their story to different professionals.

3 Theme Three – Ensuring Safety

Our Strengths:

- People tell us we help them to feel safe, both in terms of the care and support we provide, and when we have worked with them following a safeguarding enquiry.
- We have clear processes and working relationships that ensure we promptly identify and respond to risks that might leave people unsafe if they are not addressed; this includes strong partnerships with local NHS organisations.
- We have a fully staffed Approved Mental Health Professional (AMHP) and Out of Hours Service, so we are able to promptly respond to people requiring assessment under the Mental Health Act and provide responsive urgent adult social care advice and support to people outside of office working hours.
- We have mature relationships with partners to support local people through change – for example with South Yorkshire Police on 'Right Care Right Person' and with the Integrated Care Board regarding NHS Continuing Healthcare
- We are co-designing smoother and safer transfers of care alongside people who draw on care and support, for example preparation for adulthood, supporting people to leave acute mental health settings, as well as our support to rough sleepers.
- We have a well-established Safeguarding Adults Board with an experienced chair and strong leadership across our local partnership that is embedding a culture of reflection, learning, and improvement. We have hugely increased our capability for engagement and co-production via the appointment of two community board members and the establishment of a budget to pay people with lived experience for their time in co-designing and co-producing Adult Safeguarding improvements.

Our Areas of Development

- We co-produced public information about people's human rights in 2024. Now we need to increase public awareness of Adult Safeguarding and its essential role.
- We have achieved a substantial reduction in the number of outstanding Deprivation of Liberty Safeguards authorisations, but we need to sustain the pace of this reduction until outstanding applications are significantly lower.
- We respond quickly to reduce safeguarding risks but need to greatly improve the average speed at which we conclude safeguarding investigations. We are implementing plans to fully achieve this in 2025 based on a more person-centred community-based approach with fewer hand-offs.
- Doncaster's Integrated Discharge Team has a strong tradition of joint working to help people to leave hospital as soon as they are ready. We have increased the number of people we support with our reablement services. However, we need to build on this further and increase the proportion of older people who are supported to return home quickly rather than moving into a care setting.



- People drawing on care and support have asked us to prioritise ensuring they receive timely and clear information and advice at important times in their lives, for example, when preparing for adulthood, when admitted to hospital, or when receiving acute mental healthcare.
- The Safeguarding Adults Board has recently refreshed the leadership of sub-groups that provide quantitative and qualitative assurance looking at citizen perspectives, practitioner perspectives, data analysis and learning from adverse events. Now these foundations are in place, we need to do more to harness sub-group insights and create shared lines of enquiry that drive impactful actions.

What Is Our Data Telling Us?

The proportion of people using services who feel safe has increased to 74.5%. The England average is 71.1%



88.89% of people said that they felt safer following Adult Safeguarding intervention in Quarter 3 24/25

Completing a safeguarding investigation in our two pilot sites took between 33 and 50 days on average



Number waiting for Deprivation of Liberty Safeguard assessments has reduced by 28% in the last 6 months to 471. This reduction is

Older people were offered reablement after leaving hospital more than regionally but less than the national average



79.6% of older people were still at home 91 days after receiving reablement, lower than the national and regional

The average time to complete a safeguarding investigation was 144.30 days in Quarter 3 of 24/25



CQC Quality Statement: Safe Systems, Pathways & Transitions

“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.”

“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.”

Prioritising people's safety

74.5% of people surveyed in Doncaster who use services felt care and support services helped them to feel safe compared to the average for England of 71.1% (Adult Social Care Outcomes Framework, 2023-24). The key approaches that are in place to enable this are described below.



Adult Social Care Escalation Plan

All areas of Adult Social Care have business continuity plans. We have adopted an escalation framework based on understanding key safety risks to all operational areas of responsibility. This assesses capability to maintain safe levels of services to support Doncaster people and are based on three dimensions: the extent of upstream demand, the sufficiency of available staffing, and the capacity of downstream provision. Risk ratings across nineteen areas of services are reviewed weekly by the DASS and Service Directors. Each risk rating (Green, Amber, Red, Black) dictates frequency and seniority of oversight until the risk is managed down to tolerable levels. Feedback on risk levels and explanations of underlying causes is shared weekly within the council (to the Chief Executive and Cabinet member) and in addition, to senior partners in NHS organisations. This creates a mechanism for prompt identification and resolution of risks and provides mutual support; the escalation approach connects to the council's published risk log.

We are also well connected into Emergency Planning, both at Council and South Yorkshire level via the Local Resilience Forum (LRF). Adult Social Care has played a full role in both incident response and recovery to keep people safe, most frequently in flooding emergencies that have had a national profile. We are well rehearsed in rapidly mobilising arrangements to keep people safe during an emergency. As an example, during periods of extreme weather (hot and cold extremities) our Complex Lives Service deploy additional outreach capacity to check in on the welfare of known rough sleepers with care and support needs, providing support and issuing welfare packs.

Managing Transitions

We recognise that during periods of significant change for people, transitions and changes needs to be managed very carefully, ensuring people are kept informed of what is happening and that their interests are kept at the forefront of any transfers of care. We have focused particularly on strengthening our arrangements that are in place to support young adults as they transition to adulthood and the support provided to people to leave hospital (in both acute hospital settings and mental health wards).

Preparation for adulthood


Our Transitions Service in Adult Social Care supports young adults aged 14+ with a learning disability and/or autism who require support to prepare for life as an adult. In recognition of the significant challenges that young people and their parents often face in navigating the transition from Children's to Adult Services, we have been committed to a programme of activity to "improve the support for young people who require care and support in their teenage years, and into early adulthood to make sure they can plan ahead and have enough time to make informed decisions about their future."



