

CABINET

**Venue: Town Hall, Moorgate
Street, Rotherham. S60
2TH**

Date: Wednesday, 6 November 2013

Time: 10.30 a.m.

A G E N D A

1. Questions from Members of the Public
2. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
3. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
4. Declarations of Interest
5. Minutes of the previous meeting held on 16th October, 2013 (copy supplied separately)
6. Fixed Penalty Notices (FPNs) for Unauthorised Holidays taken in Term Time (Pages 2 - 7)
7. Commissioning Stop Smoking Support in Pregnancy (Pages 8 - 10)
 - Director of Public Health to report.
8. Scrutiny Review - Hospital Discharges (Pages 11 - 25)
 - Chief Executive to report.
9. Scrutiny Review of Domestic Abuse Services in Rotherham (Pages 26 - 56)
10. Rotherham Local Safeguarding Children Board Child Sexual Exploitation Action Plan (Pages 57 - 71)
11. Rationalisation of Property Assets - Land at Second Lane, Wickersley (Pages 72 - 76)

Extra Report

12. Investing to Stimulate further Development at the Advanced Manufacturing Park (Pages 77 - 83)
13. Exclusion of the Press and Public
Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs indicated below of Part I of Schedule 12A to the Local Government Act 1972 (as amended March 2006).
14. Rationalisation of the Property Portfolio - 4 - 6 Moorgate Road, Rotherham (advance notice given) (report herewith) (Pages 84 - 89)
 - Strategic Director of Environment and Development Services to report. (Exempt under Paragraph 3 of the Act - information relating to the financial/business affairs of any particular person (including the Council))
15. Rationalisation of the Property Portfolio: 99a Knollbeck Avenue, Brampton (advance notice given) (report herewith) (Pages 90 - 95)
 - Strategic Director of Environment and Development Services to report. (Exempt under Paragraph 3 of the Act - information relating to the financial/business affairs of any particular person (including the Council))
16. Property Rationalisation: Potential capital receipts from the sale of YEB Substations in the Miscellaneous Property Portfolio (advance notice given) (report herewith) (Pages 96 - 105)
 - Strategic Director of Environment and Development Services to report. (Exempt under Paragraph 3 of the Act - information relating to the financial/business affairs of any particular person (including the Council))
17. Capital Programme : Capital Receipts Update (advance notice given) (report herewith) (Pages 106 - 113)
 - Strategic Director of Environment and Development Services to report. (Exempt under Paragraph 3 of the Act - information relating to the financial/business affairs of any particular person (including the Council))
18. Re-commissioning of Leaving Care and Looked After Children's Services* (report herewith) (Pages 114 - 122)
(Exempt under Paragraphs 3 and 4 of the Act – information relating to the financial/business affairs of any particular person (including the Council)/information relating to any consultations or negotiations or contemplated negotiations in connection with any labour relations matters.)

In accordance with Section (7) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the Chairman of the Overview and Scrutiny Management Board has agreed that the item marked (*) contains a key decision which needs to be acted upon as a matter of urgency and which cannot be reasonably deferred (see notice attached)

Cabinet – 6th November, 2013

Take notice, in accordance with Regulation 10 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, that the following key decision is to be considered at the meeting without having provided the required 28 days' notice:-

- Re-commissioning of Leaving Care and Looked After Children's Services

This report is presented to allow consideration of serving formal notice on the contract and working with the provider sensitively to manage the process.

The Chair of the Overview and Scrutiny Management Board has been informed and is in agreement with the presentation of the report.

**Jacqueline Collins,
Director of Legal and Democratic Services.**

29th October, 2013.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	6th November 2013
3.	Title:	Fixed Penalty Notices (FPNs) for Unauthorised Holidays taken in Term Time.
4.	Directorate:	CYPS

5. Summary

Amendments have been made to the Pupil Registration Regulations and the Penalty Notices Regulations. These amendments came into force on 1st September 2013.

Amendments to the Pupil Registration Regulations remove references to ‘family holiday’ and extended leave as well as the statutory threshold of ten school days. The amendments make clear that head teachers may not grant any leave of absence during term time unless there are exceptional circumstances.

Head teachers should determine what circumstances are to be considered ‘exceptional’ reasons for taking a holiday in term time and Heads must also determine the number of school days a child will be permitted to be away from school if the leave is granted.

Under the provisions of the Anti-social Behaviour Act 2003 it is possible that in certain cases of unauthorised absence a fixed penalty notice may be issued to the parents of compulsory school age children. These notices require an out of court fine to be paid by parents of pupils who have unauthorised absence from school.

Amendments to Penalty Notice Regulations have reduced the timescales for paying a fixed penalty notice fine. Parents must, from 1st September 2013, pay £60 within 21 days or £120 within 28 days of a penalty notice being issued.

After a period of consultation, with all schools including academies and the police, every local authority is required to draw up and publish a code of conduct for issuing fixed penalty notices for unauthorised absence from school. The code should set out the criteria that will be used to trigger the use of a penalty notice. This should include arrangements to issue penalty notices for unauthorised holidays.

DfE guidance requires that the local authority administers the FPN scheme for all schools in its area, including academies and Free schools

5. Recommendations

- That Cabinet endorse option 3 as the preferred recommendation permitting the Education Welfare Service to administer and issue fixed penalty notices, until the end of July 2014, for unauthorised absence, including for holidays in term time, ensuring consistency, fairness and transparency. *Proposal 3 - outlined in Section 6 of this paper 'Proposals and Details'*
- Agree that EWS will undertake quarterly reviews of the FPN scheme until August 2014 to assess the service impact, volume of requests, and the number of penalty notices issued, paid, referred to court and withdrawn.
- Agree that the Education Welfare Service reserves the right to amend the code of conduct, via consultation, transferring the responsibility to issue FPNs to schools and individual Head Teachers.

6. Proposals and Details

1. Consider omitting unauthorised holidays in term time from the local code of conduct

Department for Education allow each LA to negotiate and develop their own criteria. We may face a challenge from either Department for Education, schools and academies if we do not include unauthorised holidays in our local code of conduct. I have established that neighbouring authorities do intend to include unauthorised holiday in their local fixed penalty notice code of conduct.

2. Consider developing a local code of conduct that would permit individual Head Teachers to issue FPNs for unauthorised holidays in term time

The code of conduct could allow all primary, secondary and academy Head Teachers to issue FPNs in line with an agreed LA Code of Conduct administered by the local authority. This option may raise a number of concerns surrounding the level of consistency applied to the scheme by individual schools and will remove the LA's ability to tailor procedures to meet local need and Education Welfare Service resources.

3. Consider a local code of conduct permitting EWS to manage and issue fixed penalty notices for unauthorised absence, including for holidays in term time

This option would allow control and consistency for the local authority. Education Welfare Service will need to conduct a review of volume and appropriateness of the referrals to allow an assessment to be made with regard to Education Welfare Service capacity at current levels. This option will allow the Education Welfare Service to support all schools with the initial introduction of the FPN scheme.

Guidance does allow for schools and or the LA to *issue* penalty notices in line with the agreed local code of conduct. However, whatever is agreed with regard to who is permitted to issue the notices, the code of conduct is *always* administered by the Local Authority.

CYPS will reserve the right to amend the code of conduct, transferring the responsibility *to issue* FPNs to schools and individual Head Teachers. Under such circumstances the Education Welfare Service will continue to monitor and administer the FPN scheme for the local authority.

8. Finance

If agreement is reached for option 3. The scheme will be staffed and administered within current Education Welfare Service budget. Any additional financial burden is hoped to be covered by the fixed penalty notice levy generated.

It is envisaged that administration of the scheme will be covered by the initial standard issue fee of £60/£120. The Education Welfare Service will need to review the financial implications and costs associated with the management of the scheme on a 3 monthly basis.

As with other standard attendance enforcement matters, if successful the local authority is at liberty to request, any parent found guilty of an offence, for reimbursement of realistic costs incurred in bringing the matter to trial at the Magistrates Court.

9. Risks and Uncertainties

A recent attendance register audit allowed Education Welfare to analyse the number of unauthorised absence sessions that were recorded across the borough during 2011/12 Autumn Census. The collated data revealed the scale of unauthorised absence for holidays taken in term time and therefore the potential scale of FPN referrals EWS may expect to receive.

- The unauthorised absence sessions recorded for a term time holiday in maintained Secondary schools was 6704 absence sessions representing 6.7% of the total pupil absence recorded during the period.
- The unauthorised absence sessions recorded for a term time holiday in academy status Secondary schools was 2716 absence sessions representing 7.3% of the total pupil absence recorded during the period.
- The number of absence sessions recorded for authorised holidays in term time (those holidays agreed by the school) for maintained Secondary aged pupils was 3675 sessions and for Academy pupils 2125

A further review on the wider impact these changes will have on EWS staffing and capacity will need to be undertaken at the end of academic year 2013-14.

If agreed by all parties, the Code of Conduct will include strict criteria under which EWS will accept referrals from schools to issue penalty notices for holidays taken in term time, although at this stage we are unable to quantify the potential referral requests beyond the figures listed above.

Local authorities are ultimately responsible to pursue any subsequent prosecutions resulting in the non-payment of the penalty notice. They are also responsible for agreeing and publicising a code of conduct and for the overall administration of any FPN scheme. The local code of conduct is seen as the key to the successful use of penalty notices. The Code of Conduct will ensure consistency, fairness and transparency in the way notices are issued. It will also allow the local authority to manage the system and tailor procedures to meet local need and Education Welfare Service resources.

If we do not have agreement for the whole FPN scheme to be managed centrally by the Education Welfare Service the Local Authority must consider developing a process and code of conduct that would allow each individual Head Teacher or their representative to issue FPNs on a school by school basis. Each school would potentially develop a different system and the duty placed on the Local Authority to oversee and administer these processes would require considerable investment in order to quality assure and audit such arrangements. Additionally, this option may raise a number of concerns surrounding the level of consistency applied to the scheme by individual schools and will remove the Local Authority's ability to tailor procedures to meet local need and Education Welfare resources.

A number of regional neighbours have experienced difficulties with regard to fairness and consistency with which the local code of conduct has been applied. One local authority reported that they have been required to repay thousands of pounds to parents where it was felt FPNs had been inappropriately issued. Another example highlights that having developed a due process which allowed schools and academies to individually issue FPNs considerable effort is now required to ensure monies generated by the penalty notices are paid in accordance with the national guidance directly to the local authority.

Failure of the local authority to have in place an effective Code of Conduct for the administration and process of fixed penalty notices may result in future challenge from the Department for Education and/or local schools and academies. Many schools experience scrutiny during Ofsted inspection with regard the challenge they make to parents surrounding holidays in term time. Schools and academies would therefore look to the local authority to have appropriate measures in place to support all schools in their endeavours to improve attendance and reduce holidays taken during the school term.

In order to comply with Human Rights legislation it is essential that Penalty Notices be issued in a consistent manner. The proposed Code of Conduct will govern the issuing of Penalty Notices in respect of unauthorised absence from school for holidays taken in term time, and unauthorised absence

10. Policy and Performance Agenda Implications

Department of Education guidance states that the local authority administers the FPN scheme for all schools in its area, including academies and Free schools.

Regulations provide that the LA can retain revenue for any penalty notices issued to cover the costs of issuing or enforcing notices or the costs of prosecuting parents who do not pay.

Local Authorities should produce an auditor statement showing that income received from penalty notices does not exceed enforcement.

Penalty Notices will only be issued for offences where the Local Authority is willing and able to prosecute should the out of court fine remain unpaid.

FPNs can be issued to each 'parent' liable for a child's attendance. Under the provisions of the Education Act 1996 'parent' means all natural parents, whether they are married or not, and includes any person who, although not a natural parent, has day to day care for a child. A person with whom the child lives and who looks after the child, irrespective of what their relationship is with the child, is considered to be a parent in education law.

Previously, Head Teachers could grant extended leave for more than ten school days in exceptional circumstances. Such absences usually occur where a family requests leave of absence to visit the family's country of origin. In Rotherham such requests are predominantly made for extended holiday periods to Pakistan.

The Education Welfare Service has begun a consultation process in relation to the draft fixed penalty notice code of conduct with school, academy and police

representatives. The first stage of the consultation process indicates that the majority of school representatives would support a local code of conduct solely managed by the Local Authority.

It is proposed that Penalty Notices will be issued by the Education Welfare Service in order to avoid the issue of duplicate notices. The Education Welfare Service will ensure consistent and equitable delivery, retain school-home relationships and allow cohesion with other enforcement sanctions.

The Education Welfare Service will receive requests to issue Penalty Notices from all schools regardless of status.

If the penalty is not paid in full by the end of 28th day period the LA must either prosecute for the offence to which the notice applies (the period of unauthorised holiday from school) or withdraw the notice.

The arrangements for the paying of penalties will be detailed on the Penalty Notices.

From 1st September 2013 Penalty Notices are set at £60 per parent per child if paid within 21 days of receipt of the notice increasing to £120 per parent per child if paid within 28 days of receipt of the notice.

Payment of a Penalty Notice discharges the parent's liability for the period in question and they cannot subsequently be prosecuted under other enforcement powers for the period covered by the Penalty Notice.

The Education Welfare Service will review the Code of Conduct on the Issue of Penalty Notices in regard to unauthorised holidays taken in term time and poor school attendance at regular intervals and produce reports on this area of activity as required. Additionally, in conjunction with colleagues from Legal Services an impact and analysis report will be undertaken to review any resource/capacity implications for legal services associated with potential increased litigation following non-payment of penalty notices.

11. Background Papers and Consultation

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ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1.	Meeting:	Cabinet
2.	Date:	Wednesday 16th October 2013
3.	Title:	Commissioning stop smoking support in pregnancy
4.	Directorate:	Public Health

5. Summary:

Stop smoking support in pregnancy is currently provided by Rotherham NHS Foundation Trust (RFT) as part of the Rotherham NHS Stop Smoking Service. The published tender for the general stop smoking service does not include smoking in pregnancy. This will require it to be commissioned separately in the future in line with the tobacco control commissioning plans for 2014/15 and beyond. These plans were approved by Cabinet in April this year. Over the last 4 years we have developed a stop smoking in pregnancy service that is embedded within routine antenatal care, with the stop smoking specialist team working alongside midwifery services. This followed trial of different models of care and after listening exercises to develop a service that Rotherham women wanted. This model has resulted in significantly lower levels of smoking at delivery.

General stop smoking support services are being competitively tendered in a joint procurement with Doncaster Metropolitan Borough Council we wish to continue the necessary integration of stop smoking support in pregnancy with midwifery services. We are therefore seeking Cabinet approval to waive the requirement for competitive tendering and to continue to commission the service from Rotherham NHS Foundation Trust.

Smoking in pregnancy rates are part of the Public Health Outcome framework and Borough Health Profiles. Reducing smoking in pregnancy is a key measure to address health inequalities.

6. Recommendations:**Cabinet is asked to:**

- **Waive the requirement for competitive tender for stop smoking in pregnancy support due to its necessary integration with NHS midwifery services at Rotherham NHS Foundation Trust.**

7. Proposals and Details:

Background

Smoking in pregnancy increases the risk of maternal and foetal death. It is the single most modifiable risk factor for complications during pregnancy, increased risk of miscarriage, premature birth, still birth and low birth weight. Children exposed to tobacco smoke in the womb are more likely to suffer from sudden infant death, respiratory ear nose and throat infections, psychological problems such as hyperactivityⁱ and a detrimental effect on child's educational performance.

Stop smoking in pregnancy support in Rotherham is delivered by two specialist midwives and one pregnancy advisor, who are currently part of the Rotherham NHS Stop Smoking Service. The current model has been running for 3.5 years and is a result of a comprehensive development process over the past 4-5 years to reduce the number of women smoking during pregnancy and increase the number seeking support to quit. This model embeds the stop smoking support within routine antenatal care and has delivered a 7 percentage point reduction in smoking at time of delivery rates in three years (compared with a 1.2 percentage point reduction for our peer group – Manufacturing Towns – and a 0.5 percentage point reduction in Yorkshire and Humber over the same period).

The model sees stop smoking support embedded within routine antenatal care and central to the midwifery service's agenda. The service actively seeks out pregnant smokers and all are provided with a mandatory intervention as part of their routine antenatal care, whether or not they have indicated a desire to quit smoking. This model was developed following consultation with local women who had smoked or quit smoking during pregnancy to ensure it meets their needs and delivers a service that exceeds the requirements of National Institute for Health and Social Care Excellence (NICE) guidance.

The small team (two stop smoking specialist midwives and one stop smoking in pregnancy advisor) works directly with the midwifery service to ensure basic stop smoking advice is integrated into all midwives' work. However, having a separate service specification enables us to maintain control over the service's outcomes and objectives and ensure that stop smoking support for this high priority group remains the primary focus. It also allows strong performance management of this enhanced midwifery intervention to verify that their work is delivering the requirements of the public health outcomes framework.

