

**JOINT MEETING OF CABINET MEMBERS FOR ADULT SOCIAL CARE AND
HEALTH AND CHILDREN AND EDUCATION SERVICES
6th November, 2014**

Present:- Councillor Beaumont (in the Chair); Councillors Doyle, Pitchley and Roche.

Apologies for absence:- Apologies were received from .

L1. DECLARATIONS OF INTEREST

No Declarations of Interest were made.

L2. DRAFT TERMS OF REFERENCE

Consideration was given to the draft terms of reference document that outlined the purpose of the Joint Cabinet Members for Adult Social Care and Health and Children and Education Services meetings. The document outlined the membership of the meetings, their purpose and meeting arrangements.

The terms of reference was based on the two documents relating to the roles and responsibilities for the statutory lead Members for Childrens' and Adults' Services.

Discussion ensued on the sections of the terms of reference document: -

- Membership – Invitations to attend should be widened to include the Chair and/or Vice Chair of the Improving Lives Select Commission and the Minority Party's shadow arrangements for the Cabinet Members for Adult Social Care and Health and Children and Education Services. Due to the wide nature of the two portfolios the Joint Cabinet Member Meetings would call other attendees, Elected Members and representatives from external agencies as and when required;
- Purpose – the Joint Cabinet Member meetings would provide the potential for forward planning between the two portfolio areas and an opportunity for check and challenge;
- Meeting arrangements – the terms of reference document should reflect that the meetings would be organised in accordance with the Local Government Act, 1972, including the production and publication of the agenda and minute documents. The minutes would be subject to the Call-in procedure. The majority of agenda items would be open to members of the public and the press, unless items needed to be kept confidential based on the allowable criteria.

Resolved: - That, with the additions shown above, the Terms of Reference document for the Joint Cabinet Member for Adult Social Care and Health and Children and Education Services meetings be agreed.

L3. CARE ACT 2014/CHILDREN AND FAMILIES ACT 2014

The Director for Health and Wellbeing (Neighbourhood and Adult Services Directorate) referred to the submitted Preparing for Adulthood factsheet that outlined the links between the Children and Families' Act (2014) and the Care Act (2014).

The document outlined the legal requirements of the two Acts, background information, opportunities and things that local authorities were required to do regarding the transition of young people from Children's to Adults' Services.

The transitions agenda between the two services had been significant and would continue to be. This covered areas regarding personalisation and direct budgets within Children's and Adults' Services. The availability of a diverse commissioned model was at different stages in each Service, partly due to the differing needs of each group of Service-users. Whilst providing support, the Services were working to enable independence and maximise choice, and away from dependency. Due to the different ages and stages in each Service, the realisation of this meant different things in each.

The demographics of Service users were changing and there was an increasing cohort in the numbers of people using Children's Services, that had a greater life expectancy and conditions were increasingly complex and tended to experience more complicating factors.

The two Services' aspirations had changed and were increasingly ambitious for a better life quality and experiences that were more in line with the wider population. Carers of Service-users were also entitled to assessment and support. Invest to Save financial models were used to enable individuals to be more independent, such as helping Service-users to travel on public transport independently rather than being reliant on taxis.

Many people who had experienced the transition period had described it as a 'period of uncertainty' or as 'falling off a cliff'. This was not desirable. Rotherham worked well in communicating between the two Services, meaning that Adult Services rarely had 'surprise 18th birthdays' whereby a young person transferred to them with little prior warning or planning.

Discussion ensued on the different ages and stages of each Service, which meant different things for the development of Service-user choice and enabling. Assistive technology had been readily taken up in Adults' Services and would be increasingly used in Children's Services to enable individuals to be independent.

Resolved: - (1) That the information shared be noted.

(2) That the Joint Cabinet Members for Adult Social Care and Health and Children and Education Services meetings retain a watching brief on the 'outcomes and things to do' section of the document and use it as a framework for self-assessment and performance monitoring.

(3) That consideration be given to the addition to the framework of Rotherham-specific items and proprieties.