Doncaster's Preparation for Adulthood Programme is overseen jointly by the Service Director for Adult Social Care alongside peers within the Children, Young People and Families Directorate and the Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust and has developed a programme of activity that in 2024 has:

- Developed a dataset that helps us identify young people over the next 5 years who will likely require some support- so we can support these young people earlier and avoid plans for the future being rushed or made in a crisis.
- Worked with young people to co-produce a charter (Delivery of People's Rights) – which sets out young people's expectations from us.
- Undertaken a review of our current arrangements to identify what is working well and what needs to change and improve. We have used surveys (led by young people) asking about people's experiences, people's stories about their experiences and ran workshops and focus groups with young people and practitioners.
- Planned further changes based on what people have told us needs to improve – timelier, joined up, co-ordinated support. One example is for the service to move away from being diagnosis-led (only working with people with certain diagnoses) to person / outcome-led. Another example is to introduce 'huddles' bringing partners together to share information and join-up support to meet the goals and outcomes of young people requiring support from Adult Services. Overwhelming positive feedback has been received from multi-agency staff in relation to the first 'huddles', recognising the benefit of joined up conversations and the bringing together of different areas of expertise to support a young person.
- Agreed a priority to work with young people and parents to produce helpful information about the Transitions Service, support available and what young people and parents can expect to happen as they prepare for adulthood.

We have plans to introduce a virtual multi-agency Transitions Hub in Doncaster by Summer 2025. Social workers who work in our Transitions Team are proud of the work they do and have multiple examples where they have successfully worked with young people to prepare for life as an adult, as illustrated by Mabel's story below.



Safe Systems, Pathways and Transitions

Managing Transitions

Spotlight – Mabel's Journey to Independence

As Mabel approached 18, her mother, a single parent with two other children, struggled to meet Mabel's needs at home. Mabel has cerebral palsy, a learning disability, and is autistic. To avoid an emergency situation, her mother sought help from the Transitions Team to plan for Mabel's adulthood.

What did we do?

A trusting relationship was built with Mabel and her family. Mabel's mother requested long-term support options, such as supported living. Mabel was actively involved in the process, and her needs were carefully considered. After exploring various placements, a supported living property with two other ladies, just a 10-minute drive from her mother's home, was found. Mabel visited and liked the property. A transition plan was implemented, and after 8 weeks, Mabel moved in.

What has changed?

Mabel is happier and enjoys her new home and the staff. Her needs are met, and she has the support to go out into the community and develop her skills.

There will be continued support for Mabel in her home to develop her independent skills and to ensure Mabel can access and participate in community activities.

It's made a positive a positive impact, the relationship between Mabel and her mother has improved. With the support of the supported living service, her mother now has more time to do enjoyable activities with Mabel, enhancing their bond.

Leaving Hospital

Doncaster has significantly improved between 2022-24 for the proportion of older people offered reablement services after discharge from hospital. However, our ranking remains below the national median and our Local Account for 2025 sets out the ambition to further improve access to reablement this year. Over this winter, we have already added staffing capacity to the Integrated Discharge Team, with 224 hours of community reablement support and 10 additional "step down" beds for people who cannot go straight back to their own homes.

New roles have also been introduced, for example, an embedded occupational therapist is optimising independence via community equipment and home adaptations and a social work assistant is also ensuring timely ongoing support arrangements. A combination of process and capacity improvements has given us the capability to support at least 50 additional people to leave hospital over this winter than would previously have been the case.

We have also sustained performance against the proportion of older people still living at home 91 days after receiving reablement, but we are committed to improving this further as part of wider work with NHS partners to ensure a greater proportion of people are supported to go straight home after a hospital stay.

We hold daily multi-disciplinary meetings with the hospital and partners to minimise the number of people who are waiting for care and support in order to go home. We respond to levels of pressure defined by the NHS OPEL System and gear actions to the level of risk being experienced by people in terms of access to appropriate medical care in a safe and comfortable environment. A weekly senior management meeting addresses system-wide challenges.

The DASS oversees improvements to hospital discharge through co-chairing the multi-agency Home First Board which reports to Doncaster's Urgent and Emergency Care Board. Over the last year the Home First Board has overseen increases in community capacity and improvements in discharge processes.

People with care and support needs who have spent time in hospital have asked us to prioritise co-producing timely information to help people understand their options and this is a priority area for development in 2025.

Supporting people to leave acute Mental Health settings

Effective partnership working and integration is in place with our Local Mental Health Trust (RDASH). We have dedicated social work resource from within the Mental Health Social Work Service to support individuals who are currently receiving care on adult inpatient mental health wards to leave hospital in a timely way back to their home (where possible) with support in place.

Our dedicated mental health social workers work as part of a multi-disciplinary team that provide support to individuals on the inpatient wards; this arrangement enables



swift referral mechanisms to support discharge planning. The resource also promotes the recognition of people's social care needs as part of someone's recovery and discharge planning.

Arrangements are in place to support attendance at meetings to discuss individuals who are clinically ready for discharge. These meetings focus on partnership and collaboration of services and professionals to promote early and timely discharges.

To compliment the mental health in-reach to the ward, the local authority commission providers work directly with people on the inpatient wards who require housing, tenancy, and benefit related support. The impact of this social care support means that we have relatively low numbers of people in Doncaster (currently as of today 4) who are ready to leave hospital with their discharge being delayed due to social care reasons.

Approved Mental Health Professional AMHP Service / Out of Hours

In 2023, we identified our AMHP provision as an area for development to meet both our statutory duties under the Mental Health Act and to ensure as a local authority, we are able to provide social care support to people presenting in an emergency outside of office working hours. Historically (like many other AMHP services in the country) the service had struggled with recruitment challenges and at times had relied on agency usage to bolster capacity to deliver a 24-hour statutory service. An extensive review of the AMHP service led to significant changes being introduced to the operational model and rota. Following these changes and a successful recruitment campaign as of January 2025, all vacancies are now filled, providing sufficient capacity to deliver the 24-hour statutory service. Feedback from professionals working in the service are that the new model and rota provides flexibility and promotes a positive work-life balance in a challenging role, reflective in the service currently having no vacancies.