Re-commissioning

Cabinet approved the proposals for future tobacco control commissioning in April 2013. These proposals included collaborative commissioning of the stop smoking service with other South Yorkshire authorities and to commission stop smoking support in pregnancy as a separate service. The tender process for a cross-Rotherham and Doncaster generic stop smoking services is underway and due to award a contract by the end of 2013, to start operating on 01 April 2014.

At present stop smoking support during pregnancy is delivered by a team within the Stop Smoking Service, which is itself a Rotherham NHS Foundation Trust service. We did not want pregnancy support to be tendered with the generic Stop Smoking Service as pregnancy support models vary between Doncaster and Rotherham and we wish to retain the successful model we deliver in the borough.

During the time this pathway has been in place the small smoking in pregnancy team has become increasingly integrated with the midwifery service. To distance this team from the midwifery service through competitive tender and a potential third party provider could have a detrimental impact upon service delivery and, therefore, clinical outcomes.

The clinical pathway indicates the extent to which stop smoking in pregnancy advice is integrated within antenatal care:

- Community midwives (RFT midwifery service) carry out initial assessment of smoking status and desire to quit at booking visit. Refer to stop smoking in pregnancy midwives/advisor if woman is motivated to quit.
- Stop smoking in pregnancy midwives are based at RFT's Greenoaks antenatal unit where they identify smokers on daily clinic lists and deliver a clinical intervention for all pregnant smokers attending routine scans and appointments. They record notes in the woman's pregnancy handheld records. Other RFT midwifery staff (midwives/sonographers) ensure pregnant smokers are seen by the specialist stop smoking midwives for the mandatory intervention following their appointment
- Maternity service support workers (RFT midwifery service) provide telephone contact for successful quitters up until delivery to prevent relapse and refer back to stop smoking in pregnancy team as necessary

In addition, the stop smoking in pregnancy team provides training to midwifery and obstetric staff to ensure a single consistent message about smoking is delivered and to continually promote the pathway. Being situated in the maternity unit has built those relationships and facilitated adherence to the pathway by generic midwifery and obstetric staff.

Proposals

Having sought advice from the RMBC procurement team we believe that the necessity to integrate the stop smoking in pregnancy support with midwifery services means that Rotherham NHS Foundation Trust is the only provider that could fulfil the service requirements and therefore conducting a competitive tender would incur unnecessary staff time and cost. We are therefore seeking Cabinet approval to waive the need for external tender.

8. Finance:

The annual contract value for the stop smoking in pregnancy service will be £150K plus a separate budget for nicotine replacement therapy estimated at £45K (the provider will be given a maximum budget and asked to invoice on actual spend).

9. Risks and Uncertainties:

There is a small risk that other providers could challenge a decision to place a service with a single provider without competitive tender. This paper aims to counter any such challenge by outlining a clear rationale for the decision.

10. Background Papers and Consultation:

None.

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ⁱ Button T.M.M., Maughan B., McGuffin P. (2007). The relationship of maternal smoking to psychological problems in the offspring. *Early Human Development* 83 (11): 727-32.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	7th November 2013
3.	Title:	Scrutiny Review of Hospital Discharges
4.	Directorate:	Resources

5. Summary

This report sets out the findings and recommendations of the scrutiny review of hospital discharges in Rotherham. The review report is attached as Appendix 1 for consideration by Cabinet.

6. Recommendations**That Cabinet:**

- **Receive the report and submit their response to the review to OSMB within 2 months.**
- **Agree to forward the report to the Health and Well Being Board**

7. Proposals and Details

This review was requested by the Health Select Commission. The issue was part of the work programme for the Health Select Commission in 2012/13 and as such an initial report was received by the Commission at its meeting in April 2013. This was written and presented by Maxine Dennis, Rotherham NHS Foundation Trust. Members felt that the agenda was potentially very wide and therefore that a focused spotlight review was required.

The key focus of Elected Members' attention was their perception, based on anecdotal evidence, that there was a problem with out of hours discharges (late at night or weekend) and patients being discharged without adequate support arrangements in place. The review therefore looked at to what extent this perception was based on the true picture.

There were four main aims of the review which were to consider:

- Definition of a good discharge from hospital and therefore how is a failed discharge identified
- Reasons for failed discharges
- Discharge arrangements for those with care plans and those without
- Patient experiences

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities

The review conducted was a spotlight review and formulated eight recommendations as follows:

1. That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.
2. The perception of problems relating to discharge is not supported by factual information therefore, feeding this back to Elected Members should be a priority. Methods to achieve this should be explored. Any individual issues raised with an Elected Member need to be fed in by the most appropriate route. Recommendation 2 also applies to staff and should be built into training programmes
3. Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.
4. The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.
5. Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go

to the Health Select Commission.

6. Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission
7. The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.
8. Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this

8. Finance

In general the recommendations being forwarded can be implemented without any additional resources being required.

9. Risks and Uncertainties

The review group found that there is a mismatch between perceptions about discharges and the reality of the situation. The issue of addressing these misconceptions about the agenda is key to the recommendations.

10. Contact

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Scrutiny review: Hospital Discharges Policy and Procedure

Review of the Health Select Commission

May – August 2013

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Executive Summary

The aim of the review:

The review group was made up of the following members:

- Cllr Brian Steele (Chair)
- Cllr Christine Beaumont
- Cllr Judy Dalton

Summary of findings and recommendations

There were four main aims of the review which were to consider:

- Definition of a good discharge from hospital and therefore how is a failed discharge identified
- Reasons for failed discharges
- Discharge arrangements for those with care plans and those without
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It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

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The review conducted was a spotlight review and formulated eight recommendations as follows:

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3. Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.
4. The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.

5. Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go to the Health Select Commission.
6. Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission
7. The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.
8. Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this

1. Why members wanted to undertake this review?

This review was requested by the Health Select Commission. The issue was part of the work programme for the Health Select Commission in 2012/13 and as such an initial report was received by the Commission at its meeting in April 2013. This was written and presented by Maxine Dennis, Rotherham NHS Foundation Trust. Members felt that the agenda was potentially very wide and therefore that a focused spotlight review was required.

The key focus of Elected Members' attention was their perception, based on anecdotal evidence, that there was a problem with out of hours discharges (late at night or weekend) and patients being discharged without adequate support arrangements in place. The review therefore looked at to what extent this perception was based on the true picture.

2. Terms of reference

The work of the review group was split into two pieces of work:

1. Gathering of contextual information, gaining an understanding of the area and examining data to build up the picture and to scope the review tightly.
2. To carry out a swift spotlight review of the issues.

The review has been provided with support and evidence by the following officers:

Maxine Dennis – Interim Director Patient and Service Utilisation, Rotherham NHS Foundation Trust
Shona McFarlane – Director of Health and Wellbeing
Michaela Cox – Service Manager
Lindsay Bishop – Manager Hospital Social Work Team
Sandra Tolley – Housing Options Manager
Sandra Wardle – Housing Team Leader

3. Background

The Rotherham NHS Foundation Trust has on average 70,000 patients admitted to the hospital per year. Whilst 38,000 patients are admitted for a planned elective procedure, 32,000 are admitted as an emergency.

The number of emergency admissions continues to rise year on year, and this year there is to date a 7.6% increase in emergency admissions this year compared to last year. In addition, there is a significant increase in the number of frail elderly people being admitted to hospital. This patient group is very vulnerable and often have very complex care needs, which require very complex discharge planning arrangements.

It is also acknowledged that Rotherham as a health and social care community admits more patients with long-term conditions over and above the national averages and at any given time has patients in acute hospital beds that do not necessarily require that acute level of care.

Rotherham NHS Foundation Trust has and continues to work in close collaboration with partner agencies to explore and provide alternatives to admission to hospital and a number of new initiatives have been developed over recent years to provide alternatives to hospital admission i.e. Breathing Space, Intermediate Care, Community Hospital beds.

Due to the pressure and demand on hospital beds and the need to be able to accommodate the admission of acutely ill patients, it is important that the hospital can expedite discharge where the patient no longer needs to be in hospital.

Whilst it is important to discharge patients in a timely way, it is equally important that discharge is safe and that patients who have complex discharge needs have those needs carefully planned for and executed.

As a result, Rotherham NHS Foundation Trust has a comprehensive and detailed Discharge Policy. This Discharge Policy has recently been systematically reviewed and the current version is in its final draft format, having been consulted upon.

Reasons for Delayed Discharges

There will always be some patients who experience a delay to their discharge for a number of reasons:

- A complex home care package of support is required
- Equipment to support discharge is required
- Patient choice for those patients requiring 24- hour residential or nursing care
- Housing adaptations are required
- Re-housing is required
- Complex family dynamics
- Financial complexities

The Delayed Discharge Act clearly defines the criteria for reportable delayed discharges and Rotherham NHS Foundation Trust, working closely with RMBC Social Services, has a low rate of reportable delayed discharges. This is a reflection of the collaborative approach taken.

However, there are patients where this delay is not reportable, but is still a delay i.e. patients undergoing complex assessments.

All patients are entitled to have their ongoing needs assessed against Continuing Health criteria for Continuing Health Funding. This process can be lengthy and complex and the documentation associated with this process can be time-consuming and resource intensive.

Occasionally there can be a dispute between agencies, families, and healthcare providers in terms of what is required to facilitate a safe and appropriate discharge. This dispute process, whilst always resolved eventually, can add delays into the discharge process.

The Discharge Policy pulls together all of these potential complex issues, in order to ensure that any discharge or transfer of care is safe and effective, whilst keeping the patient/family needs at the centre of the decision-making process.

4. Hospital Discharges Policy and Procedures

4.1 What is a successful discharge?

Members received evidence about how the discharges process works and that this is very different depending on the needs of the patient. Patients who meet the criteria of the Delayed Discharges Act require a comprehensive multi-disciplinary assessment, which results in an agreed Care Plan by all agencies involved as part of the process, in order to ensure that all care needs will be met on discharge from hospital. This is usually facilitated jointly by hospital clinical staff and the Hospital Social Work team, working with staff from other agencies if and where appropriate (in more complex cases). Staff from community-based health services are included in these assessments as required, noting that community health services are part of the RFT. Members heard from Lindsay Bishop, the Manager of the Social Work Team about how they work and the role they play in effecting successful discharges.

Members agreed that an effective discharge is one which takes place in a timely and a safe manner. It was acknowledged that it is in the interests of both patients and the services in question to discharge patients as soon as possible, however, not until it is safe to do so. For more complex cases, this involves a detailed assessment and care planning process as outlined above.

Members noted that in the case of complex discharges some community services professionals would be invited to case conferences. Sometimes it is difficult to identify who is, or has been, involved and it may also depend on staff availability. All wards have slightly different ways of managing the multi-disciplinary assessment process. It was agreed that the people who know the patient the best should be involved in the process.

Recommendation 1

That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.

Discharge takes place back into the care of the GP. If the care plan identifies community needs then the case management role of this is the GP's responsibility. This works well in the majority of cases, however, members expressed concern about the assumption that the GP co-ordinates nursing and therapeutic care that is not necessarily linked to them.

Members also received information about failed or delayed discharges. The main routes for identifying these are via re-admission data and delayed discharge data (where patients have not been discharged in a timely manner due to a variety of reasons).

4.2 What the data tells us

Members discussed the data in some detail during the scoping of the review. Information provided to Elected Members during the scoping of the review, revealed that there is little material evidence to support the perception that there is a problem with out of hours discharges taking place. For this reason the data considered at the spotlight review meeting itself was more focused on delayed discharges, the reasons for this and customer feed back relating to this.

Key messages were identified at the spotlight review meeting, which were as follows:

- Significant numbers of delayed discharges were due to patient or family choice, possibly regarding choice of care home. The hospital tries to work with patients and families where there are such delays, acknowledging that it is difficult to force patients and families into making care choices in some cases. Issues around patient and family choice are managed in a sensitive way and this is reflected in the complaints information i.e. no complaints were from this category.
- The data from NAS and from the hospital differs and this is due to partners measuring things differently, with the commonality being the DD Act, and the different moderators of the information that each organisation is accountable to.
- The total number of delayed discharges is less than 1% therefore the statistics do not support the anecdotal evidence that this is a problem but any issues need to be addressed.
- Policy should be reviewed to strike a balance between encouraging through put and allowing patient choice.
- Rotherham performs well compared to its counterparts in the rest of Yorkshire and Humber. North Lincs. Council have looked at Rotherham as an example of best practice in this area.

Members were presented with examples of leaflets that were designed to make the discharge process understandable for patients and their families. It was agreed that finding effective ways to improve communication were very important with this agenda. It was noted that these findings were very similar to that of the Continuing Healthcare scrutiny – members were informed that approximately one third of patients who were subject to delayed discharges were Continuing Health Care patients.

Recommendation 2

The perception of problems relating to discharge is not supported by factual information therefore, feeding this back to Elected Members should be a priority. Methods to achieve this should be explored. Any individual issues raised with an Elected Member need to be fed in by the most appropriate route.

Recommendation 2 also applies to staff and should be built into training programmes

Recommendation 3

Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.

4.3 What the patients and their families think.

Members of the review group were keen to understand the information gathered around customer feed back, particularly that information which related to formal complaints. It was their view that this would enable them to understand the true picture. Information was presented by RFT on this.

Members noted a decline in complaints relating to discharges, relatively to the total number of complaints. Examination of complaints that did exist showed that inappropriate discharge and communication failures were the main reason for these complaints. Further information was provided on the meaning of inappropriate discharge, with an analysis of this provided for January to June 2013. Members observed the following:

- There were no complaints relating to out of hours discharges.
- Inappropriate discharges mostly related to contact with care providers and failure to restart care. Although these are few in number it was noted the potential implications of these were of significant concern.
- As noted already, efforts to improve communications are required.
- Support for complainants is via patient services.
- Patient surveys and the Friends and Family test feedback are used as well as formal procedures, as the problem may occur once the patient has gone home.
- The Friends and Family test picks up patients post discharge.
- Care Co-ordination Centre is a new facility which operates a discharge support service – a follow up phone call for vulnerable patients within 24 hours. Community Services would be dispatched if a problem had occurred to try and avoid re-admissions. This has been in operation since April 2013 and this was welcomed by members.
- Feedback on inappropriate discharges is encouraged via Social Services, Care providers and/or relatives and is monitored by the Care Management Team.
- Unsafe discharges are monitored via the recently re-activated multi-agency Operational Discharge Group. They will identify recurring themes/wards in order to target training.

Recommendation 4

The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.

Recommendation 5

Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go to the Health Select Commission.

4.4 The implications of failed or delayed discharges

Whilst gathering data for scoping of the review members considered that the overall number of failed or delayed discharges was very small (less than 1%). They were keen, however, to understand that despite the relatively small numbers, what are

the implications when things go wrong. They therefore, requested information about the length of delays and the costs of these.

Members noted that the total delayed discharges resulted in a total of 780 bed days. Information presented on the costs of these bed days revealed that:

- The biggest delays in discharges are with General Medicine and Older People's Services. This is not a particularly high bed day cost comparatively.
- Thoracic and Chronic Obstructive Pulmonary Disease (COPD) are part of General Medicine.

Pressure on beds at peak times can be alleviated by various means - using the RAID rapid assessment for discharge policy (an agreed health and social care policy for expediting discharge), suspending non-urgent elective surgery, transferring patients from medical to surgical wards, step up/down services, intermediate care and Breathing Space.

As noted previously, however, members stressed that despite the evidence that the issue is not as significant as perceptions indicated, the potential impact on patients and their families of a failed discharge is of concern. Therefore the recommendations contained within this report have the potential to improve outcomes for these patients.

Members noted that preparation for the Scrutiny review has resulted in a commitment from all officers concerned to carry out a business re-engineering review of the whole system. This will provide route maps for clients and assist with staff training, task allocation, timelines and clearer understanding of the need to escalate issues or problems. This will all improve the process further. The outcome of this should be reported back to members. The Continuing Health Care review also identified some common themes and will be part of the work.

Finally, members considered the fact that the hospital offers a 7 day per week service, including discharging patients. Social care services are available 7 days per weeks via the out of hours service. It was noted, however, that it is a more limited service out of hours. Given the policy direction for greater integration between health and social care services, it was considered whether this needed to be considered further.

Recommendation 6

Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission

Recommendation 7

The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.

Recommendation 8

Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this.

4.5 Future monitoring

The action plan for the implementation of the recommendations that are accepted should be reported to the Health Select Commission initially after six months and thereafter on an annual basis for monitoring purposes.

5. Background Papers

Notes of Meeting: held on 24th June 2013

Notes of spotlight review meeting on 3rd August 2013

Rotherham NHS Foundation Trust Discharge Policy

Data made available to the spotlight review:

- Complaints
- Delayed discharges
- Bed day costs
- Inappropriate discharges

6. Thanks

Thanks go to all of the witnesses who gave their time and support to the review process.

Specific expertise and input from Maxine Dennis, Rotherham NHS Foundation Trust was invaluable.

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

7. Meeting:	Cabinet
8. Date:	6th November 2013
9. Title:	Scrutiny Review of Domestic Abuse
10. Directorate:	Resources

5. Summary

This report sets out the main findings and recommendations of the scrutiny review of domestic abuse services in Rotherham. The draft review report is attached as Appendix 1 for consideration by Cabinet.

