CABINET

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

Date: **Wednesday, 21 May 2014**

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 30th April, 2014 (copy supplied separately)

6. Rotherham Local Plan Steering Group (Pages 1 - 6)
   - Strategic Director of Environment and Development Services to report.

7. Scrutiny Review of Carers (Pages 7 - 14)
   - Strategic Director of Neighbourhoods and Adult Services to report.

8. Scrutiny Review - Access to GPs (Pages 15 - 51)
   - Chief Executive to report.

9. Scrutiny Review - Department for Work and Pensions Sanctions (Pages 52 - 72)
   - Chief Executive to report.

10. Homelessness Scrutiny Review (Pages 73 - 93)
    - Chief Executive to report.

11. Disposal of four HRA Sites to Arches Housing Association to enable Affordable Housing Development (Pages 94 - 101)
    - Strategic Director of Neighbourhoods and Adult Services to report.

12. Successful Application to Department of Health for Capital Funds to establish a 'Recovery Hub' for Drug Users in Rotherham (Pages 102 - 109)
    - Director of Public Health to report.

13. Market Franchise Rights Policy 2014 (Pages 110 - 119)
    - Strategic Director of Environment and Development Services to report.

14. Exclusion of the Press and Public
    The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs).

15. New Discretionary Rate Relief Top Up Applications (Pages 120 - 122)
    - Director of Finance to report.

Agenda Item 6

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**CABINET**
2.	**Date:**	**21st MAY, 2014**
3.	**Title:**	**MINUTES OF A MEETING OF THE ROTHERHAM LOCAL PLAN MEMBERS' STEERING GROUP HELD ON 25TH APRIL, 2014**
4.	**Directorate:**	**ENVIRONMENT AND DEVELOPMENT SERVICES**

5. Summary

In accordance with Minute No. B29 of the meeting of the Cabinet held on 11th August, 2004, minutes of the Rotherham Local Plan Members' Steering Group are submitted to the Cabinet.

A copy of the minutes of the Rotherham Local Plan Members' Steering Group held on 25th April, 2014 is therefore attached.

6. Recommendations:-

That progress to date and the emerging issues be noted, and the minutes be received.

7. Proposals and Details

The Council is required to review the Unitary Development Plan and to produce a Local Development Plan under the Planning and Compulsory Purchase Act 2004.

The policy change of the coalition Government should be noted re: the Localism Act 2011 and implications for the Local Plan.

8. Finance

The resource and funding implications as the Local Plan work progresses should be noted.

9. Risks and Uncertainties

- Failure to comply with the Regulations.
- Consultation and responses to consultation.
- Aspirations of the community.
- Changing Government policy and funding regimes.

10. Policy and Performance Agenda Implications

There are local, sub-region and regional implications. The Local Development Scheme will form the spatial dimension of the Council's Community Strategy.

11. Background Papers and Consultation

Minutes of and reports to the Rotherham Local Plan Members' Steering Group.

Attachments:-

- A copy of the minutes of the meeting held on 25th April, 2014.

Contact Name : Karl Battersby, Strategic Director,
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ROTHERHAM LOCAL PLAN STEERING GROUP
Friday, 25th April, 2014

Present:- Councillor Smith (in the Chair); Councillors Clark, Dodson, Godfrey, Lakin, McNeely, Pickering and R. S. Russell.

together with:- Bronwen Knight, Helen Sleigh, Andrew Duncan, Neil Rainsforth and Noel Bell (Planning Service)

Apologies for absence were received from Councillors Currie, Falvey, G. A. Russell, Steele and Whelbourn.

35. MINUTES OF THE PREVIOUS MEETING HELD ON 14TH MARCH, 2014

Consideration was given to the minutes of the previous meeting of the Rotherham Local Plan Steering Group, held on 14th March, 2014.

Agreed:- That the minutes of the previous meeting be approved as a correct record for signature by the Chairman.

36. LOCAL PLAN - CONSULTATION AND COMMUNITY ENGAGEMENT ACTION PLAN

Further to Minute No. 80 of the meeting of the Rotherham Local Plan Steering Group held on 19th April, 2013, consideration was given to a report presented by the Senior Research Officer concerning the proposal to undertake consultation on the Local Plan Final Draft Sites and Policies Document and its accompanying Integrated Impact Assessment during the period from 7th July until 1st September 2014. Members noted that these dates are dependent on receipt of the Inspector's final report on the Core Strategy Examination in Public. The submitted report included the Consultation and Community Engagement Action Plan (as an appendix) which it is intended will be used for this Summer's consultation process.

A drop-in session for Borough Councillors and for the Chairs of Parish Councils will be held at the Town Hall, Rotherham on Tuesday, 1st July, 2014. Members asked to be provided with the Internet website link, so as to gain access to the Local Plan documents.

The Steering Group also asked that, if possible, an additional public consultation meeting be considered, which might take place at a venue within the Rotherham town centre.

Agreed:- (1) That the report be received and its contents noted.

(2) That the Local Plan Steering Group endorses the Consultation and Community Engagement Action Plan, as contained in the report now submitted.

37. REVISED STATEMENT OF COMMUNITY INVOLVEMENT

Consideration was given to a report, presented by the Senior Planner, providing an update on the preparation of Rotherham's draft revised Statement of Community Involvement. A copy of this revised Statement was appended to the submitted report.

Members noted that the Statement of Community Involvement had originally been considered by this Steering Group at its meeting held on 17th March, 2006, prior to eventual approval of the Statement by the Council (Minute No. B4 of the meeting of Cabinet held on 24th May, 2006, refers). A revision of the Statement is required because, since its adoption in 2006, the national planning context has changed significantly, particularly with the introduction of the Localism Act (2011), the National Planning Policy Framework (2012) and the Town and Country Planning (Local Planning) (England) Regulations 2012.

Discussion took place on the proposed public consultation period of four weeks, the dates for which are to be confirmed. The process will be targeted consultation using the Council's Internet website and focusing upon key stakeholders, statutory consultees and other contacts on the Local Plan consultation database.

Agreed:- (1) That the report be received and its contents noted.

(2) That the draft revised Statement of Community Involvement, as now submitted, be endorsed.

(3) That a report about the proposed public consultation on the draft revised Statement of Community Involvement shall be submitted to the Cabinet meeting, scheduled to take place on Wednesday, 18th June, 2014.

38. LOCAL PLAN - SITES AND POLICIES DOCUMENT - FINAL DRAFT

Further to Minute No. 32 of the meeting of the Rotherham Local Plan Steering Group held on 14th March, 2014, consideration was given to a report, presented by the Senior Planning Officer, providing an update on the finalisation of Rotherham's draft Sites and Policies Document and the accompanying Policies Map prior to public consultation during the Summer 2014.

Specific reference was made to:-

: there has been only one major change to the proposed site allocations which were reported to the 14 March 2014 meeting of the Local Plan Steering Group (Site LDF0049, land at the rear of Hague Avenue, Upper Haugh, removed due to archaeological constraints);

: the development management policies have been refined in the light of

previous representations received;

: continuing examination of the Green Belt boundary and the proposed detailed review; there was reference to specific sites throughout the Borough area;

: amendments to and updating of the designations on the emerging plan to replace the current Unitary Development Plan Proposals Map; in future, this plan will be known as the Policies Map; copies of the 2014 draft Policies Map, showing all designations of land use, were displayed at the meeting;

: the implications of the location of the Roman Ridge and the various archaeological finds, affecting many parts of the Rotherham urban area;

: Members noted that receipt of the inspector's final report on the Core Strategy Examination in Public may have a bearing on the proposed development sites; if the Inspector does decide to lower the Borough's housing target, it may be possible to remove some of the extra sites previously identified to meet the Inspector's higher target;

: the need for an additional amount of land allocated for employment/industrial purposes, to meet this Council's economic growth aspirations and contribute to the Sheffield City Region Growth Plan; and such land should be situated in accessible locations (eg: near to motorway junctions);

: national policy relating to the erection of large structures, often for a temporary period of time (eg: use of large marquees for social events).

The submitted report listed a number of background papers which are currently being prepared to support the Sites and Policies document during its next round of consultation. These background papers are:-

- Detailed Green Belt Review
- Protected Sites and Species and designations of the Local Wildlife Sites and Local Geological Sites
- Heritage Impact Assessment of a number of proposed sites within or on the edge of Conservation Areas
- Mixed Use Areas Background Paper
- Retail Background Paper
- Hot Food Takeaways Background Paper
- Economic Development Background Paper
- Minerals Background Paper
- Transportation Issues including Transport Assessments; Travel Plans and Parking Standards.

Agreed:- (1) That the report be received and its contents noted.

(2) That the progress made to finalise the Sites and Policies Document

and Policies Map be noted.

(3) That the Local Plan Steering Group supports the final draft Sites and Policies Document and Policies Map being submitted to the Cabinet meeting on 18th June, 2014 for approval and to undertake the public consultation exercise commencing in July 2014.

39. ANY OTHER BUSINESS

The Steering Group considered the following issues:-

(1) Local Plan Main Modifications to the Core Strategy - the period for submission of representations had ended on 17th April, 2014; some 190 individual representations had been received, which would be forwarded to the Inspector. It was noted that the Inspector may decide either to hold another public hearing, during May 2014, or he may issue a written response.

(2) Sites and Policies Document – the Council would be making representations to the Government Department for Communities and Local Government, directly and with the aid of the local Members of Parliament, in respect of the decision not to allow phased sites and not to prioritise brownfield sites for future residential development.

40. DATE AND TIME OF THE NEXT MEETING

Agreed:- That the next meeting of the Rotherham Local Plan Steering Group take place at the Town Hall, Rotherham on Thursday, 5th June, 2014, commencing at 2.30 p.m.

Agenda Item 7

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET

1	**Meeting:**	Cabinet
2	**Date:**	21 May 2015
3	**Title:**	Scrutiny Review: Support for Carers
4	**Directorate:**	Neighbourhoods and Adult Services

5 **Summary**

The Scrutiny Review Support for Carers was undertaken as a joint review by Health Select Commission and Improving Lives Select Commission. The review took place in 2013 and was reported to Cabinet on 5 February 2014.

The report was welcomed and provided an opportunity to focus on unpaid carers who provide a valuable support and resource to people with disabilities and older people across Rotherham. Their contribution is valued, and this Scrutiny Review provides an opportunity to improve the support to carers in Rotherham.

6 **Recommendations**

- **Cabinet notes and accepts the recommendations and actions outlined in the attached plan.**

7 Background and Information

In 2011, 31,001 people in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill health or learning disabilities or problems relating to ageing. The number of carers has increased only slightly from 30,284 in 2011 but still equates to 12% of the population and is higher than the national average of 10%. One noticeable change is that compared with 2001, fewer people are now providing 1-19 hours of care a week (19,069 in 2001 down to 17,400 in 2011) but more people are providing care for 20 or more hours per week. The number of people providing 20 to 49 hours care has increased (3828 to 4736) as has the number providing 50 or more hours (7387 to 8865).

The Select Commissions recognised the contributions made by carers in their review. It sought to consider the following:-

- if carers generally identify themselves as carers
- the degree to which carers access support or consider they need support to assist them in their caring role
- where carers go for initial support
- the key factors necessary to ensure carers receive good and timely information
- any areas for improvement in current information provision

The review established that carers represent a vital unpaid workforce within the Borough and that like all workforces they need to be invested in. The report noted that any resources invested with carers services represents an opportunity to reduce pressure on social care and health services.

The review produced eleven recommendations, which focus on:-

- increasing the number of people recognising themselves as carers
- ensuring that support for carers adequately includes emotional support and counselling
- providing an multi-agency “carers pathway” that recognises the journey carers are on
- increasing the number of people receiving a fit for purpose carers assessment which is reviewed annually

Care Act

These recommendations are welcomed especially in the lead up to the implementation of the Care Act 2015 (yet to receive Royal Assent) which for the first time will give carers a right to an assessment in their own right and requires Councils to provide an Information Advice and Guidance offer which promotes wellbeing, offers advice on prevention and sustaining independence, and guides customers and carers to services which will maintain their ability to make choices and have control over their lives.

The recommendations from the Joint Scrutiny Review are outlined below:-

a) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council work with GPs to ensure that the first line of support aims to increase the number of carers identified and seeking support.

b) In looking at recommendation 1 above, the partners consider whether professionals should work on the presumption that the close family member or friend is a carer and ask questions to determine if this is the case, and therefore what information resources are required to back this up.

c) That Rotherham Council investigates further with the Advice in Rotherham partnership (AiR) and the Department of Work and Pensions, what specific information carers need to access benefits that are available to them. This may also help to identify more carers.

d) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council, work with their VCS and other partners to create the carers pathway of support; an integrated, multi-agency response to the needs of carers, using carers assessments and crucially the allocation of a “buddy” or “lead worker” to champion their individual needs. This lead worker should, where possible, come from the most appropriate agency identified for individual needs.

e) That Rotherham Council considers via its review of services to carers, and in light of the new requirements imposed by the Care Bill, reconfiguring its advice and information offer for Carers including; Assessment Direct, Connect 2 Support, Carers Corner and outreach services, to ensure that flexible support is offered within existing resources.

f) That the “triangle of care” presented by RDaSH be considered as part of this process as something that could be adapted and rolled out to all partners providing support to carers.

g) That Rotherham Council reviews its carers assessment tool in the light of the Care Bill to ensure it is fit for purpose. This should involve considering whether it could be less onerous. The correct title of the document “Carer’s needs form and care plan” should be used by partners to reflect that it is an enabling process rather than an “assessment”.

h) That Rotherham Council looks to set more stretching targets for carers assessments and regular (annual) reviews.

i) That steps are taken to ensure that the Joint Action Plan for Carers meets the recommendations of this review and is more accountable in terms of its delivery, seeking to influence external partners accordingly.

j) Whilst the review group has sought to make recommendations that can be accommodated within existing resources it also recognises that there is a strong case for further investment in this sector, in line with the prevention and early intervention agenda. It therefore recommends that the allocation of resources to carers (including the Better Care Fund) is reviewed to demonstrate how the changes to services proposed within this review are to be achieved.

k) Although outside the original scope, the review group recognised the important role public, private and third sector employers, play in providing flexible employment conditions for carers and therefore recommend that the findings of this review are shared with partners as widely as possible. In addition they reaffirmed the commitment in the Carer’s Charter to actively promote flexible and supportive employment policies that benefit carers.

9 Finance

The review acknowledged the need for recommendations to be contained within existing resources and in the main there are no financial implications arising from this report. Separate to the Scrutiny Review, the Care Bill implementation has a significant impact.

10 Risks and Uncertainties

Failure to respond adequately through the provision of advice support and services to carers could result in increased levels of demand for services; support to carers is vital in ensuring that they are able, where they choose to do so, to continue caring, to receive adequate breaks and to be valued in their caring role.

The Care Act presents Councils with a significant change in legislation and practice, the precise detail of which is unknown until the Bill receives Royal Assent and regulations and guidance (secondary legislation) have been produced. There is likely to be an increase in demand for assessments from carers who are now entitled to an assessment in their own right (even if their family member does not have eligible needs). The increase in demand, workload and cost is currently unknown.

The Scrutiny Report provides a suitable challenge and champions carers and this is welcomed within the Council. It is clear that partner organisations also have a commitment to cares. Strong partnership working is required to implement fully some of the recommendations in this report.

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Cabinet's Response to Scrutiny Review Support for Carers

Recommendation	Cabinet Decision *(Accepted/ Rejected/Deferred)*	Cabinet Response *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	Officer Responsible	Action by *(Date)*
1) That NHS England, Rotherham Clinical Commissioning Group and RMBC work within GPS to ensure that the first line of support aims to increase the number of carers identified.	Accepted	Cabinet accepts this recommendation. This recommendation has been added to the carers' action plan, which is implemented by a multi-agency steering group. It will also be addressed as part of the Care Act Steering Board Plan.	S McFarlane	30/0914
2) The partners should consider whether professionals should work on the presumption that the close family member or friend as a carers and ask questions to determine if this is the case.	Accepted	Cabinet accepts this recommendation. This recommendation is being explored by the Carers' Steering Group. It is standard practice for social care staff and other professionals to seek to identify caring status. The steering group is considering how this could be extended to other professional groups in a more formal way.	S Farragher	31/10/14
3) That Rotherham Council investigates further with the Advice in Rotherham partnership (AiR) and the Department of Work and Pensions, what specific information carers need to access benefits that are available to them. This may also help to identify more carers.	Accepted	Cabinet accepts that this is a useful proposal, and notes that as part of the Council's corporate plan improve the local economy and support the most vulnerable, NAS have been working closely with Age UK to maximise uptake of Attendance Allowance, affording people with disabilities and other people the recourse to enable them to purchase services and activities that support their continued ability to live independently for longer, with the potential to reduce dependence on family and formal services.	L Dabell	September 2014
4) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council, work with their VCS and other partners to create the carers pathway of support; an integrated, multi-agency response to the needs of carers, using carers assessments and crucially the allocation of a "buddy" or "lead worker" to champion their individual needs. This lead worker should, where possible, come from the most appropriate agency identified for individual needs.	Accepted	Cabinet accepts this proposal which has been added to the Carers' Action Plan to seek ways to jointly commission a coherent and co-ordinated response to the need for clear information and advice for carers. Connect to Support, the online e-market place already information targeted at carers. Work is underway as part of the revised RMBC website to develop a virtual Carers' Corner which will become a one stop advice and information resource for carers and professionals.	S Farragher	30/10/14

Recommendation	Cabinet Decision *(Accepted/ Rejected/Deferred)*	Cabinet Response *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	Officer Responsible	Action by *(Date)*
5) That Rotherham Council considers via its review of services to carers, and in light of the new requirements imposed by the Care Bill, reconfiguring its advice and information offer for Carers including; Assessment Direct, Connect 2 Support, Carers Corner and outreach services, to ensure that flexible support is offered within existing resources.	Accepted	Cabinet accepts this recommendation and a report on the review of Carers' Corner will be presented to Cabinet Member Adult Social Care for consideration and agreement.	S Farragher	31/05/14
6) That the "triangle of care" presented by RDaSH be considered as part of this process as something that could be adapted and rolled out to all partners providing support to carers.	Accepted	Cabinet accepts this recommendation. The Carers Steering Group has been asked to review the "triangle of care" approach to determine its suitability or adaptability for other settings.	S Farragher	31/07/14
7) That Rotherham Council reviews its carers assessment tool in the light of the Care Bill to ensure it is fit for purpose. This should involve considering whether it could be less onerous. The correct title of the document "Carer's needs form and care plan" should be used by partners to reflect that it is an enabling process rather than an "assessment".	Accepted	Cabinet accepts this recommendation. The Regulations that will support the implementation of the Care Act are due to be produced in October 2014. These will guide and shape the changes that are needed to the Carers' needs form and care plan. The changes will be produced in consultation with carers, the Carers' Steering Group and other stakeholders.	S McFarlane	01/04/14
8) That Rotherham Council looks to set more stretching targets for carers assessments and regular (annual) reviews.	Accepted	Cabinet accepts this recommendation. In 2013/14 we carried out 2673 carers' assessments, an increase of 2% in year. Performance on carers' assessments was reviewed in 2013/14 and a stretch target set. Around 93% of service users and carers have been reviewed in the last 12 months – this continues to be one of the best performances in the country, we are ranked second best in the country. We have carried out more annual reviews across all of assessment and care management than in 2012/13. Almost 7000 reviews were completed, 100 more than last year. Performance targets will be reviewed in light of the 2013/14 outturn and suitably stretching targets will be set.	M Cox	02/06/14

Recommendation	Cabinet Decision *(Accepted/ Rejected/Deferred)*	Cabinet Response *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	Officer Responsible	Action by *(Date)*
9) That steps are taken to ensure that the Joint Action Plan for Carers meets the recommendations of this review and is more accountable in terms of its delivery, seeking to influence external partners accordingly.	Accepted	Cabinet accepts this proposal and a refreshed carers' action plan will be produced by the multi-agency working group which will take account of the recommendations outlined in the Scrutiny Review.	S Farragher	31/07/14
10) Whilst the review group has sought to make recommendations that can be accommodated within existing resources it also recognises that there is a strong case for further investment in this sector, in line with the prevention and early intervention agenda. It therefore recommends that the allocation of resources to carers (including the Better Care Fund) is reviewed to demonstrate how the changes to services proposed within this review are to be achieved.	Accepted	Cabinet accepts this proposal. The Better Care Fund Plan was agreed by Health and Wellbeing Board in April 2014. It contains an action to review existing investment in Carers' services.	J Parkin	30/10/14
11) Although outside the original scope, the review group recognised the important role public, private and third sector employers, play in providing flexible employment conditions for carers and therefore recommend that the findings of this review are shared with partners as widely as possible. In addition they reaffirmed the commitment in the Carer's Charter to actively promote flexible and supportive employment policies that benefit carers.	Accepted	Cabinet welcomes this proposal. The Council and CCG are proactive employers with a range of schemes and opportunities that seek to offer support to staff members who have caring responsibilities. These are available to all staff and managers and are promoted through training, induction and refresher programmes. Cabinet welcomes this proposal. The Carers' Charter will be reviewed and refreshed within each partner organisation which will reaffirm this commitment.	P Howe (HR)	Ongoing

Agenda Item 8

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet**
2.	**Date:**	**21 May 2014**
3.	**Title:**	**Scrutiny Review: Access to GPs**
4.	**Directorate:**	**Resources All wards**

5. Summary

This report sets out the main findings and recommendations of the scrutiny review of access to GPs. The draft review report is attached as Appendix 1 for consideration by Members.

6. Recommendations

6.1 That Cabinet receives the report and recommendations.

6.2 That Cabinet submit their response to the review to OSMB within two months of the report submission.

6.3 That Cabinet considers how best to take this forward in order to elicit support from appropriate health partners.

7. Proposals and details

7.1 Following discussion at Health Select Commission meetings a scrutiny review of Access to GPs was agreed as a priority in the work programme for 2013-14 as Members had raised concerns about waiting times for GP appointments on the basis of public feedback.

7.2 The key focus of Members' attention was to identify any anomalies, issues or barriers which impact on patients in Rotherham accessing their GP and in particular in respect of obtaining a convenient appointment within 48 hours.

There were seven aims of the review, which were to:

- establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
- ascertain how NHS England oversees and monitors access to GPs
- identify national and local pressures that impact on access to GPs – current and future
- determine how GP practices manage appointments and promote access for all patients
- identify how NHS England Area Team will be responding to changes nationally
- consider satisfaction data from the GP Patient Survey on a practice by practice basis and to compare Rotherham with the national picture
- identify areas for improvement in current access to GPs (locally and nationally)

7.3 A full scrutiny review was carried out, chaired by Cllr Emma Hoddinott and evidence gathering began in October 2013, concluding in March 2014. This comprised round table discussions and written evidence from health partners, reviewing the National GP Patient Survey data, desktop research and fact finding visits to four GP practices.

7.4 Members recognised the national and local pressures that impact upon access to GPs. On the supply side there is reducing funding, shortages of GPs and nurses, and premises that are not always suitable for the increasing range of services now delivered at GP practices. Patient demographics with a growing and ageing population, coupled with the prevalence of ill health and long term conditions, and local deprivation in some areas, means increasing demand. This needs adequate resourcing to ensure good access to services for all patients.

7.5 Patients' experiences of accessing GPs do vary from practice to practice with some long waiting times reported. Expectations and preferences are changing and it is a question of striking a balance between clinical need, patient expectations and convenient access, with practices needing to work with their patients to develop systems that work well for both. Patient education and information is also important.

7.6 GPs offer a range of appointment booking systems and one size does not fit all given the variations in practice size and practice populations. Members noted some very good practice and willingness to trial new systems but would like all practices to consider opening up some time each day for sit and wait appointments.

7.7 There are 12 recommendations, set out in full in section 7 of the review report and these are summarised below, covering the following areas:

Improving access – ensuring patients' views on access and ways to improve are heard; maintaining access to professional interpretation services; and adopting hybrid and flexible approaches to appointment systems.

Sharing good practice – showcasing best practice and sharing successes on providing good access to patients.

Improving information for patients – maintaining up to date information about each GP practice; the importance of cancelling unneeded appointments; and accessing the right health care service and health care professional at the right time.

Capacity to deliver primary care – mitigating risk to primary care in Rotherham in light of future challenges; encouraging GPs to remain in Rotherham after training; and being proactive about future increases in demand.

8. Finance

Any recommendations from the Select Commission would require further exploration by Cabinet, the Strategic Leadership Team and health partners on the cost, risks and benefits of their implementation.

9. Risks and Uncertainties

It is important that people in all parts of the borough have accessible and high quality primary health care. Due to the demographic profile of Rotherham with an ageing population and high incidence of limiting long term conditions, demand for GP services is likely to increase further over time.

The national review of the Personal Medical Services contracts by NHS England poses a risk of reduced financial resources for the majority of our GP practices and therefore to future services.

10. Policy and Performance Agenda Implications

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

Health and Wellbeing Strategy
Public Health Outcomes Framework

11. Background Papers and Consultation

See Section 8 of the review report and appendices.