Significant work has also been undertaken to support the recording and reporting of Mental Health Act activity on our social care electronic case recording system. We are in a much better position to scrutinise data to monitor demand and identify system wide issues that require partnership escalation. There is now clear line of sight and visibility on mental health act data and adult social care support out of hours.

There are strong established relationships with our partners in the Mental Health Trust. Weekly partnership meetings take place to provide the opportunity for key partners (Council, RDaSH, ICB, Police) to discuss and escalate critical issues. These meetings ensure managers within the partnership are able to access a direct and immediate response to critical issues which can lead to more swift resolution and lessons learned to improve future practice and processes.



NHS Continuing Healthcare (CHC)

The introduction of a Subject Matter Expert (SME) role who works alongside our South Yorkshire ICB colleagues in relation to continuing healthcare has provided additional specialist support, oversight, and monitoring of practice from a CHC perspective.

We have seen real improved practice and outcomes for people since the SME came into post. Staff have fed back that they feel more knowledgeable and confident in their role in the application of the CHC National Framework and better able to advocate for people's rights and eligibility. This has been achieved by the SME working alongside our staff, where appropriate and required providing individual support to workers to evidence and advocate for a person in line with the framework and best practice, in addition to the delivery of training and the development of practice guidance. A clear joint resource panel process has been implemented, which has improved the recording and auditing of our allocated and predicted spend in joint packages of care for people. We plan to continue to build on our positive working relationships with ICB colleagues and established strategic partnership meetings to work through strategic priorities around continuing healthcare.

Right Care Right Person

Adult Social Care policies and protocols have been updated following this change to police procedure. For example, our Home Emergency Alarm Response Team (HEART) have updated their emergency response protocol. There is strong joint working with South Yorkshire Police (SYP). The Service Director for Adult Social Care attends the South Yorkshire Strategic Board and key operational leads attend the Tactical Working Group. This means we keep abreast of key developments. Impacts on Adult Social Care in Doncaster are actively managed: implications to date have been for duty social workers where we have not been able to establish contact with a person about whom there are welfare concerns. Our revised protocol is to undertake a home visit ourselves whereas previously we would have asked for a 'safe and well' check by the police. There have been relatively few of these incidents, but they have been well managed without safety implications for Doncaster people.

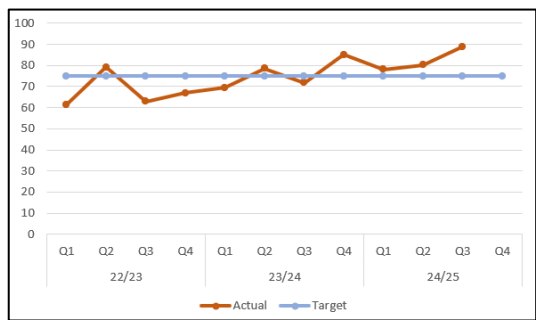


“We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.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

Putting people at the heart of Adult Safeguarding

Promotion of human rights was agreed as a key Doncaster Adult Social Care priority for developing information and advice in 2024. This was set out in “Your Care and Support”, Doncaster’s Local Account. Online content and hard copy leaflets were co-produced alongside people drawing on care and support focusing on “my rights to live my life my way” and incorporating general human rights enshrined in English law and specific rights in relation to Adult Social Care set out in the Care Act and the Mental Capacity Act. This public information about rights, set out in plain language, and without jargon, also provides details for people to contact Adult Social Care in Doncaster if they feel their rights are not being met or if they think they have been treated badly or unfairly.

This focus on rights has underpinned work across the partnership to ensure that safeguarding enquiries are person-centred, that the individuals’ wishes and outcomes are at the heart of any actions taken, and in addition, that individuals’ views are documented. Workers are familiar with positive risk taking and adopt this approach in their practice. Where situationally necessary, mental capacity assessments are completed alongside best interest decisions which include people who are important to the individual, and if required, independent advocacy. Where self-neglect concerns are identified, the Self-Neglect/Hoarding Risk Management (SNARM) Policy will be triggered to ensure the individual is being supported in the most appropriate way.



Our focus on Making Safeguarding Personal has continually improved the proportion of people who feel safer following a safeguarding enquiry from 61.45% in 2022 to 88.89% most recently. We follow up with people who state they don’t feel safer to understand the reasons why and pick up underlying causes like housing safety and police action with our partners.

There has been a parallel improvement in the proportion of people who have said that safeguarding follow up has achieved the outcomes that they wanted; this has been over 90% for the past two years.

We focus on ensuring all safeguarding concerns are risk assessed at the point of receipt, and any immediate actions are taken utilising the triage and duty function within the Safeguarding Hub and the other teams across Adult Social Care. We also



ensure that all concerns take account of the presenting risks and decisions are taken in a timely manner to take any required actions to support the person. Although this means we are confident that people are safe because of the prompt action we are taking, we have been taking too long to conclude our safeguarding investigations. In the last quarter this took us an average of 144.3 days.

Developing a new approach to Safeguarding

Following a review overseen by the Doncaster Safeguarding Adults Board (DSAB) we have been testing an approach that shifts staffing resource out of the dedicated safeguarding team and into our front-line social work teams. We have recently completed testing the new approach to safeguarding in two teams, the Central Locality Team and the Mental Health Social Work Team with our evaluation paper submitted as evidence. The median average length of time to complete safeguarding investigations in these pilots has been 50 days and 33 days respectively. The pilots were built on the principle that 'adult safeguarding is everybody's business' and from a commitment to excellent social work practice that reduces the number of times people need to tell their story. The example below on our new approach to safeguarding highlights the positive impact and difference both from a person being supported and staff perspective.



Safeguarding

Putting people at the heart of Adult Safeguarding

Spotlight – New Approach to Safeguarding

What did we do?

The safeguarding team received an anonymous referral about hoarding and possible self-neglect. They visited the address and met the individual's son, who was there to support his mother. After discussing the situation privately, they made referrals for occupational therapy and long-term care, provided cleaning and meal delivery service information, and arranged a home visit from the GP. The prompt response allowed them to offer timely support and connect the individuals to local services.