6. Recommendations

- 6.1 That Cabinet receives the report and recommendations.**
- 6.2 That Cabinet agrees to forward the report to the Safer Rotherham Partnership for their consideration.**
- 6.3 That Cabinet agrees to forward the report to the Health and Wellbeing Board for their consideration.**
- 6.4 That Cabinet's response to the recommendations is fed back to OSMB within two months of the report submission.**

7. Proposals and Details

7.1 At its meeting on 23 January 2013 the Improving Lives Select Commission agreed to undertake a scrutiny review of domestic abuse services in Rotherham. Domestic abuse has been the subject of previous scrutiny reviews in 2002 and 2005 and with many recent policy changes both locally and nationally it was considered an opportune time to revisit this area of work. An initial presentation was received by the Commission at its meeting in April 2013 to 'set the scene' and provide an overview of the national and local context.

7.2 A wide number of services currently deliver domestic abuse-related support within Rotherham; across local authority, criminal justice, health and voluntary sector services. It is important that a co-ordinated approach is taken across partner agencies to ensure the provision of adequate and timely support through effective use of resources. The aim of the review was to establish how well different agencies work together to support women and men and their families who have experienced domestic abuse, in order to address any service gaps and areas of duplication, identify opportunities to work more effectively and efficiently, and to respond to future challenges.

The review focused on the following areas:

- What does a 'good' service look like? (drawing on national guidance and best practice elsewhere)
- How well partners work together at a strategic level
- How well groups work together operationally
- How well we listen to the voice of the victim and their families

7.3 A full review was carried out, chaired by Cllr Jo Burton, and evidence gathering commenced in April 2013, concluding in July 2013. This comprised a number of evidence sessions involving Cabinet Members, officers from various council services, the manager of the domestic abuse team in Sheffield and witnesses from partner agencies. More detail on the participants and focus of the individual sessions is included in Appendix 1 of the review report.

7.4 There are twenty recommendations, which are contained in Section 7 of the full report. The focus is towards developing a more integrated domestic abuse service as mentioned above, with clear protocols and pathways for all risk levels that are understood by every partner agency. Domestic abuse also needs to be integrated at a strategic level to ensure other workstreams are addressing the impact it has on victims and families. In summary, the recommendations cover the following areas:

Commissioning and funding – mainstreaming funding for the IDVAS; carrying out an audit of need for domestic abuse support and services; exploring joint commissioning and joint funding of services and training; and considering the feasibility of more integrated working through a "one stop shop" or "golden number".

Strategy – as a priority for SRP domestic abuse should be explicit within other key strategies when they are refreshed; workstreams for drugs and alcohol need to take account of domestic abuse; sexual violence in non-domestic settings should be more integrated in work on violence against women and girls; and links with local organisations who work with 16-17 year olds need to be strengthened.

Roles and responsibilities – reviewing the structures, communications and governance arrangements with the SRP to clarify and reaffirm roles and responsibilities.

Protocol and process – ensuring the ACPO DASH risk assessment form is used by all agencies; developing a standard multi-agency protocol and process for contacting victims at all risk levels to avoid duplication; and developing a similar protocol and process for standard/medium risk assessments to ensure consistency and common pathways.

Prevention and early intervention – developing a perpetrator programme to comply with the Specialist Domestic Violence Court components; reviewing resource allocation in order to focus on standard/medium risk cases to prevent escalation to high risk; and continuing to raise awareness with young people about coercive relationships and domestic abuse, reviewing who is best placed to deliver the training.

Forced marriage and so called “honour” based violence – to be the subject of a separate review by Improving Lives Select Commission in 2014.

8. Finance

One of the review aims was to consider effective and efficient use of resources. The recommendations from the Select Commission will require further exploration by Cabinet, the Strategic Leadership Team and Partner agencies on the cost, risks and benefits of their implementation.

9. Risks and Uncertainties

In addition to tragic incidents of domestic homicide and serious injury, domestic abuse is fundamentally linked to other social problems, such as poor mental health, substance misuse, or homelessness. Its impact on children is also profound with it being a major factor in child abuse and neglect, issues of sexual exploitation, and adolescent violence.

Domestic abuse has a considerable affect on services in terms of monetary cost and in the long term harmful effects, physical, psychological and emotional, on primary victims (both women and men) and their children. The ability of agencies to respond to victims and their families appropriately through services and support that are sensitive and effective in meeting their needs, whilst simultaneously working to prevent domestic abuse from occurring, requires an integrated multi-disciplinary approach at both strategic and operational levels.

10. Policy and Performance Agenda Implications

Children and Young People’s Plan 2010-2013
Joint Strategic Intelligence Assessment (2013-14)

RMBC Corporate Priorities:

- Ensuring care and protection are available for those people who need it most.
- Helping to create safe and healthy communities

11. Background Papers and Consultation

See Section 9 of the review report.

12. Contacts

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Scrutiny review: Domestic Abuse

Review of the Improving Lives Select Commission

April – July 2013

Scrutiny Review Group:

Cllr Jo Burton (Chair)
Cllr Shabana Ahmed
Cllr Maggi Clark
Cllr Denise Lelliott
Cllr Ann Russell

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Executive summary

Domestic abuse is one of the four priority areas for the Safer Rotherham Partnership (SRP) as determined through the Joint Strategic Intelligence Assessment - "Reducing the threat and harm to victims of Domestic Abuse, Stalking and Harassment, Honour Based Abuse and Forced Marriage". It is also a priority in the Children and Young People's Plan and features in the South Yorkshire Police and Crime Commissioner's plan for 2013-17.

A wide number of organisations currently deliver domestic abuse-related support within Rotherham; across local authority, criminal justice, health and voluntary sector services. It is important that a coordinated approach is taken across partner agencies to ensure appropriate and timely support is provided through effective use of resources.

The review recognised that some excellent work is taking place locally driven by the Domestic Abuse Priority Group, on behalf of the SRP, with the Domestic Abuse Coordinator leading on many positive changes to local practice in the last few years.

Voluntary and community sector partners play a major role across all risk levels, but particularly in standard/medium risk cases, in delivering specialist services and in providing ongoing practical and emotional support for victims and their families, with very much an "open door" policy.

The two Independent Domestic Violence Advocates represent the voice of the victim at the Multi-Agency Risk Assessment Conference (MARAC) and other panels, and coordinate a range of measures, often working very creatively, to reduce risk to victims. However the IDVA service is only funded on a year by year basis which appears inconsistent with the level of priority afforded to domestic abuse within the SRP. This short-term approach inhibits service planning for what is an essential and effective service.

The MARAC works effectively on high risk cases, many of which are exceedingly complex, despite staffing resources being below the levels recommended by Coordinated Action Against Domestic Abuse. Good information sharing between partners and a willingness to work together is evident.

However the view is that long term success for Rotherham in addressing domestic abuse would ultimately mean fewer incidents of domestic abuse, including fewer MARAC cases and fewer repeat cases to MARAC. This leads to questions of resource allocation between high risk cases, where people are assessed as being in danger of serious harm or death, balanced against resource allocation for standard/medium risk cases through preventive and early intervention measures to try and avoid escalation.

While the prime focus of the review was concerned with support for victims of domestic abuse it was noted that currently there is no non-criminal justice system perpetrator programme, an important element in prevention, despite this being a component of the Specialist Domestic Violence Court.

The impact on children and young people of domestic abuse is significant and in addition to dealing with immediate issues it is important to ensure that children are coping with the impact of domestic abuse in the longer term, building resilience and developing positive relationships. Sustainable support and services for children and young people of all ages under 18 need to be available.

Although work on high risk cases is governed by clear protocols there is much less consistency and integrated working by partners for standard and medium risk cases, which has led to some areas of duplication, particularly in relation to referrals and with regard to

different agencies contacting the victim initially. There are also inconsistencies in risk assessments as all partners do not yet use a common assessment tool.

Domestic abuse structures within the SRP and attendance at meetings should be reviewed as the current structure seems resource intensive in terms of officer/worker attendance at meetings. Roles and responsibilities within the structure for commissioners and service providers also require clarification as a number of people attend both the Domestic Abuse Priority Group and the Rotherham Domestic Abuse Forum.

Statutory health partners play an active role in the MARAC and within the SRP structures, but uncertainty exists over their wider role and responsibilities. Positive work is ongoing to raise awareness with health staff on how to recognise and report domestic abuse, as referrals are still low from many health partners, such as GPs and dentists. In a time of austerity and needing to maximise the efficient use of resources an integrated approach should be explored between the Council, police and health partners for joint funding and joint commissioning. This should also be extended to consider possible models for joint working, across all risk levels, such as a “one stop shop” approach.

A number of recommendations have been made by the review group and these focus on ensuring that agencies in Rotherham work together effectively and efficiently to tackle domestic abuse at all risk levels and to ensure appropriate support for victims. There also needs to be greater integration of domestic abuse as an explicit golden thread within major plans and strategies, including the Joint Strategic Needs Assessment, Health and Wellbeing Strategy and RMBC Corporate Plan when they are refreshed.

The review recommendations are summarised below, covering the following areas:

Commissioning and funding – mainstreaming funding for the IDVAS; carrying out an audit of need for domestic abuse support and services; exploring joint commissioning and joint funding of services and training; and considering the feasibility of more integrated working through a “one stop shop” or a “golden number”.

Strategy – as a priority for SRP domestic abuse should be explicit within other key strategies when they are refreshed; workstreams for drugs and alcohol need to take account of domestic abuse; sexual violence in non-domestic settings should be more integrated in work on violence against women and girls; and links with local organisations who work with 16-17 year olds need to be strengthened.

Roles and responsibilities – reviewing the structures, communications and governance arrangements with the SRP to clarify and reaffirm roles and responsibilities.

Protocol and process – ensuring the ACPO DASH risk assessment form is used by all agencies; developing a standard multi-agency protocol and process for contacting victims at all risk levels to avoid duplication; and developing a similar protocol and process for standard/medium risk assessments to ensure consistency and common pathways.

Prevention and early intervention – developing a perpetrator programme to comply with the Specialist Domestic Violence Court components; reviewing resource allocation in order to focus on standard/medium risk cases to prevent escalation to high risk; and continuing to raise awareness with young people about coercive relationships and domestic abuse, reviewing who is best placed to deliver the training.

Forced marriage and so called “honour” based violence – to be the subject of a separate review by Improving Lives Select Commission in 2014.

1. Why Members wanted to undertake this review

At its meeting on 23 January 2013 the Improving Lives Select Commission agreed to undertake a scrutiny review of domestic abuse services to establish how different agencies work together in Rotherham to support people who have experienced domestic abuse. The review wished to address any service gaps and areas of duplication, to identify opportunities for working more effectively and efficiently, and to ensure agencies could respond to future challenges. Domestic abuse has been the subject of previous scrutiny reviews in 2002 and 2005 and with many recent policy changes both locally and nationally it was considered an opportune time to revisit this area of work.

There were four main aims of the review, which were to consider:

- What a 'good' service looks like (drawing on national guidance and best practice elsewhere)
- How well partners work together at a strategic level
- How well partners work together operationally
- How well partners listen to the voice of the victim and their families

2. Method

The review was carried out by a sub-group of the Improving Lives Select Commission, consisting of Cllrs Ahmed, Burton (Chair), Clark, Lelliott and Russell.

An initial presentation to the full commission provided an introduction and set the context, both national and local – including the definition of domestic abuse and how this manifests; profiles of domestic abuse victims and offenders; and domestic abuse services. Several evidence gathering sessions then followed during which a range of partners from both statutory and voluntary and community sectors participated to provide information (details in Appendix 1). Current structures and processes, resources, information sharing between partners, assessing and reducing risk, and work at both strategic and operational level were themes explored in depth during the review.

Anonymised case studies were used to scrutinise service user experiences and to understand how our existing approaches are used to protect victims of abuse, taking account of differing individual circumstances and protected characteristics such as age or disability.

Members would like to thank everyone who gave evidence for the review and in particular they gratefully acknowledge the help and support received from Cherryl Henry-Leach and Helen Wood in identifying witnesses and sources of evidence to inform the review.

3. Background

Domestic abuse is defined as: "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. It can encompass, but is not limited to the following types of abuse - psychological, physical, sexual, financial or emotional abuse."

As the definition removes the focus on single incidents of domestic violence it encourages practitioners to look at patterns of abusive behaviour beyond any physical violence –

ensuring victims receive appropriate support regardless of risk.

High risk cases are ones where people are at risk of serious harm, where the risk is either life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

Domestic abuse is a global issue experienced across every section of society regardless of social group, ethnic background, age, gender, disability, sexuality or religion. Its effects are profoundly damaging for individuals, families and society as a whole and it will need a radical transformation in attitudes and cultures worldwide to eliminate it.

Domestic abuse has a considerable affect on services in terms of monetary cost and the long term harmful effects, both physical and emotional to primary victims and their children. Over recent years, the current Government and previous administration, has recognised that, in addition to the tragic incidents of domestic homicides and serious injury, domestic abuse is fundamentally linked to other social problems be it poor mental health, substance misuse, or homelessness. Its impact on children is also profound with it being a major factor in child abuse and neglect, issues of sexual exploitation, and adolescent violence.

In November 2010, the Government set out its vision and ambition to tackle domestic and sexual violence in 'A Call to End Violence against Women and Girls'. In March 2011, it published 88 supporting actions for taking that strategy forward; with the Action Plan reviewed and updated in March 2012 and again in March 2013 when the broader definition of domestic abuse to include 16-17 year olds and coercive control was introduced. One of the guiding principles in the strategy is:

"To prevent violence against women and girls from happening in the first place, by challenging the attitudes and behaviours that foster it and intervening early to prevent it."

A wide number of organisations currently deliver domestic abuse-related support within Rotherham; across local authority, criminal justice, health and voluntary sector services. It is important that a coordinated approach is taken across partner agencies to ensure appropriate and timely support is provided through effective use of resources.

To give a brief indication of the scale of domestic abuse in Rotherham in 2012-13 5555 incidents were responded to by the police and of these 961 were crimes (see page 23 for an explanation of crimed and non-crimed incidents). Of the 5555 incidents, 348 (336 women and 12 men) were high risk and referred to the Multi-Agency Risk Assessment Conference (MARAC). In the same year domestic violence accounted for 31% of all violence against the person offences in Rotherham, slightly up on the year before. 2,957 children and young people were the subject of new contacts to the Contact and Referral Team in 2012 due to domestic abuse. 26% of these contacts (769 young people) then progressed to referrals for services including assessment. Further national and local statistics are included in Appendix 2.

4. Rotherham's Response to the Call to End Violence against Women and Girls

The Government strategy and action plan underpins the work of all partner agencies working within the domestic and sexual abuse sector. It requires a coordinated response and seeks to protect and support victims and to hold perpetrators to account.

4.1 Strategy

Rotherham's response is led by the Domestic Abuse Priority Group (DAPG) on behalf of the SRP through a three pronged strategic approach:

Prevent - We will make it more difficult for domestic abuse to happen.

Protect - We will identify and safeguard those at risk.

Pursue - We will identify perpetrators, disrupt and prosecute where possible.

In the short to medium term, work is focused on encouraging victims to come forward and report violence and abuse, whilst at the same time reducing repeat victimisation. In the longer term the focus will be seeking to eliminate violence against women and girls. More specifically agencies in Rotherham have responded by:

- recognising domestic abuse as a safeguarding issue
- aligning work on domestic abuse and sexual violence
- complying with the Specialist Domestic Violence Court (SDVC) components
- developing a process to review domestic homicides and serious incidents of domestic abuse
- ensuring support for direct victims of domestic abuse aged 16 and 17
- delivering multi-agency training, which is regularly updated
- agreeing an operating protocol to establish accountability and reporting structures for the MARAC and to outline the MARAC process
- ensuring early intervention agendas are reflected in responses, such as taking account of the needs of children living with domestic abuse
- developing a strategy and action plan
- creating a robust new performance framework to measure and monitor progress
- providing support for men and boys although recognising that domestic abuse is primarily a gender based form of abuse
- initiating a project to work with serial perpetrators
- having clear procedures in the housing allocation policy

Rotherham is seeing an increase in referrals each year and expects this upward trend to continue. Although this may be attributable in large part to growing awareness of what and how to report following all the work that has been carried out, it could also mean more incidents are happening. Either way it creates increased work for agencies and adequate resources used effectively and efficiently to meet demand is imperative.

Rather than provide details of the precise roles of every individual partner involved in tackling domestic abuse a broad overview follows. Specific points for individual agencies who are not mentioned below, such as health partners, are covered in section 6.

4.2 SRP Domestic Abuse Coordinator

The review recognised that some excellent work is taking place locally (as indicated above) driven by the DAPG, on behalf of the SRP, with the Domestic Abuse Coordinator leading on many positive changes to local practice, training and strategy development in the last few years. The coordinator is involved with the DAPG, RDAF and the MARAC and as such retains a key overview of both strategic and operational issues.