L4. INDEPENDENT REVIEW INTO CSE IN ROTHERHAM

The Director for Safeguarding Children and Families' Services (Children and Young People's Services Directorate) spoke about the needs of individuals who had been subject to Child Sexual Exploitation: -

- Individuals who had been subject to CSE suffered from extreme vulnerabilities and often lived in chaotic and damaging environments;
- Many were current or former looked after children (although not exclusively);
- Many were involved in substance abuse;
- Many individuals were involved in violent relationships and often had repeated violent relationships;
- Many individuals were homeless or lived in inappropriate accommodation;
- Many suffered from mental illnesses or trauma. This was not always diagnosed or of a sufficient level to warrant a formal diagnosis;
- Many individuals who had been subject to CSE experienced developmental delay, for example, enacting adult behaviours but demonstrating childlike reactions and emotions;
- Many previous victims of CSE had difficult family backgrounds and potentially lacked a support network;
- Previous victims were predominately female, but there were also male victims.

Whilst being a highly vulnerable group, many previous victims of CSE did not meet the various Adult agencies' thresholds for service intervention. Victims of CSE were increasingly visible and Services needed to ensure that they were providing appropriate support.

The Strategic Director of the Neighbourhood and Adult Services Directorate outlined the proactive ways that the Adult Safeguarding Team had responded to the recommendations of the Jay Report. To date, risk assessment had been undertaken with 37 individuals and appropriate support had been offered. The Adult Safeguarding Team were at the start of developing a systematic identification and support process for previous victims of CSE.

Councillor Roche commended the necessary and important work that had been described and asked how it would be resourced in the climate of reducing resources?

The Director for Safeguarding Children and Families' Services explained that there may be potential to put together a proposal to seek additional funding through Social Impact Bonds and this would be further explored. Whilst tending to not use formal services, the typical behaviour of previous victims of CSE did represent a pull on resources for reactive services, such as drug and alcohol support, police response and short-term tenancy/homeless services. This represented a considerable spend and yet the individuals were not necessarily getting the full support they required.

Securing additional funding would necessitate the creation of baseline data and case studies in order to demonstrate improvements as a result of the investment and potential returns on the investment.

Shared learning and best practice from other local authority areas would also be considered.

Councillor Beaumont asked what support was available for younger and current or more recent victims of CSE? Children and young people were eligible for all services provided by the Council and its partners if they were victims of CSE. Young people reported being aware of CSE but not always knowing what to do if they felt that they were being groomed or targeted. Community awareness raising was also being delivered to businesses.

Safeguarding Children and Families' Services had very low vacancy rates for Social Worker posts. The Service was continually recruiting and it was rare for a vacancy to stand for very long – usually they were filled immediately. The Service needed to focus on recruiting and retaining experienced Social Work staff as there was currently a disproportionate number of newly qualified staff who had a protected caseload and could not be assigned highly complex cases.

Councillor Doyle asked about whether specific 'transitions' Social Workers or champions were used? Not necessarily, in order to ensure that there was continuity for children and young people, they retained the same Social Worker unless the social worker was on long-term sickness absence or left their job. The Leaving Care Service assigned all young people with a Personal Adviser in the run up to the transitions stage.

Councillor Doyle asked whether there was anyone with a responsibility for the transitions stage also responsible for ensuring the Jay Report recommendations were implemented? Service action plans had been updated to include the Jay Report recommendations, and recommendations of the Corporate Governance and Ofsted Inspections would also be incorporated.

The pre-existing CSE Strategy Action Plan that the Rotherham Local Safeguarding Children Board monitored had also been updated to reflect the Jay Report recommendations.

Resolved: - (1) That the information shared be noted.

(2) That a report be presented to the Cabinet on the efforts to secure additional funding to ensure that the work is owned and supported across the whole Council.

L5. BEST PRACTICE

Consideration was given to the ways in which best practice, in Rotherham and other local authorities and providers, could be embedded, shared and continued.

- Embedding of peer challenge models;
- Use of the National College in Nottingham as a critical friend;
- Working with the regional-office of the Local Government Association for sector-led improvements;
- Outcomes and messages from the pilots and 'trailblazers' for learning and development opportunities;
- Transfer of successful models from other local authorities;
- Ensuring that other services were not marginalised as a result of the spotlight on Children's Services.

The Director for Safeguarding Children and Families' Services explained the recent highly supportive sector-led improvement work that had taken place for development across boundaries to ensure that needs were met and more local placements were available. This had included the sharing of guidance, policies and staff members.

The Strategic Director referred to the peer assessment document that was in place for Rotherham's Adults' Services. Consideration of the document would be useful in respect of the transitions agenda.

Resolved: - (1) That the information shared be noted.

(2) That Rotherham's Adults' Services peer challenge document be considered at the next meeting of the Cabinet Members for Adult Social Care and Health and Children and Education Services.

L6. DATES OF FUTURE MEETING

Resolved:- That the next meeting take place in December, 2014.