12. Author

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Appendix 1

Rotherham Metropolitan Borough Council
Where Everyone Matters

Scrutiny review: Access to GPs

Review of the Health Select Commission

September 2013 – March 2014

Scrutiny Review Group:

Cllr Emma Hoddinott (Chair)
Cllr Judy Dalton
Cllr Chris Middleton
Cllr Peter Wootton

V4 21 May 2014

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Executive summary

The review group comprised the following members:

- Cllr Emma Hoddinott (Chair)
- Cllr Judy Dalton
- Cllr Chris Middleton
- Cllr Peter Wootton

There were seven aims of the review, which were to:

1. establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
2. ascertain how NHS England oversees and monitors access to GPs
3. identify national and local pressures that impact on access to GPs – current and future
4. determine how GP practices manage appointments and promote access for all patients
5. identify how NHS England will be responding to changes nationally
6. consider patient satisfaction data on a practice by practice basis and to compare Rotherham with the national picture
7. identify areas for improvement in current access to GPs (locally and nationally)

The review was structured around these aims with evidence gathered through written information and discussions with NHS England and the Local Medical Committee; analysis of the GP Patient Survey data; written evidence from other health partners and one GP practice; desk research; and visits to talk with staff at four GP practices to explore the practicalities of managing appointments in more depth.

Summary of findings and recommendations

It is essential that people in all parts of the borough have accessible and high quality primary care to help achieve improved health outcomes and reduced health inequalities for our community. GPs play a key role as the main source of initial contact with the NHS for the vast majority of patients when they are unwell.

People's health in Rotherham is generally worse than the average for England and with a growing and ageing population and high incidence of long term conditions and co-morbidities, demand for GP services is high and likely to increase further over time. To meet this demand it is vital to ensure adequate numbers of GPs and other health care professionals and that GP practices have effective appointment systems and the right skills mix in their staff teams.

Nationally the challenge for NHS England is to develop a strategic commissioning framework and new ways of working that will deliver sustainable high quality primary care for all patients and be sensitive and responsive to local pressures and local need. Supply side factors of funding and investment; workforce planning, recruitment and retention; and quality facilities will all need to be addressed to meet growing demand.

Personal Medical Services contracts are the predominant contract type held by GP practices in Rotherham. They offer local flexibility and were introduced for practices that wished to be innovative and do things differently, to improve the quality of care or to provide new services. These contracts are currently under review by NHS England and there is a real concern that this will result in lost resources, impacting on both practices and patients.

Local consultation has highlighted public confusion about where to go for what health problem. Patients need to be clear which is the right health service - GP, pharmacy, Out of Hours service, Walk in Centre or Accident and Emergency - to access for the most appropriate care and how to do so. More public awareness raising about services would be beneficial.

Results of the national GP Patient survey are useful for comparative purposes with results available nationally, by clinical commissioning group and by GP practice. Although sample sizes are small the information provides an indication of satisfaction levels with each practice, its services and their availability to patients. Rotherham generally mirrors the national pattern at clinical commissioning group level, with minor variations from the national average, but with some significant variations between the 36 individual practices in Rotherham. Overall 81% of respondents were very or fairly satisfied with the opening hours at their practice and 79% agreed their surgery was open at convenient times.

Local GPs offer a range of appointment booking systems and one size does not fit all given the differences in practice size and practice populations. The majority of practices offer additional appointments beyond core hours in order to increase capacity to meet patients' needs. The review recognised that some excellent work is taking place locally to improve communication and promote access for different groups and this good practice should be shared more widely.

Nevertheless patients' experiences of accessing GPs do vary from practice to practice with some long waiting times reported. It is also apparent that for various reasons some patients choose to go to the Walk in Centre or to the Accident and Emergency department at the hospital when they should have been seen by their GP.

Patient expectations and preferences are changing, and it a question of striking a balance between clinical need, patient expectations and convenient access, with practices needing to work with their patients to develop systems that work well for both. Patient Participation Groups are already helping to identify areas for improvement and there is scope to develop these groups further.

Some local services have been transferred from secondary to primary care and more are likely to follow in a planned funded transfer, but this will need to be well managed to avoid compounding existing access and capacity issues.

In light of the future challenges for Rotherham outlined in this report, a proactive approach is needed to mitigate risk in relation to the capacity to deliver sustainable and accessible primary care for all our community.

A number of recommendations have been made by the review group and these are summarised below, covering the following areas:

Improving access – ensuring patients' views on access and ways to improve are heard; maintaining access to professional interpretation services; and adopting hybrid and flexible approaches to appointment systems.

Sharing good practice – showcasing best practice and sharing successes on providing good access to patients.

Improving information for patients – maintaining up to date information about each GP practice; the importance of cancelling unneeded appointments; and accessing the right health care service and health care professional at the right time.

Capacity to deliver primary care – mitigating risk to primary care in Rotherham in light of future challenges; encouraging GPs to remain in Rotherham after training; and being proactive about future increases in demand.

1. Why Members wanted to undertake this review

Following discussion in Health Select Commission meetings a scrutiny review of Access to GPs was viewed as a priority in the work programme for 2013-14, as Members had raised concerns about waiting times for appointments on the basis of anecdotal information from the public. The purpose of the review was to identify any anomalies, issues or barriers which impact on patients in Rotherham accessing their GP and in particular in respect of obtaining a convenient appointment within 48 hours.

There were seven aims of the review, which were to:

1. establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
2. ascertain how NHS England oversees and monitors access to GPs
3. identify national and local pressures that impact on access to GPs – current and future
4. determine how GP practices manage appointments and promote access for all patients
5. identify how NHS England Area Team will be responding to changes nationally
6. consider satisfaction data from the GP Patient Survey on a practice by practice basis and to compare Rotherham with the national picture
7. identify areas for improvement in current access to GPs (locally and nationally)

2. Method

A full scrutiny review was carried out by a sub-group of the Health Select Commission consisting of Cllrs Dalton, Hoddinott (Chair), Middleton and Wootton. Vicky Farnsworth and Robert Parkin, co-optees from Speak Up, a local organisation working with people with a learning disability, each took part in one of the practice fact finding visits.

An initial report to the commission provided an introduction and set the national and local context, with evidence for the review gathered through the following means:

- Briefing session and written information submitted by NHS England Area Team
- Review of the National GP Patient Survey data
- Presentations and discussion with NHS England Area Team and representatives from the Local Medical Committee
- Round table discussions with staff during visits to four GP practices, which varied by geographical location, single/multiple site, contract type, practice population and results of the national GP patient survey
- Written information from a further GP practice, Care UK, HealthWatch, Rotherham Clinical Commissioning Group and Rotherham Foundation Trust
- Desk top research

Members would like to thank everyone who gave evidence for the review and in particular the GP practices who volunteered to take part in the review and provided a meaningful insight into the practical management of patient appointments.

3. Background

It is essential that people in all parts of the borough have accessible and high quality primary care to help achieve improved health outcomes and reduced health inequalities for our community. General practice is often referred to as "the cornerstone of the NHS", with roughly 1million people visiting their GP every day across the country. GPs play a key role as the main source of initial contact with the NHS for the vast majority of patients when they are ill.

According to the 2013 Health profile people's health in Rotherham is generally worse than the average for England. Due to the demographic profile of Rotherham with a growing and ageing population and high incidence of long term conditions and co-morbidities, demand for GP services is likely to increase further over time. High deprivation levels in some areas means the Borough is now ranked 53rd most deprived district and falls within the 20% most deprived districts in England. As patients in deprived areas often have higher levels of need this too indicates higher demand for GP services in Rotherham compared to other parts of the country.

In order to meet this anticipated demand it is vital to ensure that Rotherham has adequate numbers of GPs and other healthcare professionals and that practices have effective appointment systems and an apposite skills mix in their staff teams.

Local consultation has highlighted public confusion about where to go for what health problem. Patients need to be clear which is the right health service - GP, pharmacy, Out of Hours service, Walk in Centre or Accident and Emergency - to access for the most appropriate care and how to do so.

Communication barriers that may impact on access to GPs, such as language barriers, people with autism or learning disability, and/or people with a sensory impairment, should be minimised. Specific barriers that limit access for other disadvantaged groups should also be addressed.

Evidence provided for the Urgent Care scrutiny workshop included a survey of 166 patients who attended the Walk in Centre (WIC) in January 2013. The survey showed that before attending the WIC 35% of patients had tried to get a GP appointment, 26% had taken over the counter medicines and 21% had not accessed any services before attending. This indicates some patients faced difficulties in accessing their own GP. Others made a choice to go directly to the WIC, which could be related to past experiences of their own GP practice, or could be for reasons such as urgency for treatment, proximity to work, or being a visitor to Rotherham.

"It is hard to obtain a quick appointment at our GP surgery and they often refer us to the Walk in Centre. However, if it isn't an emergency, but you need to see a doctor within a week – what happens then?"

"GP appointment booking system for same day appointments has impact on patients seeking access to other services as a fall-back."

"Wide variation in time to wait for routine appointments – from very good to over 2 weeks."

Source: Right care, first time - report on outcome of public consultation Rotherham CCG

4. Context

4.1 NHS England

The NHS has undergone significant structural change with NHS England (NHSE) assuming responsibility for commissioning core general practice services since April 2013 through 27 Area Teams. Spending on these services is approximately £7 billion p.a. across England. NHS England South Yorkshire and Bassetlaw (NHSE SY&B) is the local Area Team for Rotherham.

Nationally NHSE has undertaken a large scale consultation "*Improving General Practice – a Call to Action"* to inform the future of general practice services in England, as part of its wider consultation *'The NHS belongs to the people: a call to action*' launched on 11 July 2013. Following the consultation NHSE will publish a national strategic framework for commissioning primary care in the autumn, including general practice services, which clinical commissioning groups (CCGs) and Area Teams will use to organise local primary care services, taking into account local issues and patient needs.

Through their recent engagement with general practice, CCGs and other partners, NHSE identified significant challenges and pressures that will necessitate changes in the future development of general practice services. These include:

- an ageing population, growing co-morbidities and increasing patient expectations, resulting in a large increase in consultations, especially for older patients;
- increasing pressure on NHS financial resources, which will intensify further from 2015/16;
- growing dissatisfaction with access to services, with the most recent GP Patient Survey showing further reductions in satisfaction with access, both for in-hours and out-of-hours services;
- persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas; and
- growing reports of workforce pressures including recruitment and retention problems.

4.2 Monitor

Monitor, the health sector regulator, also carried out its own review and consultation regarding access to GPs during 2013. The regulator intends to undertake further work to develop a detailed picture of the nature and extent of supply and demand for GP services across England to understand reasons for variations in access.

4.3 Rotherham

The challenges and pressures identified at national level are also pertinent issues for Rotherham and were considered by the review group in the context of how they impact on patient access to GPs locally. It should be noted that quality of primary care services was not the focus of this review.

Commissioning and contract arrangements for primary care are very complex. The next section summarises the various GP contracts and the additional services practices may choose to provide, either through enhanced services or by meeting standards in the Quality and Outcomes Framework. There is limited reference to improving access for patients now some past indicators have been removed.

4.4 GP contracts

Core general practice services in Rotherham are commissioned by NHSE SY&B under three contract types: general medical services (GMS), personal medical services (PMS) or alternative provider medical services (APMS) contracts. In addition to the core essential services local commissioners are directed to provide some services by the Secretary of State and may also decide to purchase additional non-core services, such as contraceptive services. These additional services may be delivered directly by GPs themselves, by nurses and other practice staff, or by other community-based providers, such as community nurses or pharmacists.

GMS contracts

- traditional nationally negotiated contract held between the GP practice and commissioning body
- renegotiated each year by NHS Employers with the General Practitioners Committee
- less holistic approach as payments are related to pieces of work (payment by results)
- funding per patient based on the Carr-Hill weighting formula (see glossary) that takes account of demographic and socio-economic factors that may affect practice workloads
- the Statement of Financial Entitlements provides a degree of security
- “global sum” covers costs of running a general practice, including some essential GP services

PMS contracts

- locally agreed contract negotiated between the GP and NHSE SY&B
- increased money for doing things differently and can apply for growth money
- contract value for agreed outcomes from a set of services specified in the actual contract
- “freer” than GMS and high trust as not monitored line by line
- the Statement of Financial Entitlements does not apply but is referenced
- tend to be larger practices
- contract content will be influenced by annual GMS contract changes

APMS contracts

- non-traditional providers of primary care such as other companies or social enterprises
- employ salaried GPs and may be nurse-led e.g. The Gate surgery
- there is a contract value and a tendering process based on value for money
- clear key performance indicators and measures in contracts

PMS contracts offer greater local flexibility and were for practices that wished to be innovative and do things differently, to improve the quality of care or to provide new services. For example when they were introduced practices were unlikely to have triage or nurse prescribers. There was also money available for salaried doctors.

Nationally 40% of GPs are on PMS contracts and overall in SY&B contracts are split fairly evenly between GMS and PMS, with slightly more GMS. In contrast in Rotherham 24 practices (75%) hold PMS, eight hold GMS and four hold APMS contracts. Thus the major national review of PMS contracts, described in more detail on page 11, has far greater significance for general practice in Rotherham than for some of our neighbours in SY&B.

Kiveton Park Medical Centre - one of the five practices that participated in the review

4.5 Enhanced services
In addition to three types of contract for GP core services there are also three types of additional services which all practices, irrespective of contract type, may choose to provide. They entail increased money for additional services beyond the national core specification.

Directed Enhanced Services (DES) - Area Teams are obliged by the Government to provide these services for patients in their area, but individual GP practices can choose whether or not to provide them. Standards and prices are set nationally and the list of DES is revised annually. Examples include the extended hours access scheme, learning disability health checks and patient participation scheme.

National Enhanced Services (NES) - Area Teams may choose to commission these services depending on local needs, but in line with nationally set standards and prices. They include commonly needed services such as contraceptive services.

Local Enhanced Services (LES) - Area Teams and CCGs may design and commission other services in response to specific local need or to pilot innovations. In some cases NES standards are used but adjusted to reflect additional work, otherwise standards and prices are negotiated locally. Examples in Rotherham include the case management pilot (see page 21) and follow up services transferred from secondary to primary care, such as post-operative wound management. No LES is currently planned to improve access to GPs.

4.6 Quality and Outcomes Framework (QOF)
The QOF is a points-based system that sets targets with financial payments for achieving set levels of performance and the delivery of quality care. It covers both clinical and public health, is revised each year and practices choose to provide these services. The QOF was set up to facilitate change and once practices can demonstrate that a change is mainstreamed it then becomes a part of the core service. Savings released from removing an indicator go back into the global sum or into new enhanced services. For example the patient on-line access for booking appointments and repeat prescriptions was a DES that has been incorporated within the core GMS contract for 2014-15.

Patient experience indicators relating to access have been retired from the QOF. Prior to 2012/13 two indicators rewarded practices for patients being able to access a consultation with a GP within two working days and to be able to book more than two days ahead. The length of appointments indicator, with ten minutes being the optimum for booked appointments and eight for open surgery appointments, has been removed for 2014-15.

The issue of access within 48 hours has attracted extensive media coverage and polarised views – on the one hand there are calls for 48hour targets to be reinstated and on the other calls for further investment in GP practices to address capacity issues. Some consider the former target took GPs away from prioritising appointments on the basis of need. Access within 48 hours was not part of the GP core contract and the pledge “You have the right to access to a primary care professional within 24 hours or a primary care doctor within 48 hours.” is no longer part of the NHS constitution.

4.7 Patient responsibility
The NHS constitution sets out responsibilities, rights and pledges for patients, public and staff and there is an expectation that patients use health services responsibly and appropriately. Certainly patients can contribute towards improving access, through engaging with practices and providers to raise concerns and barriers, and through their own use of health services, by using the right service at the right time. However this alone will not address wider pressures that are impeding access, but it will contribute at a local level as we await the new national commissioning framework and PMS contract review.

Example of multi-lingual touch screen for patients to sign in at reception for their appointment

5. Findings

5.1 Roles and responsibilities

NHSE SY&B
The Area Team has responsibility for commissioning the core general practice contracts in Rotherham and subsequent contract management. They tend to deal with exceptions as contracts are not always very precise.

A memorandum of understanding has been agreed between RCCG and NHSE SY&B and from NHSE's Phase 1 report following its "Call for action" and evidence presented to this review, more partnership working and joint commissioning in the future between the two seems likely.

Rotherham CCG
RCCG has a responsibility to support NHSE SY&B in promoting improvements in quality of primary care medical services. The CCG has agreed a rolling programme of peer review visits with all GP practices in Rotherham, allowing each practice to benchmark itself against other practices, focusing on good practice and service quality.

The CCG commissions additional community based services from GPs that fall outside the scope of the GP contract. It also commissions GP Out of Hours services (OOH) and GP activity at the Walk in Centre (WIC) which are provided by Care UK. The WIC will be co-located with A&E at Rotherham Hospital in 2015, renamed the Emergency Care Centre.

Care Quality Commission (CQC)
A programme of visits by CQC assesses compliance of GP practices against the declarations submitted as part of their registration in April 2013. CQC notify the Area Team before they visit a practice and NHSE SY&B has agreed to share any concerns they have with CQC prior to a visit. The focus is on safety and quality of care but access issues are likely to be picked up in conversation with patients. CQC will visit every practice, which the Area Team lack capacity to do, and if there are issues the practice is given a performance notice and has to turn it round.

GP practices
Individual practices are responsible for staffing and managing appointments and they determine the staff needed to deliver their contract. They have to demonstrate risk analysis and review capacity to ensure sufficiency to meet fluctuations in demand. Measures tend to focus on the number of full time GPs but head count and capacity of GPs and other healthcare professionals is important, so a more accurate measure might be total number of appointments offered.

5.2 How NHS England oversees and monitors access to GPs

NHSE SY&B uses the results of the GP patient survey to inform decisions when practices request a change to their contract which might impact on access, such as a change to opening hours or to close a branch. Other nationally collated performance data on a range of indicators is assisting them to develop a picture of local performance of GP practices.

Patient comments are taken very seriously and if there are a number from a specific practice NHSE SY&B will look at the patient survey results first then have the conversation with the practice to ascertain why, for example problems with locums, staff sickness, holidays or maternity leave. If the issue impacts on delivery of services they will talk it through and try and resolve matters but there will not necessarily be extra money.

CQC has greater powers than those of NHSE SY&B in the contracts but the new system does provide more leverage than in the past. Three sources of information helps triangulation – performance indicators, CQC inspection findings and GP patient survey responses, which is positive and avoids over-reliance on one data set.

Members noted that following the changes to commissioning in April 2013 a different relationship exists between NHSE SY&B and GPs compared to the previous one between the Primary Care Trust and GPs. It is now very much one of commissioner and contractors and there is a feeling that NHS SY&B is more remote than the PCT used to be and understaffed.

Members of the review group with health colleagues from the Gate Surgery

5.3 National pressures and how NHSE SY&B will respond to national changes

Current and future pressures have been summarised in section 4.1. The challenge for NHS England is to develop a strategic commissioning framework and new ways of working that will deliver sustainable high quality primary care for all patients and be sensitive and responsive to local pressures and local need. Supply side factors of funding and investment; workforce planning, recruitment and retention; and quality facilities will all need to be addressed to meet growing demand.

Locally the Area Team will be working more closely with the CCG as outlined above and will be responsible for implementing the changes once the new framework is in place. They will also undertake the next phase of the PMS contract review once the mechanism is agreed, which will be a very challenging task and one that is critical to get right.

Workforce planning will be a key focus within the NHSE SY&B five year plan and the Area Team are working with the five CCGs to see how all primary care will be delivered, including services transferring from secondary to primary care.

5.4 Local pressures and issues

The overall health profile, prevalence of long term conditions, deprivation levels and demographics of people in Rotherham, which all impact on need and demand for present and future services, are mentioned above. Further pressures and key local issues are set out below.

Population growth
Future projections suggest the population of Rotherham will increase by 4% to 269,000 by 2021. Growth in the number of people aged 85+ is expected to increase by 27% in this period and nearly a quarter of our current population is 60+.

The actual number of patients registered with Rotherham GPs in October 2013 was 257,400, with a weighted population of 272,637, which already outstrips the projected figure for 2021. GMS practices are paid on a weighted list and PMS practices receive a locally determined baseline allocation. NHSE is reviewing the Carr-Hill formula to consider whether the existing deprivation factors could be updated in 2014 and to increase the deprivation weighting in 2015.

List size
Overall growth for the period October 2010 - October 2013 was 0.773% on the raw list (0.727% weighted list) but this fails to reflect variations across practices. Some have had an increase in list size and others a decrease, for reasons such as transient populations, different services offered, redistribution of lists following a practice closure, or patients choosing to register elsewhere. Others may have a more static list size but a high annual patient turnover (over 50% noted in two practices) increasing the practice workload, for example with patient records.

GP workforce
Rotherham has 46 full-time equivalent GPs per 100,000 population, compared with an average of 47 across the SY&B area and 43 nationally, although the national figure is skewed by one area in London. However this does not provide a true picture of capacity as GPs may provide different numbers of sessions. Practices also often have a wider range of staff in their teams, including salaried GPs, nurse practitioners, nurse prescribers and health care assistants. Practices with PMS contracts secured growth funding to appoint salaried GPs and nurse practitioners who were deemed equivalent to 0.75 WTE GP (whole time equivalent) in terms of contribution to the clinical workload of a practice.

In addition to the ageing patient population in Rotherham there is also an ageing GP population with a large number of GPs and nurses nearing retirement. The situation is exacerbated by recruitment difficulties at a national level meaning an under supply of GPs and practice nurses. Changes to training mean there will be one year with no new registrars coming into the system.

Overall the GP workforce has not kept pace with the population growth and neither has GP funding. The share of the total NHS budget for general practice in England has declined from 10.55% in 2005-6 to 8.39% currently. Income from all block contracts is reducing and costs are increasing, with high technology costs and some local practices have had to make reductions in back office staff.

Despite increasing demand for GP services and the transfer of services from secondary care into the community, workforce growth has been in hospital consultants. Projections for future workforce growth still show consultants in hospitals far exceeding those for GPs (see below). Research by the Centre for Workforce Intelligence supports the view that the GP workforce is not growing as quickly as other areas of the health service. They state that a boost in GP training numbers of 3,250 by 2015 is required to meet expected future patient demand by 2030. Health Education England is mandated to make significant progress towards 50% of postgraduate doctor training being in general practice and it has recently announced a plan to increase the number of GPs being trained each year by 2.7%. However GP training applications have dropped by 15% this year which will further increase recruitment problems.

	No. of GPs (WTEs)	No. of hospital consultants
2002	27,200	24,800
2012	31,700	38,200
2022 projections	*37,000*	*59,000*

Source: Royal College of GPs

Rotherham is recognised as a challenging community to work with because of the health issues of the local population, which may impact on GP recruitment locally. As there is no medical school here our profile is not as high amongst graduates and there is competition due to a number of options nearby. GPs who are partners are financially attached to a practice whereas for salaried GPs it is easier to move. Future service development needs GP partners but the review of PMS contracts is also deterring practices from taking on the commitment of another GP partner.

In the past there has been pump priming and Members recommend that NHS SY&B considers incentives to attract GPs to start their career in Rotherham following training in the area, such as “golden hellos”.

PMS contract review

NHS England has instigated a national review of PMS contracts with the stated aims being to establish how best to apply the principles of equitable funding to PMS practices and to identify how to get best value from investment in quality improvement and innovation. Area Teams were asked to provide information about existing PMS contracts sub-divided by component parts – payment for core primary services; for innovation and improvement; and for enhanced services. This is in order to determine the outcomes that the “PMS premium” provides over and above equivalent services provided by GPs on GMS contracts, adjusted by population weighting, as there is a view in some quarters that GMS practices have “caught up”.

NHSE calculated that it pays on average a premium of £13.52 for patients registered with a PMS practice. The PMS premium is not distributed equally across all PMS practices and does not correlate with the Index of Multiple Deprivation scores. Future investment of the “premium” element of PMS funding will need to comply with a set of criteria developed by NHSE and be clearly linked to enhanced quality or services, or the specific needs of a particular population.

This is a challenging and complex issue beyond the scope of this review to cover other than in the broadest of detail above. However in the context of local pressures this review has immense significance for Rotherham given the prevalence of PMS contracts here. The Local Medical Committee has lobbied the British Medical Association and the Royal College of GPs, as local GPs view the review as a real threat fearing it will result in the removal of resources from primary care in Rotherham.

In the 1990s Rotherham was under-resourced for doctors leading to growth money for extra staff, and to provide more services, which 60% of practices applied for and received. Primary Care Trusts added key performance indicators annually to continue to get growth money, which were then rolled up in the overall contract. Locally there is no conflict between our practices on GMS or PMS contracts and the PMS contracts include all the GMS contract content.

Under this PMS review all the growth money is going and funding per patient could be equalized across all practices, irrespective of practice demographics, levels of disease and ill-health and socio-economic factors. As yet the extent and the review mechanism are unknown as no guidance has been issued at the time of writing, but there will be a knock on effect on access as practices will be in difficulties, some perhaps becoming non-viable, and with reductions in staffing. Area Teams will have two years from April 2014 to review all the present PMS contracts and then two years to implement changes.

This proposed blanket approach takes no account of the individual workloads and practice populations of different PMS practices nationally. As stated earlier GMS contracts are based on the Carr-Hill formula with weighting for socio-economic and demographic factors, but this does not apply to the PMS contracts. If there was one overall funding pot, divided by population and then adjusted for local socio-economic factors etc. this was deemed more likely to be acceptable to all GPs.

Members wish to express their serious concern about the impact this PMS contract review will have on Rotherham, both for individual practices and for patients. They recommend that the Health and Wellbeing Board take a proactive approach to mitigate risk with regard to future capacity to deliver primary care.