4.3 Independent Domestic Violence Advocacy Service

Rotherham currently has two Independent Domestic Violence Advocates (IDVAs) whose main role is to secure the safety of victims at high risk of harm from intimate partners, ex-partners or family members and the safety of their children. Following a referral the IDVAs attempt to contact a victim within 48 hours and they are the victim's primary point of contact, working with the victim to assess the level of risk, discuss suitable options and develop safety plans. As well as addressing immediate safety issues the IDVAs also work on developing longer term solutions through MARAC, the courts and other services such as housing.

The IDVAs are independent, which is essential for them to be effective advocates and their caseload is up to 30 clients at a time. Their role in all multi-agency settings including MARAC is to represent the victim and make sure the victim's perspective and safety is at the centre of proceedings. However the posts are not mainstream funded and are renewed on an annual basis, at short notice. From the case studies discussed during the review it was evident how vital the knowledge, skills and experience of the IDVAs is in Rotherham and the service should not be jeopardised through the short term approach to funding.

4.4 Multi-Agency Risk Assessment Conference (MARAC)

This is a multi-agency meeting chaired by the Public Protection Unit in South Yorkshire Police (SYP) which takes place fortnightly to discuss the highest risk cases of domestic abuse in order to reduce the risk of serious harm or murder. Partners are committed to the MARAC but it is resource intensive in terms of time commitment and there are concerns regarding attendance at meetings by some agencies when referrals are made.

4.5 Voluntary and Community Sector partners

In Rotherham the VCS partners provide an extensive range of emotional and practical support and services for victims of domestic abuse and their families, across all risk levels, but particularly in standard/medium risk cases. Specialist services include counselling; access to safe accommodation; support for Black and Minority Ethnic women; advocacy; support through the criminal justice system for victims and witnesses; support with immigration status; applications for criminal injury compensation; and maternity services liaison – ensuring the voice of women affected by domestic abuse is heard in the development of services. Training delivery is another key element of their work.

Other services involve: 1:1 and group work with victims; floating support; safety planning and risk assessment; help with benefits, debt and related money issues; parenting support; target hardening; children's activities including therapeutic work; skills and personal development; and outreach. Outreach services are important in helping and supporting victims of domestic abuse to identify choices and make informed decisions. Outreach support also includes looking at healthy relationships and trying to prevent engagement in future abusive or violent relationships.

As is the nature of the voluntary and community sector here in Rotherham organisations very much have an "open door" policy, which is positive and much relied upon, but does have resource implications and services may become more stretched as a result.

The evidence presented during the review illustrated the depth of experience and specialist knowledge within the VCS partners. However like the IDVAS the sector also experiences short term funding for many contracts, which again impacts on service planning and may also affect continuity and stability for service users. One partner agency also noted that the competitive nature of tendering has a destabilising effect.

5. Findings

5.1 What a 'good' service looks like

Overall a good service could be summarised very briefly as one which achieves a good outcome for the victim and their family. This may mean increased safety and support if the victim does decide to stay with the perpetrator, as for many reasons victims do not always leave an abusive relationship, or may not leave for a long period of time.

Developing and maintaining a good service will draw upon the following for guidance:

- 'A Call to End Violence against Women and Girls' strategy and action plan - the national policy framework
- Specialist Domestic Violence Court (SDVC) programme - which aims to provide continuity of support to victims and a victim centred approach to the criminal justice process
- Co-ordinated Action Against Domestic Abuse (CAADA) - practical help to support professionals and organisations working with high risk domestic abuse victims
- Domestic Homicide Review findings and recommendations – nationally and locally

CAADA's view is that the Rotherham MARAC is well established and therefore should receive more cases and more repeats than the present volume. Whilst the review group fully endorsed the need for the MARAC to protect people at high risk our measure of success in the long term would be fewer cases of domestic abuse overall. This would include fewer cases going to MARAC, and fewer repeat cases, because cases have been responded to in a manner which has avoided escalation or prevented recurrence. This leads to questions of resource allocation between high risk cases, where people are assessed as being in danger of serious harm or death, balanced against resource allocation for standard/medium risk cases through preventive and early intervention measures to try and avoid escalation.

Existing good practice in Rotherham has already been acknowledged, but it is worthwhile highlighting examples of good practice in other parts of the country that Rotherham may be able to learn from in order to realize further improvements to our services.

The national VAWG strategy promotes a number of good practice examples such as Cardiff, which has a Women's Safety Unit, comprising a comprehensive range of services at one referral point for women who have survived domestic violence and/or known perpetrator rape. Oxford has set up a one stop shop for victims located in a neutral location, where a multi-agency team provides the frontline element of integrated support and advice. More detail about Oxford's Champions Scheme and services in Sheffield, also cited as good practice in the strategy, is given below, together with other examples from across the country.

- **Sheffield – Helpline and Co-location**

In 2010 Sheffield reorganised its domestic abuse services so they were co-ordinated in a more strategic way. A helpline was instigated as a single point of contact for both victims

and agencies to telephone with referrals, with signposting then resulting as appropriate. The outreach service, helpline and IDVAS were co-located with the police and children's social care. Benefits of co-location in the same building include rapid information sharing which helps to reduce duplication. Police attending incidents will ask the victim if they wish to be referred to the helpline and if consent is given this results in a proactive call (for standard/medium risk cases) to explain possible support available, thus enabling an early intervention to be offered to people who may not otherwise have accessed support.

- **Oxfordshire County Council – Champions Scheme**

The aim of the scheme was to encourage early disclosure and an effective multi-agency response to domestic abuse. Champions act as the lead for domestic abuse within their own agency and as a link to other local support services. Oxfordshire currently has a total of over 800 active champions in local organisations. The scheme has been successful in leading to increased incident reporting and in being an effective approach for early intervention.

- **Hackney – Vulnerable Families Centre**

Hackney's in-house Domestic Violence and Hate Crime Team supports standard risk victims of domestic violence through advice, information, advocacy, support and counselling services. In 2011 they moved to joint premises with the Drug and Alcohol Services to create a Vulnerable Families Centre in recognition of the links between the two services. (Home Office research has shown that alcohol use was a feature of 62% of DV offences.) The team also runs a freephone DV Helpline number.

- **Gateshead – Youth Offending Team and Children's Services**

The Youth Offending Team provides advice to victims of domestic abuse and signposting to other specialist services that can offer more appropriate help. If there is a risk of domestic abuse identified within the household or in a relationship of any YOT clients the individual will be offered a place on the voluntary Respect Adolescent Program.

Gateshead's Children's Service supports families in which domestic abuse is a feature (for both Child In Need and Child Protection cases) and includes direct work with victims, perpetrators and children around the impact of abuse within families. The service also offers Specialist Children's Domestic Violence Workers within the Referral and Assessment Team and Safeguarding Teams, which allows direct work with children experiencing domestic abuse.

- **Cambridge – Mainstream Resources and Multi-agency referral unit**

The Multi-agency Referral Unit provides a seamless service to 999 callers and agencies reporting domestic abuse and can be used as a point of contact for all risk levels. This helps to reduce the likelihood of escalation and duplication, with obvious benefits to victims, whilst reducing the impact on the agencies involved. Resources for the Domestic Abuse Partnership and the IDVAS have been mainstreamed so they are not reliant on grant funding.

5.2 How well partners work together at a strategic level

Section 6 details specific issues that emerged during the course of the review in relation to partnership working at strategic level. The main finding from the review is that although there is much good work taking place locally on domestic abuse it is not yet a fully integrated function at a strategic level across all partner agencies or within the structures of the SRP. No overall audit of need for the borough has been carried out to inform commissioning and budget allocation and there is no reference to domestic abuse and its impact on adults in the JSNA.

5.3 How well partners work together operationally

Members found a clear distinction between operational partnership working at high risk level, which is more unified, and operational partnership working on standard/medium risk cases, which is less evolved. Section 6 draws attention to potential areas for improvement.

Two major areas of duplication identified in the review were victims being contacted initially by more than one agency, and referrals being made to more than one agency simultaneously. This may in part be due to the lack of clear pathways and protocols for standard/medium risk cases, although it does also occur in high risk cases, but it is not a good use of resources.

- **High risk**

The MARAC is an effective group for work on high risk cases with good commitment, agreed protocols and timescales for actions to be completed and effective information sharing between members, despite staffing resources for both the IDVAS and administrative support being below the levels recommended by CAADA.

Many very positive working relationships have developed between staff in partner agencies and following receipt of a high risk referral by the IDVAS within an hour there may be 16 agencies working together to support that person/family.

Out of hours cover is provided through Rothercare Direct and SYP. Rothercare Direct will provide sign posting advice and ensure the IDVAs are informed of any cases picked up out of hours.

A joint working arrangement is in place between the IDVAS and the SARC (Sexual Assault Referral Centre) whereby the two services liaise to determine whether the IDVA or the Independent Sexual Violence Advocate (ISVA) would be best supporting a victim.

- **Standard/medium risk**

Although work on high risk cases is governed by clear protocols there is much less consistency and integrated working by partners for standard and medium risk cases, which has led to the areas of duplication, as mentioned above. As not all partners use the ACPO DASH form as a common assessment tool inconsistencies are also found in risk assessments.

5.4 How well partners listen to the voice of the victim and their families

Agencies do try and capture the voice of the victim but it is a sensitive area and often difficult to know when might be an appropriate time to ask for feedback. Understandably many victims just want the abuse to stop and may not wish to revisit their experiences, for example through journey mapping, once their safety is secured. However the new performance framework will endeavour to capture more qualitative information in addition to the quantitative measures.

For high risk cases the IDVAs work very closely with victims and advocate on their behalf at meetings in order to put forward the victim's perspective. They do get feedback from clients as the positive quotes below show but there is no formal process to record this, although it is under consideration:

“I could not have left without your support”

“You supported me to make my own choices”

“You never judged me”

“You believed me and I felt safe”

Service user involvement in delivering services features strongly in the work of VCS partners, helping to inform service development and delivery:

- **Apna Haq:**
 - there are 12 places on the management board and seven are service users who have been trained up to fill those roles
 - service user stories are published on their website which include feedback about the organisation and support provided
“extremely grateful to Apna Haq for how supportive they were and how quickly they acted once I realised that he was not going to change”
- **Choices and Options:**
 - people come back and help/volunteer once they are ok themselves
 - feedback is requested and fed in (expected as part of Supporting People contract) but there are barriers around sensitive issues e.g. mentioning social services and children
 - experiences vary but for most it is “thank goodness someone is listening”
- **GROW:**
 - service user comment: “My GROW worker was fantastic and made me realise I wasn’t alone and I was able to speak freely without judgement”
 - Friends of GROW is a service user group that helps shape services
 - maternity services liaison ensures the voice of women affected by domestic abuse is heard in the development of services
- **Rotherham Women’s Counselling Service:**
 - weekly drop-ins run by service users for service users
 - at the AGM three survivors spoke about their personal experiences
- **Rotherham Women’s Refuge:**
 - women will come back as they have built a relationship and trust with a worker, even if it is a few years on
 - service user comments are posted on their website, for example:
"I have come a long way, without you people I would not have got where I am"
- **Victim Support:**
 - seek qualitative feedback from victims through quality of service calls to check needs are met
 - national satisfaction surveys are published monthly, 92% positive (May 2013)

6. Conclusions

6.1 Independent Domestic Violence Advocacy Service

The IDVAs are skilled, experienced staff who have undergone an intensive, specialist six month training programme with CAADA and who represent the voice of victims of domestic abuse at MARAC and other panels. Longer term funding would assist in planning future services, help to retain experienced workers and would prevent the service from having to prepare an exit strategy each February. As such and given the priority afforded to domestic abuse in the JSIA and by SRP, Members were unanimous that their most important recommendation is to secure mainstream funding for the IDVAS.

6.2 Joint Strategic Needs Assessment (JSNA)

The JSNA establishes the current and future health and social care needs of the community. Using this information to agree commissioning priorities and targeting resources to those most in need leads to improved outcomes and reductions in health inequalities.

In the current JSNA there is no reference to the incidence and impact of domestic abuse on the health of adults although the prevalence in referrals into children's social care services is mentioned. The review group noted that misuse of drugs and alcohol plays a significant part in cases of standard and medium risk domestic abuse and through identifying need workstreams in these areas should link in with prevention work. Drug and alcohol harm and offender management are also overarching themes in the JSIA.

6.3 Audit of need

No full audit of need for domestic abuse support services for both adults and children and young people has been carried out across the borough to inform commissioning and resource allocation. An audit could potentially be included within the refresh of the JSNA and would enable an integrated joint commissioning plan to be developed, taking a more strategic approach to targeting resources effectively across statutory partners.

In addition to support for victims and their families this approach could also extend to training for staff across partner agencies.

Insufficient counselling to meet local needs was one area identified in the review as there are lengthy waiting lists for specialist counselling for adults and no specialist or play therapy for children. Further support and services for children and young people affected by domestic abuse, or who experience domestic abuse in their relationships, including for children under the age of 16, was identified as a need.

Carrying out a full audit of need would not preclude the necessity of securing the funding for the IDVAS as an immediate priority.

6.4 MARAC

The DAPG acts as the steering group for the MARAC and is currently overseeing the completion of a MARAC self assessment under the auspices of CAADA, which will assist in identifying any areas for improvement. The MARAC is working effectively but is resource intensive with regard to officer/worker time with up to 20 people involved for potentially a full day every fortnight. In addition to the core membership other partners are required to attend if they have made a referral to the MARAC and this coupled with attendance at DAPG and/or RDAF does amount to a significant time resource implication, particularly for smaller VCS organisations. This is one reason why Members recommend a review of the SRP structure and roles/membership of DAPG and RDAF (see below) to ensure appropriate attendance at all meetings whilst trying to reduce resource pressures.

6.5 Safer Rotherham Partnership structure (Appendix 3)

- **Roles and responsibilities**

Domestic abuse structures and attendance at meetings for the Domestic Abuse Priority Group (DAPG) and the Rotherham Domestic Abuse Forum (RDAF) within the SRP should be reviewed and possibly streamlined, as the current structure seems resource intensive in terms of officer/worker attendance at meetings.

Roles and responsibilities within the structure for both commissioners and service providers also require clarification as a number of people attend both the DAPG and the

RDAF. Although the DAPG is the strategic group and the RDAF more operational in focus in practice the respective roles and responsibilities of the two groups are blurred.

Both groups have fairly recently appointed new Chairs so it is timely to revisit this to avoid any duplication and perhaps reduce the number of meetings people attend as many people currently attend both groups, which is a considerable commitment for smaller partners, especially from the VCS, who may also have to attend MARAC on a fortnightly basis.

- **Governance and communications**

There is a lack of clarity with regard to governance arrangements and although domestic abuse is a SRP priority it is uncertain if this is reflected in the actual work and emphasis within the SRP structure above DAPG level. Although recognising that improvements are being made with regard to two way communication and reporting between the different tiers within the SRP, Members felt this was an area necessitating further work, particularly linkages between the SRP Board/Executive, Joint Action Group (JAG) and DAPG.

Members recommend a review is carried out of the membership, roles and responsibilities of the DAPG and the RDAF. They also recommend a review of governance arrangements and communications between the SRP Board/Executive, Joint Action Group (JAG) and DAPG.

6.6 Services for 16-17 year olds

All four areas in South Yorkshire had already run a successful MARAC pilot for this age group, with Rotherham receiving two referrals and obtaining positive outcomes for the young people, before the new national definition was introduced by the Government. Providers of floating support through Supporting People contracts have extended their provision to include people who are 16+. There were some clear recommendations from the pilot to take forward and further work is needed to link in with other local agencies who work with this age group, including strengthening the involvement of the Integrated Youth Support Service (IYSS) within the multi-agency structures.

6.7 Portfolio responsibilities

Domestic abuse is a complex issue with implications for many areas of strategy and policy, with service provision requiring a multi disciplinary approach. By its very complexity it cuts across the portfolios of several Cabinet Members – adults; children and young people; equality and Integrated Youth Support Service; health and wellbeing; and safe communities – all of whom recognise the importance of the issue, but there is no single clear lead. In order to facilitate a strategic approach at Cabinet level the review group recommends that one Cabinet Member is nominated as the overall strategic lead for domestic abuse.

6.8 Risk assessments

Ensuring consistency in completing risk assessments for domestic abuse incidents, at all risk levels, is important in order to provide appropriate interventions and support for victims and their families. This is the case both within and between different partner agencies. The review group noted disparities in the level of risk sometimes assigned to cases between assessments carried out by domestic abuse professionals and those carried out by the police, which may be attributable to the use of different risk assessment forms. Members recommend that all partners use the ACPO DASH risk assessment form, with training to support this roll out.

Domestic abuse risk assessments are not carried out as routine for standard/medium risk in pre-birth assessments, which is a potential missed opportunity. A consistent approach

to assessment is required by both social care and wider partner agencies, including health professionals, with regard to the Common Assessment Framework (CAF). Further work is needed to align the MARAC risk assessment process with other risk assessment processes in CYPS.