By being able to go out as soon as we received the referral meant that we were able to speak to the son and person and gather the information required and be able to offer support in a timely manner. We were also able to connect them to support within their locality.

"Thank you so much for this and for coming round today. We needed the support in everything we discussed, and my mum said she really felt listened to. The issues just feel much bigger than us, and we appreciate your help so much. Your kind approach made a big difference for my mum and me." This feedback highlighted the positive impact of the new safeguarding approach, with the team working well together and managers providing significant support." Son

"I am enjoying working as part of the testing of the new approach. I am learning new conversation and triaging skills and feel that I have more control in the decision-making process of a referral. I am also able to follow the person through. I feel that the workers from safeguarding and central have come together well and are working as a team and being able to share experience and knowledge with each other. I feel that my managers, have been a massive support for us and have taken on board our feelings and worries and have worked to improve the process from the start." Staff Member

A roll out plan is in place overseen by senior leaders supporting a phased approach underpinned by a practical guidance document co-produced with staff and an extensive training plan. Full roll out will be in place by April 2025 and we expect the pilot performance to be replicated across the whole service by October 2025.

A small team of staff will be situated within the Safeguarding Adults Hub to ensure quality assurance, develop practice guidance, run practice development sessions, co-ordinate particularly complex investigations, and provide specialist advice.

Strategic Coordination of Adult Safeguarding

Where overarching safeguarding concerns have been identified, a senior leader within Adult Social Care provides management and oversight of the investigation and provides structure to ensure all partners are clear on the actions required. We work closely with partners to co-ordinate the response which focusses on the safety and wellbeing of the people supported, as well as the quality and safety of the service. Recently an overarching safeguarding investigation was undertaken for a Doncaster provision where the majority of placements were made by out-of-area local authorities or Integrated Care Boards (ICBs). Positive feedback was received from other placing authorities and ICBs on our response, management of the overarching investigation, and the communication plan put in place.

Through our strategic partnership, the [Doncaster Safeguarding Adults Board](#) (DSAB) has an experienced Independent Chair and strong processes in place to ensure both assurance and improvement. The board's accountability arrangements have recently been bolstered by the recruitment of two Community Board Members to provide assurance around accessibility, communication, and impact for Doncaster people. The Board has also introduced an Emerging Themes report that has improved information-sharing and focus on areas of improvement. For example, a partner organisation asked for clarification about the Persons in a Position of Trust (PIPOT) policy, and this was refreshed.

DSAB is supported by subgroups which are themselves chaired by DSA Representatives who are senior in their organisations. Sub-groups enable DSAB to consider a balanced scorecard of quantitative and qualitative information

- **Engagement and Co-production** (chaired by City of Doncaster Council) focuses on voice of Doncaster people who have experienced Adult Safeguarding. Recent achievements include identifying an Adult Safeguarding Co-production fund to pay people with lived experience for their time.
- **Quality and Performance** (chaired by South Yorkshire Police) focuses on quantitative data. Recent achievements include the scheduling of the multi-agency audit programme for the year.
- **Practice and Policy Development** (chaired by Rotherham, Doncaster and South Humber NHS Foundation Trust) focuses on supporting multi-agency workforce and policy development.
- **Case Review Group** (chaired by NHS Doncaster Integrated Care Board) focuses on commissioning analysis after adverse events (for example via Safeguarding Adults Reviews) and then ensuring DSAB partners develop joint plans to address identified risks. The delivery of these plans is monitored by DSAB itself.

A combination of this intelligence has prompted an increased focus on self-neglect via a working group chaired by the Principal Social Worker (PSW) for Adult Social Care with the group developing a multi-agency self-neglect toolkit and practice guidance together.



Adult Safeguarding and the interface with children and families

The Independent Chair of DSAB attends Doncaster's Chief Officer Safeguarding Oversight Board (COSOB) alongside the Chair of the Doncaster Safeguarding Children's Partnership (DSCP), the Chief Executive of the Council, the District Commander of South Yorkshire Police, and the Executive Director of Place for NHS South Yorkshire Integrated Care Board. This enables oversight of cross-cutting agendas across Adult's and Children's Safeguarding and the community safety partnership (the Safer Stronger Doncaster Partnership). Specific pieces of all-age work have been commissioned from these joint arrangements:

- Following the identification of parental mental health or substance misuse issues picked up within child protection investigations, some analysis about further opportunities for joint working was agreed and linked to pilot work with children and families undertaken in the north of the Borough.
- Children's and adults safeguarding colleagues collaborate on key dates like Safeguarding Awareness Week promoting all-age perspectives.
- The independent chair of DSAB and scrutineer for DSCP also collaborate in co-running sessions to review progress and learning from adverse events like Safeguarding Adults Reviews (SARs).

Adult Safeguarding and Domestic Abuse

The Domestic Abuse Service is part of the Adults, Wellbeing and Culture directorate and works across the whole Council and the wider domestic abuse, community safety, and safeguarding partnerships.

The service consists of a team of domestic abuse specialists who provide one to one and group support for victims and survivors of domestic abuse.

The service also commissions safe accommodation for victims of domestic abuse with particular attention given to ensuring suitable accommodation is available for those victims who face additional barriers which includes people with disabilities and additional care and support needs.

The council's Domestic Abuse Service also leads on developing the Local Domestic Abuse Strategy and coordinating partnership activity to ensure compliance with the statutory duties in the Domestic Abuse Act 2021.