Accident & Emergency Department (A&E)
National statistics would suggest that between 15-30% of attendances at A&E could and should be dealt with through primary care via the GP surgery, but it is difficult to assess with factual accuracy. In Rotherham the overall attendance rate at A&E has not significantly increased over the last two years, although the acuity and the number of frail elderly patients attending have risen. Patients are attending A&E who should be going to their GP, but it is difficult to quantify the extent to which this is due to poor access to GP appointments. The A&E department does not collect this specific data.

The hospital and RCCG have previously surveyed patients to ask them why they use A&E in this way and anecdotally patients will say it is because they cannot access their GP. However, this is difficult to validate and often it is because they cannot get a convenient appointment (rather than a timely appointment) and because they perceive their need is urgent when it is not. The A&E department at Rotherham has GPs working in the department seeing these patients, which includes re-educating them about where they should have been seen. One practice is aware of some frequent attenders at A&E and is trying to educate them to attend the practice.

Cultural norms also influence patient behaviour with regard to accessing health services, with some communities tending to go straight to A&E as they are used to going to a hospital if they are unwell rather than a small GP practice – again this is a question of patient education.

Protected learning time (PLT)
PLT is a planned programme of training and education for practice teams, taking place bi-monthly on Thursday afternoons. It is well attended and includes issues such as safeguarding, safety, latest guidance and working with key groups of patients, which are all important for improving services. The meetings focus on clinical areas, often spanning primary and secondary care and aim to ensure that the services are well understood by those who make referrals to them or deliver them. This would also therefore provide an opportunity to share good practice on ensuring access to services.

Practices close for the afternoon and RCCG pays for out of hours cover, which is provided by Care UK (details below under Walk in Centre). This means all practices in Rotherham (including the smaller ones and the six single handed practices who generally struggle to release staff for training) are able to attend. However it can create pressures, as Members noted that PLT events had on a small number of occasions led to the WIC becoming clogged, which is supported by the information provided by Care UK. RCCG should use the monitoring data to ensure adequate cover in the future.

Walk In Centre (WIC)
When patients present at the WIC they complete a registration form that includes the reason for attendance i.e. the presenting condition, which allows the WIC to identify any immediate patients. Patients often do say they are there because they cannot access their own GP, or that they are seeking a second opinion, or that they cannot wait to see their own GP, even if their appointment is the next day. Patients also advise that sometimes they have been referred by their practice if no appointments are available and on occasion Care UK (the service provider) do check with the practices concerned, especially if they are seeing high presentations on one day for a particular practice. Care UK do not read code such information as part of the patient's record so it is not reportable, but they do report on the activity coming from GP practices within the area and this provides some trends. There was no opportunity to explore this further in the review.

The OOH service currently provide call handling, GP triage and treatment where appropriate, with either the patient attending the WIC for a booked appointment (where transport can be provided if required) or the doctor visiting the patient at home. The service provides this same cover for PLT sessions, usually from 12noon until 8am the following morning. The "see and treat" element of the OOH is co-located within the WIC, so on a PLT afternoon the WIC will have two patient streams presenting, those with pre-booked appointments via OOH and those just walking in. PLT events do impact on the WIC as patients whose GP practice is closed but covered by the OOH still choose to walk in rather than ring OOH first. An advantage of having both services co-located is that they can move clinical resource across both service streams to meet demand. Care UK is given the PLT schedule in advance for the year so this should help to anticipate demand and plan resources. RCCG will be taking the impact of PLT into account at the new Emergency Care Centre.

As expected for the relevant dates in November to February for PLT there was a significant increase in numbers for the OOH service, with approximately 50-60 more patients on the Thursday than on the Wednesday or Friday either side. Numbers attending the WIC on those days however were not noticeably higher than the norm, perhaps suggesting people might have had to wait longer if there were more patients who had pre-booked appointments via OOH.

Moving services from secondary care
There are a range of options for some services; ones that may be delivered at the hospital and/or by GPs, and other specialisms that could be delivered by secondary care professionals in a GP setting. The CCG have transferred some follow up services from secondary to primary care, such as the wound management LES. More are likely to follow in a planned funded

transfer, but this will need to be well managed to avoid compounding existing access and capacity issues, linking to workforce planning and premises.

Premises
Many factors impact on a practice maintaining good access to services, including premises. It is not only a question of physical access to and within a building for patients with mobility impairments and parents with pushchairs, but may also be a shortage of treatment or consulting rooms. Many older buildings were not designed to accommodate the range of services now commonplace in primary care and new buildings or extensions (where space allows) provide an opportunity for redesigning the way a practice delivers services to meet demand. Premises are an issue for GPs who will face a large increase in list size or an increase in patients with specific care needs, for example as a result of new housing developments or new private sector residential care facilities locating in their area. Practices are not always involved in consultation or discussion about new developments at an early stage.

Improvements to premises or new buildings are funded through Private Sector Capital Grants. GP practices are asked to submit a project initiation document (PID) to the Area Team and if the Area Team supports this in principle it is then considered at regional level. If region also support the PID the Area Team then look at potential means of funding. An audit of estate is planned by NHSE SY&B, including potential spare space in other public sector buildings.

Treeton Medical Centre - one of the five practices that participated in the review

5.5 How GP practices manage appointments and promote access

Nowadays people are encouraged to be more proactive about their own health and to seek advice earlier with concerns or health problems. However some witnesses felt that people tend to see their GP more readily these days for minor things; going to their GP for general advice or advice that they could obtain from pharmacies, nurses or NHS 111. It might be difficult to address this without more use of triage or increasing the number of doctors. Many patients do have a positive long standing relationship with their GP, but more general awareness raising is

needed to recognise the support and services available from other services and health professionals (as in the Choose Well campaign). Balancing the different priorities and expectations of patient groups is a key question, summed up in this extract from Monitor's report:

"… different patient groups want different things from general practice. In particular, for many older patients, those with long-term conditions, disabilities or communication and language barriers, continuity of care is an important requirement. These patients prefer to develop an ongoing relationship with an individual GP who can help them to manage their treatment and co-ordinate their care. Many time-constrained or less frequent users of general practice place a greater emphasis on swift and easy access than on continuity of care."

Opening hours

Each practice is required to offer sufficient access to services during the core hours of 08:00 to 18:30 Monday - Friday to meet the reasonable needs of its patients. Standard booked appointments are for ten minutes although some practices offer the facility for patients to book double appointments if necessary.

An Extended Hours DES was introduced in 2008-9 and has been rolled over each year. In 2014-15 it allows greater flexibility for practices to work together in order to provide the most appropriate service for patients. 29 out of 36 practices in Rotherham provide additional appointments outside core hours: in total 92 hours and 551 additional appointments (as at December 2013) with a mixture of early morning and/or evening appointments. (See Appendix B for the practices in this review.)

Early morning appointments are intended to help working people who may find it difficult to take time off work to attend their GP practice. However anecdotal evidence from practices suggests these are not always taken up by working people but by retired people who get up early. It is a question of balance as GPs do not want to waste appointments. Finding it difficult to take time off work may be one reason why people working in or near Rotherham town centre might elect to use the WIC, including for non-urgent appointments. From the GP patient survey (GPPS) question which asks if working people can take time off work to see a GP 34% of respondents in Rotherham in the first data set, increasing to 36% in the second said no, compared with England overall with 32% in both. (See Glossary for details of survey dates.)

Based on GPPS results 81% were very or fairly satisfied with the opening hours at their practice. 79% agreed that their surgery was open at convenient times for them with 15% saying no and 6% who did not know. For the 15% who said no, Saturdays and after 6:30p.m. would be additional opening times that would make it easier for them to see or speak to someone - 73% for both slots. Seven day working across the health and social care sector, linked to hospital discharges, is a focus of discussion nationally but it is difficult to see where the additional resources would come from to sustain services for seven day working, given current recruitment issues and the ageing GP workforce.

There are *Hundreds* of *Languages* around the World
but a *Smile* speaks them all

One of several positive messages at the Gate surgery

Appointment systems

Practices offer a range of appointment systems, combining some or all of the following methods: – open access surgery (sit and wait); booked appointments (on day and in advance);

emergency appointments; home visits; appointment letters for specialist nurses/clinics; telephone triage; and on-call doctor as well as booked appointments. Many send text reminders about appointments the day before.

All the practices involved in the review have appointment booking in person, by telephone or on-line. Currently the take up of on-line bookings is low and any that are not booked by a certain cut off point are freed up for other patients. One practice said they did not anticipate a large demand for on-line services as most of their patient population were not on-line at home.

Rotherham is beginning to introduce more triage, particularly later in the day, but this is not always well received by patients. Practices themselves report varying experiences of using triage with one practice having stopped as they were overwhelmed by the volume of calls and found it difficult to identify immediate clinical need. In contrast another practice (not visited in the review) is introducing a new triage system. Practices mentioned patient behaviours and expectations:

"They might say they need an emergency appointment and then mention four or five different things, so the practice would deal with the urgent one first and reschedule an appointment to deal with the rest".

"We still have a high number of patients who insist on seeing a GP when a nurse would be more relevant and able to deal with their problem."

"Has been known for people to ring on the day for an appointment, get one booked and then DNA."

No "one size fits all" given the differences between practices and it is positive that more practices have signed up for the extended hours DES. Members recommend that all practices consider part of each day for sit and wait appointments. This would be popular with patients and avoids early morning phone pressures as patients report frustration at being asked to ring at 8a.m., take numerous attempts to get through and when they do no appointments are left. Statistics on waiting times to obtain a GP appointment are not routinely collected. One advantage of having a telephone queuing system is that it advises people how long they are likely to wait before their call is answered, which is better than constant engaged tones.

Practices emphasised how helpful it is if patients are willing to provide more detailed information when contacting them for an appointment. This assists them in assessing the situation and identifying the most appropriate person in the practice team to provide the service needed, which often does not have to be the GP. Members recognised the barriers to this approach, such as a possible lack of privacy in some reception areas to talk about personal issues or unwillingness by patients to divulge what they feel is personal information to non-medical staff. Potentially this is another area where the Patient Participation Groups (PPGs) could assist.

This also links to reception staff training as there are complaints about receptionists being grumpy and unhelpful. Public perception is often that they are a barrier, although the GP satisfaction survey results are good with 88% saying receptionists were very/fairly helpful. Ideally the focus should be to "work with patients" to find a system that works for both practices and patients.

"Great service, have always been able to get same day appointment or following day."

"Getting an appointment hard. 8a.m. there is a queue. Have to wait over 3 weeks"

" … Practice Manager always calls back within 24 hours. Reception's extremely helpful."

"They always ask what is wrong even when it is personal." *Source: Healthwatch*

Missed appointments - DNAs
It is important to raise understanding with patients that if they no longer need a booked appointment, or are unable to attend, they should inform the practice. Non-attendance means lost clinical time and reduced numbers of appointments available for others to book, which also leads to poor patient survey results.

Statistics on non-attendance, known as DNAs (Did Not Attend), are not routinely collected but NHSE SY&B provided statistics for two practices and the indication is that DNAs are significant for many practices. Booking appointments well in advance seems to increase DNAs. NHSE SY&B intend to survey all practices to identify the rate of DNAs. What is not known is the specific reason why a patient did not attend or cancel.

	April – June 2013		**July - Sept 2013**		**April – Sept 2013**			
	Appts offered	DNAs	Appts offered	DNAs	Total No. appts offered	Total No. DNAs	Total DNA as % of appts offered	Clinical time (on an average 10 minute appt)
Practice Y	7,099	879	7,340	939	14,439	1,818	12.6%	Approx. 300 hours
Practice Z	unknown	415	unknown	408	unknown	823	unknown	Approx. 137 hours

DNAs are important given the preponderance of practices that only have booked appointments, which can lead to people going elsewhere, such as the WIC or A&E. As well as encouraging patients to cancel unneeded appointments the issue is also how to free up appointments for others. One advantage of open surgeries with “sit and wait” appointments is no DNAs and no wasted clinical time, although there could still be DNAs for any clinics running simultaneously.

The QOF discouraged the “sit and wait” system as the performance indicator required a fixed number of appointments and at that point practices moved away from open systems. As the QOF indicators have gone this could be an opportunity to encourage more sit and wait appointments, although GPs are concerned about potential large queues of patients waiting for the surgery to open and waiting room size can be an issue in smaller practices.

Some practices will implement sanctions if patients are constantly not turning up, but these are limited and quite rare – usually a letter to say the patient is no longer registered with the practice or directing people to open surgery in the future if the practice has that in place. One practice explained that with DNAs they check why the person was coming and if it is important that they are seen they will follow up with them and rebook.

In order to reduce DNAs some practices send reminder texts as a matter of course to their patients who have a mobile phone. This has helped but means keeping records up to date with contact numbers. Reminders on practice websites and in PPG newsletters (as in the example below) also emphasise the importance of cancelling appointments if unneeded or if the patient is unable to attend. Practice leaflets should include information to help raise awareness.

“We send an automated text message to remind you of any appointments you may have as a courtesy. It is still **YOUR** responsibility to remember your appointments and contact the surgery if you cannot attend as this appointment can be used for another patient waiting to be seen.”

As well as working closely with the PPG and the CCG patient network to raise awareness of this issue, and to educate patients about the importance using the appropriate service, partners could consider revisiting the local Choose Well campaign to include DNAs. The campaign is conducted through a variety of media and was sustained over the winter period to address winter pressures focused on ensuring that patients access the right service at the right time.

Out of Hours Service

This service provides cover when GP practices are closed, including for the PLT sessions as above. Although the GPPS showed 43% of respondents do not know how to access the OOH service, if patients ring their practice when it is closed they are automatically connected to the OOH service. Websites and practice leaflets have the relevant information.

The OOH service uses some locums and some local GPs, not free lancers but salaried regular staff. Most of the service consists of telephone advice or patients going to the WIC rather than home visits (see Appendix D for an overview). Home visits are mainly lone, elderly people without transport and where needed end of life care plans are shared with OOH providers; another example of good practice. As expected highest demand is during weekends and bank holidays, with an increase also on PLT dates.

Care UK report to RCCG, who together with the other four CCGs in the area, meet with NHSE SY&B regarding quality, outcomes and delivery. Ideally in the longer term there would be a common electronic patient records system shared between practices, A&E and the OOH. The OOH service meets the needs of GPs, standards have increased and the service received an improved satisfaction rating for overall experience in the patient survey of 71.5% (Appendix C).

Welcome display in reception

Patient participation

Most practices have participated in the Patient Participation Directed Enhanced Service which has run for the last three years, is extended for a further year from April 2014 and is likely to continue in future years to encourage patient input on health and service design. It incentivises practices to establish (if not already in place) a patient participation group (PPG), jointly determine priorities to improve services, elicit patient feedback via a questionnaire and then agree with the PPG what actions the practice can take to make improvements. This presents

an ideal opportunity for patients to raise access and appointment systems if they feel they are not working well. One practice Members visited had prioritised the appointment system with its PPG for the patient survey and as a result increased staff to answer the phone at peak times.

Area Teams validate the practices against the national specification and monitor the action plans encouraging “quick wins” first so that patients see their involvement is contributing to positive change. From December 2014 participation in the Friends & Family Test will replace the requirement for local surveys.

The PPGs are viewed as worthwhile, although ensuring representativeness of the local community is important. Some practices have both a group that meets regularly and also a virtual group with communication by email/text/phone, which enables more patients to be involved who may face constraints in attending meetings. The CCG engages with the PPGs and values the input from the groups, working with them to develop a CCG patient network. They also actively encourage GP practices to share good practice about successful groups. Several practices already had patient groups prior to the DES so hopefully the DES will have facilitated new groups that will be sustained in the future.

The PPGs will be a key group to help drive improvements to access in their practices and they could also help with the awareness raising that is needed about using the right services and cancelling unneeded appointments.

GP practices in the review

Members of the review group visited four very different practices in the borough and received a completed template from the fifth. Practices received a copy of the questions used as the basis for discussion in advance (see Appendix A). The willingness of the practices to participate in the review was appreciated by Members who valued the opportunity to talk directly with GPs and their staff about their experiences of improving access and managing appointments. Appendix B provides an overview of the five practices involved, showing how they vary significantly in terms of size, patient demographics and appointment systems. Below are some of the key points noted:

- flexibility in their approach to appointments – changing systems if they were seen not to be effective
- keenness to involve patients, either through their PPGs or “question of the month”, and a member from one PPG took part in the discussion with Members
- mix of male and female GPs in all practices
- practices said they see all unwell children and would not send anyone away who needed to be seen

Good practice - communication and improving access

Excellent examples of good practice to ensure access to GP services through effective communication and taking account of patients’ needs were noted during the review. A particular highlight was the UCount2 young people’s clinic at Kiveton Park (see below).

Members are keen to ensure a regular opportunity to share good practice between GP practices on improving access for patients and examples of effective communication is developed and maintained, possibly through the Practice Manager Forum or a PLT event.

UCount2

Youth clinic aimed at young people 12 – 25 years, held twice a week on Tuesdays and Thursdays from 3.30–5.00pm in school term time. Advice and help is provided on all matters of health and living including stress, growing, bullying, relationships, contraception, sexuality, drugs and alcohol. It is open to any young people in the area. No appointment is necessary and confidentiality is strictly maintained.

Young people had input on what they wanted at the clinic and on the décor of the dedicated space. They are given a small card with the details on and when the youth clinic is closed they can go to reception with their card and will be interviewed by a nurse in a small interview room. All young people are sent a birthday card when they are 13 with details of UCount2.

Black and Minority Ethnic communities
The Black and Minority Ethnic (BME) population in Rotherham is 8.1% (2011 census) which is lower than the national average. However several practices have a much higher percentage BME population, ranging from 10.3% to over 50%, and are also located in areas with higher than average deprivation. These practices also have a higher than average patient turnover. A growing number of languages are spoken in the Borough and although not as high as in Sheffield (over 90), in schools in Broom and Canklow for example there are approximately 25.

The Gate surgery is a small specialist practice established specifically to meet the needs of some of the most vulnerable and marginalised groups. As such it does not have a set geographical boundary and also serves a very transient patient population. The practice has a multi-lingual welcome display in reception and signage/log-in screens in several languages. Staff engage with patients, including through the provision of health clinics at a local third sector organisation. Initial assessments for new patients are very in depth, including social issues. The surgery encourages patient involvement through ad hoc mini surveys and a "question of the month" on the notice board in reception.

Good practice: Languages

- Language cards on reception to pinpoint the language
- Use of Google translate and other more technical medical on-line translation software
- Multi-language cards on reception with common problems to help identify initial needs
- Face to face and telephone interpreters (recognising the appropriate method depending on the circumstances)
- Booking interpreters in advance for full sessions as some are more difficult to book, which is also more cost effective
- Asking the patient to say back to them what has been said/agreed so they know the patient has a clear understanding

Practices have access to interpreting services commissioned South Yorkshire wide, but these are discretionary rather than mandatory services. Members noted the good practice in communicating with patients, but did have concerns about the use of family members, especially children, as interpreters. Care also has to be taken with free on-line translation services as they can produce some inaccurate results. All GPs and their staff need to feel confident in using telephone interpreters, with training provided to instil that confidence. Members recommend that NHSE SY&B continues to fund and commission interpretation services as they are very necessary for safe and effective consultations with patients. They recommend that NHSE SY&B should also review current provision to see if economies could be achieved through signing up to Rotherham MBC's framework agreement.

Learning Disability, Autism and Sensory impairments
Practices were confident they knew their patients well and could take account of their individual needs. All used markers on patient records to identify support with communication. Good practice examples are included below.

Good practice: Learning Disability and Autism

- First or last appointments in the day if that suits the patient better
- Use of alternative entrance so no need to go through reception if that would be stressful for the patient
- Designated staff with special interest in learning disability
- Easy to read information
- Ringing patients to talk to them rather than sending letters
- Patients are asked if they want to bring a family member/carer with them for support if this seems better for their care
- Ringing patients if they have missed an appointment
- Staff participating in well received training delivered by Speak Up
- Registers of patients with learning disability

Good practice: Sensory impairments

- Pen and notepad handy on reception for deaf and hard of hearing patients
- Hearing loops and BSL interpreters
- Explaining procedures very clearly to blind patients

Older people
From the Support for Carers scrutiny review last year Members were aware of the positive work taking place through the Integrated Case Management pilot. GPs lead a multi-disciplinary team of health and social care professionals working with a group of patients with long term conditions to signpost them to early support. 88% of practices took part and there are over 6000 plans in place. Linked to this is the Social Prescribing Service pilot which enables a link from GPs through a number of VCS Advisors into the VCS sector and the various alternative support options to help meet non-clinical needs of patients and to support carers.

This work links closely to the new one year DES introduced for 2014-15 - *Avoiding unplanned admissions and proactive case management of vulnerable people* which aims to improve services for patients with complex health and care needs who may be at higher risk of unplanned admission to hospital. One element of this is to improve access to telephone appointments, or where required, consultations, for patients identified in this service.

It is not envisaged that the new requirement to have a named GP for over 75s will have a knock on effect on access for other patients as all patients are registered with a GP now. The named GP will have overall responsibility for the individual patient i.e. in a care coordination role (as in the pilot above), but other GPs may still be involved in the care of that patient. Concerns raised by GPs were if it leads patients to believe they can only see their named GP when they make an appointment, or if they expect to see that GP every time, which might not be possible.

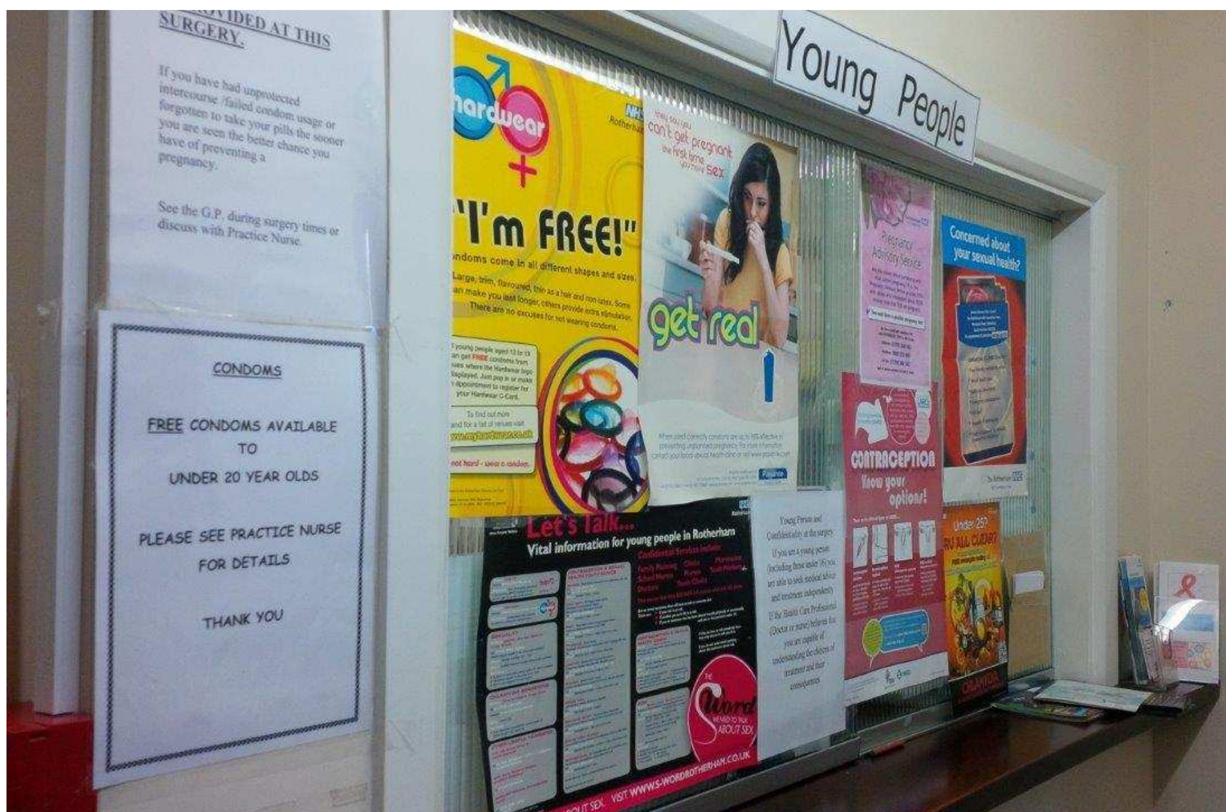
Good practice: Older people

- Folder for patients with all necessary information in case of emergency or need to use OOH, as no standard IT system for sharing patient electronic records between all health providers
- Social prescribing to voluntary and community sector support

Young people

Members noted the positive work to ensure their practices were friendly and welcoming for young people, although a couple of practices thought they could develop more. Engendering health awareness at a young age is central to the prevention and early intervention agenda and will hopefully encourage more young people to make positive choices about their own health and wellbeing, sustained throughout their lives, resulting in a reduced demand for healthcare.

Good practice: Young people
• Young people-friendly display in reception – health, sexual health and contraception, with confidential access • U16s can see a nurse on their own • Links with local schools – young people attending the practice as a group from school or practice staff attending school assembly • Treating young people with respect and being sensitive and discreet in reception • Involved in PPG



Display targeted at young people in Greenside Surgery - one of the five practices that participated in the review

Modern Technology

Moving any services to more on-line access raises concerns about people who do not have smartphones or computers, or ready access to the internet, particularly older people or people from less affluent communities. Conversely computers and mobile phones can be invaluable for people who find it difficult to leave their home or who have computer software to facilitate communication. In other parts of the country practices report success with online consultations and there are increasing IT skills across all age groups.