6.9 Standard and medium risk referrals

If a worker completes an ACPO DASH risk assessment form and using their professional experience decides it is a standard or medium risk case rather than high risk there does not seem to be a clear standard agreed process and pathway for referring this appropriately. Members recommend that this is a key area to develop.

6.10 Pathways and protocols

The JSIA stressed the importance of agencies within the SRP avoiding duplication of work, and as stated in Section 5 the two main areas of duplication identified in the review were victims being contacted initially by more than one agency, and referrals being made to more than one agency simultaneously.

Pathways and protocols in Rotherham need to be sensitive to local need. Evidence shows that duplication is not good for victims, possibly also increasing risk through different agencies making contact, in addition to not being an effective use of resources.

A further step beyond developing clear pathways and protocols to reduce duplication would be to develop a service on similar lines to Sheffield, which features a co-located team in a “one stop shop” and a dedicated telephone helpline. Recognising that Rotherham borough is very different and much smaller than Sheffield the review group are keen to explore the feasibility of having either an integrated “one stop shop” approach or a single “golden number” for all initial referrals and queries with specialist trained staff.

6.11 Prevention and Early Intervention

Increasingly in recent years there has been a focus on prevention and early intervention (or early help) across a number of workstreams in Rotherham, and as stated earlier it is a guiding principle in the national VAWG strategy. Domestic abuse is an area where potentially there is scope to revisit the present allocation of resources to allow greater investment in prevention and early intervention. This would entail a greater focus on standard and medium risk cases, in order to try and reduce escalation to high risk for the victim and the need for referral to the MARAC. Training and awareness raising, for example with staff in schools so they can identify and report concerns, as well as awareness raising work with young people also lends support.

- **Work with perpetrators**

Although the review scope was primarily scrutinising support for victims central to the prevention and early intervention agenda will be the establishment of a non-criminal justice system perpetrator programme, which is also one of the core SDVC components and is not currently complied with locally.

- **Target hardening**

Funding for target hardening has been reduced in recent years. Currently council tenants are able to access target hardening through Housing and Neighbourhood Services for any risk level and the IDVAs will contact the relevant team for any high risk cases they are involved in where work is needed urgently. High risk non-council tenants can be given some target hardening as this is funded by the IDVAS but if the tenure is private and the risk is standard or medium then there is no funding available at present. Funding allocation for target hardening should be reviewed as Members noted the effectiveness of easy and low cost interventions such as changing door locks, installing chains and bolts or

sealing letterboxes that may prevent escalation, which costs significantly more to deal with and means victims may endure more sustained abuse.

- **Children and Young People's Services**

Although it is at an early stage Members welcomed the new multi-agency Early Help Support Panel that has been established, with involvement from the Domestic Abuse Coordinator. The IDVAs are also involved in Families for Change work and the Multi Agency Support/Legal Gateway Panel in CYPS. The Early Help Support Panel is a forum for practitioners to discuss cases where they feel there are significant risks for families but below the threshold for social care and other statutory complex or acute services. This is an important development given the high percentage of domestic abuse cases impacting on children (407 children from 221 families in the 348 cases to MARAC in 2012-13, plus the referrals to CART mentioned above) and will improve collaborative working to resolve these cases and prevent escalation.

All domestic abuse notifications originating from SYP (GEN118 forms) go to the Contact and Referral Team (CART) with high risk ones usually leading to a child protection assessment known as an S47. However the vast majority of notifications are standard risk and are now screened by the Early Help Assessment Team, who then determine any action that is required.

6.12 Training and awareness raising

Some of the issues have been covered in other sections of the report, so they are briefly summarised again here:

- Risk assessment - consistency is the key at all risk levels
- Joint commissioning of training – for more efficient use of resources
- Referral pathways and protocols – need to be understood by all workers, officers and professionals across partner agencies

- **Children and Young People**

The British Crime Survey in 2009-10 identified young people aged 16-19 as the group most likely to experience partner abuse. Educative work with young people on positive relationships and how to identify and report abuse is therefore vital and it is imperative to involve schools in this work. The Healthy Schools website has a number of teaching resources on domestic abuse and positive/abusive relationships. In addition to raising young people's awareness teachers and school staff also need to be aware of referral pathways to report incidents and access support for their students.

Currently the IDVAs deliver some awareness raising sessions in schools but the review group questioned whether their specialist skills and experience would be more valuable in supporting victims and families in medium risk cases as well as high risk. Members emphasised the importance of working with colleges and children's centres as well as schools in raising awareness of domestic abuse with children and young people, but recommend a review of the training strategy, in particular who is best placed to deliver such training.

Besides having effective support for children and young people affected by domestic abuse support is also needed for parents to understand the effects of domestic abuse on children and parenting. Training for agencies who are involved with families experiencing domestic abuse is also critical to enable professionals to understand the significant impact on children and the importance of supporting the non-abusive parent. Often there is a lack of understanding of risks that may be present within an abusive relationship, and the lasting effect this can have on a parent even when the intimate relationship has ended.

- **Multi-agency training**

Training for staff across all partner agencies in relation to domestic abuse is essential. However accessing training sessions is frequently problematic for workers in direct service delivery roles as it may be difficult for services to cover staff absence without a negative impact on services. Recognising these pressures means an appropriate balance needs to be found in terms of workshop based training and building in time for workers to access the new e-learning modules that are being developed. Joint commissioning and joint funding for training should be explored.

6.13 Statutory health partners

Statutory health partners play an active role in the MARAC and within the SRP structures, but uncertainty exists over their wider role and responsibilities. Positive work is ongoing to raise awareness with health staff on how to recognise and report domestic abuse, as referrals are low from many health partners, such as GPs and dentists. The review was unable to explore referrals from Accident and Emergency services (A&E) at Rotherham Hospital.

Members welcomed the development of the referral flowchart for GPs that is being developed and recommend it is rolled out to include dentists, who must come across facial injuries, and possibly pharmacists.

Work is ongoing with midwives to develop a practical and safe mechanism for them to ask questions of women using their services, given that risk escalates during pregnancy.

Although domestic abuse affects people's physical and mental health and wellbeing few referrals are made to RDASH other than for drug and alcohol misuse support services.

It is important to monitor referrals from GP's, A&E and health partners to measure the impact of any new measures, and this will be captured through the new performance management framework and feedback from the VCS partners who are providing support to GPs on risk assessments.

In a time of austerity and needing to maximise the efficient use of resources an integrated approach should be explored between the Council, police and health partners for joint funding and joint commissioning of services and training.

Public health moving into the Council presents new opportunities for integrating domestic abuse within the health agenda to improve services for all. The Director of Public Health has responsibility for the local authority's role in co-operating with the police, probation service and prison service to assess the risks posed by violent or sexual offenders. There are "placeholders" for domestic abuse and violent crime (including sexual violence) in the national Public Health framework but it is not certain whether these will become performance indicators with targets.

6.14 Public Protection Unit

The forthcoming centralisation of the unit raised concerns with Members regarding the impact this will have for Rotherham given the current differences in approach across the four districts in South Yorkshire. Members were also concerned about a potential loss of local knowledge about Rotherham which could impact negatively on victims and their families.

6.15 Sexual violence

Sexual abuse and sexual violence are behaviours that may manifest as part of domestic abuse and are included within the national VAWG strategy and within Rotherham's

structures and protocols for domestic abuse. However, sexual violence perpetrated by strangers also occurs outside domestic settings and although that falls outside the specific scope of this review Members wish to ensure that adequate support and provision is in place to support victims of sexual abuse in all circumstances.

6.16 Domestic homicide reviews

Tragically domestic homicides do occur and a domestic homicide that meets the definition in the legislation will result in a domestic homicide review. Agencies are required to establish and act upon lessons learned regarding how professionals and partners work individually and collectively to ensure appropriate support for victims and to avoid future incidents. SRP has delegated the Domestic Homicide Review Process to the DAPG but reviews are time consuming and costly and sufficient resources should be allocated by the SRP Board to allow for any additional work. SRP also need to ensure compliance with new statutory guidance published under section 9(3) of the Domestic Violence, Crime and Victims Act (2004) which came into force on 1 August 2013. The guidance is clear that review panels should appoint an independent Chair, who is not directly associated with any of the agencies involved in the review. The Chair will oversee the review and the production of the overview report, and may also be the report author, but if they are separate roles then the report writer should also be independent.

6.17 Forced marriage and so called “Honour” based violence

One of the Anonymised case studies scrutinised by the review group involved a potential forced marriage and Members noted that the case was handled very well by the agencies involved. During the review there was less time to consider Forced marriage and so called “Honour” based violence as specific issues within domestic abuse than envisaged and Members would like to have the opportunity to scrutinise this area in greater depth as a separate piece of work.

7. Recommendations

Commissioning and funding

- 1 In order to facilitate longer term planning and retain skilled and experienced staff IDVAS funding should be mainstreamed rather than being 12 monthly.
- 2 A full audit of need for domestic abuse support and services is recommended with a view to moving towards joint commissioning of services.
- 3 Agencies need to ensure a balance of appropriate workshop based training and e-learning is available for all relevant staff, workers and professionals, considering joint commissioning and joint funding to make the best use of time and resources.
- 4 Members recommend that the statutory agencies i.e. the Council, Police and Health explore and report back on the feasibility of a pooled budget for domestic abuse services.
- 5 Members recommend that agencies explore and report back on the feasibility of an integrated joint working approach across all risk levels, such as a “one stop shop” or a “golden number” for domestic abuse referrals.
- 6 The SRP Board should ensure sufficient resource allocation to enable any domestic homicide reviews to comply with the revised statutory guidance published by the

Home Office in June 2013.

Strategy

- 7 Domestic abuse is an issue that cuts across multiple portfolios therefore Cabinet might wish to consider identifying a Cabinet lead for domestic abuse.
- 8 As domestic abuse is a priority it should be made more explicit within other key strategies and plans. The JSNA and HWBS are both being refreshed, as is the Council's Corporate Plan, so this provides an opportunity to strengthen the focus on domestic abuse.
- 9 Drugs and alcohol play a significant part in domestic abuse cases, especially for standard/medium risk; therefore workstreams should take account of domestic abuse.
- 10 Links with schools/colleges and other local organisations who work with 16-17 year old young people need to be strengthened to ensure age appropriate services and support.
- 11 Sexual violence should be integral to strategies and plans for work on violence against women and girls, whether it occurs in domestic or non-domestic settings.

Roles and responsibilities

- 12 A full review of domestic abuse structures, communications and governance arrangements within the SRP should be carried out to clarify and reaffirm roles and responsibilities between:
 - a) DAPG and RDAF
 - b) SRP Executive, JAG and DAPG

Protocol and process

- 13 The ACPO DASH risk assessment form should be used by all agencies, supported by training, to ensure a universal and consistent approach to risk assessment.
- 14 A standard multi-agency protocol and process should be developed for standard and medium risk assessment to ensure consistency in approach and common pathways communicated and understood by all partners, to include risk assessment in children's health and social care such as pre-birth assessments.
- 15 A standard multi-agency protocol and process should be developed for contacting victims at all risk levels to avoid duplicating referrals or initial contact.
- 16 Subject to agreement with CAADA Members recommend that NHS South Yorkshire and Bassetlaw be approached with a view to rolling out the GP flowchart setting out how to respond to domestic abuse to dentists and pharmacists.

Prevention and early intervention

- 17 A perpetrator programme should be established in Rotherham as part of the work on prevention and early intervention and to ensure compliance with the SDVC components.

- 18 A review should be carried out on resource allocation in order to focus more on standard/medium risk cases as part of the early intervention and prevention agenda and to prevent escalation to high risk and MARAC which is very resource intensive. Funding allocation for low cost but effective target hardening measures should be considered in the review.
- 19 Members emphasised the importance of raising awareness with children and young people of how to recognise coercive relationships and to recognise and report domestic abuse, but recommend a review of the training strategy, including who is best placed to deliver the training, in order to ensure the best use of staff resources.

Forced Marriage and so called “Honour” based violence

- 20 Members recommend that Forced Marriage and so called “Honour” based violence be the subject of a separate review by Improving Lives Select Commission in 2014.

8. Thanks

Our thanks go to the following for their contributions to our review:

Councillor John Doyle, Cabinet Member for Adult Social Care
Councillor Mahroof Hussain, Cabinet Member for Communities and Cohesion
Councillor Paul Lakin, Cabinet Member for Children, Young People and Families' Services
Councillor Rose McNeely, Cabinet Member for Safe and Attractive Neighbourhoods
Councillor Ken Wyatt, Cabinet Member for Health and Wellbeing

Shaun Wright, South Yorkshire Police and Crime Commissioner

Partners

Zlakha Ahmed – Apna Haq
Sue Barratt – GROW
Yvonne Cherry – Victim Support
Deborah Drury – Rotherham Foundation Trust
Beverley Garbett – Choices and Options
Alison Higgins – Sheffield Domestic Abuse Coordination Team
Zena Jones – Sexual Assault Referral Centre
Mark Monteiro – South Yorkshire Police
Sandra Moule – Rotherham Women's Counselling Service
Michaela Power – RDASH
Chris Prewett – RDASH
Mel Simmonds – Sexual Assault Referral Centre
Tim Staniforth – South Yorkshire Police
Jean Summerfield – RDASH
Kate Tufnell – Rotherham Clinical Commissioning Group
Emma Wells – Probation Service
Emma Wheatcroft – South Yorkshire Police
Alun Windle – Rotherham Foundation Trust
Ian Womersley – South Yorkshire Police
Susan Wynne – Rotherham Women's Refuge

RMBC Officers

Janette Burgin
Sally Dodson
Ruth Fletcher-Brown
Cherryl Henry-Leach
Nicola Humphries
Sam Newton
Kay Nicholes
Steve Parry
Clair Pyper
Dr. John Radford
Amanda Raven
Joyce Thacker
Sue Wilson
Helen Wood

9. Background papers

Presentation to Improving Lives Select Commission 24 April 2013

Notes of evidence sessions:

9 May 2013

15 May 2013

16 May 2013

5 June 2013

12 June 2013

3 July 2013

Call to End Violence against Women and Girls HM Government November 2010

A Call to End Violence Against Women and Girls: Action Plan HM Government April 2013

Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews Revised – applicable to all notifications made from and including 1 August 2013, Home Office, June 2013

Joint Strategic Intelligence Assessment 2013-14

Joint Strategic Needs Assessment 2011

Early Help Support Panel Terms of Reference

Domestic abuse scrutiny review reports:

- Cambridge County Council

- Gateshead

- Hackney

Local information:

Draft SRP Strategy to Eliminate Domestic Abuse and Sexual Violence 2012- 2015

Draft Performance Management Framework

Domestic Abuse Priority Group Action Plan 2011-14

Domestic Abuse Priority Group Terms of Reference

Rotherham Domestic Abuse Forum Terms of Reference

DASH Risk and MARAC Referral Form

SRP MARAC Operating Protocol

Domestic Violence Statistics for South Yorkshire 2012-2013

Domestic Violence Statistics Overview 2012-2013

Specialist Domestic Violence Court Data 2012-2013

Specialist Domestic Violence Court Performance Report

Comparative Data 2012 and CAADA Recommendations

Appendix 1

Details of evidence sessions

9 May	15 May	16 May	5 June	12 June	3 July
Themes discussed					
Multi-agency domestic abuse framework	Anonymised MARAC case studies	Domestic abuse service in Sheffield	Cabinet portfolios	Health overview	Role of Police
Performance management		Role of VCS partners			Role of Health
IDVAS					
Witnesses					
Chair of Domestic Abuse Priority Group	Children and Young People's Services: - education welfare - children's safeguarding	Manager of Sheffield Domestic Abuse Co-located Team	Cabinet Member for Adult Social Care	Public Health Specialist (Mental Health and Domestic Abuse)	Public Protection Unit, South Yorkshire Police
Domestic Abuse Coordinator	Independent Domestic Violence Advocate IDVA	Apna Haq	Cabinet Member for Children, Young People and Families' Services		Chief Inspector Operations, Rotherham District, South Yorkshire Police
Adult Safeguarding Coordinator	NAS: - housing - adult safeguarding	Choices and Options	Cabinet Member for Communities and Cohesion		Rotherham Clinical Commissioning Group
Neighbourhood Crime & Justice Manager	Probation Service	GROW			Rotherham Foundation Trust
Performance & Quality Manager	Rotherham, Doncaster and South Humber Foundation Trust	Rotherham Women's Counselling Service			Rotherham, Doncaster and South Humber Foundation Trust
Independent Domestic Violence Advocate IDVA	Rotherham Foundation Trust	Rotherham Women's Refuge			
	Sexual Assault Referral Centre	Victim Support			
	Public Protection Unit, South Yorkshire Police				

Appendix 2 National and local statistics about domestic abuse

National 2011-12

- 112 women and 21 men were killed by a current or former partner
- 750,000 children were affected
- Accounted for 25% of violent crime
- 12 million incidents – NHS
- Key factor for 63% of homeless women aged between 30 and 49
- Costs to the State, victims and employers - £23billion per year
- The cost to the NHS of repairing physical damage to victims of domestic abuse is estimated to be £1.22 billion (NHS Employers), excluding dental or mental health treatment
- Employers lost £2.7billion due to time off due to injuries