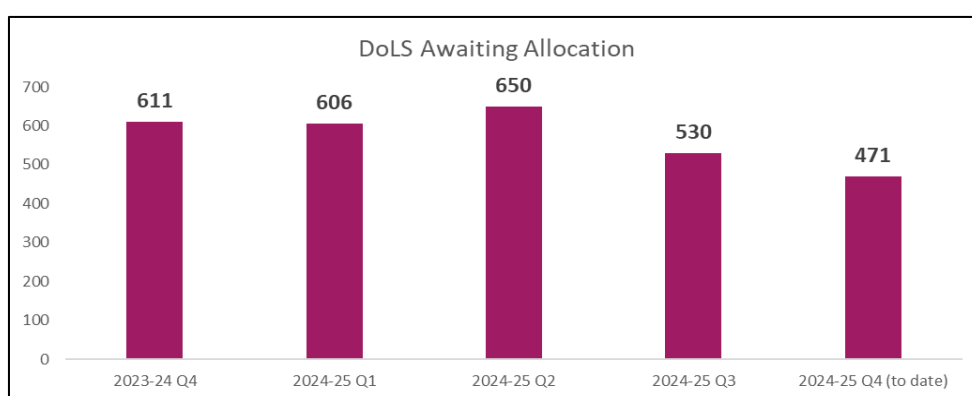
In recognition of the cross over between adult safeguarding and domestic abuse, bespoke domestic abuse training has been developed to ensure that local professionals understand the additional risks and barriers faced by older people and people with care and support needs.

There are also 12 domestic abuse champions within the Adults, Wellbeing and Culture directorate to promote continued awareness of domestic abuse, the types training, and other resources available.



Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) provides a legal framework for upholding people's human rights. We have established and embedded robust arrangements which are in place to ensure that requests that are urgent in nature are allocated without delay. The service utilises a nationally recognised prioritisation tool to identify people that require urgent consideration of their circumstances. However, we recognise the need to significantly reduce the overall number of people waiting for an assessment and have put plans in place to achieve this. This has included additional investment into the service to increase the capacity of Best Interest Assessors (BIAs). We have also made changes to our processes and practices to support more effective use of resources. For example, Best Interest Assessors are now allocated assessments within specific care establishments. The impact of these changes and additional investments are having an impact on reducing the waiting list (as shown below). Our ambition is to continue to keep the momentum in reducing the DOLs waiting list with actions already underway.



Adult Safeguarding and Homelessness

In September 2023 Doncaster's Homelessness Lived Experience Forum was established. This facilitates listening and connecting to issues and priorities that are important to individuals experiencing homelessness, a number of whom have care and support needs. The forum is held on a monthly basis with each month having a particular 'theme' for discussion. A 'you said' 'we did' approach is in place to implement changes as a result of feedback received. For example, changes were made to one of the local hostels to support a more psychologically informed environment for people to access and arrangements were made for more regular drop-in sessions from Aspire (drug & alcohol services) based on people sharing what they felt needed to improve.

An assurance report was also recently presented to Doncaster Safeguarding Adult Board (DSAB) outlining the partnership arrangements in place to safeguard individuals experiencing homelessness in Doncaster. The report provided assurance as to how ministerial recommendations will be met locally:

1. DSAB will hold Doncaster's Rough Sleeping Partnership to account via annual assurance.

2. A DSAB member has been appointed as the partnership's assigned safeguarding lead for rough sleeping.
3. Safeguarding strategic plans, annual reports, and procedures will now specifically include rough sleeping.
4. Safeguarding Adult Reviews will be proactively commissioned in the event of deaths of rough sleepers who had care and support needs.

Learning from Learning Disability Mortality Reviews

LEDER (Learning from Lives and Deaths) is a national NHS programme that ensures that all individuals with learning disability and autism undergo a thorough review after their death to identify any concerns, good practices, and areas for improvement, to improve care, reduce health inequalities, and prevent early deaths. Families are central to the review process, enabling them to share their experiences of health and social care delivery.

The programme draws on learning from the reviews and develops plans to address recommendations which include:

- Annual GP health checks designed to identify a wide range of unmet health needs and help individuals better use health services. In Doncaster 80.01% of people on the GP learning disability register (in 22/23) received an annual health check, above the local target of 75%. Doncaster's uptake of annual learning disability health checks has also steadily improved from 35.3% in November 2023 to 39.5% in November 2024.
- The Bowel Cancer Screening Programme has introduced a flagging system for people with a learning disability, to enable staff to provide early support for people and increase participation, with significant improvements noted across South Yorkshire.
- A flagging system at Doncaster Bassetlaw Teaching Hospital (DBTH) ensures that individuals with learning disabilities admitted to the hospital receive support from the RDaSH Health Action Team Secondary Care Liaison Nurse.
- ECHO is a national programme of training for care home staff, recent focus has included managing constipation, while in 2025, the ECHO focus will include Epilepsy and seizure management.
- The development of accessible information is key to the delivery of the LeDeR Programme. The RDaSH Health Action Team have developed a range of information resources, including videos available on YouTube, for example talking about attending Health Checks, the Primary Care Passport, and bowel screening.
- The multi-agency team across Doncaster has developed and implemented a Dynamic Support Register (DSR) which is now regularly reviewed and updated no less than weekly by the multi-disciplinary and multi-agency team. The DSR helps teams actively identify and support people with a learning disability and / or autism who are in hospital to support the earliest discharge and in addition, those who are at risk of being admitted to hospital.



Our Strengths:

- Our Practice Framework clearly sets out the way we lead, wherever we are in the organisation. It informs all of our governance, from strategic to individual levels.
- Our commitment to co-production is visible at the highest levels of decision-making. This means Adult Social Care is effectively held to account in public by Doncaster people who draw on care and support.
- Alongside the voice of Doncaster people, performance measures about outcomes, activity, and timeliness of Adult Social Care are regularly discussed in public forums. This is underpinned by regular monitoring arrangements within Adult Social Care. Where performance is not on track there are targeted approaches that ensure improvement. These methods have proven to be successful.
- Risks to Adult Social Care delivery are monitored weekly focusing on our responsibility to deliver safe support to Doncaster people. There are clear arrangements to escalate and take corrective action should risks increase.
- There is a strong learning culture within Adult Social Care and successful mechanisms to nurture, develop and mainstream innovation, harnessing ideas that come both from people who draw upon care and support and the staff who work directly with them.
- There's a targeted approach where feedback suggests learning and development needs to be accelerated in particular areas of practice. Mental capacity and self-neglect are two recent examples.
- Practice audits informed by our Practice Framework are driving strong insights into what works well and what needs to be improved.