It is a question of balance and ensuring good access for all patients through a range of means. Encouraging the use of new on-line systems and new technology could start with new patients when they first register and with younger patients who are often more accustomed to using the internet and new technology.

NHSE SY&B should consider developing an App with practice information that people with smartphones and tablets can download to assist them with knowing about opening times, OOH and so on, on the lines of the Nottinghamshire model.

5.6 GP Patient Survey

This is a national survey conducted annually and the patients invited to participate are a percentage of those seen in the last six months by their GP practice. The surveys are useful for comparative purposes with results available nationally, by clinical commissioning group and by GP practice. However it must be noted that sample sizes are small (approximately 4400 respondents for Rotherham in total) and for smaller practices and those with a high patient turnover there may be few respondents (under 30 for several). Nonetheless the information provides some indication of satisfaction levels with each practice, its services and their availability to patients.

Table 2 in Appendix C shows a downward trend for the overall satisfaction measures. However Rotherham is performing better compared to other areas in SY&B and England as a whole, except for overall convenience of making an appointment. For the questions most relevant to this review Rotherham generally mirrors the national pattern at CCG level, with 1 or 2 % variations (positive or negative) from the national average, but with some significant variations between the 36 individual practices in Rotherham.

Some of the key results are given below and others are referred to directly in the text. The survey shows the range of patient experience and also the differences in patient behaviour regarding how far in advance they contact the practice to make an appointment, although overall in Rotherham 40% wanted one the same day. The main reason for not being able to get an appointment/convenient appointment was that there were none on the day the respondent wanted (51%), but even then 42% did go the appointment offered.

GP Patient Survey	Data collected July 2012 – March 2013			Data collected Jan 2013 - Sept 2013		
Question	National	Rotherham overall	Rotherham range for practices	National	Rotherham overall	Rotherham range for practices
Ease of getting through to surgery by 'phone – very or fairly easy	75%	75%	50-98%	74%	73%	49-99%
When did you want to see/speak to them i.e. GP or nurse:						
Same day	41%	40%	23-62%	42%	40%	18-63%
Next working day	12%	13%	3-27%	12%	14%	4-26%
Few days later	24%	23%	9-39%	24%	24%	8-42%
Week or more later	6%	6%	0-23%	6%	5%	0-17%
Able to get an appt						
Yes	74%	73%	57-96%	73%	73%	53-92%
Yes but had to call back closer to or on I wanted	13%	12%	0-27%	13%	11%	0-24%
No	10%	10%	0-18%	10%	13%	1-24%
How long until you saw or spoke to GP/nurse:						
Same day	36%	34%	10-65%	37%	34%	11-62%
Next working day	13%	13%	4-42%	13%	14%	3-44%
Few days later	33%	35%	15-57%	32%	34%	15-58%
Week or more later	15%	16%	3-42%	15%	16%	1-49%
Convenience of appt						
Very	47%	48%	29-83%	46%	48%	24-78%
Fairly	46%	44%	17-61%	46%	44%	22-62%
Not very /not at all	8%	8%	0-16%	8%	8%	0-19%

The main indicator that does stand out is the number of respondents saying they went to either A&E or the WIC if they were unable to get an appointment/convenient appointment with their GP. Nationally the response was 9% whereas in Rotherham it was 15%, rising to 18% in the second data set. In contrast fewer respondents in Rotherham decided to contact their surgery another time than across the country – 8% in Rotherham compared with13% nationally. This demonstrates there are patients who experience difficulties and it comes back to striking a balance between clinical need, patient expectations and convenient access.

6. Conclusions

As the NHS undergoes considerable change this is presenting difficulties and challenges for practices and patients. As so much is determined at national level scope for change at local level through effective commissioning of services matched to local need and sharing innovative practice is paramount.

There are no simple solutions to improving access to GPs when resources are increasingly under pressure. On the supply side there is reducing funding, shortages of GPs and nurses, and premises that are not always suitable for the increasing range of services now delivered at GP practices, especially with the transfer of services from secondary care. Patient demographics with a growing and ageing population, coupled with the prevalence of ill health and long term conditions, and local deprivation in some areas, means increasing demand. This needs adequate resourcing to ensure good access to services for all patients.

Patients' experiences of accessing GPs do vary from practice to practice; their expectations and preferences are changing, and it comes back to striking the balance between clinical need, patient expectations and convenient access.

GPs offer a range of appointment booking systems and one size doesn't fit all given the variations in practice size and practice populations. Members noted some very good practice and willingness to trial new systems but would like to ensure all practices adopt hybrid and flexible systems, including considering opening up some time each day for sit and wait appointments.

Patient voice is important and NHS England needs to ensure that patients' views on access are heard. There is scope to build on the improvements already seen through the involvement of the patient participation groups.

GP practices should regularly share best practice on providing good access to patients, as the review highlighted innovative practices around flexibility, communication, meeting the needs of different groups, and youth clinics for example. Access to professional interpretation services is important to ensure effective and safe communication with patients and should be maintained.

Patients need to be encouraged to be more proactive and to assume greater responsibility for their own health, described by one local GP as "empowered patient self-management. Patient education to support this is important. There is a need for generic information about which is the right service and the right health care professional and specific information about how their own surgery works, as it varies from practice to practice. Patients failing to cancel unneeded appointments, known as DNAs, seem to be an increasing problem and public awareness needs to be raised about the negative impact this has.

Gaps in management information exist that would help to build a fuller picture of patient access to different health services and reasons for their choices. Statistics on waiting times for GP appointments; DNAs and the reasons why; and statistics on why patients chose to go to A&E or the Walk in Centre when they should have been treated at their GP practice, are not routinely

collected. However usefulness would need to be balanced against the time and costs of data recording and analysis, potentially resulting in less time with patients.

The PMS contract review is a major concern as Rotherham is in danger of losing significant resources as the majority of our practices have this type of contract.

In light of the future challenges for Rotherham outlined in this report, the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk in relation to the capacity to deliver sustainable and accessible primary care for all our community.

7. Recommendations

Improving access

1. Patients' experiences of accessing GPs vary from practice to practice; therefore NHS England needs to ensure that patients' views on access are reflected in the forthcoming Personal Medical Services contract re-negotiations and five year commissioning plan.

2. The continuation of the Patient Participation Directed Enhanced Service in 2014-15 should be used to ensure patients are well informed and empowered through the Patient Participation Groups to challenge poor access and suggest improvements. All practices should be encouraged either to participate in the PPDES or to establish other effective mechanisms for ensuring patient engagement.

3. Although recognising the importance of clinical need, the expectations and preferences of patients are changing, and practices should explore more hybrid and flexible approaches to appointments. All GP practices should be encouraged to have a part of each day for sit and wait slots.

4. NHS England should maintain access to interpretation services for GPs, with an emphasis on professional services, supported by training for GPs and practice staff to increase confidence in using telephone services where appropriate.

5. NHS England should review their current interpretation provision to see if economies could be achieved through signing up to Rotherham MBC's framework agreement, which is open to partner agencies.

Sharing existing good practice

6. GP practices should regularly showcase best practice and share successes on providing good access to patients through existing means such as the practice manager forum and Protected Learning Time events. (Please see pages 19-22 for good practice examples.)

Improving information for patients

7. Patient information and education is important, both generic information about local services and specific information about how their surgery works.

a. GP practices should ensure their practice leaflets and websites are kept up to date about opening times, closure dates for training and how the out of hours service works.
b. NHS England should explore developing an App with practice information that people with smartphones and tablets can download.
c. Health and Wellbeing Board should consider developing a borough wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments.

d. GP practices should work with their reception staff, patients and Patient Participation Groups to encourage patients to provide more information to staff when contacting the practice, enabling them to see the right person in the practice team.
e. Health and Wellbeing Board should consider revisiting the “Choose Well” campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations.

Capacity to deliver primary care

8. In light of the future challenges for Rotherham outlined in the report the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care.

9. NHS England should consider incentives to attract GPs to start their career in Rotherham following training in the area, to help address the demographic issues of our current GPs.

10. Rotherham CCG should collect and analyse monitoring information to ensure services are resourced to meet peaks in demand during protected learning time at the new Emergency Care Centre from 2015.

11. NHS England needs to be more proactive in managing increases in GP demand due to new housing developments, rather than waiting for existing services to reach capacity.

12. Rotherham MBC, when considering its response to the scrutiny review of supporting the local economy, should ensure health partners are invited by the Planning Department to be part of the multi-disciplinary approach to proposed new developments.

8. Thanks

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

Partners

Dawn Anderson - Rotherham Clinical Commissioning Group
Louise Barnett - Rotherham Foundation Trust
Nathan Batchelor - Rotherham HealthWatch
Garry Charlesworth - NHS England
Thomas Cook - Care UK
Karen Curran - NHS England
Chris Edwards - Rotherham Clinical Commissioning Group
Eleri de Gilbert - NHS England
Victoria Linden - NHS England
Dr Chris Myers - Local Medical Committee
Dr Neil Thorman - Local Medical Committee
Edith Whitehead - NHS England

GP practices in Rotherham

Greenside Surgery
Kiveton Park Medical Practice (including a member of their Patient Participation Group)
The Gate Surgery
Treeton Medical Centre
Woodstock Bower Surgery

9. Background papers

Written information from NHS England Area Team September 2013
Report to Health Select Commission 12 September 2013
Notes of briefing meeting with NHS England Area Team 25 November 2013
Notes of evidence sessions on 18 December 2013 and 24 March 2014
Notes of visits to GP practices January – March 2014
Written information from Care UK, HealthWatch, RCCG and TRFT March 2014
National Patient Survey Data – June 2013 and December 2013

Rotherham Health Profile 2013 – Public Health England
Improving General Practice – A Call to Action - NHS England 2013
Improving General Practice – A Call to Action, Phase 1 Report - NHS England March 2014
Right care, first time Report on outcome of public consultation - Rotherham CCG 2013
Commissioning Plan 2014 - 2019 Rotherham CCG
Discussion document following Monitor's call for evidence on GP services -
Monitor February 2014
Primary Care Today and Tomorrow, Deloitte 2012
Review of PMS Contracts NHS England February 2014 Gateway Reference 01091

Access to GP Services Specialist Scrutiny Panel report – Ealing June 2010
Access to GPs Report from Sheffield LINk January 2011
Access to GPs in Bexley Briefing for Health OSC September 2012

Appendix A Questions for GP practices

Access to GPs scrutiny review

Date	How does the practice organise its appointment system? (e.g. sit and wait, slots kept for emergencies, all pre-booked). How can patients make an appointment? (e.g. on line, phone, in person)
Name of GP practice	How willing are patients to see another member of the team, other than a GP, who can provide the health care or service they require?
Review group members present	Are there a significant number of people who make appointments and do not attend, without letting you know?
Representative from Speak Up	Demographic profile - anything significant for your practice such as higher or lower numbers of a particular group than the Rotherham average e.g. by age, ethnicity?
Officer support	Rotherham has an ageing population and high incidence of limiting long term illness. Will GPs in Rotherham be able to cope with the anticipated rise in demand? Especially with a named GP for over 75s?
Staff involved from GP practice (name and role)	How do you ensure effective communication with: - people from Black and Minority Ethnic communities; - people with learning disability; - people with visual or hearing impairments?
Contract type PMS/GMS/APMS	How are you planning to move to more on-line services? How will that impact on your practice and patients?
Single site or multiple	How do you ensure your practice is “young people friendly”?
Single GP or partnership (no. FTEs)	Is there much demand for the out of hours service?
Total staff and their job roles/hours. Gender mix of staff/GPs.	Do you have any innovative approaches to patient access that you would like to highlight? Or ideas for improvements?
List size and any significant recent changes. GP:patient ratio	How could NHS SY&B help GPs to increase patient access?
Annual patient turnover	How does the practice cover protected learning time?
Do you have a triage system? How well does it function?	How useful is the annual patient survey and how do you respond to the results?
Does your practice operate an enhanced service with extended hours beyond the 8am to 6.30pm core hours? (details to explore)	Do you have a patient participation or reference group? Explore details.
How long is your average appointment?	Any other issues or concerns you would like to raise – national or local?

Appendix B Overview of participating GP practices

	Practice A	Practice B	Practice C	Practice D	Practice E
Staff	2 Partner GPs 1 Salaried GP (7 sessions) 2 Practice Nurses 1 Health Care Assistant 1 Practice Manager Plus admin & reception staff Wider team – midwife, district nurse, community matron, mental health, dieticians, health visitors.	3 Salaried GPs (1WTE plus 1 session 3 Specialist Nurses 2 Health Care Practitioners 1 Phlebotomist CX and management team Plus admin & reception staff. Wider team – midwife, shared care coordinators, health trainer, health visitor.	5 Partner GPs (4 WTE) 2 Salaried GPs (1.5 WTE) 2 Advanced Nurse Practitioner (WTE 1.8) 5 Practice Nurses 2 Health Care Assistants (WTE 1.5) 2 Practice Managers Plus telephonists, admin and reception staff	2 Partner GPs (15 sessions) 2 Salaried GP (13 sessions) 2 Practice Nurses 1 Practice Manager Plus admin & reception staff Wider team – no information Training practice – 1.5	6 Partner GPs 2 Salaried GP 6 Nurses 4 Nursing Assistants 1 Practice Manager Plus admin & reception staff) Wider team – no information Training practice – 2
GPs	2 Male and 1 Female	2 Female and 1 Male	4 Male and 3 Female GPs	3 Male and 1 Female GPs	5 Male and 3 Female GPs
List	Slight increase recently, large increase anticipated. Steady turnover.	Very transient population so high patient turnover, always had 1500+, 1950 current.	Fairly static list size with reasonable turnover.	Larger than average and increasing each year.	Large and increasing
Ext hour	Wed 6:30 - 8:00pm	Friday 7-8am	Mon-Thu 7-8am Mon & Tues 18.30–20.00pm	Mon 18:30-21:00	Mon-Fri 18:30-19:00 Tues 7-8am
Appt	10 minutes	10 mins, can book a double	10 minutes	Open access varies	Ave 12 mins (used to be 5)
Appointments	50% pre-bookable up to 2 weeks in advance and 50% on day in morning for a.m. surgery and afternoon for p.m. surgery. No sit and wait. Once all on the day appts booked triage by doctors with emergency slots booked if all appts gone. Minor illness triage driven by nurses.	Pre-booked appts. Additional clinics a.m. and p.m. for 10 people per day for urgent appts. Walk-ins for emergencies, sit and wait. Looking to have a nurse practitioner. Website mentions ringing for phone advice or for nurse appt.	Some triage – same day and on call GP all day for urgent appts. Routine appointments 8:30 – 11a.m. and a variation of routine appts in afternoon. If patients walk in - offered the next free relevant appt with triage nurse, on call GP or SDS GP. If ring offered an appropriate time that day.	Mixed system – some booked a.m. and p.m. and some sit and wait. 1 doctor every a.m. with open access surgery, 2 on Mondays when busier. Emergency appts in afternoons. Nurse triage in afternoons – speak with patients or leave message for doctor to ring back.	No longer any triage and not sit and wait as such. Advance bookings up to 5 weeks. Morning surgery as well as on call doctors a.m. and p.m. (2 on Mon) who also do emergencies/home visits.
DNAs	Reduced for GPs due to sending letters, significant numbers for PN and HCA. Increase if appts bookable over 2 weeks ahead.	Quite a problem, text reminders have helped to reduce.	Big problem	No major problem – try and educate any regulars and have in past signposted to open access surgery	Increased but not that many as tend not to book too far ahead, pre-bookings tend to lead to DNAs.
Demographics	No significant demographic factors. New housing developments will increase list.	Large BME population from different communities. Very high number of transient patients. Young average age, over 50% under 30. Other socially excluded groups.	Large BME population from different communities. Had high number of transient patients. Lower average age. Very deprived area with high levels chronic disease	Traditional practice but above average number with long term conditions.	New housing developments nearby add to pressure.

Appendix C

Table 1 Overall experience indicators from GP patient survey

Organisation	Overall experience of GP surgery			Overall experience of Out of Hours GP services			Overall experience of making an appointment			Convenience of appointment		
	2011-12	2012-13	Change	2011-12	2012-13	Change	2011-12	2012-13	Change	2011-12	2012-13	Change
England	88.3	86.7	-1.5 ↓	70.9	70.2	-0.7 ↓	79.1	76.3	-2.8 ↓	93.3	92.5	-0.8 ↓
SY&B Area	88.8	87.2	-1.5 ↓	75.3	73.1	-2.1 ↓	78.4	75.2	-3.2 ↓	93.7	93.0	-0.8 ↓
Barnsley	90.6	88.4	-2.2 ↓	75.6	69.8	-5.9 ↓	81.9	76.3	-5.6 ↓	95.1	94.3	-0.8 ↓
Bassetlaw	89.8	87.9	-1.9 ↓	76.6	79.6	+3.0 ↑	81.9	81.2	-0.8 ↓	93.0	92.5	-0.4 ↓
Doncaster	89.1	87.6	-1.4 ↓	81.1	80.7	-0.5 ↓	79.9	76.5	-3.4 ↓	94.3	93.9	-0.4 ↓
Rotherham	**89.1**	**88.5**	**-0.6 ↓**	**70.3**	**71.5**	**+1.1 ↑**	**78.2**	**76.4**	**-1.9 ↓**	**94.0**	**92.3**	**-1.7 ↓**
Sheffield	87.5	85.8	-1.7 ↓	72.5	68.0	-4.5 ↓	75.4	72.2	-3.2 ↓	92.8	92.2	-0.6 ↓

Proportion of Respondents with Good Overall Experience

Source NHS England December 2013

With the exception of Rotherham and Bassetlaw for the OOH indicator the statistics show a downward trend on all four indicators by CCG, for the Area Team as a whole and in England:

- Overall experience of the GP surgery by patients in Rotherham has reduced slightly from 2011/12 to 2012/13 (-0.6) but by less than the national reduction in satisfaction for this same indicator (England -1.5) and less than the other CCG areas in SY&B.
- Overall experience of patients in Rotherham with OOH has increased over the same period.
- Overall experience of making an appointment with a GP has reduced by -1.9 against a national reduction in satisfaction of -2.8% and a SY&B overall reduction of -3.2%.
- However satisfaction with convenience of an appointment with a GP has reduced in Rotherham over this period (-1.7%), more than the national and SY&B position, and is the lowest in the area.

Table 2 GPs per 100,000 population

CCG Name	GP Providers	Registered population	GPs per 100,000 population
BARNSLEY	99	248,441	40
BASSETLAW	50	112,079	45
DONCASTER	155	309,619	50
ROTHERHAM	116	253,284	46
SHEFFIELD	287	570,324	50
AREA TOTAL	**707**	**1,493,747**	**47**
REGIONAL TOTAL	**7,258**	**15,718,338**	**46**
NATIONAL TOTAL	**24,083**	**55,704,177**	**43**

Source NHS England December 2013

Appendix D Overview of Out of Hours and Walk in Centre Activity

Below is an overview of activity for both services covering the period 1/3/13 to 1/3/14.

Walk in Centre

- 53,063 total patients with a daily average of 145 patients
- 13,140 patients were aged 0-9 and 16,544 aged 10-29
- 29,359 female and 23,453 male patients
- 29,253 patients where no ethnicity recorded – blank, not stated or patient refused (119)
- 19,971 patients were British/White British/Mixed British codes with the remaining 3,839 patients from nearly 100 different ethnic group codes
- 43,372 were registered with Rotherham, 6,871 with Barnsley, Doncaster or Sheffield and 2,013 from a total of 148 other PCTs/LCBs
- 47,444 patients had Rotherham postcodes with S65 and S61 the highest, each over 9,500
- Times of visits were quite evenly spread throughout the day with 4,200-4,700 patients in each of the one hour time slots from 9am to 7pm
- Busiest times as expected were weekends and bank holidays
- Highest number of patients in one day 255 on Saturday 28 December 2013
- Lowest number of patients in one day 86 on Friday 7 June 2013
- For PLT dates in Nov-Feb no major increase in numbers but times of patients not available
- 1,230 patients walked out
- Core activity:

Advice and prescription	25,522
Advice only	13,457
Clinician advice	4,592
Prescribed medicine	3,153
	46,724

Out of Hours service

- 32,466 total records with a daily average of 89 patients
- 8,492 patients were aged 0-9 and 9,225 aged 60+
- 18,451 female and 12,542 male patients
- 1,440 blank records for age and gender
- No ethnicity data provided
- 30,430 patients had Rotherham postcodes with S65 and S61 the highest, each over 5,300
- Busiest times as expected are weekends and bank holidays
- Highest number of patients in one day 283 on Good Friday 29 March 2013
- Lowest number of patients in one day 24 on Friday 30 August 2013
- As expected for PLT dates when practices are closed in the afternoon in Nov-Feb significant increase in numbers with approx. 50-60 more patients on the Thursday than on the Wednesday or Friday either side
- Case type:

Primary care centre i.e. WIC	13,612
Clinician advice	10,941
Home visit	5,334
	Total 29,887

- Priority on completion:

Emergency	989
Urgent	1,656
Less urgent	26,584

Glossary

APMS	Alternative Provider Medical Services – type of GP contract
CQC	Care Quality Commission, the quality and safety regulator with responsibility for monitoring, inspecting and regulating primary care services.
Care UK	Provider of the Out of Hours service and urgent care at the Walk in Centre
DNAs	“Did Not Attend” – patients not cancelling appointments they no longer need
GMS	General Medical Services – type of GP contract
GPs	General Practitioners
GPPS	GP Patient Survey
LMC	Local Medical Committee
Monitor	The sector regulator for health services in England. Their role is to protect and promote the interests of patients by ensuring that the whole sector works for patients’ benefit.
NHS	National Health Service
NHSE	NHS England (national)
NHSE SY&B	NHS England Area Team South Yorkshire and Bassetlaw
OOH	Out of Hours GP services
PLT	Protected Learning Time
PMS	Personal Medical Services – type of GP contract
PPG	Patient Participation Group
RCCG	Rotherham Clinical Commissioning Group
SY&B	South Yorkshire and Bassetlaw
TRFT	The Rotherham Foundation Trust
WIC	Walk in Centre for urgent care
WTE	Whole time equivalent

Carr-Hill Formula
The Carr-Hill formula is based on a series of adjustments: age and gender of patients (children, women and older people have higher weights); nursing and residential homes index; additional needs of the population relating to morbidity and mortality; patient turnover and adjustment for the unavoidable costs, including market forces factor and rurality index.

GP Patient Survey Data
The first set of data covers the period July 2012 to March 2013. The second set was published in December 2013 and covers surveys from January- March 2013 and from July-September 2013, so overlapping in part with the first data set.

Agenda Item 9

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet**
2.	**Date:**	Wednesday 21st May 2014
3.	**Title:**	**Scrutiny review on DWP sanctions and conditionality regime**
4.	**Directorate:**	Resources

5. Summary

This review was conducted by a review group from the Overview and Scrutiny Management Board, Chaired by Cllr Glyn Whelbourn. The review itself was requested by the Leader in his capacity as Chair of the Welfare Reform Steering Group. The attached version of the report is still subject to some changes following consultation for factual accuracy. Proposed changes will be discussed by OSMB at its meeting on the 20th May 2014 and reported verbally to Cabinet.

6. Recommendations

That Cabinet:

- **Receive the report**
- **Agree to respond to the review within 2 months of this meeting and report its response back to the Overview and Scrutiny Management Board.**

7. Proposals and details

The review group was established in response to a concern raised within Rotherham Partnership's Welfare Reform Steering Group, Chaired by the Leader of the Council. Evidence suggested that potentially unfair implementation of sanctions was taking place and making the most vulnerable families within the Borough, more vulnerable. They therefore referred the issue to the Overview and Scrutiny Management Board to conduct a thorough review into the matter. The purpose of the review was therefore to ensure the DWP's conditionality and sanctions regime is implemented fairly, consistently and flexibly, reflecting the needs and circumstances of claimants, with increased transparency and more effective partnership working.

The areas of focus for the review were as follows:

- Understanding the step-by-step process for applying a sanction, including how this is communicated to claimants
- The relationship between JCP and Work Programme (WP) providers and the role of WP providers in making sanctions referrals
- Examining local statistics on the application of sanctions, including – if possible – the figures for different claimant groups and comparisons with other areas
- The impact of sanctions on particular groups (e.g. lone parents, carers, disabled people, homeless people, those with mental health problems)
- The extent to which local partnership working is mitigating any possible deficiencies or inflexibilities in the system and how relationships can be strengthened
- The potential impact of further changes to the system, including the claimant commitment and ongoing expansion of conditionality (e.g. in work conditionality linked to the introduction of universal credit)
- Ability of the council's *fund for change* scheme to support sanctioned claimants

The review has been provided with support by Michael Holmes, Policy Officer and his help and expertise is gratefully acknowledged. Officer support around specific areas were also provided by Rob Cutts of Revenues and Benefits and Claire Smith from Supporting People.