Local 2012-13

- 5555 incidents responded to by SYP
- 961 incidents were recorded as a crime
- Of these 961 – 702 (73.05%) resulted in arrests
- Of the 5555 incidents, 348 were high risk and referred to the Multi-Agency Risk Assessment Conference (MARAC) supported by the IDVAS
- 348 cases at MARAC
 - 336 women and 12 men
 - 40 Black and Minority Ethnic women
 - 1 Lesbian, Gay, Bisexual and/or Trans person
 - 0 disabled people
 - 407 children affected from 221 families
- 74 of the MARAC cases were repeats (21%)
- 0 domestic homicides
- 42 victims of so called “Honour” based violence were supported by Apna Haq and 7 were being forced into marriage
- 2,957 children and young people were the subject of new contacts to the Contact and Referral Team in 2012 due to domestic abuse. 26% of these contacts, or 769 young people, progressed to referrals for services including assessment.
- 58% of recorded harassment crimes/incidents were domestic related (1/4/12 - 17/12/12); many occur when a couple have separated and the majority of incidents in Rotherham relate to unwanted gifts and communications
- The SARC supported 160 victims of sexual violence, an 9% increase from 2011/12 – 56 were supported by the ISVA

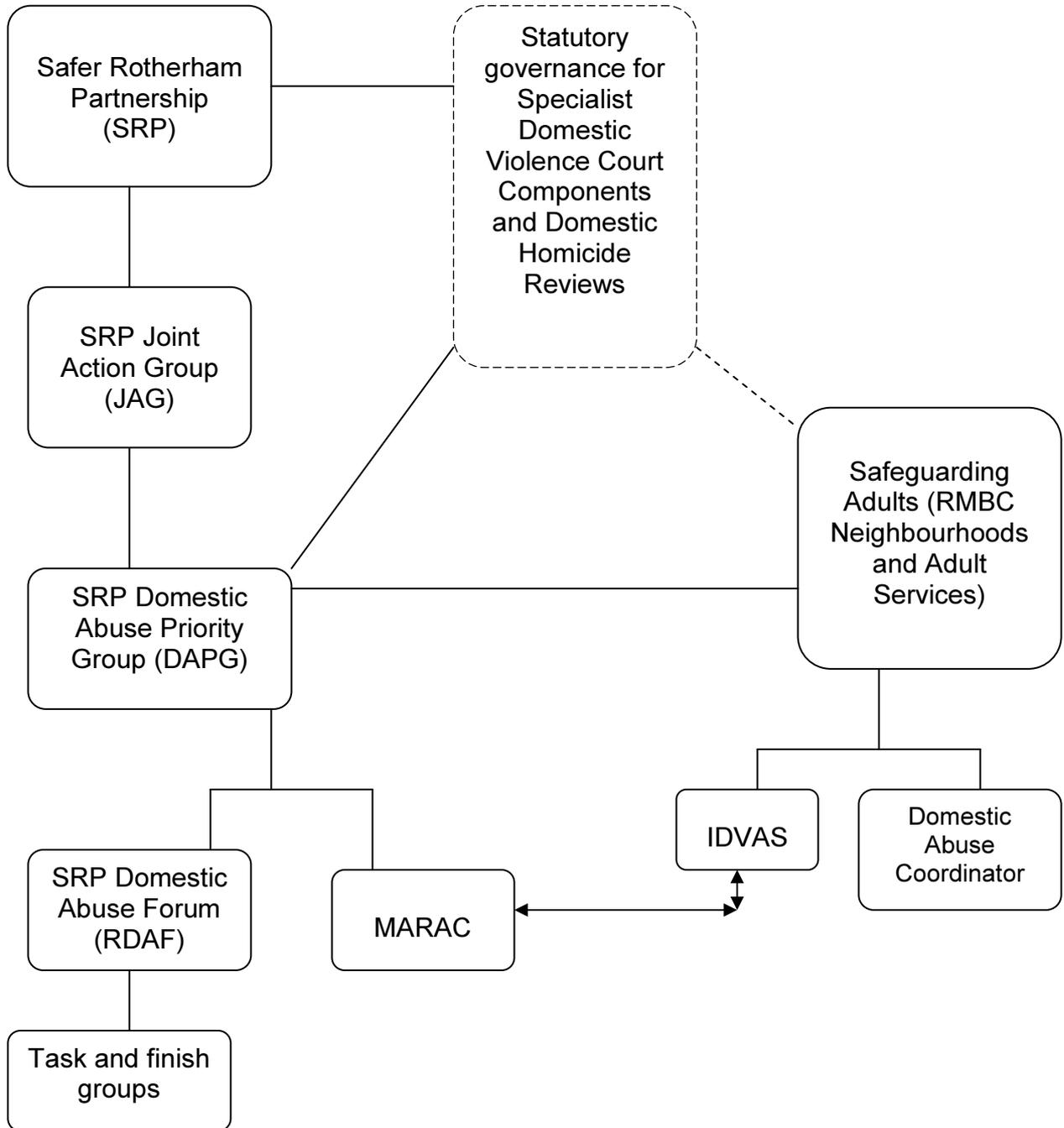
Data for South Yorkshire by District 2012 - 13

	Crimes		Non-crime		Total incidents
	Total	% of total incidents for district	Total	% of total incidents for district	
Doncaster	1279	20%	5073	80%	6352
Barnsley	665	15%	3659	85%	4324
Rotherham	832	18%	3825	82%	4657
Sheffield	1461	17%	7303	83%	8764
Total for South Yorkshire	4237	18%	19860	82%	24097

Notes

- 1) A crimed incident is an incident recorded as a crime on the Police National Computer, and from these a sanction will follow such as a criminal prosecution, harassment warning or police caution. Non crimed incidents cover breaches of the peace, verbal arguments, instances where the victim wants the perpetrator to be informally warned by the police to stop abusive behaviour or civil breaches that do not constitute an offence, such as a breach of undertaking.
- 2) Data is for 10 months - March 2012 to January 2013

Appendix 3 Safer Rotherham Partnership structure for domestic abuse



Glossary for Domestic Abuse Scrutiny Review

ACPO	Association of Chief Police Officers
CAADA	Co-ordinated Action Against Domestic Abuse
CAF	Common Assessment Framework
CART	Contact and Referral Team
CPS	Crown Prosecution Service
DAPG	Domestic Abuse Priority Group
DASH	Domestic Abuse, Stalking and Harassment and “Honour” Based Violence
IDAP	Integrated Domestic Abuse Programme
IDVA	Independent Domestic Violence Advocate
IDVAS	Independent Domestic Violence Advocacy Service
ISVA	Independent Sexual Violence Advocate
JSIA	Joint Strategic Intelligence Assessment
JSNA	Joint Strategic Needs Assessment
LCJB	Local Criminal Justice Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
NPS	National Probation Service
PPU	Public Protection Unit
RDAF	Rotherham Domestic Abuse Forum
RDASH	Rotherham, Doncaster and South Humber NHS Trust
RFT	Rotherham Foundation Trust
RWCS	Rotherham Women’s Counselling Service
RWR	Rotherham Women’s Refuge
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
SRP	Safer Rotherham Partnership
SYP	South Yorkshire Police
VAWG	Violence Against Women and Girls

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1.	Meeting:	Cabinet
2.	Date:	6th November 2013
3.	Title:	RLSCB Child Sexual Exploitation Action Plan 6 Month Progress Report
4.	Directorate:	Children and Young People’s Services

5. Summary:

Keeping children and young people safe and therefore the eradication of CSE is one of the highest priorities of the Council, the Rotherham Local Safeguarding Children’s Board (RLSCB), the Safer Rotherham Partnership and the Police and Crime Commissioner. Working together in partnership and with our local communities is key if we are to improve our collective response to this dreadful form of child abuse.

Rotherham’s Child Sexual Exploitation (CSE) Strategy is a three year plan published in April 2013 accompanied by a multi-agency delivery action plan.

This report highlights the achievements made in the first six months of the plan and the next steps across the three key priorities of Prevent, Protect and Pursue.

6. Recommendations:

- **For Cabinet to note the progress made and endorse the further development areas**

7. Proposals and Details:

Child Sexual Exploitation (CSE) is recognised nationally as one of the most important challenges facing agencies today. It has a serious long term and lasting impact on every aspect of a child or young person's life including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships, and future life opportunities.

As previously reported to members there are several on-going reviews and enquiries to examine historical allegations of abuse and various aspects of the effectiveness of current arrangements. [At the time of this report being written although some of these reviews are complete we are still awaiting the publication of the findings]. Following the publication of their new inspection framework for local authorities, we are also aware that Ofsted will incorporate specific CSE lines of enquiry within future inspections that will begin from November.

The partnership are working to a single multi-agency strategy and accompanying action plan which was published by the RLSCB in April. Following the Home Affairs Select Committee (HASC) report in June the delivery action plan was then refreshed to ensure all relevant HASC recommendations were incorporated.

The Delivery Action Plan now contains seven strategic actions aligned to the three CSE Priorities of 'Prevent, 'Protect' and 'Pursue' plus one strategic action which is cross cutting across all three. [A plan on a page version of the action plan is provided in **Appendix A**]. The details within the plan will continue to develop over time to ensure they are focused on current issues and will incorporate the findings of any current or future reviews, enquiries and inspections.

This following provides Members with a summary of achievements since the publication of the strategy and next steps for developments against each of the action plans strategic actions. In addition a data summary table is provided for each of the priorities to compare data for 2012/13 and the first six months of 2013/14.

LEADERSHIP

Cross Cutting across Prevent, Protect and Pursue

Strategic Action 1: We will improve the clarity of governance and strengthen leadership arrangements to ensure an effective multi-agency response to CSE

Achievements

Governance arrangements have been clarified and further strengthened by engagement of key agencies, partners and lay membership. The Rotherham LSCB has devolved its strategic responsibilities to a specific Child Sexual Exploitation Sub-Group (formerly the Gold Group) which now has multi-agency representation from all key partners. This is further supported by a multi-agency Operational Managers group (known as Silver Group).

There are now regular reports to Cabinet and briefings to all members.

Performance management arrangements are now in place and a quality audit tool has been drafted with regular updates to the CSE Sub-group and full Safeguarding Board. These will continue to be refined and developed alongside services and the action plan.

Barnardo's completed their independent practice review at the end of September. In their verbal feedback consultants stated that they had seen some outstanding practice and good partnership work developing. They felt that there was evidence of "really passionate committed people keen to get it right for Rotherham".

Next Steps

An information sharing protocol is already in place and data is shared securely. Further development work will be undertaken to reduce barriers and increase staff confidence in appropriate data sharing and it ensure it is done as efficiently as possible.

Following the Barnardo's review there has been a CSE diagnostic lead by the Rotherham LSCB Chair in October. Once the Barnardo's final report is published and the findings of the diagnostic are known the CSE Action Plan will be reviewed against recommendations and updated to ensure we address and deliver any new areas for improvement.

PREVENT

Making it more difficult to exploit children

Strategic Action 2: We will deliver an effective co-ordinated training, community and schools awareness programme through a multi-agency "Learning, Development and Awareness Strategy"

Achievements

CSE training and awareness programme has been delivered to key staff and young people for a number of years. Since April 2012 over 2500 staff, councillors, young people, neighbourhood watch co-ordinators and members of the public attended a training or awareness event. Work is now underway to ensure that this awareness is available to all staff with more specialised training available for those working direct with the children and young people. We aim to build a boroughwide 'Eyes and Ears' approach so that as many members of staff across the partnership, the public and young people know the signs, risks and reporting methods for CSE.

All but three ward members have attended CSE awareness raising. So far this year 11 parish councillors have also attended with a further event planned for July 2014.

The Healthy Schools Teams have worked with PSHE leads in primary and secondary schools to develop a range of materials and resources to educate young people on CSE. These resources have been updated to ensure that they are appropriate for the wider age range of 10 and 16 years.

Last year our CSE team worked with 13 of our 16 secondary schools reaching 911 pupils through awareness workshops. By the end of this year all schools will have been engaged, in the first six months of 2013/14 we have already reached 887 pupils. In addition to this we are also working with all the pupil referral units, including the Rowan Centre (education provision for young mums) and also working with relevant special schools and colleges.

Further support is provided through the Integrated Youth Support Service who offer young people in high risk groups the opportunity to access one to one support, group work and a wide range of developmental learning opportunities and positive activities.

Next Steps

Training numbers so far for staff for 2013/14 are low in comparison to 2012/13. However we will be utilising the National Working Group (NWG) CSE e-learning package across the partnership to ensure we have a good quality and consistent awareness package available for all staff and therefore significantly increase the training figures. Unfortunately the NWG have informed us that the release of their e-

learning package has been delayed until December 2013 but we still aim for the rollout to be completed by March 2014.

In addition due to the scale of the learning programme needed to reach all staff who work with directly with Children and Young People a 'Train the Trainer' programme will be rolled out across all agencies. Names have been provided by partners and the Trainer workshop will be held before the end of the year.

The Sub-group aims to make better use of online and social technologies to engage with as many members of the public and young people as possible. This is being developed through the South Yorkshire wide CSE Communication Strategy.

Strategic Action 3: We will develop a Multi-agency Media/Communication strategy to ensure consistent and accurate messages are shared with all, in support of public awareness and improved confidence in delivery

Achievements

A joint South Yorkshire Communication Strategy has been drafted and is out for consultation with Sub-Group Members. It was presented at the Police Crime Commissioners Forum in October.

A dedicated and more focused briefing site has been developed for Police staff and is managed and maintained by their intelligence department.

Leaflets have been designed for Parents/Carers and for Children and Young People. This have been distributed at Rotherham Show and other Community Events and are also available to download on the RMBC and Safeguarding Board websites. The Rotherham Advertiser, Rother FM and Hallam FM are all engaged in our media campaign to raise awareness across the borough.

Strategies are in place to work across wider multi-agency partnerships including businesses, social landlords and communities. In particular significant work has been undertaken to build relationships and awareness with local hotels and guest houses including letter and leaflet mail outs and personalised visits to the larger chains by the Safeguarding Board Business Manager and Police. One hotel offered its facilities to host a group CSE awareness workshop for hotel and guest house staff which was held in October.

In addition all leisure, hospitality and retail businesses are to be invited to an event in November supported by the National Working Group as part of their 'Say something if you see something' campaign.

Next Steps

Work has started with key community groups including an event with 24 Neighbourhood Watch Co-ordinators and a workshop for School Governors in

October. Other key individuals and networks within local communities have been identified (for example faith groups, LGBT and migrant families), and engagement with these groups will be in line with the joint Communication Strategy.

Data Summary - PREVENT		
MEASURE	2012/13	2013/14 (First 6 months)
Numbers attending training and/or awareness raising Events		
Police Supervising Officers trained in CSE	110	-
Ward Members trained in CSE	45	15
Senior Managers trained in CSE	19	-
Staff undertaken multi-agency training on CSE	171	48
Multi-agency staff trained on the lessons learned from the Child 'S' Serious Case Review	175	17
Ward Members attended 'one off' Local Government Yorkshire and the Humber conference	36	Not applicable 'one off event'
Neighbourhood Watch Co-ordinators trained	-	24
Parish Councillors trained	-	11
Number of under 18 college students engaged in CSE awareness raising	-	40
Number of secondary schools engaged in CSE awareness raising with pupils	13	15
Number of pupils involved in CSE awareness raising (through the above schools)	911	887

The contents of the data and performances will continue to be developed and therefore measures may change/expand in the future.

PROTECT

Identifying and safeguarding children who are at risk

Strategic Action 4: We will ensure single and multi-agency processes and procedures are effective, efficient and fit for purpose to support the protection of children and young people from the risks and impact of CSE

Achievements

The Multi Agency CSE Team has now expanded to include the Voluntary and Community sector and Health services. GROW delivering a project “INVOLVE” support package to families and young women up to the age of 25 who are victims of CSE. Public Health have funded a nurse to work with young people and advise the CSE team on health issues and pathways.

A regional CSE risk assessment tool has been piloted across South Yorkshire. Following the trial some issues need addressing to ensure its effectiveness and suitability for young people’s needs.

Following revised national guidelines and policies the local procedure for children missing from home, care and education has been redrafted and will be taken for approval to the sub-group in November. Part of this redrafting will include recognition of issues and risks of CSE.

Relationships have been strengthened with Victim Support and the local Licensing Board. Victim Support are part of the CSE Sub-Group membership and actively involved in the action plan and the Licensing Manager now attends the Operational Managers Group (Silver Group) to ensure concerns and intelligence is shared and influences licensing decisions.

Next Steps

Further work needs to be done on the review of pathways between agencies to ensure they are clear and understood by staff outside the specialist CSE team. In addition systems across key agencies will undergo development to ensure victims of CSE and those at risk of CSE can be identified and monitored to ensure successful outcomes and service improvement. The expansion of the team and the redeveloped Operational Managers Group will help facilitate and drive this forward.