Our Areas for Development:

- Co-production needs to improve for carers so that they feel Adult Social Care is truly alongside them in terms of local leadership and governance.
- There is a comprehensive and robust approach to training and development via a dedicated Workforce Development Team. The next step is to link this more clearly with learning from practice development so that the programme can be tailored more efficiently to address presenting needs and issues.
- Doncaster Adult Social Care has built a strong foundation to develop further research as part of a research partnership and utilising a researcher-in-residence. We now need to take this work forward via a research strategy that makes participating in and learning from research more accessible to Adult Social Care staff.




“We have clear responsibilities, roles, systems of accountability and good governance. We use these 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.”

Our Practice Framework

Our Practice Framework focuses on people's strengths, their rights, and ensuring equity and inclusion. It was co-produced alongside Doncaster people who draw on care support and also uses content co-produced nationally by <https://socialcarefuture.org.uk/>, <https://be-human.org.uk/> and <https://makingitreal.org.uk/>. We use the framework as a live document to govern our Adult Social Care practice. It sets out our vision, the way we should work, and what we should achieve alongside the people we are here to support.

Our Practice Framework anchors everything we do and notably, how we do it, providing a strong sense of purpose of who we are and what is most important.

Adult Social Care Practice Framework 	WHY?	We want every person in Doncaster to live in the place they call home with the people and things that they love, in communities where they look out for one another, doing things that matter to them.					
	WHO?	Everybody	People who require urgent support		People who require longer-term support		
		We listen to people to understand what matters to them. We make connections and build relationships to improve people's wellbeing and independence.	We don't make long term plans in a crisis. We work with people until we're sure there is no immediate risk to their safety, health or wellbeing, and they have regained stability and control in their life.		If people need longer-term care and support, we work with them to understand what a good life looks like for them. We make sure they have resources and support to live the life they choose and do the things that matter to them as independently as possible.		
	HOW?	Hope	Connection	Relationships	Inclusion	Flexibility	Rights
		We focus on possibilities, dreams and aspirations. We don't limit people's choices.	We explore ways to involve people in their communities. We make and maintain meaningful connections.	We support people to keep existing relationships and make sure they have opportunities to build new ones.	We don't judge people or make assumptions. We involve people as equal partners in conversations and decisions about them, their families and their communities.	We are willing and able to adapt. Our approach is responsive and proportionate.	We make sure people know their rights. We promote autonomy, choice and self-determination.
		We're kind	We behave	We're trusting	We're transparent	We're present	We're honest
		We respect and understand people as individuals. We don't make snap judgements.	We know and follow the law, ethics and best practice. We are always open to improvement.	We know people tend to be honest and know what's right for them. We listen and we keep an open mind.	We're open about our rules, making them clear so people know what they can and cannot expect.	We connect and engage well with people. We respond in a timely manner.	We are honest about what we're going to do. When we say we are going to do something, we do it.
		We know the language we use matters. We use plain, respectful and kind language.					
	WHAT?	Wellbeing and independence	Information and advice	Active and supportive communities	Flexible and integrated care and support	When things need to change	Workforce
		Living the life I want, keeping safe and well	Having the information I need, when I need it	Keeping family, friends and connections	My support, my own way	Staying in control	The people who support me
	SO?	Better experiences and better lives for Doncaster people		Improved morale and satisfaction for Doncaster's workforce		More sustainable use of resources	

Our approach to co-production

Good governance in Doncaster's Adult Social Care is founded on co-production. Co-production is the best way of ensuring the "so" in the Practice Framework: better



experience and better lives for Doncaster people, improved morale and satisfaction for Doncaster's workforce, and more sustainable use of resources for Adult Social Care. Our Making It Real Board (see below) is founded on co-production but we have also coproduced guidance for co-production in general, and specific guidance for co-production in recruitment and selection, meetings, and events. This will help people working in Adult Social Care to fully involve people with lived experience when making decisions.

We have also reviewed our approach to coproduction payments and developed a reward and recognition policy. This gives people with lived experience of drawing on care and support choice and flexibility about how they are rewarded for their time when they take part in activities to improve Adult Social Care. We set aside an increased amount of funding to support this in 2024-25. We're increasing available funding further in 2025-26 to specifically support coproduction in the work of the Doncaster Safeguarding Adults Board.

Our Making It Real Board

Our Making it Real Board gives strategic oversight to Adult Social Care in Doncaster, evaluating progress and agreeing priorities for improvement. It's co-chaired by Helen Stirland who has drawn on care and support in Doncaster, and by Councillor Sarah Smith - Cabinet member for Adult Social Care. The DASS, Service Directors, Principal Social Worker and Principal Occupational Therapist are members of the board alongside an equal number of people who have drawn on care and support in Doncaster. Board members work together as equal partners to make sure we keep making progress against our key priorities but also to ensure that as much improvement activity as possible is fully co-produced in workstreams that report into the board.

Key actions and priorities each year are set out in our published Local Account are co-produced and co-presented by Making It Real Board Members to Doncaster Council's Cabinet. This has been published in each of the last three years in an accessible format and focusing on themes that people who draw on care and support have said are of the highest importance.



Co-production with Carers: The Carers Advisory Group and the Carers Strategic Oversight Board



The Carers Strategic Oversight Board is co-chaired by Debbie Osborne, a parent carer, and Councillor Sarah Smith who is also a carer as well as being the Cabinet Member for Adult Social Care. The board publishes the Doncaster Carer's Journey each year, setting out the previous year's achievements and the forthcoming year's agreed priorities.

The Carers Strategic Oversight Board is a broader partnership than the Making It Real Board, with representation across NHS partners and a large number of key partnership organisations. Its focus is much wider than Adult Social Care. Therefore, although carers are in direct attendance, there is a large majority of professionals. To help rebalance this, there is a Carers Action Group that is chaired and fully attended by carers, with no professionals other than the council's Carers Lead who provides administration. Feedback and challenge from the Carers Action Group has regular agenda space on the Carers Strategic Oversight Board.