Key witnesses for the review were:

Natalie Enderby – Families for Change
Simon Freeston and Ian Fletcher – Jobcentre Plus
David Sleightholme – Citizens Advice Bureau
Mike Hatfield, Phil Mellor and Joe – sanctioned benefits claimants

Review methodology

- October – panel members and support officers met with the local Jobcentre Plus Partnership Manager to discuss the approach and parameters of the review

- November – first evidence session with Families for Change worker and sanctioned claimants. Additional written evidence was provided by the Supporting People programme and RMBC Revenues and Benefits.
- January – second evidence session with JCP Partnership Manager and Advisor Manager, Rotherham CAB and sanctioned claimant.

Summary of findings and recommendations

The key findings of the review were grouped under 4 headings; Communication, Flexibility and Discretion, Vulnerable Claimants and Local Working Protocol. There is one main recommendation of the review, directed to the partners on the Welfare Reform Steering Group, which is to establish a local working protocol with the aim of ensuring complete fairness in the process of implementing sanctions in Rotherham. In implementing this recommendation they are also requested to consider:

- Inclusion of advice agencies
- How to include Work Programme providers
- Clear and consistent communication mechanisms
- Clear and consistent standards of referral within the partnership
- Rotherham MBC to review its eligibility criteria for the Fund for Change
- DWP partners to investigate the possibility of having the mandatory reconsideration process carried out locally instead of via the centre in Hanley.

8. Finance

There are no immediate financial implications arising from the report, however, full implementation of the recommendations may have some resource implications for partners.

9. Risks and Uncertainties

The main risks are associated with the impact that the apparent inconsistencies with the implementation of the regime are having on vulnerable and financially dependent residents in the Borough.

10. Policy and Performance Agenda Implications

Welfare Reform and the DWP's conditionality regime is a key national agenda currently, as reflected by the debates and research taking place at this level. It is a local policy priority to address the issues it creates and is being tackled via the Welfare Reform Steering Group.

11. Background Papers and Consultation
These are contained within the report itself.

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Rotherham
Metropolitan
Borough Council

Scrutiny review: Department of Work and Pensions' (DWP) Sanctions and Conditionality Regime

Review of the Overview and Scrutiny Management Board

October 2013 – March 2014

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Executive Summary

The aim of the review:

The review was instigated following discussions at the Welfare Reform Steering Group and elsewhere about an increase in the use of sanctions locally and an apparently unfair or inappropriate use of sanctions in some cases. The review was therefore set up to gain a clearer understanding of the conditionality regime and sanctions process and make recommendations to help ensure fairness, transparency, flexibility and consistency

The review group was made up of the following members:

- Cllr Glyn Whelbourn (Chair),
- Cllr Jacquie Falvey,
- Cllr Ann Russell

In gathering its evidence, Members spoke to benefits claimants who had been sanctioned, representatives from Job Centre Plus and also from support agencies Families for Change, CAB and Supporting People. A considerable amount of data was gathered about current trends in the implementation of sanctions both nationally and locally, and the review also took into account national research findings on the matter. The help and co-operation of all who participated in this review is gratefully acknowledged.

It should be noted that two key partners declined the opportunity to take part in the review, these were the two main Work Programme Providers – A4E and Serco. The Review Group were extremely disappointed with this outcome, as not only do the findings now miss out the perspective of the providers, but also potentially impact on the ability of partners locally to implement all of the recommendations.

Summary of findings and recommendations

The key findings of the review were grouped under 4 headings; Communication, Flexibility and Discretion, Vulnerable Claimants and Local Working Protocol. There is one main recommendation of the review, directed to the partners on the Welfare Reform Steering Group, which is to establish a local working protocol with the aim of ensuring complete fairness in the process of implementing sanctions in Rotherham. In implementing this recommendation they are also requested to consider:

- Inclusion of advice agencies
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- Clear and consistent standards of referral within the partnership
- Rotherham MBC to review its eligibility criteria for the Fund for Change
- DWP partners to investigate the possibility of having the mandatory reconsideration process carried out locally instead of via the centre in Hanley.

1. Why members wanted to undertake this review?

The review group was established in response to a concern raised within Rotherham Partnership's Welfare Reform Steering Group, Chaired by the Leader of the Council. Evidence suggested that potentially unfair implementation of sanctions was taking place and making the most vulnerable families within the Borough, more vulnerable. They therefore referred the issue to the Overview and Scrutiny Management Board to conduct a thorough review into the matter. The purpose of the review was therefore to ensure the DWP's conditionality and sanctions regime is implemented fairly, consistently and flexibly, reflecting the needs and circumstances of claimants, with increased transparency and more effective partnership working.

2. Terms of reference

The areas of focus for the review were as follows:

- Understanding the step-by-step process for applying a sanction, including how this is communicated to claimants
- The relationship between JCP and Work Programme (WP) providers and the role of WP providers in making sanctions referrals
- Examining local statistics on the application of sanctions, including – if possible – the figures for different claimant groups and comparisons with other areas
- The impact of sanctions on particular groups (e.g. lone parents, carers, disabled people, homeless people, those with mental health problems)
- The extent to which local partnership working is mitigating any possible deficiencies or inflexibilities in the system and how relationships can be strengthened
- The potential impact of further changes to the system, including the claimant commitment and ongoing expansion of conditionality (e.g. in work conditionality linked to the introduction of universal credit)
- Ability of the council's *fund for change* scheme to support sanctioned claimants

The review has been provided with support by Michael Holmes, Policy Officer and his help and expertise is gratefully acknowledged. Officer support around specific areas were also provided by Rob Cutts of Revenues and Benefits and Claire Smith from Supporting People.

Key witnesses for the review were:

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Review methodology

- October – panel members and support officers met with the local Jobcentre Plus Partnership Manager to discuss the approach and parameters of the review

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3. Background

Sanctions are a central element of DWP's conditionality regime, which is in place to ensure job seekers are taking appropriate steps to prepare and look for work. They involve suspending benefit payments from claimants for a fixed period of time.

Conditionally "doubts" are raised by job centre staff or DWP's contracted Work Programme providers and then a decision on whether to impose a sanction is made by a separate DWP decision-making team.

Specifically, sanctions can be applied for (see appendix A):

- *Lower level: failure to attend/participate in an interview or training scheme* – 4 weeks loss of benefit for a first failure, rising to 13 weeks for subsequent breaches
- *Intermediate level: failure to be available for work* – disentitlement and up to 4 weeks loss of benefit for first failure, increasing to 13 weeks for subsequent failures
- *Higher level: failing to comply with the most important job seeking requirements (i.e. leaving a job voluntarily or failing to accept a reasonable job offer)* – the sanction can vary from 13 weeks for the first failure to 3 years for a third failure

3.1 National context

The sanctions regime became a particularly high profile topic in 2013, with media reports suggesting a targets culture in job centres. In response, the DWP commissioned an internal report, which "found no evidence of a secret national regime of targets or widespread secret imposition of local regimes to that effect".

However, recently published results of a survey of job centre staff carried out by the Public and Commercial Services Union (PCS) paint a different picture. Headline findings from the survey responses included:

- 23% said they had explicit targets for sanction referrals, with 81% having an "expectation" level
- 61% experienced pressure to refer claimants where they believed it may be inappropriate
- 10% had gone through formal poor performance procedures for not making "enough" referrals
- 70% did not believe that sanctioning has a positive impact on a claimant finding work.

Due, at least in part, to new regulations introduced in October 2012, the number of sanctions increased significantly in 2013. According to the DWP, there were 553,000 sanctions between November 2012 (the first full month of the new regime) and June 2013, compared with 499,000 from November 2011 to June 2012; an increase of nearly 11%.

The number of sanctions has increased to the extent that around 5% of all jobseekers allowance (JSA) claimants are sanctioned every month. Some 860,000 JSA claimants

were sanctioned in the year to June 2013, the highest number in any 12-month period since at least April 2000.

The government has commissioned an independent review of JSA sanctions, which is due to report back shortly.

In January, the work and pensions select committee published its report into the role of Jobcentre Plus (JCP) in the reformed welfare system. Conclusions and recommendations directly relating to the sanctions regime included:

- Conditionality is a necessary part of the benefits system and sanctioning, if used appropriately, can be a useful tool for encouraging engagement with employment support. Sanctions should be used primarily for this purpose and as a last resort. Strict conditionality regimes should be balanced by meaningful and in-depth advice and support from JCP for those who need it.
- Our evidence suggests that many claimants have been referred for a sanction inappropriately or in circumstances in which common sense would suggest that discretion should have been applied by job centre staff.
- We recommend that DWP take urgent steps to monitor the extent of financial hardship caused by benefit sanctions, including by collecting, collating and publishing data on the number of claimants "signposted" to food aid by job centres and the reasons for claimants' need for assistance in these cases.

A report by the think tank, Policy Exchange, published on 3rd March 2014, casts doubts on the efficacy of the sanctions system, suggesting that each year as many as 68,000 people on JSA have their benefits taken away by mistake and face unnecessary hardship as a result:

“After appeals and reconsiderations our estimates suggest that only around 34.7% of sanction referrals actually result in an upheld adverse decision [i.e. where a sanction was imposed and not overturned after any appeal]. The obvious implication is that an extremely high proportion (65.3%) of decisions are eventually classified as ‘not adverse’ or ‘reserved/cancelled’. This suggests that the referral mechanism may be too stringent, with more referrals occurring than necessary.”

New conditionality rules and “intensive measures” to help the long-term unemployed, introduced from April 2014, are likely to see an increase in referrals and sanctions as claimants will have more mandatory requirements to comply with.

3.2 Local context

Numerous agencies have provided anecdotal and case study information on sanctions issues in the borough, both prior to and during the review. This includes: front line housing support organisations, family support workers, RMBC’s supporting people team, the Gate Surgery and Rotherham CAB.

In addition, data from “food in crisis” organisations reveals that around 38% of customers identify benefit delays or sanctions as the main reason for needing help from food banks (between November 13 and January 14).

Though DWP’s internal report recommended that statistics on sanctions should start to be published at individual job centre level, this has not happened and the data only seems to be available via the department’s Stat-Xplore website.

Based on Stat-Xplore figures, the following information has been gleaned in relation to JSA sanctions in Rotherham across the three job centres (town centre, Maltby and Dinnington) from October 2012 to September 2013:

- There were an average of around 1,300 sanction decisions per month, with around 1,000 individual claimants referred for a decision (or compliance "doubt") each month
- Approximately 534 sanctions were applied per month
- This represented an increase of around 17% on the previous 12 months
- Approximately 78% of total decisions and 64% of "adverse" decisions (i.e. where a sanction was applied) related to low level failures; 15% of total decisions, but 31% of adverse decisions were for intermediate level; and 7% of decisions, but just 5% of adverse decisions were for high level.

4. Evidence

4.1 Department of Work and Pensions – Jobcentre Plus

The process was outlined as follows. A customer makes a new claim online. They attend the job centre and the conditionality is discussed. They then draw up a jobseeker's agreement which details the agreed conditionality. This is a 2-way discussion with commitments from both sides and is done within the legislative requirements. Fortnightly reviews take place where job seeking activity is reviewed. If they are not meeting their agreement they are given a warning, though the advisers do have discretion e.g. if appointments are missed due to a hospital appointment. If the claimant hasn't got a computer or has travel limitations this is considered as part of the original agreement. The need to deal with family crisis is built into the system.

All staff are trained in how to follow this process and in tackling the barriers that clients may have.

If in the fortnight following a warning it is felt that they are still not meeting the conditions, relevant evidence is submitted in a report to the DWP decision-making centre in Hanley. The decision on whether to sanction is made there, with an automated system triggering a letter to advise the claimant of the decision. No sanctions are issued without a warning first.

There is a mandatory reconsideration process which allows Jobcentre Plus to reverse the sanction without going to appeal. This part of the process is done by the centre in Hanley. There is a rapid re-claim process for the end of temporary contracts, so if someone's contract ends they can start a new claim much quicker. If sanctions had been in effect prior to the temporary work then they would kick in again on the new claim.

The hardship fund is a payment of 60% of jobseeker's allowance to which sanctioned claimants can apply. The decision will be based on the extent to which the claimant is likely to experience hardship, taking into account the resources they have available and their level of vulnerability. Unless a claimant is judged to be in a vulnerable group, they will have to wait fourteen days before being eligible for hardship support.

Sanctions do not affect housing benefit so claimants should still be able to access this. The review group were also made aware of a more severe element of the conditionality regime, referred to as a disallowance which does affect other benefits. This is a more severe form of penalty for persistently failing to look for work or accept jobs, but is used

sparingly. With a disallowance, as well as losing benefits for a period of time, claimants are also ineligible for hardship funding.

Sanctions:

Initial sanction – 4 weeks
2nd sanction – 13 weeks

Appeal and reconsideration is included at every stage

Higher level (for refusal/misconduct)
Initial – 13 weeks
2nd – 26 weeks
3rd – 156 weeks

There are very small numbers of the 26 week penality and they have not experienced the maximum one of 156 weeks yet.

A brand new claim would stay with JCP for 39 weeks for 18-24 year olds and 52 weeks for ages 25+. After that they would move to a Work Programme provider for 2 years. At this point JCP loses all contact with the client; they have an exit interview to explain all these changes to them and this would include information on how to make a complaint. The client would return to JCP after the 2 years. Vulnerable claimants e.g homeless, ex Armed Forces, drug or alcohol dependent or other health conditions can have voluntary access to Work Programme from day one of a new claim.

4.2 Work Programme providers
The two Work Programme prime contractors for South Yorkshire – Serco and A4e - were invited to take part in the review either by giving evidence at meetings or answering written questions. Both turned down the opportunity to provide evidence and to have their input considered by the review, with A4e taking the view – based on advice from their DWP account manager - that it would be inappropriate to respond to the panel's questions.

This leaves a gap in the review's evidence as Work Programme providers have a significant role in the local employment support system and – thus – the sanctions process.

All information regarding how Work Programme providers trigger the sanctions process was therefore provided by the claimants themselves.

5. Key findings

The findings are considered in relation to a number of themes that emerged from the evidence sessions.

5.1 Communication

This relates to communication both with claimants and between agencies/providers, and the general consensus was that this needs to be improved. Communication with claimants relates to notifications of sanctions being triggered and applied, both verbally by the advisers and by letter from the centre in Hanley.

Evidence was heard that claimants were unaware of the sanctioning process being applied, which indicates that either warnings had not been issued or that the claimants had failed to understand they had received a warning.

Members wished to highlight the issue of communication strongly. The complex nature of the system causes confusion for many claimants and therefore in the opinion of the review group, more likely to be sanctioned. It is essential therefore that this issue is addressed.

There were also examples of letters arriving late (i.e. after sanctions had been applied) and letters being sent to a homeless person who couldn't read. What was clear to the review group was that a definite breakdown in communications channels was occurring, at least in the case of the claimants they heard from. This also applied to the providers that claimants were referred to (not necessarily as part of the Work Programme) with examples of claimants being sanctioned due to confusion over dates, conflicting advice over whether attendance was required and clashing of appointments.

Again, this suggests that there are communication issues to be addressed to avoid unnecessary sanctioning and the complications that this causes. The Jobcentre Plus representatives who gave evidence also agreed that the situation with regard to Work Programme and other providers was complicated and sometimes caused communication difficulties.

The situation is further complicated by the fact that letters are sent to claimants from the main centre in Hanley and the remote nature of this doesn't allow for local flexibility in how communications are handled. Members were strongly in favour of implementing as much flexibility as is allowed locally to achieve a consistent and clear mechanism for communicating both between providers and with claimants.

Signposting to support services and advising of appeals process / availability of hardship fund was also found to be inconsistent in terms of the experiences of the claimants who presented to the review group. Claimants gave evidence that they were either unaware of the appeals process or hardship fund, or they were treated insensitively by the operators from the telephone number they were provided to enquire about the hardship fund.

Although Work Programme providers did not provide evidence to the review, the DWP guidance for Work Programme providers suggests that signposting to the hardship fund may not be automatic. The guidance states that: "**If a participant**

asks about or requests information on Jobseeker's Allowance hardship provision you should direct them to their Jobcentre Plus office".

Finally in this section, despite their unhappy experiences with the DWP, no claimants mentioned making a formal complaint and the review group again felt that this is not communicated well enough. The representatives from Jobcentre Plus confirmed that they manage the complaints process for their services.

5.2 Discretion and flexibility

Following on from the points made about communication, it was felt by the review group that it was important to attempt to introduce as much local flexibility into the system as possible, although the scope to do this is constrained by legislation and regulations.

For example, one claimant had been unable to do the required job search as part of his agreement due to his wife's illness. This wasn't taken into account and sanctions were applied. Jobcentre Plus representatives pointed out that flexibility around this is already present in the system and advisers should use their discretion to allow for circumstances such as these. They confirmed that all staff are trained accordingly. The warning system should allow these discussions to take place and it was confirmed that no sanction should apply without a prior warning being issued. Again, evidence from the claimants suggested that this was not being implemented consistently.

Jobcentre Plus do aim to reconsider sanction decisions prior to appeals (and this is now a national requirement), but this will be too late to prevent benefits being stopped and people experiencing hardship.

Concern was expressed about Work Programme providers who – according to the DWP guidance - are required to raise a doubt for any "failure to participate" in mandated activity by jobseeker's allowance claimants. Due to the lack of evidence from them it was difficult for the group to determine what is happening locally regarding this, but national data suggests only 35% of doubts raised ultimately lead to a sanction.

Concern was expressed about the role of the centre in Hanley. Members were made aware of the mandatory reconsideration process which allows a decision against a claimant to be reversed without having to go through the appeal process. This is carried out by Hanley and members wished the potential for this role to be carried out locally to be considered.

5.3 Vulnerable claimants

The review group found conclusively that there are gaps in support available for the most vulnerable of claimants and that normal communication processes are failing some of them. The vulnerable claimants that the group heard from had managed to find support from agencies such as Families for Change (Rotherham's "troubled families" programme), Action Housing and Citizens Advice Bureau. They had also been referred to food banks for essential provisions during their periods of sanction. All these claimants expressed huge gratitude for the support they had

received and expressed their concern about how they would have managed without such intervention.

Representatives from CAB and Families for Change gave evidence during the review and their experience showed that claimants were unaware of food banks, the support available by contacting utility companies or how to either complain or appeal against DWP decisions. They reported the negative health impacts felt by these vulnerable claimants as a result of sanctions, particularly on their mental health. An example was also received of a claimant whose son was unable to have the special diet that his health condition required during the period of sanctions. Another claimant was forced to sleep rough for 4 days as a result of his sanctions.

Members concluded that it was essential that such vulnerable claimants were able to access one to one support, possibly by involving local support agencies at an earlier stage in the process (i.e. when initial "claimant commitments" are being agreed). Jobcentre Plus representatives were clear that there is provision for the role of advocacy in the system, allowing such agencies to work on behalf of claimants (implicit consent would be required which can easily be established).

5.4 Local working protocol

Members of the review group reiterated that whilst they understood the limitations around their ability to influence rules at a local level, the aim of the review was to ensure that fairness is fundamental to how the rules are applied locally. Their recommendations are therefore that the most effective way to address the themes of this review – better communication; maximising local flexibility and discretion; and support for the most vulnerable - would be via the establishment of a local working protocol.

This would seek to address the above issues, but to be effective it would need to include Work Programme providers, who have so far failed to engage with the review. Jobcentre Plus representatives indicated an in principle interest in this approach. They were also in favour of education and awareness raising for claimants about what kind of behaviour is likely to trigger sanctions and would be interested in working with partners to help with this.

As an example of a local arrangement, in Birmingham a support organisation (St Basils) working with marginalised young people had established a protocol with DWP. They notified DWP of young people who were making a claim and any personal circumstances that may make it difficult for them to meet conditionality requirements. A support worker would then generally attend the young person's initial job centre appointment and DWP would aim to inform the named worker prior to any compliance "doubt" being raised.

6. Recommendations

The review group have made one single overarching recommendation: that the partners within the welfare reform steering group, via Rotherham Partnership, aim to establish a local working protocol. The overall aim of this is to ensure complete fairness in the process of implementing sanctions in Rotherham. Within this framework, partners are specifically asked to consider the following:

1. How advice agencies can be included in this protocol and the potential role they could play – some suggestions from the review group include a potential presence for them in the job centre itself to pick up instant referrals; cross referrals through the IT systems of the AiR (Advice in Rotherham) partnership; and advocacy and one to one support for more vulnerable clients. They should also consider the potential to carry out awareness raising for claimants on the expectations and responsibilities they have within the system.
2. The importance of including all partners - therefore it is essential for Work Programme providers to be included in this protocol. The review group stresses its extreme disappointment with the providers for their lack of engagement in the review and hopes that they will take the opportunity to rectify the situation by taking part in the protocol.
3. How clear and consistent communication mechanisms can be implemented and/or improved across all of the partners, with the aim of making the process as simple and easy to understand as possible for claimants. Some quality standards around this should be considered.
4. In line with 3 above, again some clear and consistent standards around referral to other support such as the hardship fund, food banks, credit unions and other sources of assistance.
5. Rotherham MBC should review its eligibility criteria for the Fund for Change, as sanctioned claimants are currently not eligible to apply on the basis that they are not in receipt of benefits. The review group notes that since the review concluded, the government have announced their decision to remove the funding for this scheme, which will remove another source of assistance for the most destitute people in the borough. Methods of lobbying the government on this should also be considered.
6. Finally, DWP partners should consider whether it is possible to have the mandatory reconsideration process carried out locally instead of via the decision-making centre in Hanley. The review group request that this be referred as high within the DWP as it needs to go to be given due consideration.

7. Background Papers:

Meeting notes of the Review Group
Written evidence submitted to the review

8. Thanks

- Natalie Enderby – Families for Change
- David Sleightholme – CAB
- Simon Freeston and Ian Fletcher – JC+
- Mike Hatfield
- Phil Mellor
- Joe
- Rob Cutts
- Claire Smith

For further information about this report, please contact

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Jobseeker's Allowance: overview of revised sanctions regime

				Revised sanction regime from October 2012:		
Sanction Level	**Applicable to:**	**Description**	**Previous sanction regime**	**1st failure**	**2nd failure**	**3rd failure**
Higher Level	JSA claimants	Failure to comply with the most important jobseeking requirements	Variable 1 to 26 weeks except MWA Fixed 13 weeks	13 weeks	26 weeks *if within 52[1] weeks but not within two weeks of previous failure*	156 weeks *if within 52 weeks – but not within two weeks - of previous failure that resulted in 26 or 156 week sanction*
Intermediate Level	JSA claimants	Failure to be available for work	Disentitlement but no sanction[2]	Disentitlement then up to 4 weeks loss of benefit	Disentitlement then up to 13 weeks loss of benefit *if within 52 weeks – but not two weeks -of previous entitlement ceasing*	
Lower Level	JSA claimants	Failure to attend/participate in an adviser interview/training scheme	Fixed 1, 2, 4 or 26 weeks	4 weeks	13 weeks *if within 52 weeks – but not two weeks - of previous failure which resulted in a 4 or 13 week sanction*	
	ESA claimants in the Work Related Activity Group (WRAG)	Failure to attend/participate in an mandatory interviews or failure to undertake Work Related Activity	Open-ended 50% of Work-Related Activity Component (WRAC) for first 4 weeks, then 100% of WRAC	100% of the prescribed ESA amount open-ended until re-engagement followed by a fixed period of		
				1 week	2 weeks *if within 52 weeks – but not two weeks - of previous failure*	4 weeks *if within 52 weeks – but not two weeks - of previous failure which resulted in a 2 or 4 week sanction*

[1] The 52 week rolling period begins from the date the sanctionable failure took place and not the date the sanction is applied.
[2] Individuals able to reclaim JSA after small number of waiting days.

Notes:

(1) 3 year sanctions will apply only in the most extreme cases where claimants have serially and deliberately breached their most important requirements, and they have not changed their behaviour after receiving previous sanctions;

(2) Higher level sanction durations will be shorter if:

   a. the failure relates to pre-claim employment expected to last less than the standard sanction period; or
   b. the failure occurs before a claim and the individual doesn't claim JSA immediately.

(3) The loss of benefit period for Intermediate level sanctions will deduct any period for which the claimant was not paid benefit or during which they were not claiming benefit. There are some exceptions to Intermediate level sanctions.

(4) If an ESA claimant complies within one week of the failure, only the relevant fixed period element of the sanction will apply.

(5) For all levels, if a claimant commits multiple failures within the same two weekly signing period then the sanction will not escalate to the next level. Therefore, lengthy sanctions won't accumulate over short periods.

(6) Prior to 22nd October 2012, JSA claimants could have a 26 week sanction lifted for failing to participate in the Employment, Skills and Enterprise (ESE) scheme (i.e. Work Programme, Skills Conditionality etc) after they have served at least 4 weeks of that sanction if they re-comply. This will no longer apply from 22 October. From this date, once a sanction is imposed on a claimant for failing to participate in the ESE scheme, it will continue to run regardless of whether or not the claimant recompiles.

[1] The 52 week rolling period begins from the date the sanctionable failure took place and not the date the sanction is applied.
[2] Individuals able to reclaim JSA after small number of waiting days.