Children’s views are captured through assessments and plans. However the Sub-Group are keen to insure that our children and young people have voice and influence on service development. We want to listen to young people and their families to ensure their voice helps shape our future service improvements. Therefore a Young Persons Participation Strategy is to be developed supported by the Integrated Youth Support Service.

Strategic Action 5: We will ensure there is effective protection, support and guidance for victims and potential victims of Child Sexual Exploitation

Achievements

The social care 'front door' process and support specifically for CSE has been clarified and strengthened. Any child who is referred to, or already involved with, Children's Social Care Services and is at potential risk of CSE undergoes a screening process using a bespoke CSE checklist. Where issues are identified the specialised CSE Team will then lead on the assessment for new cases or, if the child is already has social care involvement and is allocated to another key team, they will advise and if needed work with their current social worker to ensure child receives appropriate support.

The number of social care cases being led by the CSE Team has risen from 69 at the end of March 2013 to 82 at the end of September, representing a 19% increase in direct caseload. Seven of these are boys. This does not include cases held by other agencies such as social care or Barnardo's.

The total number of joint investigations have also increased from 38 at the end of March 2013 to 57 at the end of September a 50% increase on the previous year in the first six months of this year.

Children and young people running away from home or care is a growing issue. These children and young people are at high risk of CSE. The number of incidents of runaways recorded between April and August 2013 was 123, (average of 24.6 per month), and involved 56 children. In the whole of 2012/13 this was 339, (28.3 per month) and involved 121 children.

Safe@Last are commissioned to deliver return to home interviews with young people to try identify and address the reason for the run-away incident and educate the young person on the potential risks they face. Their data and monitoring systems are still in development however the current year they have received 182 referrals relating to 77 children. RMBC Performance and Quality team are to work with Safe@Last to support them in developing their systems to ensure good data quality.

It's important that Looked after Child (LAC) in placements outside of the local area are not disadvantaged or placed at more risk than other children. Therefore the subject of CSE and risk of run-away is included in the referral form and initial placement agreement to inform the placement search criteria.

In September an EU/New Arrival Family Induction Day event had a number of family learning topics including parental supervision and exploitation. The CSE Team have also delivered a workshop on CSE for Roma girls in conjunction with a local school.

In August Victim Support launched a new initiative to provide independent and confidential services to young witnesses and victims of crime. The enhanced service

is funded through the PCC and provides young people and their families support before, during and after trial so they can give the best evidence in court.

Next Steps

Specific Safety Plans are to be introduced as a new local requirement for any LAC who is identified as at risk of CSE. [This will be in addition to their on-going care plans which are already a requirement for all children in care.]

Compliance with the regional White Rose monitoring framework for commissioned LAC placements is a requirement across our commissioned placements and includes CSE and runaways. This information is to be analysed as part of the developing performance management framework.

Police Young People's Partnership Officers (PYPPPO) are to work with IYSS officers to help strengthen the first point of contact with police and ensure it is young person friendly to encourage reporting of crime and making statements.

The local procedure for children missing from home, care and education is being revised in response to the publication of a number of recent national guidelines and reports, this will be available by the end of December 2013.

Data Summary - PROTECT		
MEASURE	2012/13	2013/14 (First 6 months)
Cases open to social care CSE Team	69	82
Number of the above who are boys	-	7
Cases open to parenting team linked to CSE	-	74
Joint investigations	38 (total)	57 (running total) 28 (currently open)
Number of contacts made to social services regarding CSE	437	66
Number of children the above contacts relate to	212	60
Number of contacts leading to a referral	129	49
Number of children the above referrals relate to	119	48
Number of Initial Assessments completed by the CSE Team	13	41
Number of Core Assessments completed by the CSE Team	4	17
Number of police referrals into the PPU	114	60
Number of reported incidences of children running away from home or care	339	123 (at end Aug)
Number of children the above runaway incidences relate to	121	56
Referrals to Safe@Last	-	182
Number of children in the above referrals to Safe@Last	-	77

Data Summary - PROTECT		
MEASURE	2012/13	2013/14 (First 6 months)
Return interviews following 'runaway'	-	26
Safe@last follow up visits	-	143
Number of children involved in the above follow up visits	-	25
GROW INVOLVE project (started June 2013)	Projects were not running in 2012/13	
Young People referred to the project		5
Young People engaged in the project		5
Young People currently receiving support		5
Families referred to the project		6
Families engaged in the project		4
Families currently receiving support		3
GROW AWARE project (now concluded - data relates to April-June 13)		
Young People referred to the project		6
Young People engaged in the project		6
Total number of Young People who received support		13
Families referred to the project		6
Families engaged in the project		6
Total number of Families who received support		6

The contents of the data and performances will continue to be developed and therefore measures may change/expand in the future.

PURSUE

Identifying offenders, disrupting and stopping their activity

Strategic Action 6: We will proactively identify and disrupt places of CSE activity

Achievements

On-going improvements and developments in information and intelligence gathering are enabling Police and the CSE Team to respond quickly and appropriately. The Police intelligence system has been reviewed and a new framework is in place which is linked to Police staff briefing systems.

A specific CSE police analyst for South Yorkshire has been recruited and is currently based at Headquarters. This role will work strategically across the four areas but will also deliver specific local needs analysis projects to support the identification of needs, impact and outcomes for young people in relation to CSE. This will then feed into the RMBC Joint Strategic Needs Analysis (JSNA) and the police lead Joint Strategic Intelligence Assessment (JSIA).

Operation 'Stay Safe' has been delivered through joint working between the Police and Integrated Youth Support Services (IYSS) .

Our Safer Rotherham Partnership is fully focussed on CSE and this is reflected through meetings and activities of all of its priority groups and governance structure including the Joint Action Group, Neighbourhood Action Groups, Safer Neighbourhood Team Briefings, Crime & Community Tasking meetings and the Reducing Crime, Reducing Harm and Domestic Abuse priority groups. During the partnerships planning and execution of tactical crime and Anti-Social Behaviour reduction operations the potential is maximised for obtaining evidence of CSE and if so, taking swift and affective action is always a consideration. Close reporting lines exist between operational partners, the multi-agency Vulnerable Persons Unit and the CSE Team based at Maltby Police Station.

Next Steps

Work has started on establishing a process for appropriate information currently held in other systems to be included within Police systems to further enrich intelligence. This is subject to and awaiting a force level decision.

Strategic Action 7: We will ensure perpetrators are brought to justice

Achievements

In September an independent inquiry was commissioned by RMBC to review the previous ways of working and outcomes of CSE cases which were open between 1997 to January 2013. It is hoped that the partnership can learn from the findings of the review and to further inform service development and improvement. Any resulting recommendations and lessons learnt will be built into the existing action plan.

A variety of criminal intervention techniques are successfully used to cease CSE activity and potential activity as early as possible before it escalates into serious harm for the young person. The use of these techniques are on the increase. So far this year there have been 3 attrition activities and 20 abduction notices, compared to 3 and 28 respectively for the whole of 2012/13.

All perpetrators in custody and in the community who are under the supervision of the Probation Services have a robust risk Management Plan.

There has been one conviction since April, a local Teaching Assistant. He pleaded guilty to charges of sexual activity with a child between 2011 and 2012, three counts of making indecent images, two counts of sexual activity with a child while in a position of trust, and two of causing or inciting a child to engage in sexual activity. He pleaded guilty at court and received 3 years he must sign the sex offenders' register and is banned from working with children.

As previously reported to members (on the 18th September 2013) Rotherham Police are also involved in a number of on-going live operations, some of which are being led by neighbouring authorities. A summary of these operations is shared below; however further details of live investigations are confidential:

- Operation K ALPHABET – 16 month long intelligence led investigation, reported in the Advertiser. 8 suspects charged with 71 offences against children. 2 individuals have 42 and 21 charges between them
- Operation Carriage – operation targeting Prom season and concerns around ensuring child safeguarding
- Operation Klan – two Doncaster men on remand for a range of offences. A number of victims identified, some of whom are from Rotherham
- Operation Clover – this is a joint investigation linked to the recent story in the Times and allegations of abuse from 1994 to 2005
- 4 cases on police bail at the moment
- 2 cases pending court, one being charged for 40 offences including rape, sexual activity with a child; the other being charged with two rapes of a child under 13 years

Next Steps

In October 2013 it was confirmed the Police Analyst promised from the additional resource identified by the South Yorkshire Police and Crime Commissioner would be based in Rotherham. The PCC was keen to see how effective the analyst role was as part of the CSE team in Rotherham before rolling out force wide.

We continue to see our main offender profile to be single offenders.

There will be a refresh of the full problem profile in November which will inform the CSE Sub-Group and action of the Operational Managers Group and their teams.

Probation Service have started a local offender profile and exploration is underway to identify funding for a full research project to understand the motivation and behaviour of perpetrators and to identify common indicators of persons likely to commit CSE.

Data Summary - PURSUE		
MEASURE	2012/13	2013/14 (First 6 months)
Number of attrition activities	3	3
Number of abduction notices	28	20
Individuals currently on police bail	-	6
Individuals currently on remand	-	2
Cases pending court	-	10
Number of convictions	-	1

The contents of the data and performances will continue to be developed and therefore measures may change/expand in the future.

8. Finance:

The CSE team total budgeted expenditure for 2013/14 is £274,086. This is funded by £45,208 Designated Schools Grant, £50,000 Police Crime Commissioner and £178,878 Revenue.

9. Risks and Uncertainties:

Ofsted are bringing in a new framework for inspection which will go live from November this year. There will be a strand of this inspection looking at CSE. In addition, HIMC are undertaking thematic CSE reviews of police forces and the Police and Crime Commissioner had asked that South Yorkshire Police be reviewed. This took place at the end of September and the report will be available by the end of the year.

10. Policy and Performance Agenda Implications:

The multi-agency Performance Framework which accompanies the CSE Strategy and Action Plan will continue to develop to ensure that accurate, timely and meaningful information about key aspects of CSE and safeguarding children and young people is collated and used to inform practice. New government guidance on the collection of data relating to CSE is anticipated and will be incorporated in the performance data; which will be presented to members as part of the regular updates on performance.

11. Background Papers and Consultation:

- Reports to Cabinet on 28th June, 3rd July and 18th September
- Members briefing on 4th July.
- LGA publication, June 2013 'How councils are raising awareness of child sexual exploitation'
- RLSCB CSE Strategy 2013-2016

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Jason Harwin,
Chief Superintendent, South Yorkshire Police

Prevent

making it more difficult to exploit children

Protect

identifying and safeguarding children who are at risk

Pursue

identifying offenders, disrupting and stopping their activity

STRATEGIC ACTION 1: We will improve the clarity of governance and strengthen leadership arrangements to ensure an effective multi-agency response to CSE

HOW WE WILL DELIVER:

- We will ensure that governance arrangements are documented and shared with all staff
- Multi-agency performance and quality management arrangements will be established to allow for monthly monitoring and evaluation of impact at the LSCB CSE Sub-group and reported to the full board on a quarterly basis
- Ensure appropriate information governance and security arrangements are in place
- We will effectively deploy resources to prevent and protect children and young people from CSE and prosecute the perpetrators
- An independent practice review will be commissioned to assess current services and inform future improvement

STRATEGIC ACTION 2:

We will deliver an effective co-ordinated training, community and schools awareness programme through a multi-agency "Learning, Development and Awareness Strategy"

HOW WE WILL DELIVER:

- All staff will receive training on CSE at a level appropriate to their role within the organisation and their involvement with children and young people, specifically those working with high risk groups
- Senior leaders of all key agencies will ensure they understand the issue of CSE within a National and Local context and will engage with the delivery of the LSCB CSE action plan
- We will educate our children and young people on CSE and its associated dangers to prevent and enable them to protect themselves

STRATEGIC ACTION 3:

We will develop a Multi-agency Media/Communication strategy to ensure consistent and accurate messages are shared with all, in support of public awareness and improved confidence in delivery

HOW WE WILL DELIVER:

- There will be a multi-agency agreement on when/what/how to share local intelligence with the public and staff on local CSE activity, intelligence and hotspots
- Develop a library of awareness materials appropriate to range of staff and members of the public
- We will utilise online technologies and social media to ensure communications reach a wide range of people
- We will proactively engage and educate local businesses whose service types are historically linked to CSE
- We will hold awareness sessions with identified community groups (both geographically and with communities of interests)

STRATEGIC ACTION 4:

We will ensure single and multi-agency processes and procedures are effective, efficient and fit for purpose to support the protection of children and young people from the risks and impact of CSE

HOW WE WILL DELIVER:

- Procedure review for key teams including pathways between partner agencies to ensure effective tasking and co-ordination of activities across the partnership
- We will ensure the Voice and Influence of children and young people is embedded and evidenced in procedures and service improvement
- All agencies will ensure their Information Systems and Standards can effectively support the delivery partnership procedures and enable case tracking and monitoring to ensure effective and efficient services for Children and Young People
- There will be regular and good quality supervision & management oversight of service delivery

STRATEGIC ACTION 5:

We will ensure there is effective protection, support and guidance for victims and potential victims of Child Sexual Exploitation

HOW WE WILL DELIVER:

- There will be a rolling programme of targeted preventative support for high risk groups of Children and Young People including building trust to report incidents of CSE or attempted CSE
- We will ensure there is a framework of support for victims and witnesses throughout the criminal justice process
- There will ensure that victims receive support following prosecution regardless of outcome

STRATEGIC ACTION 6:

We will proactively identify and disrupt places of CSE activity

HOW WE WILL DELIVER:

- Ensure we proactively seek and respond to information and intelligence quickly and appropriately
- Conduct targeted engagement in areas of vulnerability and identified hotspots

STRATEGIC ACTION 7:

We will ensure perpetrators are brought to justice

HOW WE WILL DELIVER:

- Ensure proactive identification of Offenders or Persons showing at risk of offending
- We will conduct a procedure and process review to ensure offenders are prosecuted
- We will create toolkit for investigations based on NWG best practice to maximise perpetrators being brought to justice
- Ensure effective offender management strategy
- Research will be undertaken to understand the motivation and behaviour of perpetrators and to identify common indicators of persons likely to commit CSE

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	6th November 2013
3.	Title:	Rationalisation of Property Assets: Land at Second Lane, Wickersley Ward: Hellaby Ward
4.	Directorate:	Environment and Development Services

5. Summary

This report seeks approval to dispose of approximately 4,500 square metres of allotment land to Wickersley Parish Council at less than best value.

6. Recommendations

- 6.1. That Cabinet supports Option 1 in this report for the transfer of ownership of this asset to Wickersley Parish Council.
- 6.2. The Director of Audit and Asset Management negotiates the terms of disposal of the asset as described in the report.
- 6.3. The Director of Legal and Democratic Services completes the necessary documentation.

7. Proposals and Details

A request has been received from Wickersley Parish Council to purchase an area of land at Second Lane which forms part of an allotment site. The Parish Council has maintained an interest in this land since 1976, when a licence was initially granted to them for one year to allow them to develop this (and adjacent land which is already owned by the Parish Council) into allotments. The extent of the Parish Councils land is shown edged in red and RMBC's land is shown edged in yellow on the aerial photo at Appendix 1. Since 1976 the Parish Council has paid an annual fee and has maintained and developed the allotments, adding a pavilion building and recently purchasing further land from a private landowner for a nominal fee to allow expansion. The Parish Council now wishes to buy the freehold title to the remaining land in RMBC ownership at less than best value, to regularise their position and to protect the allotments for future generations.

The area in question is designated as Green Belt in the Unitary Development Plan and has not been identified as a development site in the Rotherham Local Plan draft Sites and Policies document.

On the basis of the current planning designation for the site and its use as allotments, the Market Value of the site has been assessed at £5,000.

Option 1 – Sale at less than best value

Wickersley Parish Council is using the land to provide a statutory service to the local community. If the land were to revert to Rotherham Borough Council, then it is likely that it would be required to sustain a similar level of allotment provision. However, this would be difficult to achieve and would expose the Borough Council to additional financial risk which is not budgeted for. Taking this into account, and also the level of investment that the Parish Council has already committed to improving the facility over recent years, it is recommended that the land be sold at less than best value (nominal, say £1), with a restrictive covenant stipulating that it can only be used for allotments and that these must be maintained to a good standard and made available to tenants at a reasonable rent. The covenant should further state that if the land was to be sold or entered into a long leasehold interest that the Council will have the first option to buy the land back at £1.

The advantages of this option are as follows:-

- the Parish Council has confirmed that they would be willing to take responsibility for the site on this basis;
- the transfer would establish a position whereby Rotherham MBC has no liabilities, either now or in the future, in respect of the site itself or the provision of an allotment service at it.

The disadvantages of this option are as follows:-

- it would not yield a capital receipt for the Council
- it would be a departure from the Asset Transfer Policy, and might therefore be seen to set a precedent. However, it is believed that this is a unique instance of Rotherham MBC land forming part of a larger site being used by others as active allotments.