This framework has been in place for two years and co-production is developing.

However, the partnership needs to build more trust with carers who want to see more evidence of "you said, we did" from the partnership in 2025.

Other governance supporting co-production

Doncaster's Learning Disability Partnership Board, Autism Partnership Board, and Dementia Partnership board are also co-chaired by people with lived experience and councillors to embody accountability to local people. They are also significantly attended by people who have drawn or who are drawing on care and support, driving a shared work programme arising from a dedicated co-produced strategy.

Governance ensuring public accountability

Key plans and strategies are signed off in public by council cabinet, either collectively or via a delegated cabinet member decision. Cabinet decisions (for example the 2025 Local Account referred to above) have involved people who draw on care and support actively attending and presenting to the mayor and cabinet members to provide assurance that decisions are directly driven by the priorities of Doncaster people.





Following Cabinet approval of strategies and action plans, the Health and Adult Social Care Overview and Scrutiny Panel oversee delivery. Again, presentations to Scrutiny draw upon the voices of people who have been in receipt of care and support in Doncaster. For example, in November 2024 three people with lived experience of care and support updated Scrutiny about our 2024 Local Account alongside two senior officers.

As well as hearing directly from Doncaster people about their experience, Council Cabinet and Scrutiny each receive quarterly reports showing progress against key performance indicators in Adult Social Care. These cover Adult Social Care Outcomes Framework data (for example care home admissions), local activity data (for example the number of carers assessments completed) and local timeliness data (for example the waiting time for the completion of social work assessments). The Director of Adult Social Services (DASS) is questioned by the Overview and Scrutiny Management Committee in public every quarter about indicators that are out of tolerance. This includes use of resources: working preventatively and with good quality is likely to mean that resources are being used sustainably.

Senior management oversight

Adult Social Care is prominent within the council's Corporate Plan. This sets out the council's contribution to Doncaster Delivering Together – our partnership 10-year Borough Strategy.

The DASS reports to the council's Chief Executive who chairs a weekly Executive Leadership Team meeting. This provides an opportunity to not only hold Adult Social Care to account but also to support connections with other Executive Director responsibilities, for example, those in relation to children and young people, public health, strategic housing and use of council resources.

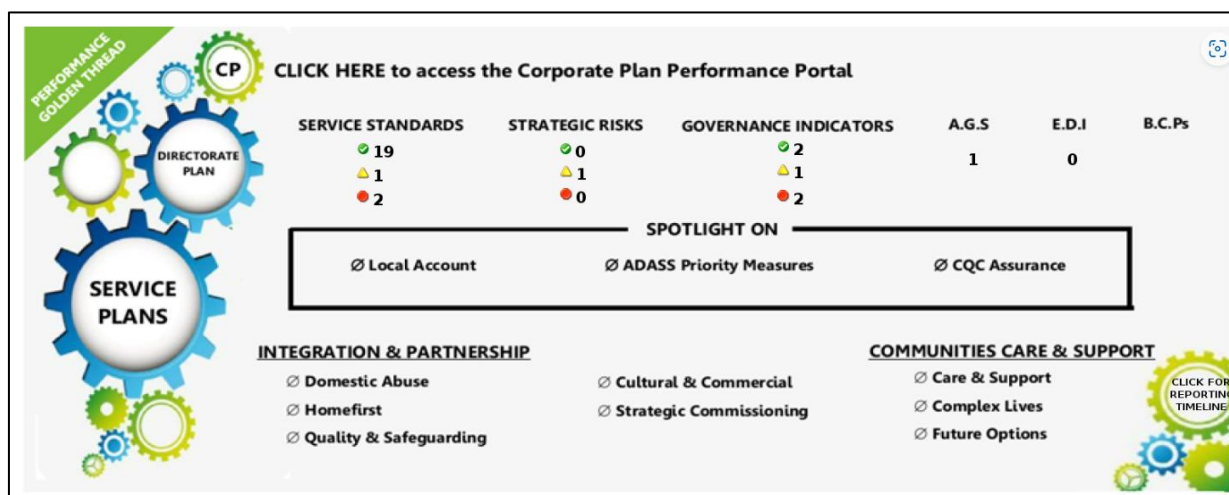
The Service Director for Adult Social Care is the Caldicott Guardian for Doncaster Council ensuring information governance is in line with legislative requirements. The Caldicott Guardian is responsible for protecting the confidentiality of people's information and making sure it is being used properly.

Governance of quality and performance standards

The DASS and Adult Social Care Service Directors lead governance to ensure that quality, performance, and use of resources standards are visible to adult social care staff and there is a positive trajectory of improvement. Standards are formally reviewed every quarter as a minimum. Performance that is out of tolerance is reviewed more intensively. Improvement Clinics have been used to good effect where necessary, resulting in detailed team action plans and monitoring arrangements. These clinics have supported improvements in key areas such as assessment waiting times.



There is strong corporate support for improvement activities. Allocated corporate leads (known as Business Partners) work with Adult Social Care on performance improvement, policy development, human resources, financial management and communication. These relationships work well and not only help Adult Social Care to improve, but also connect it with wider council development. Performance and service standards are recorded on Pentana, a governance, performance, and risk management system. This brings information together in one place and improves both oversight and accountability.



Managing risks

The weekly review of operation risks, overseen by the DASS, is set out within Theme 3. Adult Social Care works to an escalation framework based around risks to people from insufficient service continuity. Risks to each area of service are reviewed and mitigating actions are identified. The cabinet member, scrutiny chair, safeguarding chair and senior NHS representatives receive a written weekly risk assessment.

CQC Quality Statement: Learning, Improvement, and innovation

“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.”

Connecting with staff to foster a learning culture

The latest staff survey results indicate that the Adults, Wellbeing, and Culture Directorate (predominantly Adult Social Care staff groups) has the strongest results in Doncaster Council on measures of staff engagement, growth and development.