DWP Sanctions – Case Studies

Details	Source	Internal Contact
Client required to attend a training course by the job centre. Training course date clashed with his signing on day, notified job centre in advance that this was going to be a problem and was advised to attend the training course and sign on the next day. Client went to sign on the following day (after the course) and was told that he should have signed on the previous day. Benefits were stopped.	Pamela Abbey Client Services & Education Manager Shield HIV Support Group West Bar Green Sheffield S1 2DA Tel: 0114 2787916 Email: pam@shield.org.uk	Claire Smith RMBC Tel: 01709 334041 Email: Claire-ss.smith@rotherham.gov.uk
MH has been sanctioned this month for a 6 month period for not attending the work programme over 1 year ago. MH has also received another sanction prior to the one above as he was expected to attend A4e and JC+ at the same time. This was in February 2013 and he received 3 months sanction where he claimed hardship, yet now he is being sanctioned again for a period prior to this.	Claire Smith RMBC Tel: 01709 334041 Email: Claire-ss.smith@rotherham.gov.uk	Claire Smith RMBC Tel: 01709 334041 Email: Claire-ss.smith@rotherham.gov.uk
Client was in hospital undergoing major surgery, therefore missed an interview. Benefits were sanctioned. GP and nurse both contacted DWP on several occasions to inform them of the situation. Client had no food, no money for attending subsequent hospital appointment (where it had	Jean McVann Gateway Primary Care CIC Tel: 01709 373371 Email: jean.mcvann@gp-	

been requested that he be treated as an urgent priority) and the surgery had to give him £10 to ensure his attendance at a follow up appointment in Sheffield. He was also advised to go to Shiloh etc to obtain food by the surgery.	c87622.nhs.uk	
Lianne Hancock, RMBC: "I have been doing some outreach work at Shiloh for about six months now and benefit sanctions have been a real issue. One particular gentleman lived on his own in a council flat. He had been sanctioned for not attending a course arranged by the Job Centre and had been sanctioned for 12 weeks. Before he found out about Shiloh he admitted to stealing food in supermarkets and begging on the streets. He had no gas or electricity at a time when it was very cold. Shiloh helped the customer by advising him of other places where he could get free food and some warm clothes and blankets. They also helped him make an application to an energy trust to clear the arrears he had with his gas and electricity supplier and helped him apply for a hardship payment from DWP to see him through. If this customer had not had intervention from services then I have no doubt that he would have continued stealing and begging to feed himself". **Additional information re: housing arrears** When someone is sanctioned, DWP will notify the council that the person is no longer entitled to JSA but do not give a reason so the claim is likely to be suspended. However, the officers at Key Choices will contact housing benefits and	Lianne Hancock, Homelessness Officer, RMBC Tel: 01709 336040 Email: lianne.hancock @rotherham.gov.uk	Sandra Tolley Housing Options Manager RMBC Tel: 01709 255619 Email: sandra.tolley@ rotherham.gov.uk

explain the situation and they advised the customer to take the letters to Riverside because they could re-instate the claim based on nil income provided no other circumstances had changed. This causes problems in itself because if customers do not seek support and receive that advice, they will just assume they will not get housing benefit during the sanction period and fall into arrears, which is particularly worrying if they have been sanctioned for an extended period.		
I have a lady, she is pregnant and due on 28/08/13. In May her JSA was suspended because the worker at Jobcentre Plus said she was not looking for jobs. I accompanied her to the Jobcentre where I explained to them that she was spending most of her time at the hospital because she had now been diagnosed with diabetes. They went on to suspend her JSA for 6 weeks and I assisted her to apply for hardship funds which they gave her, but the money was far less than her JSA. I have a young man who has been poorly since October 2012 and he had a series of operations lined up for him. He missed his medical assessment for his ESA in February because he was in hospital for an operation. All documentation to this effect was made available to Jobcentre Plus but they suspended his ESA from February 2013. He has been surviving on food banks. To date he has not got any money coming. I assisted to apply for hardship funds	Yasmin Kempton Team Leader Places for People Individual Support Refugee Housing Project 3 Headford Gardens Sheffield S3 7XB Tel: 0114 2761204 Email: yasmin.kempton@ placesforpeople.co.uk	Claire Smith RMBC Tel: 01709 334041 Email: Claire-ss.smith@rotherham.gov.uk

and they turned it down, I appealed but have not yet had a response. I have signposted this gentleman to CAB thinking that there might be something that I was not doing right, but they too have had no joy.		
RF was sanctioned for 13 weeks for not attending a work programme. He had previously been sanctioned for 2 weeks and missed out on one payment so this was the second time he had been sanctioned. CS has been told he has been sanctioned but not received a letter yet. He has been told by the job centre that he may be sanctioned for 13 weeks. CS did not attend his sign on. He said he was looking for jobs at the time. RL has been sanctioned for 13 weeks for missing a work programme interview. He said he didn't receive any letters. All of these young people are from tenancy support, therefore they have their own property. They are able to claim hardship but they only get half their money which is £56 every 2 weeks. This is not enough money to run a property and pay for food, gas, electric, water, tv licence, council tax and rent for those that have under occupancy. There is a food bank at VAR for which we get vouchers for so have taken many young people there to get a food parcel but this is for a short term basis and I'm not sure they would allow food parcels for 13 weeks.	Norsheen Akhtar Tenancy Support Worker Rush House Ltd 17 Lindum Terrace Doncaster Road Rotherham S65 1NJ Tel: 01709 369295 Email: nakhtar@rushhouse.co.uk	Claire Smith RMBC Tel: 01709 334041 Email: Claire-ss.smith@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL – REPORT

1.	**Meeting:**	**Cabinet**
2.	**Date:**	**21st May 2014**
3.	**Title:**	**Scrutiny Review - Homelessness**
4.	**Directorate:**	**Resources** **All wards**

5. Summary

This report sets out the findings and recommendations of the Scrutiny Review relating to Homelessness. The review was undertaken by members of the Improving Places Select Commission. The report and recommendations were considered by the Overview and Scrutiny Management Board, at its meeting on 25th April 2014.

6. Recommendations

That Cabinet receives the report and recommendations

Reports back its decision on the recommendations to OSMB within two months of this meeting.

7. Proposals and Details

The need for this work was identified as part of the service review and improvement process by Neighbourhoods and Adults Services and was referred to the Improving Places Select Commission for the review to be undertaken. Members were also concerned about the implementation of the new Welfare Reform policy.

Work by the review group consisting of Council Members, Officers and a co-opted member, began in August 2013.
Information was gathered from customers, members, stakeholders along with statistical data from the Housing Options Team and the Income Team in relation to the effects of Welfare Reform. A visit to two crash pads was completed by the review group and a valuable input to the review was contributed by the tenants.

The review has been carried out alongside the renewal of the Homelessness Strategy 2008 – 2013 with findings and recommendations incorporated into the Homelessness Strategy 2014 to 2018. This strategy is still to be finalised and approved by Cabinet.

The scope of the review included

Short Term Focus
Improving information for clients who are faced with homelessness, along with a better understanding of the 28 day rule.

Temporary accommodation was concerned with;
Availability and quality of temporary accommodation and the overall customer experience of using the service.

Crash pads,
- their locations and
- standard of and service available to the customers.

Longer Term Focus.
Sub Regional Collaboration, is concerned with the
number of bedspaces/direct hostel spaces available.
Out of hours emergency phone service.

The following three points were introduced into the scope of the review after it had begun.

To identify plans to re-populate the town centre(s) via empty properties, flats over the shops etc.

The partnership with private sector landlords to improve housing choices and the potential impact on the prevention of homelessness.

An update on efforts to enforce and improve standards within the private rented sector.

7.1 The findings from the report are shown in Section 4 of the review and give a detailed explanation of “Homelessness” along with some statistical data regarding rent arrears and the bedroom tax.

7.2 The recommendations from the review are detailed in Section 6 and include areas for further work to be undertaken. A summary of the recommendations is listed below.

Raise awareness of the “28 day rule”

Trends relating to rent arrears in relation to Welfare Reform to be reported to Improving Places Select Commission.

Improved communications between the Private Sector Housing Officer and the Homelessness Team in relation to improving work with private sector landlords, increasing support to tenants and reducing the number of empty properties in the borough.

Further exploration at regional level at officer and member level into the option of increasing bedspace provision.

Homelessness as an issue is considered at the planning stage of any future regeneration schemes in the borough.

For the Council to explore how it invests in property and assets with the aim of reducing homelessness and out of authority

8. Finance

The recommendations in this report relate to use of existing resources more effectively.

9. Risks and Uncertainties

There is a risk that interventions will be short term and not achieve a sustainable impact. To avoid this, we will need to ensure that any new approaches are properly embedded within the council and partner agencies.

10. Policy and Performance Agenda Implications

Homelessness Strategy 2014 -2018 currently being updated

11. Background Papers and Consultation

The report has been circulated to key individuals that participated in the review for their comments and to check for factual accuracy.

Overview and Scrutiny Management Board – 24th April 2014

Contact Name: Christine Majer Scrutiny Officer, 01709 (8)22738

Rotherham Metropolitan Borough Council

Scrutiny review : Homelessness

Improving Places Select Commission

August 2013 –January 2014

Scrutiny Review Group:

Cllr Jacquie Falvey (Chair)
Cllr Chris Read
Cllr John Swift
Cllr Neil Hamilton
Cllr Alan Gosling
Co-opted Member Ms Pauline Copnell

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Executive summary

The need for this review was identified as part of the service review and improvement process by Neigbourhoods and Adult Services and was referred to the Improving Places Select Commission to be progressed.

Members of the Review Group:

Councillor Jacquie Falvey (Chair)
Councillor Neil Hamilton
Councillor Chris Read
Councillor John Swift
Councillor Alan Gosling
Ms Pauline Copnell (co-optee)

Members were concerned about the implementation of the new Welfare Reform policy. This Scrutiny Review has been carried out alongside the renewal of the Homelessness Strategy 2008 to 2013 with findings and recommendations being incorporated into the Homelessness Strategy 2014 to 2018. This strategy is still to be finalised and approved by Cabinet.

The review identified a wide variety of information, in different formats and locations to assist people who are homeless or who are potentially becoming homeless. There appeared to be a lack of understanding with clients and with Members regarding the 28 Day Rule.

Information was provided about the amount of rent arrears owing compared with previous year's figures. The figures are comparable and the conclusion reached is that it is too early to draw any conclusions about the impact of the introduction of the Welfare Reform measures around "Bedroom Tax".

The number of emergency bed spaces is low and there is no direct hostel provision in Rotherham. There is also a lack of support for women and young people with learning difficulties in finding accommodation and employment.

Feedback from tenants who have used the crash pads was positive. Suggestions were made on how to improve the experience.

Rough sleeping is not a major issue in Rotherham. There is a 24 hour telephone service available, however if the person is not in the priority need category, then no immediate help can be provided.

Plans to repopulate the town centre through redevelopment of properties or new build, has been halted due to the effects of the economic downturn in the country. Discussions identified the need for any initiative to tackle the issue of homelessness would be better received if ideas were included at the planning/development stage rather than added on at a later stage.

Currently no comprehensive empty properties strategy is in place which would address the issue of bringing private sector properties back into use. The Private Sector Housing Officer has limited resources and work consists of providing advice to private property owners. Loans to bring empty properties back into use are available to private owners from the national agency, Empty Homes, as well as grants made available to social housing providers by the Home & Communities Agency.

There is a Landlords Forum in operation; however the members are not usually the ones with empty properties. Other forms of communications used to contact private sector landlords have included the publication of a newsletter and the creation of web pages on the Council's website.

A partnership between the Council and Action Housing, providing opportunities to support apprenticeship places, has resulted in the refurbishment of 4 empty properties for habitation by the apprentices. The option to extend this scheme to other housing associations could be explored.

1. Why Members wanted to undertake this review

The need for this review was identified as part of the service review and improvement process by Neighbourhoods and Adult Services, and was therefore referred to the Improving Places Select Commission by the Cabinet Member for Safe and Attractive Neighbourhoods and an initial report was considered at the June 2013 meeting of the Select Commission.

In particular, members were concerned about the Implementation of the new Welfare Reform policy in particular Universal Credit and the "bedroom tax". This Scrutiny Review was undertaken along side the renewal of the Homelessness Strategy 2008 to 2013, and findings or recommendations were incorporated into the Homelessness Strategy 2014 to 2018.

The scope of the Scrutiny Review was to determine which are the most successful prevention strategies to help people remain in their own homes and what methods are available to obtain alternative accommodation.

The scope of the review included:

Improving information – Short term focus

- What information is there for customers who are faced with homelessness (leaflets, website, self-help other agencies)
- Where can customers get advice and information to prevent homelessness
- Do customers understand the information provided – especially verbal when referring to being homeless earlier than the 28 day legislative rule on taking cases.

Sub Regional Collaboration – long term focus

- Bed spaces/direct hostels.
- Out of hours emergency phone

Temporary accommodation – short term focus

- Availability and quality of temporary accommodation/direct access hostels – how does a customer in Rotherham access a bed space and what is their experience when they get there
- Crash pads, locations, standards and information available to the customer when they arrive.

As the review progressed, the following issues were included.

To identify plans to re-populate the town centre(s) via empty properties, flats over the shops etc.

The partnerships with private sector landlords to improve housing choices and the potential impact on the prevention of homelessness

An update on efforts to enforce and improve standards within the private rented sector

2. Method

The methodology used to undertake this review included the members of the panel meeting with and receiving evidence from the following officers:

- Jill Jones, Homelessness Manager, Neighbourhoods and Adults Social Services (NAS)
- Paul Benson Private Sector Housing Officer, (NAS)
- Tom Bell Strategic Housing Investment Manager (NAS)
- Uzma Sattar Programme Co-ordinator (NAS)

Consultations were carried out on both the housing strategy and the homelessness strategy, by the Housing Options Managers with customers, members and stakeholders.

Statistical information was provided by Housing Option Team in relation to homelessness statistics and the Income Team in relation to the effect of welfare reforms.

Members of the panel went on a site visit to two locations in the borough to examine the various kinds of crash pads available for use by Key Choices. One of these included meeting with some tenants, who shared their experiences with review group members.

The Review Group received a report on the achievements of the Homelessness Strategy 2008 – 2013 and proposed actions to be included in the renewed strategy for 2014 – 2018. The review group made detailed input to this stage of developing the new strategy. This report is the final stage of the review to outline the findings, conclusions and recommendations.

3. Background

Definition of homelessness

The term “homelessness” is often perceived as people who “sleep rough”. However most of our statistics on homelessness relate to the statutorily homeless i.e. those households which meet specific criteria of priority need set out in legislation and to whom a homelessness duty has been accepted by the local authority.

Such households are rarely homeless in the literal sense of being without a roof over their heads, but are more likely to be threatened with the loss of, or are unable to continue living in their current accommodation.

Statutory Homelessness

Each local housing authority is required to consider housing needs within its area, including the needs of the homeless households, to whom local authorities have a statutory duty to provide assistance.

The Housing Act 1977, Housing Act 1996 and the Homelessness Act 2002 place statutory duties on local housing authorities to ensure that advice and assistance to households who are homeless or threatened with homelessness are available free of charge.

A “main homelessness duty” is owed where the authority is satisfied that the applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group.

The “priority need groups” include households with dependent children or a pregnant woman and people who are vulnerable in some way e.g. because of mental illness or physical disability.

In 2002 an Order made under the 1996 Act extended the priority need categories to include applicants

- aged 16 or 17
- aged 18 to 20 who were previously in care
- vulnerable as a result of time spent in care, in custody or in HM Armed Forces
- vulnerable as a result of having to flee their home because of violence or the threat of violence.

Where a main duty is owed, the authority must ensure that suitable accommodation is available for the applicant and his or her household. The duty continues until a settled housing solution becomes available for them, or some other circumstance brings the duty to an end. Where households are found to be intentionally homeless, or not in priority need, the authority must make an assessment of their housing needs and provide advice and assistance to help them find accommodation for themselves.

Under the Homelessness Act 2002, the local authority must have in place a strategy for preventing homelessness. The strategy applies to those people who are at risk of becoming homeless in addition to the people in the priority categories listed above. Rotherham offers housing options and advice along with helping to relieve homelessness in cases where someone has been found to be homeless but is not owed a duty to secure accommodation under the homelessness legislation.

Homelessness prevention means providing people with the ways and means to address their housing and other needs to avoid homelessness.

Homelessness relief is where an authority has been unable to prevent homelessness but helps someone to secure accommodation, even though the authority is under no statutory obligation to do so.

Work on homelessness prevention forms part of the Council’s Housing Strategy and links closely with the Supporting People Strategy.

Source:- Draft Rotherham’s Homelessness Strategy 2014-2018

4. Findings

The findings are presented under the main objectives identified for this review.

Improving information – Short term focus

- *What information is there for customers who are faced with homelessness (leaflets, website, self-help other agencies)*
- *Where can customers get advice and information to prevent homelessness*

Members of the review group received information and evidence about how members of the public access information regarding homelessness and finding appropriate accommodation. This includes assistance via;

Website
Leaflets
Self help organisations
Face to face/ phone enquiries at the Property Shop

Website
Housing Solutions Team provide assistance with prevention of homelessness. They do this via access to private rented sector accommodation, assistance with loans for rent in advance, assistance with applications to Robond, referrals to money advice, referrals to medical priority, referrals to mediation, mortgage rescue scheme, Sanctuary Housing, assistance with Council Allocation Policy, assistance with loans to prevent eviction and repossession

Employment Solutions
This includes:

- Government Mortgage Rescue Scheme
- Home Owner Mortgage Support
- Liaising with landlords
- Employment – Access to training and Education
- Careers options
- Job search
- Volunteering opportunities

Leaflets
A wide selection of leaflets are available in the Property Shop and at libraries across the borough. Appendix 1 – Information leaflets

- *Do customers understand the information provided – especially verbal when referring to being homeless earlier than the 28 day legislative rule on taking cases.*

Members of the review group received an explanation of the definition of 28 day rule and recognised that early intervention is key to providing a solution.

They also noted that promoting an understanding of this to potentially homeless clients was important as anecdotal evidence suggested that people felt they could not seek support until this rule applied.

28 Day Rule.
Under s.184 of the 1996 Act, if a housing authority has reason to believe that a person applying to the authority for accommodation or assistance in obtaining accommodation may be homeless or threatened with homelessness, the authority must make such inquiries as are necessary to satisfy itself whether the applicant is eligible of assistance and if so, whether any duty, and it so what duty, is owed to that person under part 7 of the 1996 Act.

A homelessness case is taken if someone is homeless or threatened with homelessness with 28 days. Where possible, during this period, investigations are carried out to identify if the homelessness can be avoided, by, for example, negotiations with family or friends, or discussions with a landlord, to resolve, if possible why a person has to leave their accommodation.

If homelessness cannot be avoided, then the housing options team attempt to find suitable and affordable accommodation for the household.

Where someone is already homeless and our investigations find that someone has nowhere to stay that night, temporary accommodation will be found where a priority need exists for investigations to be continued

Where there is no priority need, advice is provided on all housing options available to the particular circumstances of that person, including assistance on hostel accommodation, shared accommodation and private rented accommodation.

Rent Arrears and Bedroom Tax Statistics and Information:
Source RMBC Income Team

Homelessness Scrutiny Review 2014		
Figures to be included in the final report to Cabinet 21 May 2014		
	2012/13	**2013/14**
Total amount of rent arrears at year end.	£1,340,810.00	£1,903,866.00
Bedroom Tax rent arrears	N/A	£305,568.51
Total number of tenants in arrears	N/A	1872
Total number of tenants in credit	N/A	950
Total number of tenants with a nil balance	N/A	385
Total number of tenants with Bedroom Tax to pay	N/A	2098
of which are in arrears	*N/A*	*1240*
Total number of tenants with BT and rent to pay	N/A	1089
of which are in arrears	*N/A*	*625*

The information noted above will act as a comparator figure and will be updated in April 2015 to provide useable data.

The following table shows the number of monthly face to face enquiries conducted by the Property Shop.

Action	Nov-13	Dec-13	Jan-14
Home visits to people threatened with homelessness(these visits are to people who may have been served with notice or are under threat of eviction)	48	48	48
Total number of customers interviewed in the property Shop	681	518	787
Number of those enquiries related to some aspect of homelessness	135	67	158
Figures shown as a percentage of the total	20.00%	13.00%	20.00%

Members noted therefore, that there is insufficient evidence at this stage to confirm an impact on homelessness statistics as a result of the welfare reform agenda. The concern was still significant enough to warrant the continued monitoring of these statistics and the identification of any emerging patterns.

Members also noted that there is a need to continue to raise awareness of homelessness as an issue for members of the public and for other elected members who may come across this increasingly in their wards.

Sub Regional Collaboration – longer term focus.

- *Bed spaces/direct hostels*

Members were made aware of the low number of bed spaces available in direct hostels. Rush House provides 3 emergency bed spaces for referrals by the homelessness team along with 9 bedsits. There are also 29 bed spaces in shared houses and 9 flats for single occupation which provides support for single people. There is no direct access accommodation dedicated to Rotherham. Members considered the potential for working in collaboration with sub regional partners with regard to available bed spaces. The review group attempted to facilitate discussions with colleagues in Sheffield as part of its remit but this proved unsuccessful therefore

they concluded that more sub regional work needs to be continued after this review to attempt to resolve some of these issues.

- *Out of Hours Emergency Phone*

This telephone service is available 24 hours a day. An initial assessment of the caller's situation is undertaken, however, if they are not deemed to be a priority need, then no immediate accommodation can be given. Advice and signposting information can be offered as to where to find help. Members of the review group discussed this service and their experiences of using the service. It was felt that there was some evidence that it was not working as well as it should be, but that this had not been tested thoroughly as part of the review, and noted that rough sleeping was not a big issue in Rotherham. Therefore the review group concluded that this should be reviewed further, with potential options for a sub regional joint service fully explored as part of this.

Temporary accommodation – short term focus

- *Availability of temporary accommodation/direct access hostels in Rotherham.*

See section on beds spaces and hostels.

- *Crash pads, locations, standards and information available.*

Members heard about Rotherham's crash pads –There are 25 crash pads available throughout the borough at various locations.
Members visited two of these as part of the review and overall were impressed with the facilities and received very positive feedback about how they have helped families or individuals in crisis. They did, however, note some issues which could be resolved to further enhance this provision including; provision for young children and babies, being escorted to the property, lack of key facilities such as washing machine, assistance with travel costs when being re-located some distance from home community (including schools).

Under this heading, discussions took place about the lack of provision and assistance for young people aged 16 – 25 who may have learning difficulties or mental health problems, who need additional support with finding a home and employment. It was noted that the Scrutiny Review on DWP Benefits Sanctions had identified this as an issue also and had received positive evidence of how a placement in Rush House had helped such a young person putting their life back together and recover from sanctions that had been imposed.

Members also noted a gap in provision of female only accommodation.

- *To identify plans to re-populate the town centre(s) via empty properties, flats over the shops etc.*

Members received evidence regarding plans to regenerate and populate the town centre. Their concern regarding this was around what plans there are or could be to convert empty properties to accommodate people facing homelessness. The

economic climate has resulted in a slowing/halting of development taking place in the Town Centre. Its full redevelopment has therefore not been completed. Market forces have therefore resulted in developers such as Iliad, renting accommodation instead of selling. The main problem with redevelopment is the lack of gap funding which was used to enable the development of schemes that would be too risky otherwise. The review group were also informed that renovation of vacant properties is very often more costly than new build. The group therefore concluded that any initiatives to tackle homelessness as part of the town centre strategy would need to be built in at an early stage and would need to be developed with partners. They discussed the merits of working with housing associations and other partners such as Groundwork Creswell, to develop a larger version of the HOPE project (referred to elsewhere in this report).

- *The partnerships with private sector landlords to improve housing choices and the potential impact on the prevention of homelessness*

Background.
Members received information from the Private Sector Housing Officer who outlined that within the Council it is his role, without a budget and limited resources, to bring back into use empty properties within the borough. The service mostly consists of providing advice to private property owners.

There is no up to date Empty Property Strategy to deal with managing empty properties, but actions relating to the area of work are included in the Housing Strategy under Commitment 2.

There is evidence that in the current market, owners of empty properties are choosing to keep them empty. Evidence from Council Tax records show that there has been a reduction of 112 properties (28%) from 1st April 2013 to 1st April 2014. It is believed that the majority of these figures are as a direct result of the increase in Council Tax charges of 150% for properties empty for over 2 years.

There are a higher number of empty properties in the more deprived areas in the borough e.g. Maltby and Dinnington.

Initiatives available to help reduce homelessness

- *An update on efforts to enforce and improve standards within the private rented sector.*

Homes & Communities Agency grants are available to assist with refurbishing empty properties, but funding is not available to private sector landlords only to social housing providers, with which to create affordable housing improved to the Governments decency standard. Action Housing have been successful with a bid for £180K over a 3 year period (2013-2015) to bring 18 long term empty properties back into use. Private loans, to refurbish long-term (over 6 months) empty properties are offered to private owners by the national agency, Empty Homes. However, due to the high interest charges and detailed criteria, those owners who have been told of the scheme, have not forwarded an application.

The Council has statutory powers under the Housing Act 2004 to either;

- enforce the sale of an empty property; or
- enable the property to be managed by a social housing provider or private letting agent.

This action can only be taken if there is a charge over the property of £500 or more

The sale of a property can also be forced if the empty property owner has Council Tax arrears.

Rent in Advance (RIA) schemes are available via Key Choices and this scheme enables homelessness clients access alternative private rented accommodation through the provision of the first month's rent and/or bond payment at as an affordable loan. It is anticipated that there will be an increase in homelessness and therefore the demand for such a scheme will also increase when the effects of the welfare reform become apparent.