Option 2 –Transfer of land under Asset Transfer Lease Agreement

This option had previously been proposed to Wickersley Parish Council, as it is in line with Rotherham Borough Council's current policy. However, the Parish Council has indicated that it does not wish to consider the transfer of the site on this basis as it would not resolve the issue of mixed ownership of the site.

Therefore, the premise for bringing this report is to confirm whether option 1 would be acceptable to Rotherham MBC as well as Wickersley Parish Council. It is recognised that this does not conform to Council Policy, but it is requested that an exception be made in this case as Rotherham MBC's financial position does not allow it to take on responsibility for maintaining and improving the existing service provision. The matter is being referred to Cabinet as this would be a departure from normal Council policy.

8. Finance

The sale of the land would generate only a nominal receipt. However, the value of the land to Rotherham Borough Council is limited by the requirement to provide an allotments service. Wickersley Parish Council currently pays an annual fee of £12.

If the Council did not agree to transfer the site, then it may have to take on responsibility for providing an allotment service at the site itself. However, the Council is unable due to budget constraints to commit any expenditure to provide infrastructure enhancements or to maintain them. Any routine site maintenance would be confined to essential health and safety matters or other works as could be funded from rental income at the site; this would be likely to result in a deterioration in site condition.

The Market Value of the site for allotment purposes is £5,000. The proposed terms of the sale would not accrue this receipt which would otherwise contribute towards the Councils Capital Receipts Programme targets.

Council's surveyor's fee would be:

- Option 1 - Sale at less than best value - £750 plus VAT
- Option 2 - Asset Transfer Lease – up to £1,000 plus VAT dependant on the level of work involved.

Legal Service's fees would be £500 plus VAT for either option.

Wickersley Parish Council has indicated its commitment to paying these costs.

9. Risks and Uncertainties

Wickersley Parish Council might reduce or withdraw the provision of allotments on the land in question in the future. However, any subsequent sale would be subject to a covenant whereby ownership of the land would revert to Rotherham Borough Council for (almost) nil consideration if it were no longer used in its entirety for allotments, and Wickersley Parish Council would be required to return the land in the same condition it was in at the point of sale, or to pay Rotherham Borough Council the cost of dealing with any disrepair or inadequate maintenance and its associated reacquisition legal and surveyors fees.

10. Policy and Performance Agenda Implications

The proposal seeks to safeguard future allotment provision at Second Lane, Wickersley, which contributes to the following Corporate Plan outcomes:-

- More people are physically active and have a healthy way of life
- People enjoy parks, green spaces, sports, leisure and cultural activities

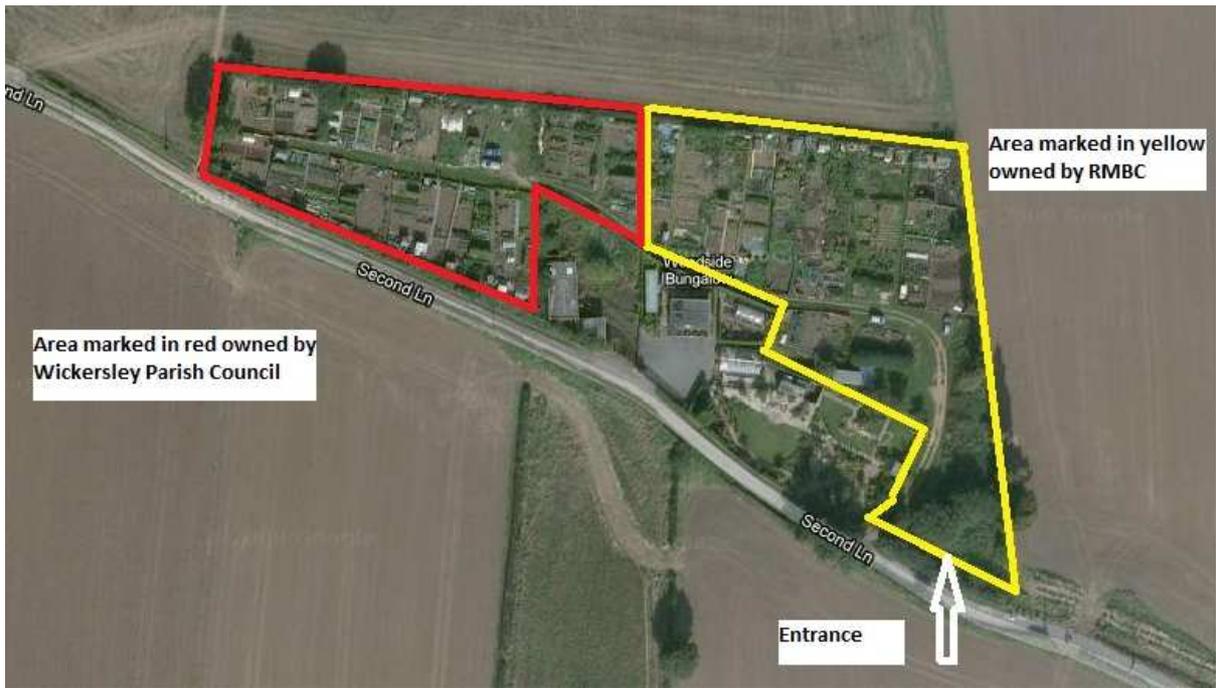
11. Background Papers and Consultation

Financial Services, Legal Services and Audit and Asset Management have been consulted on this matter.

Contact Names:

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Appendix 1 - Approximate extent of land owned by Rotherham MBC and Wickersley Parish Council



ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	6th November 2013
3.	Title:	Investing to Stimulate Further Development at the Advanced Manufacturing Park
4.	Directorate:	Environment & Development Services

5. Summary

The Advanced Manufacturing Park (AMP) continues to attract interest from businesses looking to invest. However, in the current financial climate financing speculative development, even at a premier location such as the AMP, through conventional means is not achievable. This is acting as a barrier to development and growth with some businesses being unable to find suitable property at the AMP that meets their needs.

Working with the landowner and the European Union funded JESSICA (Joint European Support for Sustainable Investment in City Areas) programme the Council can unlock development by forward funding a development scheme. This will enable businesses to create jobs and wealth in Rotherham and generate additional business rates.

The proposal is a direct match to Priority 1 of the draft Rotherham Council Corporate Plan 2013-16, “We will market Rotherham as an attractive business location by investing in initiatives to promote business growth”

The Independent Economic Review identifies that Sheffield City Region has a “private sector job deficit” of about 65,000 compared to the national average; which is spread across a wide range of sectors. Around half of these “missing” jobs are in higher skilled occupations. Unlocking development at the AMP is a significant intervention that the council can make to attract high value jobs.

6. Recommendations

- i) **The Council agrees to forward fund development at the AMP on terms to be agreed by the Strategic Director, Environment and Development Services in consultation with Cabinet Member for Regeneration and Development subject to: -**
 - a) **Confirmation of the detailed costs of purchase and anticipated revenues.**

- b) That the purchase is predicated on the council holding the asset for up to a maximum of 5 years and that the full overall cost and revenue shows a positive outcome.
- ii) That the Strategic Director, Environment and Development Services enters into negotiations with the Local Enterprise Partnership to secure funding to further enhance the viability of the proposal.

7. Proposals and Details

The Advanced Manufacturing Park (AMP) is the UK's premier advanced manufacturing technology park. Businesses located on the park provide world-class advanced manufacturing technology solutions centred on materials and structures typically used in precision industries including; aerospace, automotive, medical devices, sport, environmental and energy, oil and gas, defence and construction.

The AMP is home to world-class research and manufacturing organisations, such as; the University of Sheffield's AMRC with Boeing; Rolls Royce; Castings Technology International (Cti); Dormer Tools, Sandvik Coromant, TWI's Yorkshire Technology Centre and the new Nuclear AMRC.

The site has been developed over the last 10 years to include small office, workshop and lab space, medium-sized hybrid and light industrial units and larger custom-built research, training and manufacturing facilities. The early phases of development have been successful and all buildings on the site are full; the only property offer currently available for new investors is a land purchase or design and build. The AMP site is in the ownership of Harworth Estates which is a property company that grew out of UK Coal. Formal separation from the mining company was achieved in December 2012.

Further successful development of the AMP is a key component in delivering future economic growth in Rotherham and the city region. The success of the AMP is deemed critical to the growth of the Sheffield City Region's economy by the Sheffield City Region Local Enterprise Partnership (LEP) and other public sector partners (including local authorities and the Homes and Communities Agency).

Evolution was a development phase which focussed on providing speculative build and has been highly successful in attracting a range of advanced engineering businesses including university spin outs such as Xeros, precision engineering companies like IIDEA and X-cel, research and development projects such as those undertaken on site by Rolls-Royce, technical and sales offices e.g. Liebherr and international manufacturers such as Dormer, and Sandvik

Harworth now wish to develop an additional phase to attract a range of potential occupiers and have branded this phase R-evolution. R-evolution will comprise around 100,000 sq ft of high quality space targeted at (but not exclusively for) the type of businesses that make up the Rolls-Royce supply chain.

Delivery Options

Harworth would like to be able to develop the space speculatively i.e. without firm commitment from potential occupiers. However, delivery of R-evolution presents a number of commercial challenges.

Harworth has a good level of interest in the space. Independent market advice shows that the availability of equivalent quality stock is reducing, and that at current rates of take up, there is just over 12 mths of supply in the market with no new schemes planned. **Despite these favourable conditions, in the current financial climate of tightened access to finance and bank reluctance to lend against property, financing speculative development with senior debt from banks is simply not possible.**

Equity providers similarly would not provide funding for speculative development unless a very strong return on that equity is guaranteed. This is a commitment that Harworth (or any other developer) is unable to give at present due to the underlying market conditions.

Harworth Estates have similarly had some financial difficulties with the insolvency of UK Coal and the general high level of indebtedness within the group. Therefore Harworth's ability to access finance for development or to put any further capital at risk is significantly diminished.

This is a classic case of market failure; there is demand from advanced manufacturing companies to locate on the AMP and to the opportunity to make space available, facilitating a next phase of growth which will attract and secure quality jobs and wealth in Rotherham. However, this is not deliverable through conventional means in the current economic climate.

The Proposed Delivery Option

In order to address the above challenges the Council has been working with partners within the City Region to explore how the development could be brought forward. In October 2012 the City Region constituted a JESSICA (Joint European Support for Sustainable Investment in City Areas) fund for which Sheffield City Council are the accountable body. Through an OJEU (Official Journal of the European Union) procurement process property consultancy CBRE were appointed fund manager in December 2012.

The SCR JESSICA fund is a public fund of around £23M which comprises £15M European Regional Development Fund match with £8M Growing Places Fund from the SCR LEP.

The fund is a revolving fund which has the purpose of helping to facilitate and drive economic growth through investment in physical infrastructure.

It is likely therefore that the SCR JESSICA will be able to provide the development finance for the project and the detailed due diligence process for this is underway between Harworth Estates and the fund manager CBRE. However, the fund is only

intended to provide finance for the development phase of a project in order that funds can be recycled and re-invested into other projects. There therefore needs to be provision for the loan to be repaid within a defined timescale.

This would typically be either through a market sale of the completed development to a third party or through the refinancing of the loan with an alternative financier. As indicated earlier, in the current scenario, refinancing with an alternative financier would be very unlikely and achieving a market sale would be contingent upon the lettings achieved and the strength of the rental income stream provided by any occupiers. This is clearly an uncertain position and hence makes the market exit uncertain.

Without a certain exit the SCR JESSICA fund would be unable to provide the development finance and the project would not happen.

It is proposed the Council unlock development by providing the exit i.e. agreeing the purchase of the development on completion of construction in return for receiving the revenue generated from rent. It is therefore proposed that RMBC purchase the completed development thereby having the following impact:

- Enables the development to come forward.
- Provides the exit to enable repayment of the SCR JESSICA loan to allow reinvestment in another project
- Secures investment in Rotherham and in the Sheffield City Region
- Secures and facilitates jobs in Rotherham – based on Homes and Communities Agency standard employment densities for a light industrial building on a business park of 47m² per job this scheme would provide 102 jobs.
- Provides a income stream to offset borrowing costs to facilitate the purchase
- Generates an increase in business rates. Based on existing assessments and the current multiplier this is likely to be in excess of £100,000 per annum. As this scheme is in the Enterprise Zone the growth in business rates would be retained by the LEP.

8. Finance

A key condition to be fulfilled for the purchase to proceed is that the scheme is cost neutral or generates an overall surplus to the Council on realisation of the asset. The purchase will only proceed on this basis.

RMBC are in a unique position to facilitate this development due to their ability to access capital at low levels of interest from the Public Works Loan Board

The Director of Finance will advise on funding alternatives and source appropriate finance to minimise the cost and exposure to the Council of borrowing to fund the purchase.

The cost of prudential borrowing and any other associated revenue costs will be carried by Environment and Development Services. This cost will be met by the

income generated from the development. The intention is that annual revenue income covers both the capital financing costs and all other associated revenue expenditure on a year by year basis. This will be a key factor in the Strategic Director for Environment and Development Services and Cabinet Member for Regeneration and Development agreeing terms for the Council to proceed with the purchase.

9. Risks and Uncertainties

This proposal is that RMBC will hold and manage the investment on the basis that the projected gross (and net) rental income will cover the costs of borrowing and potentially return some excess to support the revenue account.

The risks associated are as follows:

- Harworth Estates fail to construct the development
- Some or all of the units fail to let
- Some or all of the units fail to let on suitable terms
- The rental achieved fails to reach the expected rental per square foot per annum
- Any occupier becomes insolvent

Risk will be managed and mitigated through the following:-

- The council will purchase the development on practical completion. Until the building is completed and handed over as agreed the Council will not hand over the purchase price.
- The estimated construction cost has been reviewed by the Director of Asset Management and is considered reasonable. Construction will be procured by Harworth Estates through a tender exercise with the Council having the ability to review the actual construction cost and other costs prior to proceeding with the purchase.
- Structuring the deal such that the price for the completed investment varies according to the lettings secured prior to the Council completing the purchase i.e. the purchase price is reduced if the development is not let to an occupier prior to practical completion of construction. This will ensure that Harworth are incentivised to continue to promote the scheme and secure suitable lettings.
- Negotiating a “non-competition clause” preventing Harworth from building competing units of a similar size until the first phase is let and including an agreement as part of the purchase agreement that all enquires to take space on the park are directed toward these units.
- In addition to the marketing done by Harworth, Rotherham Investment and Development Office will continue to market the site to potential investors. Independent market advice indicates that there is only 12 months of supply of similar quality space available (based on current take up rates) and no competing speculative developments in the pipeline The advice also indicates that lettings in this prime location are very achievable at rents that would make the proposal viable with minimal tenant incentives. There is evidence of interest from potential occupiers at rentals above this base level which if

achieved will enhance the viability of the proposal and gives the confidence that should any unit become vacant there is strong demand to facilitate re-letting.

- The investment going into the AMP from occupiers such as Rolls-Royce and the AMRC is likely to enhance the site and values over time. This will be prime real estate on an internationally significant manufacturing park.
- Units will be let on a full repairing and insuring basis with the occupier responsible for payment of a service charge for common services meaning that once let the council's management and administration costs are the only deduction from gross rent to net rent.
- Submission of applications to secure grant funding to reduce the exposure. Discussions have been initiated on using unallocated Growing Places Fund monies for this purpose, other alternatives will be pursued as they arise.
- Initiating discussions with city-region partners to explore whether some of the increased business rates retained by the LEP should be returned to the Council thereby increasing gross revenue.

10. Policy and Performance Agenda Implications

The proposal is a direct match to Priority 1 of the draft Rotherham Council Corporate Plan 2013-16, "We will market Rotherham as an attractive business location by investing in initiatives to promote business growth"

The Independent Economic Review identifies that Sheffield City Region has a "private sector job deficit" of about 65,000 compared to the national average; which is spread across a wide range of sectors. Around half of these "missing" jobs are in higher skilled occupations. Unlocking development at the AMP is a significant intervention that the council can make to attract high value jobs.

The project has direct impact on delivering the objectives of the growth plan: -

- "We will ensure we get the land offer right and that we are responsive to investors' needs, even where this may not fully align with our own plans. We will identify how property could be developed for investors seeking premises for immediate occupation".
- "We will develop a better understanding of the challenges SCR firms face in accessing finance. We will then explore how new and innovative investment mechanisms could be used to address these challenges".
- "We will bring forward key development sites in the right locations"

The proposal facilitates the deployment of JESSICA funding making a major contribution towards meeting ERDF business plan targets, maintaining the integrity of the JESSICA fund and keeping the available funding within the City Region. The potential timescales for the AMP project will allow the JESSICA loan to be repaid in 2014 making money available for 2nd round investments. Further recycling the JESSICA fund allows additional investments to be made in other use classes such

as retail and residential development and provides an opportunity to address many of the town centre priorities in Rotherham and the City Region.

11. Background Papers and Consultation

SLT, 4th November 2013

CSART, 30 September 2013

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