Festivals of Practice have been held in the Autumn and Spring over the last three years. These have been explicitly used as opportunities for connection and learning. Large cross-sections of Adult Social Care staff have attended and people who draw on care and support have also played a prominent role alongside national and local speakers. Festivals of Practice have developed over the above period, they are now co-designed with staff and focus on supporting wellbeing and celebrating success as well as providing insights and learning opportunities.

Our Principal Social Worker and Principal Occupational Therapist lead the organisation of Festivals of Practice and also provide a focal point for further practice development and learning. A monthly newsletter is published by our principals, focusing on key areas of practice, sharing research, learning from practice audits, and overall best practice. Reflective group sessions are also held by our PSW to support staff to discuss complex practice dilemmas, application of legal frameworks and best practice.

Our Workforce Development Team coordinate a robust programme of mandatory and discretionary learning and development specific to Adult Social Care. There are a wide range of progression and continuous professional development opportunities for staff, including for example progression routes into AMHP roles, best interest assessors, practice education and accredited leadership courses. The Workforce Development Team have recently shifted to the line management of our Principal Occupational Therapist because we think there are opportunities to connect workforce development and practice development more strongly so that our training activity is more explicitly geared to our practice priorities.

Our recent staff employee survey indicated that 86% of social care staff have the intention to stay working as part of Doncaster Council (significantly above rates reported in other directorates in the council). 83% of Adult Social Care staff also indicated that their work provides them with a sense of personal accomplishment. We recognise however the challenging and difficult role that our practitioners carry out and we are mindful of the support needed to maintain positive wellbeing. Regular, good quality supervision is important and prioritised alongside opportunities for staff to feedback on areas that could be developed to positively impact their wellbeing at work. We have committed to focussing on the themes and priorities that have been identified through our recent staff survey, including undertaking a benchmarking exercise in pay and rewards and further opportunities to celebrate staff achievements.

Targeted learning to address key priorities

We have run targeted development sessions in response to needs identified by quality assurance and staff feedback. Mental Capacity has been prominent and seminar sessions have been organised both by our Deprivation of Liberty Safeguards Manager and by the Doncaster Safeguarding Adults Board (DSAB). DSAB have also organised a recent seminar on self-neglect. Furthermore, DSAB sessions bring together Adult Social Care staff with partners for shared learning opportunities.



Innovation sites

We have used an innovation site approach to take large steps forward driven by the initiative and commitment of staff teams. Becoming an innovation site requires developing a proposal that is in line with the Adult Social Care Practice Framework and being specific about a group of Doncaster people the site would like to work with differently, alongside a group of staff that will do this in a focused way. Innovation sites then receive coaching support over a 12-week period. Innovation sites report progress and learning to a Making It Happen meeting chaired by the DASS. The focus of Making It Happen is to celebrate achievements, support learning, and for senior managers to unblock any barriers that innovation site members have identified. Innovation sites have resulted in the following achievements:

- The development of the “huddle” approach and generally reducing hand-offs and speed of response in the Central Locality Social Work Team – this learning was then used to inform a wider roll-out.
- The trial of a much more nimble and person-centred approach to Occupational Therapy that speeded up response times by focusing on what was most important to the person.
- The development of out-reach support to people with sensory loss from the Sensory Team, increasing the provision of information and preventative support
- The enablement of more joined- up and personalised support to a Supported Living Scheme from the Community Adult Learning Disability Team (CALDT).
- The development of more personalised support to people going through a period of difficulty, also by CALDT, rather than people being handed off to other services and having to tell their story again.
- The reduction of internal hand-offs and greater responsivity of support within the Positive Step Unit supporting older people with intermediate care.

Learning Experiments

As part of developing the multi-agency arrangements in each locality to support people earlier to prevent and de-escalate need (the ‘Thrive’ Programme as described in Theme 1 of this self-assessment), is a series of ‘learning experiments’ which are helping us to develop a culture of relational practice across organisations.

Three of these learning experiments specifically relate to Adult Social Care. A learning experiment in the East Locality is focused on individuals who frequently attend the local Accident & Emergency department. Daily ‘huddles’ in the East Locality are being used to discuss individuals who frequently attend A&E and to join up information and support. The learning experiment in the North Locality is focused on individuals who frequently attend Primary Care. The work in the North is concentrating on improving the involvement of a GP practice in conversations about the people who we support. The third learning experiment (led by our Complex Lives Service) is focused on individuals who in the past year have repeatedly slept rough. This work is looking at reflecting on the support already provided and



Practice and Thematic Audits

We have also agreed a number of thematic audits for 2025 in response to our analysis of areas for development and improvement. These are:

- ## Research collaborations



Doncaster Council hosts one of the thirty Health Development Research Collaboratives. This has supported the council to become more research-active and to embed a culture of evidence-based decision making. The key underlying aims are to reduce health inequalities and address the wider determinants of health. As an adjunct to this, Doncaster Adult Social Care has joined the Curiosity Partnership, a research partnership hosted by the University of York. This has delivered significant benefits:

- Doncaster hosted a regional research conference in October 2024 bringing together national and international thinking on adult social care research.
- Doncaster having a researcher in residence from the University of York who has joined the Making It Real Board and provided evidence-informed support.
- Specific impacts for Doncaster such as our Framework for Cultural Competence in Adult Social Care being informed by research into cultural humility.

Doncaster Adult Social Care are a member of the National Development Team for Inclusion Community Led Support Network (NDTI). We have used the expertise and evidence base from this network to develop our approach to Community Conversation Points (referred to in Theme One) and more recently, to inform our developments to how we support young adults preparing for adulthood (PFA), utilising NDTI's 4 key pillars.

Next step for Doncaster Adult Social Care is to be more deliberate about our research objectives, including how we support our workforce to be more research-active in their own right. The development of a Research Strategy is set out as a 2025 priority within our Local Account.