There is currently a partnership between the Council and Action Housing, the HOPE Project. Action Housing identifies, with the assistance of the Private Sector Housing Officer, long-term and often problematic empty properties which are suitable for large scale refurbishment. Action Housing's apprenticeship programme offers vulnerable clients the opportunity to access skills and education, whilst improving the properties, with the opportunity of residing in the properties when they are complete. This scheme has resulted in 4 empty properties being brought back into use in Maltby. This initiative could be replicated with other private sector owners who would be willing to sell or lease their property to Action Housing. The potential for the Council to lease properties was discussed – this would require a scheme, potentially for Key Choices to administer, and a scheme of this nature would require Cabinet approval. Currently the Council utilises opportunities available through Action Housing for these arrangements

Landlord Forum.
The members of this forum are usually not the ones with long tem empty properties. Advice is provided to landlords by the Community Protection Unit on assisting landlord with business plans and phasing refurbishment work to bring properties back into use.

Other forms of communications with private sector landlords were discussed to improve the links with the homelessness team. The publication of a newsletter to over 800 private sector landlords, who house tenants who are benefits claimants, has been used in the past, but lack of resources prevents this from continuing. Potential sponsorship for the newsletter has also been discussed with the Communications Team of the Council who have suggested that sponsorship of the newsletter is viable with the support of the Legal Team and to ensure that those contributing towards the publications are bona fide.

Members considered whether the website was being used enough to improve communications. This would need improving but could be a more cost effective method.

In areas with large numbers of empty properties the opportunity for removing the properties or bringing them back into use is tackled as part of an area based regeneration programme e.g. Canklow. Other than that there is not much to be gained from having a dedicated empty property team and members accepted that lack of

resources made this highly unlikely anyway. They did feel, however that existing resources and teams across the Council could be used in a more co-ordinated and targeted approach to tackle empty properties as an issue across the borough. They also noted with concern that lack of availability of tenancy support for those with private sector tenancies. This role is fulfilled by the Housing Champions for local authority tenants.

5 Conclusions

The conclusions drawn from this review include;

- The Council through various initiatives is working to prevent people becoming homeless. Information, advice and guidance is available through a variety of sources and formats. Continued efforts to raise awareness are required.
- There is no hostel style emergency accommodation available in particular for young people with learning difficulties who may need additional support in other areas of their life. Also there is no ‘female only’ accommodation.
- Emergency accommodation is available throughout the borough and positive feedback and suggestions for improvements from families who have had need to use it would be beneficial.
- The current slump in the economy has slowed the development of and take up of empty private sector accommodation in the town centre.
- The lack of finances and resources available to the Council to tackle homelessness has led to a different approach towards tackling the issue, that is, mainly working with private sector landlords and social housing providers. There is a need to focus on what incentives are available to the private sector and how to enable them to work in partnership with the Council.
- The Welfare Reform agenda has the potential in the near future to have a significant impact on homelessness and services working towards preventing homelessness. Therefore, the potential impact needs to be monitored and services must be able to cope with a potential upturn in numbers.

6 Recommendations.

1. That the Homelessness Section should undertake work to raise public awareness of the ‘28 day rule’. Specific awareness raising/training should be undertaken with elected members to increase understanding of the implications of these changes.

2. Information and trends regarding rent arrears in relation to Welfare Reform “bedroom tax” should be monitored and reported to members at the Improving Places Select Commission meeting on a half yearly basis by the Homelessness Manager.

3. The Private Sector Housing Officer to explore the option of issuing a newsletter to private sector landlords to promote the benefits of the private rented sector and how they can contribute to reducing homelessness.

4. Improve communications between the Homelessness Team and private sector landlords via the Private Sector Housing Officer, holding regular meetings and being proactive in reducing the number of empty properties.

5. The Homelessness Section continue to explore potential partnership options to address the lack of bedspace provision, particularly for women and young people who need additional support.

6. Explore the above and other potential opportunities for joint service provision sub regionally via the South Yorkshire Leader's meeting.

7. Develop a coherent, cross service approach to tackling empty properties within the Rotherham Borough utilising existing resources

8. Consider ways to provide tenancy support to private sector tenants within the Rotherham Borough.

9. The Homelessness Manager to arrange implementing the suggested improvements to the crash pad provision

10. The Neigbourhood Investestment Team to look at building provision to both prevent and tackle homelessness in future regeneration schemes at the planning stages and consider ways that this could incorporate an extension to the HOPE project or other similar projects.

11. For the Council to explore how it invests in property and assets with the aim of reducing homelessness and out of authority placements.

7. Thanks

Our thanks go to the tenants who allowed the Review Group into their home and gave us their honest opinion and suggestions.

Thank you also to the officers from RMBC

- **Jill Jones**, Homelessness Manager, Neighbourhoods and Adults Social Services (NAS)
- **Paul Benson** Private Sector Housing Officer, (NAS)
- **Tom Bell** Strategic Housing Investment Manager (NAS)
- **Uzma Sattar** Programme Co-ordinator (NAS)

Along with members of the Housing OptionsTeam and the **Income Team** whom have taken part in this review by contributing their time, efforts, expertise and information.

8. Background papers

Initial report identifying the need for this piece of work

Rotherham Homelessness Strategy 2008 – 2013

9 Appendices

Appendix 1- List of leaflets available in Key Choices

Appendix 1 - Homelessness Scrutiny Review - April 2014

Report to be presented to Cabinet 21st May 2014

Organisation	Leaftet title.
Action Housing Support	Private Rented Access Scheme
Home Swapper	Home Swapping
Laser Credit Union.	Affordable Loans
NHS	Credit Crunch Stressline.
ROBOND	Private Rented Access Scheme
Rotherham MBC	Promotion of help line to report abuse Big Changes Ahead - benefit changes Key Choices promoting area offices to bid for properties. Connect to Support Rotherham Key Choices Property Management - Affordability Check
Rotherham Partnership	Benefit Changes Help & Advice Universal Credit Benefit Cap Housing Benefit Council Tax Benefit
Skills Funding Agency	Learning Unlimted.

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET

1.	**Meeting:**	**Cabinet**
2.	**Date:**	**21 May 2014**
3.	**Title:**	**Disposal of 4 HRA Sites to Arches Housing Association to enable affordable housing development**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

This report is seeking Cabinet approval for the freehold disposal of 4 Housing Revenue Account sites to Arches Housing Association. The sites are located at:

- St Mary's Ave/ Church Lane, Catcliffe
- Catherine Ave, Aston
- Brameld Road, Swinton
- Brookfield Ave, Swinton

Subject to approval, the sites will be developed by Arches Housing to provide 35 new affordable homes. Of these 17 units will be bungalows for older people and 2 are "Disabled Person Units (DPU's), which are larger bungalows suitable for families with a disabled family member. The Council will receive 100% nomination of residents from the Council waiting list, in perpetuity for all the new homes.

The proposal requires a grant allocation (subject to a successful bid outcome from the National Affordable Homes Programme) from the Homes & Communities Agency (HCA), private finance from Arches and Section 106 Commuted sums from the Council, to enable delivery of the more costly mobility standard bungalows and DPU's.

The estimated development cost of the 35 units across the five sites is £3,780,000 (£3.7 million).

To enable the developments to proceed, Arches Housing require the land to be transferred from the Council at £5,000 per plot. This is in line with previous land transfers by the Council to Housing Associations.

6. Recommendations

Cabinet approve the freehold disposal of 4 Housing Revenue Account sites to Arches Housing Association for £5,000 per plot, enabling 35 affordable homes to be built

7. Proposals and Details

7.1 Background

Increasing the number of affordable homes is a key priority as outlined in the Housing Strategy 2013 to 2043 as there is unmet demand across the Borough. In particular there is a growing need for more homes for older people. The most sought after housing type for this group are 2 bedroom bungalows. The Borough average number of bids for 2 bedroom bungalow is 50.

The HCA opened the bid round for the 2015/18 Affordable Housing Programme in March 2014. Bids for funding need to be submitted to the HCA by 30th April 2014, to be considered for a grant allocation, this gives very little time to develop and consult on schemes. 80% of the national affordable housing fund is planned to be allocated through this round. The remaining funds will be allocated after April, through a continuous market engagement process, in which submissions will be considered whilst funds remain unallocated. Therefore to stand the very best chance of having a successful bid, schemes must be submitted by the 30th April and be designated as “firm” schemes. In a competitive process this means the more deliverable schemes offering value for money, are the more likely to receive funding.

7.2 Proposal

Arches Housing Association have been working with the Council over the last few weeks to develop a bid proposal. In doing this they have assessed a number of sites available for development within the Housing Revenue Account. They are proposing to develop 4 sites for affordable housing. An initial viewpoint from Planning Services colleagues has been obtained which confirms the sites are appropriate for residential development. The Council has encouraged Arches to develop 17 bungalows and 2 DPU’s on the sites to meet older person housing needs.

Arches Housing propose to build the housing units detailed below;

Site	No. & type of units
Brameld Road, Swinton, S64 8HJ	Total 26 units 2 x 3 bedroom houses, 12 x 2 bedroom houses, 10 x 2 bedroom bungalows, 1 x 2 bedroom Disabled Person Adapted bungalow, 1 x 4 bedroom Disabled person adapted bungalow
Brookfield Ave, Swinton, S64 8QL	2 x 2 bedroom houses
St Mary’s Ave/ Church Lane, Catcliffe, S60 5TN	3 x 2 bedroom bungalow
Catherine Ave, Aston, S26 4RO	4 x 2 bedroom bungalows for social rent

Ward Members have been consulted on the scheme proposals and are supportive of the developments. Corporate Strategic Asset Management have also been

consulted in relation to the 4 sites being considered for disposal and are supportive of the proposal.

7.3 Benefits of the New Housing Development

- The proposed developments will bring much needed Affordable Housing into the borough.
- The developments have a strong focus on accommodation for older people and much needed specially adapted disabled person units
- There will be external investment of approximately £3,780,000 (£3.7 million) of which £630,000 will be grant funding from the HCA.
- All units will be built to Code for Sustainable Homes Level 3 and to Lifetime Homes standards (making them accessible and adaptable to different needs).
- All units will be affordable housing units for affordable rent. RMBC will receive 100% nomination rights on lettings in perpetuity.
- The affordable housing will be occupied by summer 2016 and generate approximately £328,650 of New Homes Bonus, over a six year period

In addition to the Aches proposal the Council is currently working with 2 other Housing Associations, assisting them with bids to the National Affordable Housing Programme fund. These will be the subject of further reports when schemes are worked up.

Also for the first time the Council has the opportunity to bid for National Affordable Housing grant funding and will be making an application to the HCA for help to fund new Council Housing at Barbers Avenue Rawmarsh and a site in Kilnhurst.

8. Finance

In recent years the Council has negotiated a minimum transfer value of £5,000 per plot for affordable housing. Recent guidance from the HCA has advocated that land is transferred at NIL value. However, Arches Housing will pay £5,000 per plot for these sites giving a capital receipt of £175,000.

The total open market value of the 4 sites is £270,000. (Confirmed by the Council's Land & Property Team) Therefore the discount equates to £95,000.
The individual value of each site is:
Brameld Road = £160,000
Brookfield Ave = £ 35,000
St Mary's Ave = £ 25,000
Catherine Ave = £ 50,000

A discounted land transfer will be compensated by the generation of approximately £328,650 of New Homes Bonus. There will also be some savings on the cost of maintaining the sites.

9. Risks and Uncertainties

- If the land transfer does not take place Arches Housing will forfeit the right to bid for HCA grant funding for Rotherham.

- The sites may remain vacant for the foreseeable future and the opportunity to build affordable Housing is delayed or lost.

- If the sites are sold on the open market then the opportunity to provide affordable housing and particularly bungalows will be lost. There is a shortage of affordable housing across the borough and particularly high demand for two bedroom bungalows.

- Arches Housing are already taking pre-application advice from Planning colleagues and are prepared to proceed with the planning applications at their own risk

- Reputational and relationship damage with HCA if the Council does not offer sites to Registered Provider partners to enable the delivery of Affordable Housing via the Affordable Housing Programme.

10. Policy and Performance Agenda Implications

This proposal is making effective use of available assets and managing them to best effect. It contributes to the sustainable neighbourhoods' agenda and will help deliver better choice and quality of housing to the community through the redevelopment of a previously cleared site.

These key investment themes align with the Council's corporate priorities of:

- Making sure that no community is left behind
- Helping to create safe and healthy communities
- Ensuring care and protection are available for those people who need it most
- Providing quality education, ensuring people have the opportunity to improve their skills, learn and get a job
- Improving the environment

Through the effective use of Council assets, in this case
land assets and the partnership arrangements with the lead RP and the HCA the Council is delivering affordable and much needed housing provision to clear standards of both quality and cost, by the most effective and efficient means available and so demonstrating value for money

11. Background Papers and Consultation

- Housing Strategy 2013 to 2043

12. Contact Name: Elizabeth Hunt – Affordable Housing Officer. Tel: 01709 334956. Email: Elizabeth.Hunt@Rotherham.gov.uk

Appendix A – St Marys Drive/ Church Lane, Catcliffe

Reproduced from the Ordnance Survey mapping with the permission of the Controller of Her Majesty's Stationery Office.
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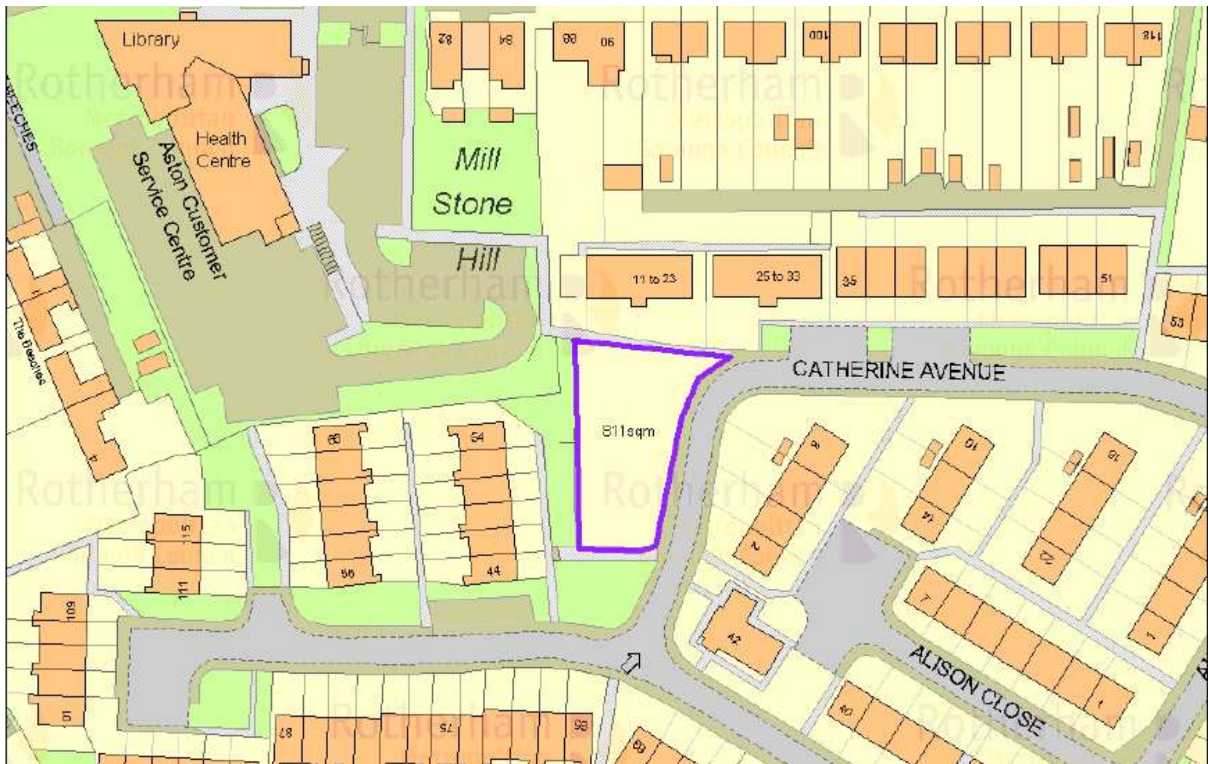
Scale 1:500
Date: 18/06/2013
Map Centre: 442517,388681

Rotherham MBC
Envt & Devt Services
Riverside House
Main Street
Rotherham S60 1AE

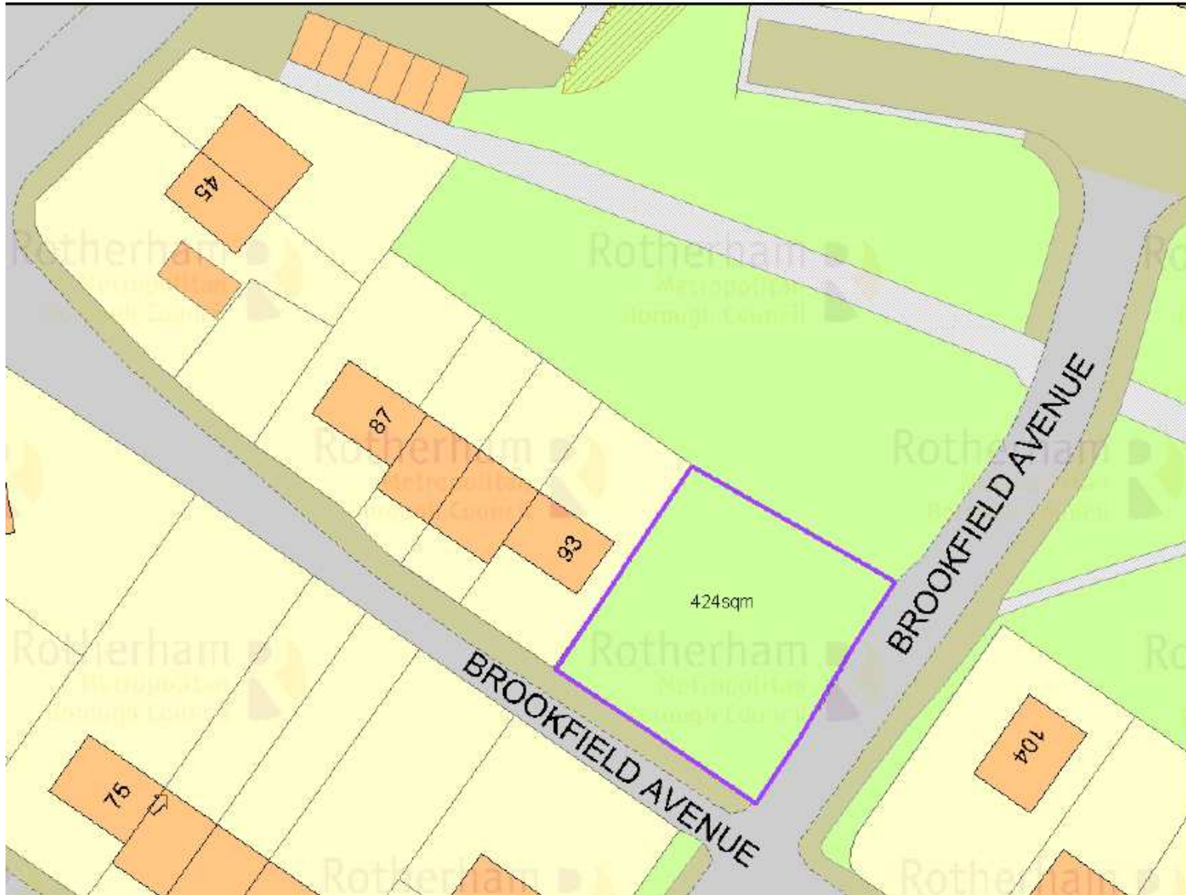
Rotherham Metropolitan Borough Council
Where Everyone Matters

Appendix A - Brameld Road, Swinton

Appendix A – Catherine Ave, Aston



Appendix A



 Agenda Item 12

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet**
2.	**Date:**	**21 May 2014**
3.	**Title:**	**Sucessful Application to Department of Health for Capital Funds to establish a 'Recovery Hub' for Drug Users in Rotherham**
4.	**Directorate:**	**NAS Public Health**

5. Summary

Rotherham MBC in partnership with Lifeline has been successful in securing £875,000 capital funding following our recent expression of interest to the Public Health England Centre for a Rotherham Recovery Hub to support recovery from drug and alcohol dependence.

This investment supports the government's significant interest in drug and alcohol recovery and follows allocations by the National Treatment Agency to the substance misuse sector in previous years.

There was a substantial level of interest, with over 200 bids submitted and, this interest significantly exceeded the £10m that was available nationally. Rotherham has done well to secure such a substantial proportion of the funding, and was the single largest grant agreed.

6. Recommendations

1. For Cabinet to support the development of the ' recovery' hub' in Rotherham .

2. That RMBC work with Lifeline to clarify how we ensure that the building, once renovated remains available as a resource for Rotherham should Lifeline cease to be a current provider of services.

3. To recognise that this proposal will require some consultation by Lifeline in relation to its proposed site but that the nature of this project should be positive for its surrounding neighbours/businesses as the focus is on people who are ready to leave a drug/alcohol using lifestyle and would be attending for a range of programmes on a voluntary basis. No site has yet been identified.

7. Proposals and Details

Currently Lifeline are contracted to RMBC to provide a range of alcohol and recovery interventions. They are currently based on Sheffield Road and organise a large range of service user related activities including a peer mentoring scheme where drug users support others into recovery. Treatment services are commissioned from Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) who are based at the Clearways building on Effingham Street.

With the change of focus from the coalition government being to increase the numbers of drug users who successfully leave the treatment system, the growth in recovery related activities shich as group work, numbers of AA and Narcotics Anonymous (NA) groups and sessions related to employment and housing have increased. Key feedback from service users is the need to run some of these activities away from the treatment base at Clearways in order to offer some respite from coming into contact constantly with other active drug users. Many of the recovery activities have been relocated into the Lifeline building and others are run on a sessional basis in venues across the borough. It is clear that the current services offered from the Lifeline building are limited by the space available. Lifeline have developed a proposal alongside Public Health for capital funding to purchase and open a new building to act as a hub for these types of activities.

The turnaround time from the Department of Health was 12 days and the announcement of funding will be made during March. The detailed plans will be fully worked up pending Cabinet approval.

8. Finance

The award is for £875,000 to be managed over a minimum of a two year period.
The proposed additional funding however would fund only a building, it is proposed that the existing operation from Lifeline would be transferred into the new building and the portion of the service contracted from RDaSH, which is focussed around recovery would also be relocated into the new building. This would create the staffing for the new service combined from two existing contracts and transferring the administrative and reception cover functions from existing services. This would also release running costs from two other buildings, the one occupied by Lifeline on Sheffield Road and a proportion of the Amberley Court building currently occupied by RDaSH.

9. Risks and Uncertainties

- Identification and purchase of a suitable building which is acceptable as far as possible to the subsequent planning application is the first key challenge for this service. Unfortunately, often without considering the exact nature of the programme to be offered, the idea of any kind of drug service being based in a new place creates anxiety and meets a degree of prejudice. Previously this type of issue has been managed for the partnership by the NHS who have been responsible for commissioning these services until they transferred as part of Public Health on 1 April 2013. This would therefore be the first time RMBC have had to internally manage this type of process for substance misuse.

- Any type of service of this nature, can create new types of dependencies within the client group. One of the key themes of the Health and Wellbeing Strategy is dependence to independence, and it is crucial that any proposals have well structured exit plans in terms of the length of time that clients could expect to use this type of

service. Relapse from long term substance misuse rates are high and any service which has been instrumental in getting drug users off drugs in the first place are likely to be needed for a degree of ongoing support in the future. A key element of the planning would need to focus on ensuring that clients are equipped with a range of other support mechanisms within their local communities.

- The building would be a capital asset owned by Lifeline not RMBC. Should the building cease to be used at any time in the future for its original purpose, there is the risk that the asset would be lost to RMBC if Lifeline choose to do something else with it. This risk however operates in both directions as equally RMBC are not left with the responsibility of the building and its ongoing costs. It is proposed to draw up clear contractual arrangements with Lifeline on the advice of the Legal and Risk Management department to outline the strategy for managing this risk which would best serve the Rotherham population.

10. Policy and Performance Agenda Implications

PUBLIC HEALTH OUTCOME FRAMEWORK: INDICATOR 2.15(i) - Successful completion of drug treatment – opiate users

Measure:- Proportion of opiate users in treatment, who successfully completed treatment and did not re-present within 6 months

Latest performance (December 2013) – Rotherham 6.5% / National 7.9%

Rotherham's opiate using population is characterised by having large numbers of long term methadone users many of which are seen by their own GP in their area of residence. The more complex patients including those involved in the Drug Intervention Programme for the Criminal Justice System are seen by the RDaSH secondary care service based at Clearways. It is clear that in order to progress the recovery agenda for this client group, the prospect of recovery needs to be made more realistic as a possibility and one of the key ways to do this is to have a very visible programme that celebrates more positive experiences. An example of this type of activity has been seen in the recovery awards which have been running for the last two years presented by Rotherham's Mayors for both drug users and drug workers who have made significant contributions to promoting recovery within the borough.

The performance on this indicator within the Public Health framework is included in the calculation which releases the health premium level of funding for the Public Health Grant.

11. Background Papers and Consultation

Copy of the bid – Appendix 1.

Contact Name : Anne Charlesworth
Head of Drugs, Alcohol, Primary Care and NHS Contracts
255841
anne.charlesworth@rotherham.gov.uk

Appendix 1: Provider expression of interest pro-forma

PHE capital programme (2013-14) to support adult community or residential based recovery oriented drug and alcohol treatment services

1. Scheme name: Rotherham Recovery Hub (working title only)

2. Contact details:

Recipient of funding: Lifeline Project

(Name of service provider to receive the capital investment)

Address: Milton House, 77 Sheffield Road, Rotherham, S60 1DA
Telephone: 01709 346804
Email: mattbirch@lifeline.org.uk
Lead contact: Matt Birch, Operations Manager

Expression of Interest approved by (Chief executive):

Lead local authority:

(Please provide details of the Local Authority to receive the funding from PHE, acting as bankers on behalf of the service provider)

LA: Rotherham Metropolitan Borough Council
Address: Riverside House. Main St. Rotherham.
Telephone: 01709 255851
Email: anne.charlesworth@rotherham.gov.uk
Lead contact: Anne Charlesworth

Expression of Interest approved by (Director of Finance):

3. Project outline

Summary of project:

(The bid should fit with the overarching principles of supporting drug or alcohol recovery in an adult community or residential setting. Please provide a brief summary of the service/project that will benefit from the capital investment)

To purchase and refit new premises to serve as a central recovery hub for the Rotherham Borough. This will bring together the 2 existing services commissioned to deliver recovery within the drug and alcohol treatment system within a context that would facilitate partnership working with the other agencies that are needed to produce positive recovery outcomes, e.g. housing and employment initiatives. This will build upon the recovery momentum that has been building across the treatment system in the past 18 months, harnessing fully the involvement of the service user groups which have outgrown the current space. The service would deliver training space , group intervention and one to one spaces, including SMART recovery and be offered as a free space to AA and NA to meet.
The building would be adapted to include kitchen and refectory, and to develop social enterprise businesses – proposals include moving and expanding the recovery café ‘ Funki Munki’, decorating services, furniture reclamation, printing and design services - that will provide training and education opportunities for people in recovery as they reintegrate into the local community.

Please provide amount of capital funding you are bidding for:

Purchasing a suitable town centre building. £500,000
Full refurbishment and refit for purpose £250,000
Integrated IT infrastructure circa £25,000
Capital set up costs for social enterprise and business innovation projects £125,000
Total £900,000.00

Please provide details of any match funding from other sources:

Lifeline will release £15,000 from current revenue spend on facilities. This will be matched by running costs being released from other providers being co-located. These funds will be used for ongoing revenue costs at the new hub. Lifeline will look to relocate their service delivery to the new hub location and staffing capacities and resources from the current contract will be available to support ongoing delivery of the proposed project.

Please provide evidence of revenue sustainability (if appropriate):
Two current providers, Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and Lifeline Project will look to relocate significant elements of their current contract delivery to the new recovery hub which will release funds from current rentals and property costs that will be brought to the new project. Staffing and on costs will also be provided as the teams will use the new recovery space as their respective service base. This will ensure sustainability and continuity for the project whilst providing a high impact added value resource for the community in Rotherham which is designed to deliver positive recovery outcomes, promote community cohesion and create growth and sustainability.

Please provide assurance that the local authority will carry forward unspent funds into 2014-15, and that funds will remain committed for the agreed purpose:
Agreement has been made with RMBC finance department that as this delivers key Public health outcomes this would be possible, and managed over 2 financial years.

4. Strategic approach to consultation, need and provision

Please provide evidence that the bid is needs-led and supported via service user consultation:

Commissioners, local strategic planners, treatment provides, service user groups and local stakeholders have been consulted and included in the project planning proposal. There is a broad consensus that the proposal represents an effective response to local needs and will deliver genuine value as the community looks to build on the successes of Rotherham's treatment and recovery initiatives for adults with drug and alcohol misuse issues. Service user groups have been expressing frustration at the current limited facilities for some time , and the evidence is that although growing the current recovery movement is not visible enough to either service users or other providers e.g. GPs.

Lifeline, in partnership with Rotherham Service User Forum (SURF), has undertaken consultation with service users and community members across the district to ascertain peoples' views and level for support for the proposal. The recovery hub will be developed and delivered through a process of co design and consultation, with service user involvement built in to every aspect from the outset. Lifeline are currently commissioned to deliver a peer mentor programme for Rotherham which is having good outcomes in recruiting volunteers, where other areas of service have been less successful, examples include offering crisis services over the Christmas period.

Please describe how the project will address gaps in local provision by supporting capital investment in adult community-based or residential drug or alcohol recovery services:

The local system was very successful at attracting and retaining drug users, particularly opiate users into treatment but has struggled with making an effective transition to delivering recovery from opiate use. The area is characterised by having high numbers of long term methadone users who , although being offered a range of recovery services continue to resist change, and are fearful of the potential loss of both methadone and the benefits packages they receive. The age profile and length of time in treatment continues to grow, and this client group will require intensive input from a range of services to promote the real possibility of a drug free lifestyle. Those newer into treatment will benefit from being presented with a positive image of recovery, and the hub being seen as offering the benefits of a drug free lifestyle. The project will bring together disparate recovery teams, programme elements and service user engagement into a focussed and high impact resource. Currently

there are several recovery treatment elements that are spread across the area and this has had a negative effect of providing treatment options that service users can experience as disjointed. This means it is difficult to work with service users to effectively sequence recovery and treatment options to ensure their most positive outcomes.

Please describe how the project will be embedded within the strategic commissioning arrangements and needs assessment of the local partnership:

Alcohol is a key theme area for the Rotherham health and Wellbeing strategy, Lifeline are currently the providers of the tier 2 alcohol service, some of which would be relocated into this new building, improving facilities and the profile of available help for alcohol problems.

Public Health Outcome Framework reference:- 2.15 Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months. Split by:-
2.15(i) Successful completion of drug treatment – opiate users.
2.15(ii) Successful completion of drug treatment – non-opiate users.
Rotherham performance November 2012 : Opiates 6.7%, Non opiates 43%.
After an initial upsurge in opiate exits created by the recovery agenda, the remaining people in treatment have been reluctant to view recovery as a realistic option for them. Local needs assessment and consultation recognises that the lack of visible recovery is a feature of this, including with local GPs who care for over 50% of this population, but many of whom have never seen anyone successfully come off opiate substitution therapy.

In addition to commissioning recovery services in Rotherham, to meet the needs of the drug users already described, there are recognised features of heavy dependant drinking and a continued increase in new opiate users which is against the national picture. Work with some of the newer opiate users is challenging as it requires a range of interpretation services and cultural challenges, promoting recovery through independence would support the wider health and Wellbeing Strategy.

Please describe how the project will fit within the wider recovery system, delivering recovery focused drug or alcohol treatment for adults in community-based or residential services:

The new recovery services will be integrated and strategically linked to the current Tier 2 and Tier 3 Drug and Alcohol services across Rotherham. They will provide a robust pathway to recovery and meaningful opportunities to build social and personal capital for clients moving away from treatment and towards social reintegration. Clients who access the recovery services will be trained and supported to act as peer mentors and recovery champions providing a lived example of success to others and working in partnership with service providers to add capacity and effectiveness to the treatment system. There will also be a programme of activity designed to host GP training and meetings at the venue to promote recovery options to GPs.

The new recovery services will form a link to wider community assets focussed on areas such as employment, training and education, volunteering and community engagement work. Through the proposed social enterprises the recovery services will link to local business and have positive input to the local economy.

5. Quality and monitoring

Please describe the type of service and confirm that systems are in place to ensure compliance with NDTMS reporting:

The proposal is for a recovery and abstinence service that will be fully integrated with the wider treatment system in Rotherham. The current service providers who are joining to deliver the new recovery hub service both report to NDTMS currently and have the data and clinical governance structures and processes necessary to ensure full compliance with local, regional and national reporting requirements including NDTMS.

6. Delivery timetable

Please briefly outline the delivery timetable for the project:

Identification of a suitable building and purchase would be undertaken within the first 9 months, allowing for full public consultation on use by lifeline.

Refurbishment to opening would be a further 3 months, opening within 12 months of any funds being awarded. The recommissioning of the existing services would be undertaken concurrently.
Lifeline would also continue to rapidly build the service user resource base, and both Public health and lifeline would establish mechanisms for building partnerships with other agencies, e.g. chamber of commerce who would support the new initiatives.

7. Additional Information

Please use this space to provide any additional information you feel is appropriate:

The safer Rotherham partnership met on the 8th Jan 2014, and a key item in the agenda was the issue of how to promote recovery within a context of community safety and a climate of economic challenge. This project would offer the opportunity to address both by enabling service users to become part of the solution, rather than part of the problem.

8. Risks to delivery

Please provide details of any possible risks to delivery and actions to mitigate these risks:

Possible risk for a project of this nature will, by its nature, include the continuity of revenue funding in order that the project can be sustainably delivered in the future.

To mitigate this risk for the current proposal the commissioners and local strategic planners, together with service providers, local stakeholders and service users are committed to working in partnership to use current capacity and resources to secure the immediate future of these projects. All parties will be working together to identify funding from within current budgets, together with identifying additional resources and funding streams that can be drawn on. The model includes social enterprise development which is designed to allow the projects to become, in part, self sufficient building further resilience into the proposal.

1. **SERVICE PROVIDER DETAILS (Chief Executive)**

Signed: ………………………………………………………………………

Name: **Ian Wardle**

Email: **ian.wardle@gmail.com**

Telephone: **0161 200 5486**

2. **BID SPONSORS (Local partnership commissioning officer):**

Signed: ……………………………………………………………………….

Name: **Anne Charlesworth**

Email: **anne.charlesworth@rotherham.gov.uk**

Telephone: **01709 255851**

3. **BID SPONSORS (LA Director of Finance):**

Signed: ………………………………………………………………………

Name: **Stuart Booth**

Email: **stuartbooth@rotherham.gov.uk**

Telephone: **01709 822034**

BID SPONSORS (Chair of Health and Wellbeing Board or drug and alcohol partnership board)

Signed: ………………………………………………………………………

Name: **Jason Harwin**

Job title: **District Police Commander**

Email: **Jason.Harwin@southyorks.pnn.police.uk**

Telephone: **0114 202020**

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:-**	**Cabinet**
2.	**Date:-**	**21st May, 2014**
3.	**Title:-**	**Market Franchise Rights Policy**
4.	**Directorate:-**	**Environment & Development Services**

5. Summary

To report on the review of Rotherham Borough Council's Market Franchise Rights Policy in respect of market type events operated by defined organisations for sporting, social, charitable and political fund raising purposes and for those that are privately operated for commercial gain. The changes in policy outlined in this report will align the RMBC policy with European Anti-Competition legislation and will allow for the establishment of commercial market operations subject to eligibility criteria being met.

6. Recommendations

(1) That a revised Market Rights policy and pricing structure as outlined in the body of this report be adopted by Rotherham Borough Council.

7. Proposals and Details

For the purposes of this report a market is as defined by the Local Government (Miscellaneous Provisions) Act 1982 as being a concourse of buyers and sellers numbering 5 or more stalls stands or pitches. Any event that has less than this number is not legally deemed to be a market and as such falls outside of the scope of the proposed policy. The term 'market' applies to car boot sales, table top sales and craft fairs.

Rotherham Council, as a Markets Authority holds the powers in the form of Market Franchise Rights to operate markets within the Borough free from disturbance from rival markets. These rights allow the Council to create and operate its own markets, license or if necessary prevent through injunctive relief all rival markets within a 6 and 2/3 mile radius of any market it currently operates or licences.

Market Rights

The Council, by virtue of its statutory powers, enjoys market rights throughout Rotherham. All markets held in Rotherham are licenced and operated in accordance with the provisions of Part III of the Food Act 1984. The statutory powers afforded to the Council under the provisions of Part III of the Food Act 1984 enable the Council to:
a) implement a markets policy within its area;
b) operate markets within Rotherham;
c) consider applications for other markets; and
d) determine whether such markets can be held by way of consent.

Existing RMBC policy allows defined organisations, who wish to hold a temporary market for fund raising purposes which would otherwise infringe the Councils market franchise rights; to operate up to 3 car boot / table top sales / community markets per annum for a one off licence fee of £20. This policy aims to allow genuine fund raising organisations to all have a fair 'bite of the cherry' and stops any one organisation dominating to the detriment of others.

Current practice has also been to licence for a nominal fee, events not run by the Council if they are either of strategic value to the Council or of a specialist nature such as collectors or computer fairs etc. and they do not pose any financial risk to the Councils own operations. Historically, Council policy has always been to exclude the licensing of commercial retail markets that would have a detrimental effect on the Council's own retail markets.

Licensing Private Markets under the Council's Markets Policy

The Council's consent to a market, by the grant of a market licence, must be given prior to the event taking place. Any market that takes place without such a licence is in breach of the Markets Policy and may be subject to the enforcement action described in the Policy. Markets are only licensed once an application for a markets licence has been approved (and signed by both the Council and the Market Operator) and the appropriate fee received by the Council.

Recent legislative changes, in particular the European Services Directive have cast doubt upon whether market franchise rights can continue to be used to control rival

operations suggesting that such actions could be considered to be anti–competitive and in breach of competition laws. This view is not shared by the National Association of British Market Authorities (NABMA) who has taken Counsel's opinion on this matter and is advising its members that market rights are still valid and fall outside of the scope of the European Services Directive.

However, it is important to ensure that any market rights policy is fair and consistent, enabling prospective market operators, whether charitable or commercial to submit an application which will be considered against reasoned criteria. These criteria include

- Public safety,
- The creation of new business opportunities and employment,
- Supporting a balanced market offer and
- Maintaining market standards.

It is proposed that the existing RMBC policy is updated and replaced with a new policy and pricing structure as detailed in "Appendix 2", which allows for the licensing of private markets.

8. Finance

The current policy generates income of £650 per annum with two thirds of this coming from markets held for charitable or fund raising purposes. This income is unlikely to be affected by the policy change.

Although there have been enquiries regarding commercial car boot sales and retail markets it is not possible at this time to estimate what the take up will be when a charging structure is in place.

There will be some staffing cost implications as licensed markets will have to be periodically monitored for compliance with operating criteria, these costs are likely to be minimal and covered by any additional income generated.

9. Risks and Uncertainties

Although advice is that Franchise Rights remain valid and enforceable continuation of the current policy presents a risk that the Council may be subject to legal challenge under EU competition laws which, although unlikely to be successful; may be costly to defend. Neighbouring local authorities in Barnsley and Sheffield have both recently introduced similar franchise rights policies to that proposed in this report.

Increasing the number of markets which operate in the Borough may have a detrimental impact upon our own operations and those of genuine charitable or fund raising organisations. A market policy with strict eligibility criteria will minimise this risk by avoiding a market "free for all" and allowing appropriate markets to be licenced.

10. Policy and Performance Agenda Implications

Vibrant and successful markets contribute significantly to the success of a town centre and are a key element in town centre regeneration; they also support business growth priorities by providing a sustainable environment for business start-up.

Markets also business growth by providing a sustainable environment for business start-up.

The proposed policy will ensure that a fair charitable and private market provision is available whilst at the same time maintaining RMBC's ability to protect its own operations from potentially damaging rivals.

11. Background Papers and Consultation

Consultation has taken place with RMBC Legal Services and the National Association of British Market Authorities (NABMA).

NABMA have received Counsel's advice on the legal aspects of the European Services Directive relevant to Market Franchise Rights.

Market policies from a number of Local Authorities have been referenced to ensure that the proposed policy matches current best practice.

Contact Name : Robin Lambert, Markets General Manager, 6956, robin.lambert@rotherham.gov.uk.

Rotherham Metropolitan Borough Council
Where Everyone Matters

Rotherham Borough Council

Market Franchise Rights Policy

2014

Introduction

Market Franchise Rights are used by Rotherham Borough Council to manage the markets that take place within the Borough and ensure that the retailing environment created is successful. This process involves the strategic planning of the location and timing of markets across the Borough.

Rotherham Markets Service manages the Market Franchise Rights for the Borough of Rotherham. It operates markets, as well as approves and licences other markets. Any event deemed a market (private or charity), that is to fall within $6^2/_3$ miles of any market currently operated or licenced by Rotherham Borough Council falls within this Market Rights Policy. If necessary the Markets Service can take legal action to prevent the operation of an unapproved market.

The legal definition of a market, being “a concourse of buyers and sellers” with five or more trading positions, shall apply when determining whether an event is a market and falls within this policy. Car boot sales, craft fairs and table top sales all fall within the definition of a market.

Events which have 4 or less paying traders/vendors in attendance are not considered to be a market for the purposes of payment of a licence fee, however the event may still need to meet other planning or event considerations, you are advised to contact the relevant Authority to establish if this is the case.

Licensing

Rotherham Borough Council will allow private individuals or organisations to operate markets subject to their market events meeting certain qualifying criteria and, where applicable; subject to payment of a licence fee.

Irrespective of the location of the market, any permission from the owner of the land or premises, or any planning consent, a separate Market Rights Licence is still required. Without this licence the market cannot take place.

If a market is established without first obtaining the necessary licence from the Council, the market will be considered to be unlawful and the Council will take whatever legal action is deemed necessary to prevent that market from operating.

For successful applications Rotherham Markets Service will issue a Market Rights Licence which will detail the responsibilities of the both the operator and Rotherham Markets. Upon completion and return of the licence, permission will be granted for the market to operate. Where the market is intended to operate on a regular or permanent basis, a bespoke licence agreement may need to be negotiated.

All licensed markets will be monitored and Council Officers, including those of Rotherham Markets, may from time-to-time and without notice, visit the market to ensure the operator’s commitments are being fully met. Any breaches or deviations from the Market Rights Licence may result in the removal of permission and closure of the market.

Rotherham Markets will require the licensee to assume full responsibility for all operational aspects of the market operation, including regulatory and legislative requirements such as health & safety management, site management and the relevant insurance(s) required for the market.

If a market is part organised on behalf of a Local Authority Partnership, or where all the proceeds are being donated to a charity, applicants must provide sufficient evidence to support any partnership agreement or charity donations. Rotherham Markets may, if it considers it necessary, contact the named beneficiary to ensure that they are aware of and have authorised the market taking place on their behalf.

Application Process

Applications for a Market Rights Licence are available by post, on the Council website or on request by email and should be submitted to Rotherham Markets at least 28 days in advance of the proposed market.

Rotherham Markets will review all valid applications and appraise each, paying particular attention to:

a) the economic detriment to Rotherham Borough Council or its traders on any established markets
b) the type of market, and the commodities being offered for sale
c) the purpose of the market
d) the overall size of the market, i.e. the number of individual trading spaces
e) suitability of the site, including but not limited to the nature of the surface, access and egress for buyers, vendors and emergency vehicles. Where applicable proof must be provided that the site owner has given permission for their land to be used for the purpose of holding a market
f) appropriateness of the site taking into consideration the proximity to residential property/ major road junctions.
g) the Health & Safety plans provided
h) the availability of on and off street parking, external to the site, for use by buyers
i) the intended duration and frequency of the market
j) the likely effect on the local amenity of the market
k) the number and type of markets operating within the locality
l) local opinion on the holding of the market
m) arrangements for dealing with any noise, litter, or environmental damage
n) health and safety of vendors and buyers, including access to toilet facilities if the market is to be over 4 hours in duration and the provision of acceptable first aid facilities
o) consultation with relevant emergency services and the Council's Streetpride Service
p) planning consent if more than 14 events in one calendar year are required
q) compliance with all current relevant legislation
r) the required public liability/market operators insurances
s) compliance with the quality standards

The licence as issued will exempt the Council from any liability or loss arising from the operation of the market.

Please note: gaming or betting, the sale of livestock or live animals, explosive materials of any kind and illegal or counterfeit goods is prohibited on all RMBC licensed markets.

The licence may be revoked at any time at the discretion of the Business & Retail Investment Manager.

Applications for a Market Rights Licence will not be valid where the required mandatory information and supporting documents have not been provided, and / or where the application is delivered less than 28 days in advance of the market, other than under exceptional circumstances.

Successful applicants will be issued with a Market Rights Licence to sign and return together with payment of the licence fee, by the prescribed deadline which will be prior to the commencement of the market. Where the signed licence and / or payment is not received by the deadline, the licence will not be completed and the permission will not be granted.

Markets on Rotherham Borough Council owned and operated land

Commercial operators of market type events who wish to use RMBC owned and operated land or public realm areas may also be required to pay an additional site fee to reflect the nature of the site and the involvement of RMBC staff.

The operator will be required to provide full details of the market including:

I) Layout plans
II) Risk assessments
III) Proof of Public Liability Insurance
IV) Details of any equipment to be used including stalls, generators, cabling etc.
V) Confirmation that the area has been booked with the relevant Council department.
VI) Provision of any Food Hygiene Certificates where the market will involve food traders.
VII) Details of the type of trader who will be attending the market.

This list is not exhaustive and other information may be requested following discussions between the operator and the Council.

Market Rights Licence Payments

All Market Rights Licences are subject to a payment, licences will not be completed until the corresponding payment has been received. The payment will cover to the processing and issuing of documentation, and the monitoring of the Market Rights Policy and licence.

Payments must be made to Rotherham Markets prior to the issue of the Market Rights Licence. Details of the licence fees can be found in the Market Rights Fee Guidance.

In addition, legal fees may also be charges to the applicant should there be a need to agree a bespoke licence agreement.

On occasions a market may apply for and be licensed for an amount of trading spaces, but then may find that the actual event operates with more trading spaces than initially expected. In such circumstances Rotherham Markets must be notified of the variation within seven days after the market has taken place and the operator will be required to pay any additional licence payment. In such circumstances a confirmation of the variation to the licence will be issued.

No refund of Markets Rights Fee will be paid should your market not take place on the date applied for. However, where possible the licence may be transferred to another mutually agreeable date.

Market Rights Fee Guidance

Type of Market	Licence Fee	Notes
Indoor Table top sale of up to 30 trading positions operated by a defined organisation*	£20 for up to three markets per calendar year.	Please see RMBC guidance notes relating to markets for charitable purposes
Non-commercial market/car boot sale of up to 30 stalls or 50 vehicles operated by a defined organisation*.	£20 for up to three markets per calendar year.	Please see RMBC guidance notes relating to markets for charitable purposes
Commercially operated market or car boot sale of up to 50 trading positions	£100 per day with a maximum of 12 markets per calendar year	Full charge applies regardless of number of vendors actually attending
Commercially operated market or car boot sale of 51 to 100 trading positions	£200 per day with a maximum of 12 markets per calendar year	Full charge applies regardless of number of vendors actually attending
Commercially operated market or car boot sale of 101 or more trading positions	£250 per day with a maximum of 12 markets per calendar year	Full charge applies regardless of number of vendors actually attending
Commercially operated market or car boot sale over 12 per annum frequency	By negotiation but not less than: £100/ day for 50 vendors £200/ day for 51-100 vendors £250/ day for 101+ vendors	Full charge applies regardless of number of vendors actually attending. Planning consent may be required
Specialist commercial market e.g. record or computer fair	£60 per day with a maximum of 12 markets per calendar year	

* A defined organisation is one that organises a market type event for genuine charitable, sporting, political or social fund raising purposes as opposed to personal financial gain.

At all markets each trading position (i.e. stall[s], stand[s], vehicle[s] and/or pitch[es]) is defined as an area of no more than 5.00m^2. Where a trading space exceeds this size it should be considered as a multiple unit.

Car Boot and Table Top Sales operated by defined organisation

Car boot and table top sales operated by defined organisations should be restricted, as far as possible, to householders selling surplus household or home-made/produced articles. No new goods should be available for sale.

Commercially operated Markets and Car Boot Sales

Car boot sales should be restricted, as far as possible, to the sale of second hand goods only but this may include vendors other than householders selling surplus articles. Commercially operated markets are general retail markets where a variety of goods are offered for sale, including new, second hand or home-made items.

Specialist Markets

Specialist Markets are those where there is a specialised theme or grouping of commodities that make the event more than either a car boot sale or traditional market e.g. Record or Computer fairs, Antique or Farmers' Market, and exhibitions where retailing takes place.

Non-compliance with this Policy

Any non-compliance with this policy will be raised in the first instance with the individual or organisation in order to try to negotiate an agreeable outcome.

Should a suitable agreement not be reached, Rotherham Borough Council may take legal action against the individual or organisation in question.

In addition, Rotherham Borough Council reserves the right to refuse any future Market Rights Licences to events that are proposed by such individuals, businesses or organisations.

In any instance Rotherham Borough Council reserves the right to withdraw a Market Rights Licence and the associated permission for any market operation to continue, as and when necessary.

Appeals

Decisions in respect of all applications will be made by the Markets Manager.

Any applicant whose Market Rights Licence application is unsuccessful, or any licensee whose licence is withdrawn, may appeal in writing to the Council's Director of Planning, Regeneration & Culture within 14 days of receipt of any notice. The notice shall remain effective until the determination of the appeal by the Director of Planning, Regeneration & Culture (or his deputy). The written appeal must include your name, address and contact telephone number, and state the reason(s) why you are appealing.

Within 14 days following receipt of the written appeal, the Director of Planning, Regeneration & Culture (or his deputy) shall confirm his decision in writing, which shall either uphold the appeal or confirm the outcome of the notice."

Contact

Rotherham Borough Council
Markets Department
Centenary Market Hall
Howard Street
Rotherham
S65 1EL
Tel: 01709 365021
Fax: 01709 839724
e-mail: markets@rotherham.gov.uk

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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